

Directory of Approved Internships and Residencies

1961

Includes Annual Report
Reprinted from the
Internship and Residency Number
of the
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DIRECTORY
OF
APPROVED INTERNSHIPS
AND RESIDENCIES

1961

INCLUDES ANNUAL REPORT

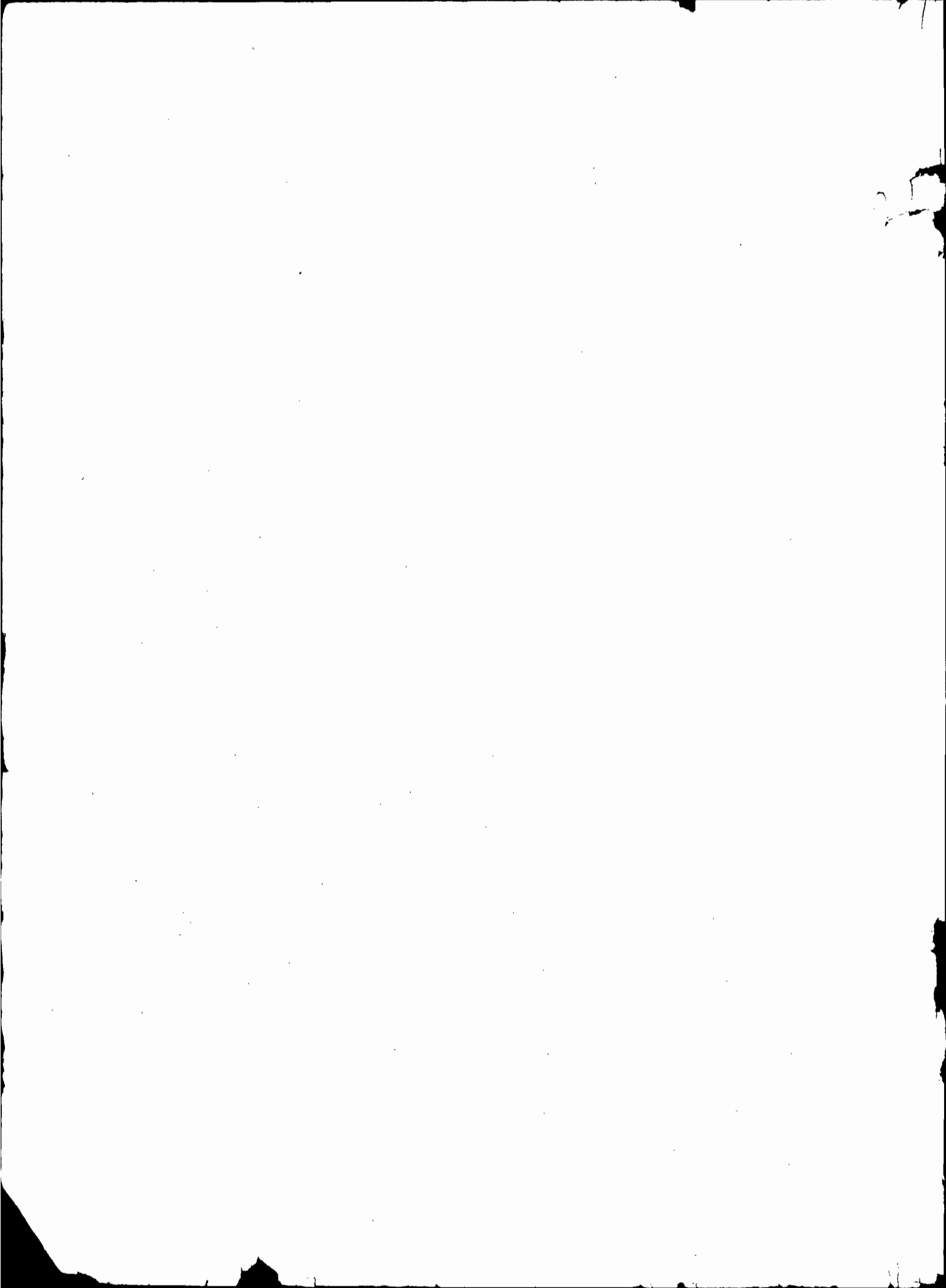
REPRINTED FROM THE

INTERNSHIP AND RESIDENCY NUMBER

OF THE

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

Vol. 177: No. 9, pp. 620-641 (Sept. 2, 1961)



Graduate Medical Education in the United States

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*The information published in this DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES as pp. 1-24 appeared in the September 2, 1961, issue of *The Journal of the American Medical Association* as pp. 620-641, and will be listed under the latter page numbers in the Index Number of JAMA dated September 30, 1961.

The other material published in this Directory, beginning

THIS is the 35th Annual Report on Graduate Medical Education in the United States, consisting of a statistical and narrative analysis of the performance of approved programs during the academic year from 1960 to 1961. Most of the data were reported by hospitals as of Sept. 1, 1960, and are therefore one year old.

With this issue, the *Internship and Residency Number* of THE JOURNAL has again undergone a

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

with page 25, did not appear in the September 2, 1961, issue of JAMA, but will be indexed in the September 30 issue with the reference abbreviation of "Dir." The DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES can thus be bound as a part of the September 2 issue, along with the regular copies of JAMA that make up Volume 177.

radical change. The *Internship and Residency Number* will no longer contain the detailed lists of approved programs, the "Essentials of an Approved Internship," and the "Essentials of Approved Residencies," the requirements of the American Specialty Boards, or the details of the National Intern Matching Program (NIMP) as was true for last year. Because of continual increase in size of the *Internship and Residency Number*, it has become necessary to discontinue publishing the entire mass of material in one issue of THE JOURNAL. Instead, the *Directory of Approved Internships and Residencies* will be published separately and dis-

tributed without cost to all institutions, organizations, and agencies having need for it.

The *Directory of Approved Internships and Residencies* will contain not only this annual report, but also all the above material previously included, any special announcements regarding graduate training programs or policy, and the editorials contained in this issue. In addition, the Directory will be bound with a separate cover as the NIMP Directory and will be distributed as before to all fourth-year medical students in the United States for use in participating in the National Intern Matching Program. Finally, the Directory will be given appropriate page numbers and will be listed in THE JOURNAL index, so that all medical libraries can include it in their bound copies of THE JOURNAL for permanent reference.

It is expected that it will be possible to begin distribution of the Directory approximately 6 weeks after appearance of this issue containing the annual report. Copies will be available as reprints on request, as will separate reprints of the individual elements of the Directory. The distribution list has been assembled by the Council staff and will be amended as necessary.

Again, the participation of the foreign medical graduate in approved training programs is indicated by appropriate tables. This report also includes a summary of a questionnaire study obtained in August, 1960, on administrative support of graduate training programs.

In addition to the many groups participating with the Council in review activities and enumerated in the 33rd Annual Report, published in THE JOURNAL for Oct. 10, 1959, the American Academy of Occupational Medicine and the American College of Preventive Medicine have provided material assistance in the review of programs in those areas.

While the Directory will list the Junior Internships in Canada approved by the Canadian Medical Association, the Council does not approve internship or residency programs outside the United States, Puerto Rico, and the Canal Zone. The Council does not compile information on graduate training opportunities elsewhere in the world.

Internship

Table 1 indicates that the anticipated leveling-off of programs is imminent. For the intern year from

Table 1.—Number of Internships, 1952-1961

	No. of Hospitals	No. of Internships
1952.....	865	11,467
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

Table 2.—Number of Internships, by Type of Service, 1960-1961

Type of Internship	No. of Approved Programs	No. of Internships		
		Filled Sept. 1, 1960	Vacant Sept. 1, 1960	Percentage Filled
Rotating	817	7,558	3,131	71
Mixed	69	231	62	79
Straight				
Internal Medicine	87	674	46	94
Surgery	82	372	87	81
Pediatrics	56	208	56	79
Pathology	42	63	16	80
Obstetrics and Gynecology ..	9	8	24	25
Totals	1,162	9,114	3,422	73
Family Practice Programs	5	1	10	9
Grand Totals	1,167	9,115	3,432	73

1960 to 1961, a total of 864 hospitals was approved—one less than for the previous year. The total number of positions was reduced from 12,580 to 12,549 for the year ending in 1961. The Internship Review Committee met 3 times during the year, and as a result of its recommendations, the Council approved new programs in 31 hospitals and discontinued the approval of programs in 31 hospitals. Of these latter, 5 were discontinued because of inactivity, 17 for expiration of probation without correction of deficiencies, 8 through the operation of the "one-fourth rule," and one because of failure to adhere to the policy requiring the Educational Council for Foreign Medical Graduates (ECFMG) certification of interns.

Since the family practice programs are listed through the National Intern Matching Program, they are tabulated along with the internships and included in the totals. Table 2 reveals that the average number of internships per hospital was again 14.5, but the increased total of 1,167 individual intern programs produced an average figure of 10.7 intern positions available per program.

Internships by Type of Service

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 as well as 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 an approved residency program in that specialty; and (3) straight, providing training on a single medical, surgical, pediatric, obstetrics-gynecology, or pathology service in a hospital holding residency approval in that specialty.

At the Annual Meeting of the House of Delegates in June, 1957, the House delegated to the Council authority to approve straight internships in obstetrics-gynecology "when such programs are of superior educational content and comprehensive scope." Since very few such internships have been requested, it is clear that the majority of hospitals offering other straight internships do not feel that

such programs in obstetrics-gynecology are desirable.

Table 2 shows the distribution of internships according to type and reveals the occupancy for each type on Sept. 1, 1960. Seventy per cent of the programs were of the rotating type, 6% were mixed, and 24% were straight. Of the positions offered, 86% were in rotating programs, 2% in mixed, and 12% in straight internships. There was a very slight reduction in the number of rotating programs, and a modest increase in straight internships except for pediatrics, but the number of mixed internship programs doubled from 33 to 69. This undoubtedly reflects the redefinition of the mixed internship included in the "Essentials" so that some previous straight and rotating programs were redesigned as mixed and some new mixed programs were approved.

As was expected, with the temporary drop in foreign medical graduates eligible for internships, the percentage of rotating programs filled dropped from 81% for 1959-1960 to 71% for 1960-1961. For mixed internships, although the total filled was greater than the previous year, the greater number of vacancies produced a figure of 79% filled in contrast to 92% filled for the previous year. For straight internships, only in pediatrics was there a rise in percentage filled from 72% to 79%. Internal medicine maintained the highest performance with 94% filled as for the year before. The increase in number of obstetrics-gynecology programs from 5 to 9 was not matched by increased recruitment, so the per cent filled for 1960-1961 fell from 62% to 25%. For all straight internships, the total per cent filled was 85%, a drop of 2% from the previous year.

Although the total of available internships was reduced by 31, the number filled was 1,137 less than the previous year, so that the per cent filled was 73%, or 9% less than the previous year. This loss can be accounted for largely by the fact that there were 792 less foreign medical graduates serving internships during 1960-1961 than during the year 1959-1960.

Internships by Type of Hospital Control

Table 3 indicates that 64% of the intern positions were offered by hospitals operated by church groups or nonprofit corporations (nongovernmental). The next largest group was the nonfederal governmental hospitals which offered 30% of the positions. Next in order were the hospitals of the federal government, which offered only 5% of the positions, and the proprietary hospitals with 1%.

As before, the federal hospitals filled 96% of the internships, a gain of 1%. The nonfederal governmental hospitals filled 80% for a loss of 4% over last year. The nongovernmental hospitals experienced the greatest drop, filling only 67% of the positions, or 12% less than the previous year. Within this group, the church-operated hospitals filled

15% less positions than the year before. The small group of proprietary hospitals filled 9% less than before for a total of 72%.

While performance figures for the various federal hospital systems were roughly the same as last year, none of the nonfederal governmental hospitals filled as much as 90% of their positions. While

Table 3.—Number of Internships, by Type of Hospital Control 1960-1961

Control	No. of Hospitals	No. of Internships		
		Filled Sept. 1, 1960	Vacant Sept. 1, 1960	Percentage Filled
Federal				
U. S. Air Force	3	96	12	75
U. S. Army	10	242*	...	100
U. S. Navy	13	170	...	100
U. S. Public Health Service ..	7	86	...	100
Veterans Administration	5	71	6	92
Other federal	3	42	8	84
Totals	41	647	26	96
Governmental (Nonfederal)				
State	38	857	191	82
County	38	794	154	84
City	46	961	347	73
City-County	13	280	50	85
Hospital district	3	62	14	82
Totals	138	2,954	756	80
Nongovernmental				
Church	302	2,017	1,299	61
Nonprofit corporations	372	3,427	1,323	72
Totals	674	5,444	2,622	67
Proprietary				
Partnership	1	5	3	62
Corporations unrestricted as to profit	10	65	25	72
Totals	11	70	28	71
Grand Totals	864	9,115	3,432	73

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

state and city-county hospitals exceeded their previous year's performance by from 6% to 11%, the city hospitals dropped 12%, hospital districts dropped 9%, and county hospitals dropped 8% from the previous year.

Internships by Medical School Affiliation and Bed Capacity

Table 4 indicates that 4,779 or 38% of the total available positions are in hospitals affiliated with medical schools, while 62% of the positions are in nonaffiliated hospitals. The 7,770 total positions available in nonaffiliated hospitals is greater than the total of 7,081 medical graduates of United States schools in 1959-1960. If all American medical school graduates were to attempt to obtain internships in affiliated hospitals only, the maximum which could be accommodated would be 4,779 or 67% of the total graduates. Thus 33% of American graduates, at the very least, would need internships in nonaffiliated hospitals.

In actual fact, the total of filled internships in affiliated hospitals is only 3,879, a figure which represents only 55% of the 1959-1960 graduating class. Since affiliated hospitals also accept foreign

medical graduates, it is fair to estimate that approximately 50% of American medical school graduates elect their internships in nonaffiliated hospitals.

Although only 24% of the hospitals with approved internship programs were affiliated with medical schools, and they offered only 38% of the positions, they filled 81% or 3% less than the previous year. The nonaffiliated hospitals represented 76% of the total approved, offered 62% of the positions, and filled 67% of their positions or 12% less than the previous year.

The association of bed size with recruitment is well shown in Table 4, which reveals that, while only one of the groups was as successful as the previous year, the hospitals with over 500 beds in both affiliated and nonaffiliated groups were the most successful. The nonaffiliated hospitals with less than 300 beds experienced the greatest drop in recruitment. There were 8 fewer such hospitals under 200 beds in size, and their per cent positions filled fell 23% in one year. The nonaffiliated hospitals with 200-299 beds were reduced by 9, and filled only 57% of their positions, for a loss of 18% over the previous year. The only category to exceed

Table 4.—Number of Internships, by Medical School Affiliation and Bed Capacity, 1960-1961

Classification	No. of Hospitals	No. of Internships		
		Filled Sept. 1, 1960	Vacant Sept. 1, 1960	Percentage Filled
Nonaffiliated				
Less than 200 beds	106	391	301	56
200-299	241	1,233	940	57
300-499	228	2,094	920	69
500-over	81	1,518	371	80
Totals	656	5,236	2,531	67
Affiliated				
Less than 200 beds	24	95	56	63
200-299	40	344	151	69
300-499	66	872	259	77
500-over	78	2,568	434	85
Totals	208	3,879	900	81
Grand Totals	864	9,115	3,432	73

its previous year's performance was the group of affiliated hospitals with less than 200 beds, which raised its percentage of positions filled from 58% to 63%. It appears, therefore, that in an increasingly competitive market, the nonaffiliated hospitals with less than 300 beds are least successful.

Internships by Census Region and State

Table 5 reveals that the West South Central region was the only one which experienced a gain in per cent of positions filled, and this gain was only 1%. The greatest change was in the Mountain States, where the drop was 14%. The East North Central region lost 12%, Middle Atlantic lost 11%, and New England lost 10%. As before, the West North Central region had the lowest per cent filled, and the Pacific region had the highest.

The 6 states with less than 50% of positions filled

were Delaware, Kentucky, Nebraska, North Dakota, West Virginia, and Wisconsin. The states with 100% of positions filled were Montana, New Hampshire, and New Mexico with 1 program each, and Vermont with 3 programs.

Again, the largest group of states offering internships was the Middle Atlantic region of New Jersey, New York, and Pennsylvania, which offered 27% of the programs in 27% of the approved hospitals, and secured 26% of the available interns. Seventy-five per cent of all the available positions in this region were filled, and this exceeded the general average by 2%. The next largest region was East North Central which offered 18% of the programs in 20% of the approved hospitals, and secured 18% of the available interns. The Pacific and Mountain States together offered 11% of the programs in 12% of the hospitals, but secured 16% of the interns. No approved internship programs exist in Alaska, Idaho, Nevada, and Wyoming.

Internship Stipends and Maintenance

For the year from 1960 to 1961, the monthly stipends again showed an increase, but the non-affiliated hospital average was \$41.00 per month more than the affiliated hospital's, the same difference as last year. The average for an affiliated hospital was \$178.00 and that for the nonaffiliated was \$219.00. When these averages are further divided according to the married or single status of the interns, it is apparent that affiliated hospitals paid \$171.00 to the single, and \$184.00 to the married intern per month. For nonaffiliated hospitals, the single intern received \$215.00, and the married intern received \$223.00 per month, on the average.

Table 6 reveals the distribution of stipends over a range in increments of \$50.00 per month, and shows the number of hospitals in each income group according to both affiliated and nonaffiliated status as well as marital status.

Of the 1,168 programs reporting other benefits, it was found that 579 or 50% provided Blue Cross or other type of hospitalization in addition to stipend, and 434 or 37% of the programs provided liability insurance in addition to the stipend. Additional data on full and partial maintenance were not analyzed by per cent, but the list in the Directory carries these data and also identifies those hospitals which provide additional benefits to the married interns.

National Intern Matching Program

The *Directory of Approved Internships and Residencies* will again carry 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 1962. The report of the Ninth Intern Matching Program was published in THE JOURNAL on June 3, 1961, and

Table 5.—Number of Internships, by Census Region and State, 1960-1961

Census Region and State	No. of Approved Programs	No. of Hospitals	No. of Internships			Census Region and State	No. of Approved Programs	No. of Hospitals	No. of Internships		
			Filled Sept. 1, 1960	Vacant Sept. 1, 1960	Percentage Filled				Filled Sept. 1, 1960	Vacant Sept. 1, 1960	Percentage Filled
New England						South Atlantic (continued)					
Connecticut	24	20	180	49	79	South Carolina	10	7	77	27	74
Maine	3	3	13	11	54	Virginia	24	18	178	61	74
Massachusetts	54	40	315	120	72	West Virginia	11	11	37	55	40
New Hampshire	1	1	16	...	100	Totals	198	122	1,315	481	73
Rhode Island	7	7	50	18	73	East South Central					
Vermont	3	2	12	...	100	Alabama	14	6	65	35	65
Totals	92	73	586	198	75	Kentucky	15	10	64	71	47
Middle Atlantic						Mississippi	2	2	81	4	88
New Jersey	44	42	294	136	68	Tennessee	20	15	218	50	81
New York	185	111	1,492	356	81	Totals	51	33	378	160	70
Pennsylvania	82	78	618	322	66	West South Central					
Totals	311	231	2,404	814	75	Arkansas	9	3	43	15	74
East North Central						Louisiana	12	10	161	84	66
Illinois	56	47	439	206	68	Oklahoma	11	7	74	22	77
Indiana	17	14	125	47	73	Texas	38	25	366	75	83
Michigan	44	41	403	218	65	Totals	70	45	644	190	77
Ohio	69	54	539	287	65	Mountain					
Wisconsin	26	21	104	113	48	Arizona	6	6	40	27	60
Totals	212	177	1,610	871	65	Colorado	17	13	137	42	76
West North Central						Montana	1	1	4	...	100
Iowa	7	7	72	16	82	New Mexico	1	1	12	...	100
Kansas	12	6	65	27	71	Utah	12	7	104	25	81
Minnesota	20	15	187	71	72	Totals	37	28	297	94	76
Missouri	39	24	234	191	55	Pacific					
Nebraska	10	10	42	45	48	California	63	51	884	136	87
North Dakota	2	2	3	13	19	Hawaii	4	4	68	9	88
South Dakota	3	3	14	4	78	Oregon	8	7	65	35	65
Totals	93	67	617	367	63	Washington	17	15	145	39	79
South Atlantic						Totals	92	77	1,162	219	84
Delaware	5	4	18	21	46	Territories and Possessions					
District of Columbia	21	12	240	34	87	Canal Zone	1	1	13	3	81
Florida	23	17	206	43	83	Puerto Rico	10	10	89	29	75
Georgia	24	18	182	58	76	Totals	11	11	102	32	76
Maryland	47	22	227	100	69	Grand Totals					
North Carolina	33	13	150	82	65	1,167	864	9,115	3,432	73	

shows that, for the year from 1960 to 1961, 12,390 internships were available, 95% of the U.S. graduates participated, 98% of the hospitals with approved programs participated, and 6,673 or 54% of the positions were filled through the plan. The proportion of filled positions in major teaching hospitals has tended to increase over the years from 70% in 1953 to 83% in 1960. The nonaffiliated hospitals experienced a progressive decline in proportion of positions filled from 30% in 1953 to 22% in 1960. A further comparative study of the success in filling internship positions in relation to the level of stipend showed that large or increasing monthly

stipends do not appear to be a factor in filling intern quotas.

The preliminary results of the Tenth Matching Program were announced in March, 1961, and showed that 12,686 internships were to be filled through the plan, and 6,637 students were matched to 52% of the available positions.

The action of the National Intern Matching Program Board of Directors in requiring participation of foreign medical graduates for the year from 1962 to 1963 was deferred, so there is now no requirement that foreign medical graduates must participate in the plan on other than a voluntary basis, provided they are certified by the Educational Council for Foreign Medical Graduates.

Residency Training Programs

Since residency programs are conducted primarily in hospitals, Table 7 is the only one which includes those programs in preventive medicine which are not primarily conducted in hospitals. Since the lists of approved programs in the 4 subspecialties of internal medicine were discontinued

Table 6.—Monthly Internship Stipends

	Blank*	0-50	51-100	101-150	151-200	201-250	251+	Total Hospitals
Affiliated								
Single Interns	11	5	32	45	54	38	23	208
Married Interns	12	5	26	39	42	46	38	208
Nonaffiliated								
Single Interns	42	1	19	83	169	171	171	656
Married Interns	62	2	16	46	144	153	233	656

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

as of July 1, 1961, performance data were not assembled for those programs for 1960-1961. Although this action removed 540 residency positions and 245 programs from the total, 11 programs in general preventive medicine and occupational medicine, and 58 programs in child psychiatry were

Table 7.—Number of Residencies, by Specialty, 1960-1961

Specialty	No. of Appr. Programs	Number of Residencies					
		First Year Appointments			Total Appointments (All Yr.)		
		Filled Sept. 1, 1960	Vacant Sept. 1, 1960	Percentage Filled	Filled Sept. 1, 1960	Vacant Sept. 1, 1960	Percentage Filled
Anesthesiology	241	550	149	79	1,244	250	83
Dermatology	85	102	11	90	298	17	95
General Practice	184	364	134	73	549	241	69
Internal Medicine	622	2,193	288	88	5,197	617	89
Neurological Surgery	131	101	10	91	369	49	88
Neurology	136	149	87	76	342	106	76
Obstetrics	22	30	4	88	53	6	90
Gynecology	11	7	1	87	26	1	96
Obstetrics-Gynecology	462	880	62	93	2,438	126	95
Ophthalmology	179	288	14	95	807	30	96
Orthopedic Surgery	311	353	32	92	1,262	92	93
Otolaryngology	133	153	21	88	504	49	91
Pathology	741	757	322	70	1,985	809	71
Pediatrics	309	886	95	90	1,740	182	90
Pediatric Allergy	25	7	2	78	10	4	71
Physical Medicine	80	55	48	53	163	110	58
Plastic Surgery	78	47	5	90	135	13	91
Proctology	14	11	5	69	21	6	78
Psychiatry	308	1,090	293	79	3,107	630	83
Psychiatry—Child	58	28	12	70	79	22	78
Radiology	376	544	130	81	1,537	346	82
Surgery	728	2,122	220	91	5,640	412	93
Thoracic Surgery	114	89	11	89	179	32	85
Urology	241	204	51	80	681	114	86
Totals	5,589	11,010	1,966	85	28,356	4,264	87
Other than hospitals							
Aviation Medicine	3	...	...	...	...	...	...
Gen. Prev. Medicine	2	...	...	...	...	...	...
Occup. Medicine (Academic)	6	7	17	29	22	24	48
Occup. Medicine (In-plant)	16	6	10	38	6	10	38
Public Health	22	47	22	68	63	41	60
Totals	49	60	49	55	91	75	55
Grand Totals	5,638	11,070	2,015	85	28,447	4,339	88

added, and additional approvals in other established specialties brought the total of approved programs to 5,638, only 48 less than the previous year. The total of approved positions increased by 1,053 over the previous year to a grand total of 32,786, the largest figure yet. This increase has occurred in spite of increasingly critical standards of evaluation on the part of the review committees in all specialties.

Residencies by Specialty

Training was offered in 29 specialties and sub-specialties, of which 5 were in preventive medicine programs and 24 in hospital specialties. Seventy per cent of the available positions were in the 6 major specialties—surgery with 6,052, internal

medicine with 5,814, psychiatry with 3,737, pathology with 2,794, obstetrics-gynecology with 2,564, and pediatrics with 1,922.

Of the specialties offering at least 100 positions, the same specialties filled 90% or more of the positions as last year, with ophthalmology leading at 96% and with obstetrics-gynecology and dermatology tied with 95%. Those with the least success were the preventive medicine programs with 55% filled, physical medicine at 58%, general practice at 69%, and pathology with 71% filled.

Even though there were more than 1,000 additional positions to be filled, the grand total filled was 87% of all positions, a figure identical with the previous year. This can be accounted for by the fact that 1,270 more foreign medical graduates served residencies than in the previous year.

Residencies by Type of Hospital Control

Table 8 deals only with hospital residency programs and reveals that the nongovernmental non-

Table 8.—Number of Residencies, by Type of Hospital Control, 1960-1961

Control	No. of Hospitals	No. of Appr. Programs	Number of Residencies					
			First Yr. Appointments			Total Appointments (All Yr.)		
			Filled Sept. 1, 1960	Vacant Sept. 1, 1960	Percentage Filled	Filled Sept. 1, 1960	Vacant Sept. 1, 1960	Percentage Filled
Federal								
U. S. Air Force	7	17	28	11	72	75	49	60
U. S. Army	14	73	157	15	91	489	26	95
U. S. Navy	8	73	123	...	100	350	...	100
U. S. Public Health Service	10	33	49	8	86	142	22	86
Veterans Administration	86	538	973	300	76	2,830	666	81
Other Federal	4	27	40	7	85	121	13	90
Totals	129	761	1,870	341	80	4,007	776	84
Governmental (nonfederal)								
State	182	699	1,983	310	86	5,384	663	89
County	57	288	706	87	89	1,817	200	90
City	62	390	1,015	90	92	2,574	210	92
City-county	10	97	204	30	87	498	77	87
Hospital district	9	32	74	4	95	198	7	96
Totals	320	1,506	3,982	521	88	10,471	1,157	90
Nongovernmental nonprofit								
Church operated and church related	306	1,073	1,511	401	79	3,380	818	80
Other nonprofit	522	2,167	4,084	677	86	10,246	1,466	87
Totals	828	3,240	5,545	1,078	84	13,626	2,284	86
Proprietary								
Individual	2	3	3	1	75	10	2	83
Partnership	2	5	4	4	50	4	7	36
Corporation	21	47	95	21	82	204	38	84
Miscellaneous	22	27	11	...	100	34	...	100
Totals	47	82	113	26	81	252	47	84
Grand Totals	1,324	5,589	11,010	1,966	85	28,356	4,264	87

profit hospitals comprise the largest single group with 63% of the hospitals and offering 49% of the positions. The next largest group of nonfederal governmental hospitals represented 24% of hospitals with 36% of the positions. Federal hospitals

made up only 10% of the total, but offered 15% of the positions. Nonfederal governmental hospitals filled 90% of their positions.

The 86 hospitals of the Veterans Administration comprised 67% of all federal hospitals, offered 73% of all positions in federal hospitals, secured 71% of all trainees in federal hospitals, and the figure of 2,830 filled positions represented 10% of all filled positions in the United States. Except for 2 proprietary hospitals and 7 air force hospitals with low percentages filled, the 306 church-operated and related hospitals had the poorest record with only 80% of their positions filled.

Residencies by Medical School Affiliation and Bed Capacity

Table 9 reveals that the 352 hospitals affiliated with medical schools again constituted only 27% of

Table 9.—Number of Residencies, by Medical School Affiliation and Bed Capacity, 1960-1961

	Number of Residencies			
	No. of Hospitals	Filled Sept. 1, 1960	Vacant Sept. 1, 1960	Percentage Filled
Nonaffiliated				
Less than 200 beds	294	2,315	322	88
200-299	253	1,611	440	78
300-499	248	3,876	850	82
500-over	177	4,950	668	88
Totals	972	12,752	2,280	85
Affiliated				
Less than 200 beds	68	758	107	88
200-299	61	1,544	187	89
300-499	91	3,325	540	86
500-over	132	9,977	1,150	90
Totals	352	15,604	1,984	89
Grand Totals	1,324	28,356	4,264	87

all hospitals approved for residency training, but they offered 54% of available positions. While the affiliated hospitals were slightly more successful than the nonaffiliated, their margin was only 4% greater. While both groups experienced the most recruitment success in the 500 bed hospitals, such hospitals constituted a much larger proportion of the affiliated group. Hospitals with 500 or more beds offered 63% of the positions available in affiliated hospitals and only 37% of the positions available in nonaffiliated hospitals. On the other hand, the hospitals smaller than 200 beds offered 18% of the positions available in nonaffiliated hospitals, while such hospitals offered only 5% of the positions available in affiliated hospitals.

It is quite clear that university-affiliated hospitals do not provide enough positions to accommodate all the individuals wishing residency training.

Residencies by Census Region and State

Table 10 reveals the distribution by census region of the 32,620 positions in 5,589 approved pro-

grams in 1,324 hospitals. As before, the Middle Atlantic states of New Jersey, New York, and Pennsylvania offered 25% of the approved programs with 25% of the available positions, and secured 26% of the residents.

Eleven hospitals filled 90% or more of their positions, but only North Dakota secured 100% for 7 programs in 3 hospitals. The least successful states were New Mexico with 33%, Maine with 42%, Nebraska with 63%, and Mississippi with 65%.

Residency Stipends and Maintenance

An "average" stipend cannot be calculated for residencies, and data cannot be reported by hospitals because the stipends vary within the individual hospital in relation to the nature of the residency. Residencies in psychiatry frequently carry higher stipends than other specialty programs in the same hospital. Table 11 indicates that data were received for 3,129 programs in nonaffiliated hospitals and 2,460 programs in affiliated hospitals. In this table, there is a "blank" category for those programs whose data could not be analyzed because of peculiarities in organization of the programs. It is again clear that for only 30 affiliated programs was \$50.00 or less per month paid as a stipend. At the level of \$201.00 or greater, the proportion of non-affiliated programs exceeded the affiliated programs. Note that 6 nonaffiliated programs paid more than \$800.00 per month, but 2 affiliated programs were also in this category.

Tabulation by another method yielded a median stipend level for programs in affiliated hospitals at \$210.00 and for programs in nonaffiliated hospitals at \$245.00 per month.

Provision of Blue Cross or other type of hospitalization was reported by 2,263 or 40% of 5,589 programs. Liability insurance was reported by 1,779 or 32% of the programs. Note that these figures are lower in per cent than similar provisions for interns. The provision of full or partial maintenance will be listed for the individual programs as before in the *Directory of Approved Internships and Residencies*.

Foreign Medical Graduates

Again, the Council on Medical Education and Hospitals is deeply indebted to the Institute of International Education, 1 E. 67th St., New York City 21, for its publication "Open Doors 1961," which reports data from its annual census on foreign physicians serving in approved graduate training programs in the United States. From these data the figures are derived for the Directory listing of foreign trained physicians serving in each hospital with approved programs. For the year 1960-1961, the census did not secure information as to the specialties in which the foreign medical graduates were serving, and the former table is thus omitted from this report. The Institute of International Edu-

GRADUATE MEDICAL EDUCATION

Table 10.—Number of Residencies, by Census Region and State, 1960-1961

Census Region and State	No. of Approved Programs	No. of Hospitals	Number of Residencies			No. of Approved Programs	No. of Hospitals	Number of Residencies		
			Filled Sept. 1, 1960	Vacant Sept. 1, 1960	Percentage Filled			Filled Sept. 1, 1960	Vacant Sept. 1, 1960	Percentage Filled
New England										
Connecticut	107	31	516	86	86					
Maine	15	3	20	27	42					
Massachusetts	236	75	1,323	132	91					
New Hampshire	12	2	66	18	78					
Rhode Island	27	12	102	13	89					
Vermont	89	4	96	17	85					
Totals	436	127	2,123	293	88					
Middle Atlantic										
New Jersey	146	59	489	94	84					
New York	810	185	4,863	398	92					
Pennsylvania	450	114	1,955	412	82					
Totals	1,406	358	7,307	904	89					
East North Central										
Illinois	310	67	1,477	212	87					
Indiana	74	18	320	101	76					
Michigan	232	56	1,406	195	88					
Ohio	362	79	1,785	286	86					
Wisconsin	103	25	480	118	80					
Totals	1,081	245	5,468	912	86					
West North Central										
Iowa	43	11	283	52	84					
Kansas	41	11	237	57	81					
Minnesota	109	24	1,067	113	90					
Missouri	159	33	884	158	85					
Nebraska	35	13	106	61	63					
North Dakota	7	3	16	...	100					
South Dakota	6	3	11	3	78					
Totals	400	98	2,604	444	85					
South Atlantic										
Delaware	16	5	28	13	68					
District of Columbia	110	16	680	88	88					
Florida	76	19	434	39	92					
Georgia	95	20	474	89	84					
Maryland	144	34	893	79	92					
North Carolina	104	20	532	66	89					
South Atlantic (continued)										
South Carolina	27	6	85	30	74					
Virginia	104	30	496	93	84					
West Virginia	42	17	103	43	70					
Totals	718	167	3,725	539	87					
East South Central										
Alabama	55	10	201	76	72					
Kentucky	66	19	279	64	81					
Mississippi	32	8	87	47	65					
Tennessee	121	28	562	81	87					
Totals	274	65	1,129	268	81					
West South Central										
Arkansas	26	7	130	30	81					
Louisiana	91	17	584	48	92					
Oklahoma	73	12	194	40	83					
Texas	240	43	1,135	172	87					
Totals	430	79	2,043	290	87					
Mountain										
Arizona	22	6	81	7	92					
Colorado	95	18	539	59	90					
New Mexico	13	4	14	28	83					
Utah	51	9	203	32	86					
Totals	181	37	837	126	87					
Pacific										
California	453	98	2,330	383	86					
Hawaii	23	9	65	12	84					
Oregon	44	8	209	42	83					
Washington	95	19	329	27	92					
Totals	615	134	2,933	464	86					
Territories and Possessions										
Canal Zone	7	1	20	2	91					
Puerto Rico	41	13	167	22	88					
Totals	48	14	187	24	89					
Grand Totals	5,589	1,324	28,356	4,264	87					

cation figures also include 658 Canadian physicians, although the Council does not consider the graduate of a Canadian medical school as a foreign medical graduate. Except for this inaccuracy, the figures are the most reliable available.

Few realize that the foreign medical graduate constitutes such a large proportion of all foreign students studying in this country. For the year 1959 to 1960, 48,486 foreign citizens were classified as students. The 9,457 physicians thus constituted 20% of the total. For the year 1960 to 1961, the total classified as students was 53,107, and 18% or 9,935 of these students were physicians serving internships and residencies. The total increased by 478 over the previous year, and 8,182 or 82% were serving as residents while 1,753 or 18% were serving as interns. The residents increased by 1,270 and the interns decreased by 792 over the previous year.

This year, 1960-1961, is the first year since 1954-1955 that foreign interns have comprised less than one-third of all the foreign physicians in training,

Table 11.—Monthly Residency Stipends, 1960-1961

Blank	Beginning Stipend	Affiliated	Non-affiliated
	(Dollars per Month)		
0-50		277	555
51-100		30	...
101-150		169	16
151-200		230	149
201-250		486	393
251-300		507	734
301-350		559	701
351-400		113	301
401-450		30	120
451-500		27	48
501-550		9	47
551-600		4	29
601-650		10	16
651-700		3	2
701-750		3	6
751-800		1	6
801-850	
851-900		1	1
901-950		1	2
951-999		...	2
Total Programs		2,460	3,129

and undoubtedly this is attributable to the imposition of the Educational Council for Foreign Medical Graduates' deadline on July 1, 1960. That this decrease is likely to be only temporary is suggested by the results of the April 4, 1961, Educational Council for Foreign Medical Graduates examination which showed that 1,673 candidates were certified directly from abroad. If the same or a greater

5%, New Jersey with 465 or 5%, Maryland with 450 or 4%, and Missouri with 402 or 4%.

Again, the largest single group was the 2,303 physicians from the Philippine Islands. There were 3,593 or 36% from the Far East, 1,975 or 20% from Latin America, and 1,724 and 1,723 or 17% each from Europe and the Near and Middle East respectively.

Table 12.—Foreign Physicians in Approved Graduate Training Programs by Census Region and State 1960-1961

Census Region and State	Total Intern and Resident Programs Approved	Total Intern and Resident Positions Filled	Total* Foreign Physicians Serving	Percentage of Foreign Physicians in Filled Positions	Census Region and State	Total Intern and Resident Programs Approved	Total Intern and Resident Positions Filled	Total* Foreign Physicians Serving	Percentage of Foreign Physicians in Filled Positions
New England					South Atlantic (continued)				
Connecticut	131	696	222	32	South Carolina	37	162	1	1
Maine	18	33	3	9	Virginia	128	674	148	22
Massachusetts	290	1,638	711	43	West Virginia	53	140	112	80
New Hampshire	13	82	8	10	Totals	916	5,040	1,304	26
Rhode Island	34	152	65	43	East South Central				
Vermont	42	108	21	19	Alabama	69	266	28	10
Totals	528	2,709	1,030	38	Kentucky	81	343	102	30
Middle Atlantic					Mississippi	34	118	11	9
New Jersey	190	783	465	59	Tennessee	141	780	161	21
New York	995	6,855	2,360	37	Totals	325	1,507	300	20
Pennsylvania	532	2,573	684	27	West South Central				
Totals	1,717	9,711	3,509	36	Arkansas	35	173	3	2
East North Central					Louisiana	103	745	47	6
Illinois	366	1,916	704	37	Oklahoma	34	268	24	10
Indiana	91	445	10	21	Texas	278	1,501	189	13
Michigan	276	1,809	499	28	Totals	500	2,687	283	10
Ohio	431	2,324	893	38	Mountain				
Wisconsin	129	584	151	26	Arizona	28	121	60	50
Totals	1,293	7,078	2,257	32	Colorado	112	676	119	18
West North Central					Montana	1	4	4	100
Iowa	50	355	61	17	New Mexico	14	26	1	4
Kansas	53	302	76	25	Utah	63	307	24	8
Minnesota	129	1,254	178	14	Totals	218	1,124	208	18
Missouri	198	1,118	402	37	Pacific				
Nebraska	45	148	27	18	California	516	3,214	107	3
North Dakota	9	19	8	42	Hawaii	27	183	30	29
South Dakota	9	25	21	84	Oregon	52	274	32	12
Totals	493	3,221	773	24	Washington	112	474	76	16
South Atlantic					Totals	707	4,095	254	6
Delaware	21	46	33	72	Territories and Possessions				
District of Columbia	131	920	247	27	Canal Zone	8	33	1	3
Florida	99	640	130	20	Puerto Rico	51	256	36	14
Georgia	119	656	112	17	Totals	59	289	37	13
Maryland	191	1,120	450	40	Grand Totals	6,756	37,471	9,935	27
North Carolina	137	682	71	10					

* Does not include American graduates of foreign medical schools, but does include 658 from Canada.

number is certified abroad as a result of the October, 1961, examination, then the previous numbers coming annually to this country for initial training as interns will be equalled or exceeded. Nineteen hospitals reported more than 50 foreign physicians as interns or residents. Although foreign physicians were in training in 46 states, the District of Columbia, Puerto Rico, and the Canal Zone, 9 states accounted for 72% of the total. These were New York with 2,360 or 24%, Ohio with 893 or 9%, Massachusetts with 711 or 7%, Illinois with 704 or 7%, Pennsylvania with 684 or 7%, Michigan with 499 or

Since 37,562 total internships and residencies were filled, the 9,935 foreign medical graduates constitute 26% of the total. Table 12 reveals the performance by state and census region and shows that New England supplanted the Middle Atlantic states as the leader with 38% of the positions filled with foreign medical graduates. While New England gained by 7%, all other regions varied by 3% or less from the previous year. Among individual states, those with 50% or more of their positions filled by foreign graduates were Montana, 100%; North Dakota, 84%; West Virginia, 80%; Delaware, 72%; New Jersey, 59% and Arizona, 50%.

Hospital Autopsy Rates

As for last year, all hospitals are included, whether conducting internships only, residencies only, or both. To eliminate those hospitals with very low mortality rates, only those hospitals are compared which exceed 12 deaths per year. Table 13 indicates that the federal hospitals were very slightly more successful than the nonfederal, but the only one with 100% was a nonfederal hospital. Most psychiatric hospitals with very low death rates were eliminated, but a large number of children's hospitals thus attain the top 20 of the non-federal groups. Although a minimum autopsy rate of 25% is required for internship approval, the Council expects this figure to be exceeded by an appreciable degree by any hospital hoping to maintain an approved training program.

Other Graduate Trainees by Specialty

For the year 1960 to 1961, 932 less physicians were reported in graduate training as research or teaching fellows, clinical trainees, or other types of appointments leading toward specialization and

Table 13.—Hospitals with Highest Autopsy Rates

Federal	%
1. U. S. Naval Hospital, Newport, R. I.	98
2. National Institutes of Health, Bethesda, Md.	94
3. Veterans Administration Hospital (San Patricio), San Juan, Puerto Rico	94
4. U. S. Naval Hospital, St. Albans, N. Y.	94
5. Pitzsimons General Hospital, Denver	94
6. Veterans Administration Hospital, Denver	93
7. U. S. Naval Hospital, Camp Pendleton, Calif.	93
8. U. S. Naval Hospital, Jacksonville, Fla.	93
9. U. S. Air Force Hospital, Lackland Air Force Base, San Antonio, Tex.	91
10. Veterans Administration Hospital, Coral Gables, Fla.	90
11. Brooke General Hospital, San Antonio, Tex.	90
12. Veterans Administration Hospital, Madison, Wis.	89
13. Veterans Administration Hospital, Seattle	89
14. Veterans Administration Hospital, White River Junction, Vt. ...	89
15. William Beaumont Army Hospital, El Paso, Tex.	89
16. Veterans Administration Neuropsychiatric Hospital, Los Angeles	88
17. Veterans Administration Hospital, Topeka, Kan.	87
18. U. S. Naval Hospital, Oakland, Calif.	87
19. Veterans Administration Hospital, Perry Point, Md.	86
20. U. S. Air Force Hospital, Sheppard Air Force Base, Wichita Falls, Tex.	85
Nonfederal	
1. Roswell Park Memorial Institute, Buffalo, N. Y.	100
2. Children's Orthopedic Hospital, Seattle	95
3. Children's Memorial Hospital, Omaha	94
4. Mount Zion Hospital, San Francisco	93
5. Milwaukee Children's Hospital, Milwaukee	93
6. Driscoll Foundation Children's Hospital, Corpus Christi, Tex.	91
7. Texas Children's Hospital, Houston, Tex.	90
8. University Hospital, Seattle	90
9. St. Christopher's Hospital for Children, Philadelphia	89
10. Children's Hospital Medical Center, Boston	89
11. Sea View Hospital, Staten Island, N. Y.	89
12. Children's Hospital, Washington, D. C.	89
13. Children's Hospital, Cincinnati	87
14. Children's Memorial Hospital, Chicago	87
15. Pacific State Hospital, Pomona, Calif.	87
16. Kaulikeolani Children's Hospital, Honolulu, Hawaii	84
17. University of Nebraska Hospital, Omaha	84
18. Children's Hospital of the East Bay, Oakland, Calif.	84
19. Oak Ridge Institute of Nuclear Studies, Medical Division, Oak Ridge, Tenn.	83
20. Children's Hospital, Columbus, Ohio	83

Table 14.—Other Graduate Trainees by Specialty

Specialty	No. of Trainees
Anesthesiology	42
Dermatology	45
General Practice	32
Internal Medicine	912
Neurological Surgery	22
Neurology	90
Obstetrics	1
Gynecology	1
Obstetrics—Gynecology	71
Ophthalmology	76
Orthopedic Surgery	44
Otolaryngology	24
Pathology	300
Pediatrics	236
Pediatric Allergy	5
Physical Medicine	16
Plastic Surgery	19
Proctology .....	...
Psychiatry	308
Psychiatry—Child	20
Radiology	73
Surgery	197
Thoracic Surgery	25
Urology	19
Totals	2,573

possible specialty board certification, as compared to the previous year. The total of 2,573 is listed in Table 14 according to the specialty represented. This figure added to the 28,356 filled residencies means that 30,929 or 107 less physicians than the previous year are pursuing specialty training in hospitals, and 8% occupy positions other than as residents.

By comparison with Table 7, it can be calculated that 21% of all graduate trainees in neurology are serving other than as residents. For internal medicine, this figure is 15%, for pathology 13%, for pediatrics 12%, for psychiatry 9%, and for surgery 3%.

Family Practice Programs

The Directory now lists 5 hospitals approved on a pilot basis for conduct of 2-year family practice programs, and at least 3 other hospitals are actively developing plans for such programs. In addition to the 3 previously approved at Baltimore City Hospitals, Indiana University Medical Center, and the University of Kansas Medical Center, the Hunterdon Medical Center in Flemington, N.J., and St. Michael's Hospital in Newark, N.J., are approved for these pilot programs and listed in the National Intern Matching Program. Since the report describing these programs and approved by the House of Delegates in June, 1959, has not been widely distributed, it is being published with the Special Announcements in this issue. The first public discussions of such programs were held at the Annual Congress on Medical Education and Licensure in February, 1961, and are published in THE JOURNAL for June 17, 1961. The policy on establishment of these programs was discussed in the Annual Report for the year 1959-1960 and published in THE JOURNAL for Oct. 8, 1960.

At the June, 1960, meeting of the House of Delegates, widely organized opposition to the philos-

ophy of the current family practice program found expression in a number of resolutions proposing another program. The report of the Reference Committee on Medical Education and Hospitals which was adopted by the House states: "Resolved, that the Council on Medical Education and Hospitals should consider for approval other two-year programs in general practice which incorporate experience in obstetrics and surgery. The Council will review these programs on the basis of their merits and conduct a long-range evaluation of these new programs as well as the previously established family practice programs for subsequent study and report of this House."

These programs will be designated "two-year programs in general practice" in contrast with the present 2-year programs in family practice, the present 2-year residencies in general practice, and the present 2-year rotating internships. The specific content of these new programs has not yet been developed, and while the Council has never specified the order of rotation on the 4 major clinical services for a 12-24 month rotating internship, it is possible the order of rotational assignments may follow that prescribed for the general practice residencies which restrict assignments on obstetrics and surgery to the second year. The same basic principles for the conduct of any satisfactory graduate training program will continue to obtain for these new programs.

Director of Medical Education

The questionnaire for this annual report included a question as to the presence of a full-time or part-time director of medical education and identification of his area of specialty interest. Table 15 shows that 357 hospitals reported full-time directors and 493 reported part-time directors of medical education for a total of 850. Of those states with more than 20 such positions, only California and Texas reported more full-time than part-time positions. For those positions where the specialty was specified, internal medicine constituted 26% of the total. The specialty interests of the other directors of medical education were widely scattered, but psychiatry and surgery constituted 11% each, pathology represented 5%, pediatrics represented 3%, 7 hospitals reported general practitioners, and 3 reported administrators acting in this position.

Costs and Financing of Graduate Training Programs

A special questionnaire survey was performed in August of 1960 for the purpose of obtaining certain factual data for the Liaison Committee of the Council on Medical Education and Hospitals and the Council on Medical Service. Federal hospitals were not included in this study. Replies from 818 hospitals were thus available for analysis. Only 2 hospitals indicated that they had made specific studies aimed at determining true costs of their graduate

Table 15.—Directors of Medical Education by State

State	Full Time	Part Time
Alabama	2	3
Arizona	1	5
Arkansas	2	2
California	41	26
Colorado	5	9
Connecticut	6	16
Delaware	1	3
District of Columbia	8	6
Florida	6	6
Georgia	6	6
Hawaii	2	4
Illinois	12	25
Indiana	6	5
Iowa	4	6
Kansas	4	3
Kentucky	6	7
Louisiana	6	6
Maine	1	1
Maryland	9	10
Massachusetts	17	24
Michigan	15	27
Minnesota	6	9
Mississippi	2	8
Missouri	11	11
Nebraska	4	6
New Hampshire	1	1
New Jersey	11	34
New Mexico	1	1
New York	41	68
North Carolina	2	4
North Dakota	2	2
Ohio	22	35
Oklahoma	4	1
Oregon	3	4
Pennsylvania	33	38
Rhode Island	1	7
South Carolina	1	2
South Dakota	1	2
Tennessee	7	13
Texas	18	11
Utah	4	4
Virginia	7	10
Washington	7	6
West Virginia	6	8
Wisconsin	4	9
Canal Zone	1	1
Puerto Rico	5	4
Totals	357	493

training programs. The results of this questionnaire were as follows:

a. Only 148 or 18% of the hospitals indicated that the level of stipends was related to the value of services rendered. Other bases for stipend level were local competitive level, local cost of living, and local custom and tradition.

b. The annual equivalent dollar value of full maintenance for the single physician was reported by 576 hospitals as averaging \$1,273.00.

c. Two hundred and fifty-six or 31% of the hospitals reported that the stipend or other fringe benefits increased for the married man. Only 51 or 6% indicated that this increase was related to the number of dependents.

d. Only 35% or 286 of the hospitals indicated that all the cost factors of the training program to the hospital were identified separately from other hospital costs.

e. All the costs of the training program, including stipends, were paid from the usual sources of hospital income for 722 or 88% of the hospitals.

f. Seven hundred and forty-five or 91% reported that stipends were included in the hospital budget for personal services (employee payroll).

g. Five hundred and seventy-six hospitals indicated the percentage of the total annual personnel payroll attributable to intern and resident stipends. For 96 hospitals, this figure was 1%, for

114-2%, for 112-3%, for 97-4%, for 70-5%, for 36-7%, for 22-7%, for 16-8%, for 4-9%, and for 9 hospitals, it constituted 10%.

h. Seventy-six per cent or 620 of the hospitals reported it was necessary to employ additional persons besides the house staff to assist with the service obligations of the hospital. Five hundred and fifty-six of the total, or 68%, employed full-time department heads such as radiologist, 362 or 44% employed other full-time staff physicians, and 322 or 39% employed medical student externs.

i. Three hundred and eleven or 38% reported that the hospital and/or the medical staff used sources of support for the education and training program of the house staff other than the usual sources of hospital income. These included assessments or voluntary donations of the attending staff, special fund-raising activities of others, income from endowments or grants, and income from third-party medical care plans. One hundred and sixty-two or 20% of the hospitals used this latter method. The majority indicated that this latter source of funds supported only a minor portion of the program, while 9 hospitals stated that it supported a major portion and 4 stated that such income supported the entire costs of the training program.

j. There were 5 general methods by which the 162 hospitals administered the fees collected from third-party medical care plans for use in the training programs. In 59 hospitals, the fees were turned over to a special fund for the training program after collection by the attending physician. In 36 instances the hospital collects the funds for the attending physician and places them in the same special fund for training. In 17 hospitals, the licensed intern or resident collects the fee directly and places it in the special fund, while 22 hospitals collect these fees for the licensed interns or residents and then place them in the special fund. Twenty-eight hospitals indicated that the hospital collected the fees and placed them in the general operating funds of the hospital.

While the above questionnaire was not an exhaustive study, it did indicate that a significant number of hospitals (162) do currently have a mechanism for collecting medical care fees for a special fund which supports some portion of the training program. These replies were not limited to any particular region of the United States. It is also clear that a minority of the stipends paid are based on the value of the services rendered by interns or residents; and furthermore, only 286 hospitals have identified the cost factors of the training program separately from other hospital costs. Three-fourths of the respondents indicated that it was necessary to employ other persons such as full-time department heads, other full-time staff physicians, and medical student externs in addition to the house staff in order to fulfill the service obligations of the hospital.

Miscellaneous Data

Data were available on dental training programs in 1,445 hospitals approved for medical internships and residencies. Two hundred and thirty or 16% of the hospitals reported 426 dental interns on duty during 1960-1961. One hundred and forty-five or 10% reported 264 dental residents for the same period.

For the same total of 1,445 hospitals, employment was offered to medical students for services not related to their medical school curricular duties by 666 or 46% of the hospitals, from Sept. 1, 1959, to Aug. 31, 1960. Eighty-eight or 6% of the hospitals had limited affiliation and employed only 716 medical students. One hundred and eight or 9% were hospitals with major affiliation with medical schools and employed 1,881 students. Four hundred and fifty nonaffiliated hospitals employed 2,724 students.

Limitation of appointment policy to male interns was reported by 30 nonaffiliated hospitals and to male residents by 48 nonaffiliated hospitals. Of the hospitals with limited affiliation, only 3 limited appointments of interns to males and 5 limited appointment of residents to males. For hospitals with major affiliation, only 1 observed this limitation for interns, and 2 for residents.

Limitation of appointments to U. S. citizens was reported by 86 nonaffiliated hospitals regarding interns, while 128 had the same requirement for residents. This limitation was true regarding interns for 14 hospitals with limited affiliation and for 36 hospitals for residents. The hospitals with major affiliation restricted such appointments for interns in 26 instances and for residents in 49. The totals of hospitals declaring foreign medical graduates eligible for appointment were 767 for interns and 1,070 for residents.

Projection for the Future

Foreign-trained physicians.—Table 16 is the cumulative table published last year, and reproduced as a chart the year before. It confirms the leveling-off which was predicted, especially as regards approved internships. The total of filled positions was 281 less than the previous year, even though the total of foreign medical graduates was 478 greater. Although the number of foreign trained interns was the lowest since 1952, the total of foreign trained residents was the highest figure ever; accordingly the 9,935 foreign medical graduates constituted 26% of all physicians in formal graduate training, a gain of 1%.

While it is fair to estimate that increasing numbers of properly qualified foreign trained physicians will be coming to this country annually, it is probable that the total on duty may decrease as the federal government branches responsible for administering the U. S. Information and Educational Exchange Act of 1948 implement the law more

effectively regarding return of exchange students to their native lands upon completion of training. The present policy limits such training of physicians to 5 years.

The census taken in June-July, 1960, revealed that of the total of foreign trained interns and residents appointed for 1960-1961, 1,840 were American citizens who had graduated from foreign medical schools.

Graduate Training Standards.—The Council and all the participating organizations engaged in program review activities have become increasingly concerned with the adequacy of the present standards for approval of intern and resident training programs. In the immediate post-World War II

have recommended such programs to anyone. It can therefore be stated that for this one committee, at least one-third of the programs now approved maintain such approval by virtue of published standards which are too low. This committee did not feel that fully satisfactory programs could be maintained only in affiliated or governmental hospitals, since 38% of the 60 programs recommended without qualification were in nonaffiliated community hospitals.

The Council has recently taken 2 steps to inaugurate far-reaching reviews of the existing standards of graduate training. The initial action is the formation of an ad hoc group entitled The Advisory Committee on Internships and Hospital Services

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

	Internships						Residencies							
	Total Offered	Total Filled	Filled by U. S. Graduates		Filled Federal Services		Total Offered	Total Filled	Filled by U. S. Graduates		Filled Federal Services		Total Vacant	
			Foreign Graduates	V. A.	Other	V. A.			Other					
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	7,080	6,308	722	...	435	2,340	19,364	14,495	13,145	1,350	...	...	4,869
1949.....	9,124	7,313	...	†	...	...	1,811	18,669	17,490	...	†	...	...	1,179
1948.....	9,027	7,248	...	...	...	...	1,779	17,293	...	...	...	...	...	...
1947.....	8,683	6,902	...	...	...	...	1,781	15,172	...	...	...	...	...	...
1946.....	8,584	...	...	...	...	...	...	12,003	...	...	...	...	...	...
1945.....	8,429	...	...	...	...	...	...	8,930	...	...	...	...	...	...
WW II														
1941.....	8,182	...	...	...	...	...	...	5,256	...	...	...	...	...	...

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

years, many programs were approved on a basis of written program description without personal visit and review. Later, considerable latitude was permitted, even for programs which had been personally reviewed, in keeping with the philosophy of flexibility in programming. It is now clear that many programs have progressed from "flexibility to flaccidity" so that all review committees are demanding closer adherence to the established standards. As an example of the concern of one review committee, each member recorded on a separate ballot his personal evaluation of the program even though it conformed with the minimal standards as prescribed in the "Essentials." There were 203 programs involved, of which the committee members felt 60 or 30% could be recommended without qualification. Sixty-eight or 33% of the programs could be condoned, although the committee members would not recommend them. The remaining 75 or 37% were programs which met the established requirements and were therefore approved by the committee, but the individual members would not

which will make its final report by June, 1962. The charge to this committee is to consider methods of producing a more appropriate balance between the number of approved internships and the number of available candidates. In addition, and of great significance, is the charge to consider and make appropriate recommendations for methods of providing competent professional assistance to hospital staffs other than by interns or residents. This is the first time that the Council will have become concerned in a positive manner with the problem of professional hospital services outside the areas of the established training programs.

The second major step is the call by the Council for the cooperation of the other major national organizations concerned with graduate medical education in creating an Advisory Committee on Graduate Medical Education and Training. Eight organizations including the American Medical Association will cooperate in this venture which is expected to require a study of 2 to 3 years. Its objective is to consider the entire present-day pat-

term of graduate medical education and to make recommendations concerning its conduct in the future in relation to the needs of the nation for physicians, the needs of the public for medical care, and developing patterns of medical practice. It is possible that this cooperative study may have an effect on graduate medical education and training not unlike the effect of the Flexner report on undergraduate medical education in 1910. This committee expects to begin its work in the fall or winter of 1961.

Administrative Support of Graduate Training Programs.—Widespread concern has developed regarding the economic status of the intern and resident, especially on the relationship between his "stipend," and the training he receives in lieu of financial compensation, the value of his services, and his professional status at various levels of training. At the June, 1961, annual meeting, the House of Delegates adopted the report of the Special Study Committee of the Council which recommended that the Council "Accept as fundamental to the support of interns and residents the following principles which if applied will lessen the economic pressure on medical students.

1. The graduate physician serving as intern or resident should receive financial support commensurate with his professional responsibilities and with due recognition of his educational opportunities.
2. The medical profession must assume an increasing responsibility for the development of appropriate methods of financial support of the intern and resident so as to accomplish the above objective."

At this same meeting, 2 other resolutions on compensation of interns and residents were introduced. The Reference Committee on Medical Education and Hospitals noted that their intent was satisfied by the above report, and stated: "It is urged that the Council on Medical Education and Hospitals and the Council on Medical Service continue their joint study of the best mechanisms by which these recommendations may be accomplished." The discussion of the questionnaire in August, 1960, itemized earlier in this annual report, pertains to these continuing deliberations of the Liaison Committee between the 2 above Councils. It is clear that some major changes are in order if medicine is to maintain an effective competitive posture in the national recruitment tug-of-war.

Hospital Facilities.—Table 17 indicates that, according to American Hospital Association data for 1960, hospitals listed in the United States increased by 31 for a grand total of 6,876. At the same time, total hospital beds are listed at 1,657,970 for an increase of 45,148. As a result, while the 1,445 hospitals with approved programs still represent 21% of all hospitals, they represent only 48% of all hospital beds, a decrease of 2% over the previous year. This emphasizes again that available hospital beds, and therefore the service requirements of patients in nonteaching hospitals, are continuing to

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

	No.	% of Total	Hospital Beds	
			No.	% of Total
Hospitals with Approved Programs				
Major Medical School Affiliation.....	212	3	138,133	8
Limited Medical School Affiliation....	142	2	99,932	6
No Medical School Affiliation.....	1,091	16	557,148	34
Totals	1,445	21	795,213	48
Hospitals without Approved Training Programs				
.....	5,431	79	862,757	52
Grand Totals	6,876	100	1,657,970	100

increase far beyond the capacity of the nation to provide these services through addition of graduate training programs employing interns and residents.

The *Directory of Approved Internships and Residencies* lists approved internship and residency programs in 1,451 hospitals for 1962. Of this total, 106 or 7% of the hospitals offer internships only; 606 or 42% offer residencies only; and 739 or 51% offer both internship and residency training programs.

Council Role in Graduate Medical Education.—The Council's activities and accomplishments in the field of graduate medical education are described in the International Number of the *Journal of Medical Education* for September, 1961. These activities were traced historically from 1904 when the Council was formally created with a permanent staff. Three former eras have been identified, each roughly of 20 years' duration. The first was the Internship Era, during which internships were established, standards for approved training were created, and lists of approved programs were published. The second, between World War I and World War II, is the Residency Era, during which residencies developed in many specialties, standards and lists of approved programs were published, and many specialty boards were created. The third can be called the Hospital Era, since it witnessed the marked post-World War II increase in hospital beds, increase in prepaid hospital insurance programs, creation of the Joint Commission on Accreditation of Hospitals and a growing awareness of trends toward hospital-oriented medical care. The fourth and present era reflects the cumulative effects of developments in each of the 3 previous 20-year periods and might be called the Era of the Crisis in Medical Manpower. Solution of this crisis will demand the maximum cooperation of all groups concerned with health care of the American public, and quite clearly involves far more than a simple numerical increase in production of physicians. The Council on Medical Education and Hospitals, as the agent of the House of Delegates of the American Medical Association in the area of medical education, has taken some major steps in preparing for a reassessment of graduate medical education which may in part contribute to a solution of the crisis in medical manpower.

Special Announcements and Notices

Financial Assistance for Graduate Training in Medicine

Last year, the Association of American Medical Colleges announced the availability of a new publication entitled "Financial Assistance for Graduate Training in Medicine" at a cost of \$2.50. The Association of American Medical Colleges offices are at 2530 Ridge Ave., Evanston, Ill. This publication is now being reedited and brought up to date, and will be available as of Sept. 1 at the same price.

The Foreign Medical Graduate

The Board of Directors of the National Intern Matching Program has deferred the action announced last year which would have required foreign medical graduates to participate in the program for appointments beginning from 1962 to 1963. It is expected that voluntary participation of these foreign medical graduates having ECFMG certification will increase, but this is not compulsory. Hospitals which participate in the NIMP are still free to fill intern vacancies after completion of the March matching from qualified foreign as well as American medical students as in the past.

It is expected that the ECFMG examination dates for 1962 will be March 28 and Oct. 24, with the deadline for application 3 months prior to each date as before. It should be noted that the foreign medical student has 2 opportunities to take the American Medical Qualification Examination of the ECFMG during his senior year upon appropriate correspondence between the dean of his medical school and the executive director of ECFMG.

Clarification of Council Policy on Various Aspects of Graduate Training

Policy on Reciprocal Adjustments Between Internship Programs at One Institution

The Council on Medical Education and Hospitals has established a policy of not permitting reciprocal adjustments between straight, mixed, and rotating internships at one institution at the conclusion of the matching process, especially where certain programs fail to secure their full complement of interns through NIMP. Changes in the authorized complement will be approved by the Council, based

on proper justification, in those instances where a change in the complement is desired for the operation of the matching program in a subsequent year.

Policy on Outside Employment of Interns and Residents

The Council is of the firm belief that the practice of hiring interns and residents on their nights off to perform histories and physical examinations at other institutions for a fee is a perversion of the educational values of graduate education and is a practice that reflects very unfavorably on the integrity of the attending staffs of the hospitals concerned. Elsewhere, in the Annual Report, the obligations of the medical profession toward financial support of interns and residents are described in the form of principles adopted by the House of Delegates at the June, 1961, Annual Meeting.

Policy on Participation of Osteopaths in Approved Graduate Training Programs

Both the "Essentials of an Approved Internship," and the "Essentials of Approved Residencies" have been revised so that the presence of osteopaths on hospital staffs will not jeopardize the approval of the training programs as long as the teaching staffs in such hospitals are composed of graduates of approved schools of medicine. Graduates of schools of osteopathy are not eligible for appointment as interns or residents in programs approved by the Council on Medical Education and Hospitals of the American Medical Association.

Policy on Establishment of Programs for Family Practice or General Practice

There are now 4 different types of graduate training programs which the House of Delegates has authorized for the preparation of the young medical graduate who wishes to enter general practice. The first is the 12-24-month rotating internship. Although very few hospitals now offer appointments longer than 12 months, the policy recommendations of the Council would be met in those instances where a physician completed a 24-month rotating internship prior to entering general practice. The second such program is the 2-year general practice residency which must be preceded by a 12-month internship. Standards for this type of program were established by the Council in 1948.

The third type of program is the 2-year family practice program authorized by the House of Delegates in June, 1959, and now approved by the Council on a pilot basis in 5 hospitals. This is a program which does not require a preliminary internship, is of at least 24-months duration of which not less than 18 months must consist of broad training in internal medicine and pediatrics, must include at least 4 months of training in obstetrics on an elective basis, must include experience in the emergency and primary management of trauma as well as in minor surgery, and participation in the management of common surgical as well as medical emergencies. The fourth program was authorized at the June, 1961, Annual Meeting and requires that the Council consider for approval "other two year programs in general practice which incorporate experience in obstetrics and surgery." While specific content of such programs has not yet been developed, the Council will designate these programs as "two year general practice programs" in order to differentiate them from both the "two year programs in family practice" and the "two year general practice residencies." The 2-year family practice program which was approved by the House of Delegates in 1959 is published in toto at the end of this section of special announcements as the "Final Report on Preparation for Family Practice."

Requirements of Review Committees or Specialty Boards

Training in Subspecialties of Internal Medicine

The Residency Review Committee in Internal Medicine no longer reviews and acts upon training programs in the medical subspecialties of allergy, cardiology, gastroenterology, cardiovascular, or pulmonary disease, except as such training programs are an integral part of residencies offering full training toward eligibility for examination by the American Board of Internal Medicine. Such programs allow residents a minimum of 2 years of training in the broad field of general internal medicine, as required by the board, and yet to have up to one year of training in a subspecialty if desired.

Separately approved lists of medical subspecialty training programs were discontinued as of June 30, 1961. It is suggested that subspecialty program directors communicate with the American Board of Internal Medicine, in order that the board will be continually informed of subspecialty training sites when applicants for examination in the medical subspecialties present their credentials.

Residency Programs in Obstetrics and Gynecology

After June 30, 1962, residencies in obstetrics and gynecology, in order to be approved, must be of at least 3 years' duration and include 18 months of acceptable training in obstetrics and 18 months in gynecology.

Residency Programs in Orthopedic Surgery

After Jan. 1, 1962, residencies in orthopedic surgery which do not offer, either intramurally or through established affiliations, complete training in the specialty, including adult orthopedics, children's orthopedics, fractures, and the basic sciences as applied to orthopedic surgery, will no longer be approved.

Residency Programs in Pediatrics

Residency programs in pediatrics approved by the Residency Review Committee for Pediatrics are 2-year programs, of 2 types:

1. An intramural program in which complete 2-year training is provided within the sponsoring hospital.
2. One year of training in a hospital which is closely affiliated with a hospital in Group 1 above that provides the second year.

It should be recognized that this second type of approval is not extended without the establishment of an effective affiliation to provide the second year of training. Thus, no pediatric programs are approved for one year of training as a separate entity.

Residency Programs in Proctology

The American Board of Proctology has changed its name to the American Board of Colon and Rectal Surgery. This change is listed in the *Directory of Approved Internships and Residencies* in the section on Specialty Board Requirements. The Council expects to make a request of the House of Delegates for appropriate changes in the "Essentials of Approved Residencies" and in the listing of approved residency programs in the *Directory*.

Residency Programs in Preventive Medicine

The Residency Review Committee for Preventive Medicine is now approving new programs in general preventive medicine, in addition to programs in aviation medicine, occupational medicine, and public health.

Residency Programs in Radiology

Approvals of residency programs by the Residency Review Committee for Radiology are for 3 years of training in radiology. There is no separate approval program for either diagnostic roentgenology alone, or therapeutic radiology alone at this time.

Residency Programs in Urology

The Residency Review Committee for Urology approves programs that offer full training in the specialty. The approval is for 3 years of *clinical* urology. Block assignments to pathology and other disciplines are not included in the 3-year approval, which is entirely clinical in nature. Attention is called to the additional requirement of the American Board of Urology whereby the applicant must furnish evidence of having completed "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." Pathology training may be included in this 1 year basic training taken prior to the 3 years of clinical urology. It is also possible to undergo training on other services during or after the urology residency, provided the full 36 months of clinical urology training are secured.

Revision of Essentials of an Approved Internship

The only change pertains to the policy on osteopaths as described above.

Revision of Essentials of Approved Residencies

In addition to the change discussed above regarding osteopaths, there has been a revision of the Special Requirements for Aviation Medicine. An entire new section is included on the Special Requirements for residency training in General Preventive Medicine. It is expected that a new section on Special Requirements for Residency Training in Radiology and in Thoracic Surgery will be presented for approval to the House of Delegates at the Clinical Session.

Final Report on Preparation for Family Practice*

Introduction

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 representatives 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 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

*As submitted by the Committee on Preparation for General Practice and approved by the House of Delegates of the American Medical Association and the Executive Council of the Association of American Medical Colleges, June, 1959.

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 an 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 under-

graduate 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 experience. 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
H. G. WEISKOTTEN, Chairman
EDWARD L. TURNER, Secretary

American Academy of General Practice
JOHN S. DETAR
MALCOM E. PHELPS
JESSE RISING
CHARLES NYBERG, Ex-officio

Association of American Medical Colleges
RUDOLPH H. KAMPMEIER
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JOHN YOUMANS
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Council on Medical Education and Hospitals
JAMES M. FAULKNER
LELAND S. MCKITTRICK
WALTER S. WIGGINS, Secretary
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ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION IN THE UNITED STATES

The 35th Annual Report in this issue of THE JOURNAL reveals the performance of hospitals with approved intern and resident training programs as of Sept. 1, 1960. While the imposition of the ECFMG deadline reduced temporarily the number of foreign medical graduates serving as interns, the total of 9,935 was an increase of 5% over the previous year. Foreign medical graduates thus constituted 26% of all interns and residents, a gain of 1% over the previous year.

In addition to the 9,115 interns, 30,929 physicians were pursuing specialty training in hospitals. Of the physicians in specialty training, 2,573 (8%) held appointments on bases other than as residents. Total physicians in graduate training were 40,044, or 1,245 less than the previous year. The plateau of available graduate trainees seems, therefore, to have stabilized at approximately 40,000 annually.

Because of the increase in total hospitals and total beds in American hospitals, the 1,445 hospitals with approved training programs still constitute 21% of all hospitals, but involve only 48% of the total beds, a decrease of 2% over last year.

This report includes information previously announced in the *AMA News* on steps being taken by the Council on Medical Education and Hospitals to initiate a long-range, cooperative study with other national organizations on the present patterns of graduate medical education and the most appropriate programs for such training in the future. This is a bold and deliberate venture which should influence favorably both patterns of medical practice and patterns of health care of the American public during "the era of the crisis in medical manpower" which is now upon us.

ECONOMIC FACTORS IN GRADUATE MEDICAL EDUCATION

Few hospitals have ever discontinued intern or resident training programs because of their "cost." On the other hand, unknown numbers of young graduate physicians have entered private practice or sought other types of professional employment earlier than they would have desired had

they been able to afford longer periods of graduate training in their chosen fields. The Annual Report on Graduate Medical Education in this issue reveals the concern of the medical profession with this state of affairs, particularly as it affects recruitment of the qualified student to medicine.

The policy of the American Medical Association, as reflected by the action of the House of Delegates at the June, 1961, annual meeting, charges the Council on Medical Education and Hospitals, as well as the Council on Medical Service with responsibility for developing solutions to this problem. The many requests received by the Council on Medical Education and Hospitals for information on loan funds available to residents indicates that hospitals frequently do not provide adequate financial support to residents in training. Few hospitals have conducted studies on the true and total costs of conducting an approved training program, and fewer still have based resident stipends on an objective determination of the value of the residents' services or the level of their professional responsibilities.

A significant number of hospitals distributed generally across the nation have developed methods of supporting graduate training programs involving patients for whose care a fee is collectible. Of interest in this respect is the April 10, 1961, resolution of the medical society of the county of New York on collection of insurance funds by resident physicians and surgeons; also interesting is the statement of the American College of Surgeons' Committee on Graduate Training in Surgery, as approved by its Board of Regents in October, 1960, and published in its bulletin for May-June, 1961, on insurance benefits recommended for the services of interns and residents.

All concerned are urged to study carefully the report of the Symposium on the Support of House Officer Training Programs, presented at the Congress on Medical Education and Licensure in February, 1961, and published in full in THE JOURNAL of June 24, 1961. In the Special Announcements section of the Annual Report in this issue, the Council has published its policy on outside employment of interns and residents for duties not associated with their training programs and by institutions other than those in which they are primarily employed.

DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES

The *Directory* for 1960 was presented with an improved format and was also furnished to all fourth-year medical students, bound with a special cover as the *Directory of the National Intern Matching Program*. Because of the continued increase in size of this directory, and because of the very special nature and limited interest in the detailed lists of approved programs, it has become impractical to include it in the Internship and Residency Number of THE JOURNAL for general distribution to all subscribers.

The *Directory* will accordingly be distributed free of charge to all hospitals, institutions, agencies, and organizations known to the Council to have an interest in and need for it. A special list has been prepared for distribution both within the United States and abroad, and it is hoped this distribution can be completed within 6 weeks of appearance of the Internship and Residency Number of THE JOURNAL. Reprints of the *Directory* as well as of its individual components will continue to be available upon request. The *Directory* will carry appropriate page numbers and will be included in the index of THE JOURNAL, so that it can be bound in permanent library copies.

DIRECTOR OF MEDICAL EDUCATION

Contained elsewhere in this issue* is a Guide to the Functions and Status of the Director of

Medical Education in the teaching hospital. This Guide was developed by a special committee of the Association of Hospital Directors of Medical Education. This relatively young organization holds its annual meeting just prior to the Annual Congress on Medical Education and Licensure, each February in Chicago.

In January, 1959, representatives of the Association met with representatives of the Council on Medical Education and Hospitals, the American Hospital Association, and the Association of American Medical Colleges. It was concluded that this new group should be encouraged since high quality medical education was one of its goals. It has been encouraged to act as a clearing house for information regarding positions for hospital directors of medical education, and it was clearly the logical source of material which could be a guide to the many individuals and institutions interested in establishing the position of hospital directors of medical education.

This guide has the concurrence of the organizations named above and it will be available, as a reprint, from the Association of Hospital Directors of Medical Education and from the Council on Medical Education and Hospitals. This guide represents the experience of those members of the Association with the longest and most varied experience in coordinating programs of graduate medical education in community hospitals. It is felt this document is timely and is worth careful study by all concerned whenever it is concluded that establishment of such a position in a community hospital is desirable.

*in THE JOURNAL A.M.A., Vol. 177, No. 9

Consolidated List of Hospitals

With Approved Graduate Training Programs

Council on Medical Education and Hospitals of the American Medical Association

Revised to June 30, 1961

Hospitals, 1,451

Internship Programs, 1,168

Residency Programs, 5,589

This consolidated list follows the format established 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 on page 69 at the end of this list.

Participation by the hospital in the clinical clerkship program of a medical school is indicated by M or L preceding the code number for the school. M signifies that the hospital is a major unit in the teaching program of the medical school, while L indicates that the hospital is used to a limited extent in the school's teaching program. 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 × signifies ownership of the hospital by the medical school, and the symbol # signifies that, while the school does not own the hospital, it has authority for all staff appointments in the hospital.

The administrative control of the hospital is indicated in the special column whose abbreviations are spelled out on page 69.

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—Foreign medical graduates 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—Number of beds increased significantly following period reported; statistics do not reflect increase.

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

The number of foreign physicians serving in each hospital for 1960-1961 is shown as a total figure which does not distinguish between interns and residents. As in the previous edition this information was obtained from the annual census of the Institute of International Education—the figure does not include American graduates of foreign medical schools but does include Canadian graduates. The number of foreign house staff in a hospital has been subtracted from the total number on duty, as reported by the hospital, to provide the number shown in the column for nonforeign house staff on duty.

The numbers shown for the positions offered indicates the number of internships and residencies being offered for the 1962-1963 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 in the consolidated list, together with the specific 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.

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 Hospital, 708 Tuscoloosa Ave., 11		Church	°	350	8	33	3	13	12 Int: Rotating; 4 Res: Path., Rad.	
Carraway Methodist Hospital, 2506 16th Ave. N., 4		Church		265	6	27	...	11	9 Int: Rotating; 13 Res: Gen. Pract., OBG, Path., Surg., Urol.	
Children's Hospital, 1601, 6th Ave., S., 5	L-10	NPCorp	5-6	65	5	60	3	...	6 Res: Ped.	
Crippled Children's Hospital, 620 S. 19th St., 3	L-10	Church	3-5	100	35	0	1	3	4 Res: Neur., Ortho. Surg., Psych.	
St. Vincent Hospital, 2701 9th Court South, 5		Church	...	200	7	49	...	8	8 Int: Rotating	

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		
ALABAMA, Birmingham—Continued										
University Hospital and Hillman Clinic., 619 S. 19th St., 3	M-10X	State	2-4-5-6	582	8	48	8	123	64 Int: Rotating, Mixed, St. Med., St. Ped., St. Path.; 152 Res: Anes., Derm., Int. Med., Neur., Neuro. Surg., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.	
Veterans Administration Hospital..... 700 S. 19th St., 3	L-10	VA	2-3-6	479	34	62	7	27	39 Res: Int. Med., Neur., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.	
Fairfield										
Lloyd Noland Hospital..... P. O. Box 538		NPCorp	6	350	8	39	2	33	14 Int: Rotating; 28 Res: Anes., Derm., Int. Med., OBG, Ortho. Surg., Poth., Ped., Surg.	
Mobile										
Mobile General Hospital..... 850 St. Anthony St., 16		CyCo	2	247	8	56	1	29	15 Int: Rotating; 20 Res: Int. Med., OBG, Ortho. Surg., Path., Ped., Surg.	
Montgomery										
U. S. Air Force Hospital..... Maxwell Air Force Base		Air Force	1-2-3	400	16	74	...	2	8 Res: Gen. Pract.	
Tuskegee										
Veterans Administration Hospital.....		VA	2-4-5	1,912	121	55	1	8	16 Res: Int. Med., Phys. Med., Surg.	
ARIZONA										
Phoenix										
Barrow Neurological Institute.....		Church	...	60	...	...	...	...	Res: Neuro. Surg.
St. Joseph's Hospital Crippled Children's Hospital..... 1825 East Garfield St.		State	...	60	...	...	...	...	Res: Ortho. Surg.
Good Samaritan Hospital..... 1033 E. McDowell Rd.		Church	...	441	6	39	5	23	18 Int: Rotating; 14 Res: Gen. Pract., OBG, Path., Surg.	
Maricopa County General Hospital..... 3435 W. Durango St.		County	...	453	14	38	15	21	14 Int: Rotating; 34 Res: Gen. Pract., Int. Med., OBG, Path., Ped., Surg.	
Memorial Hospital..... 1200 S. 5th Avenue, 3		NPCorp	...	270	6	36	...	0	8 Int: Rotating	
St. Joseph's Hospital..... 350 W. Thomas Rd.		Church	...	335	6	62	2	22	15 Int: Rotating; 15 Res: Int. Med., OBG, Path., Ped., Surg.	
Tucson										
Pima County General Hospital..... 2900 S. 16th Ave.		County	...	160	18	54	8	...	5 Res: Inf. Med., Surg.	
St. Mary's Hospital..... St. Mary's Rd.		Church	6	305	6	40	...	15	9 Int: Rotating; 15 Res: Gen. Pract., Int. Med., Surg.	
Tucson Medical Center..... Grant Rd. and Beverly Blvd.		NPCorp	6	323	6	54	16	8	8 Int: Rotating; 13 Res: Int. Med., Surg.	
ARKANSAS										
Little Rock										
Arkansas Baptist Hospital..... 1700 W. 13th St.		Church	6	402	6	22	3	8	16 Int: Rotating; 3 Res: Path., Surg. 3 Res: Ortho. Surg.	
Arkansas Children's Hospital..... 804 Wolfe St.		NPCorp	6	60	16	28	...	...
Arkansas State Hospital..... West Markham & Elm	L-11	State	4-6	5,019	...	25	...	8	5 Res: Psych.	
St. Vincent Infirmary..... Markham St. & University Ave.		Church	6	315	6	33	...	12	12 Int: Rotating; 4 Res: Anes.	
University Hospital..... 4301 W. Markham St.	M-11	State	3	240	10	56	...	115	34 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path., St. OBG; 118 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	28	81	...	22	29 Res: Derm., Int. Med., Ortho. Surg., Path., Surg.	
North Little Rock										
Veterans Administration Hospital.....		VA	...	2,062	393	67	...	6	11 Res: Path., Psych.	
CALIFORNIA										
Arlington										
General Hospital of Riverside County.. 9851 Magnolia Ave.	L-12	County	2	432	20	53	...	21	12 Int: Rotating; 14 Res: Gen. Pract., Int. Med., Surg., Urol.	
Bakersfield										
Kern County General Hospital..... 1830 Flower St.		County	...	619	10	52	2	26	12 Int: Rotating; 38 Res: Gen. Pract., Int. Med., OBG, Path., Forensic Path., Ped., Surg., Urol.	
Berkeley										
Herrick Memorial Hospital..... 2001 Dwight Way, 4		NPCorp	...	217	7	60	3	8	6 Int: Rotating; 15 Res: Int. Med., OBG, Path., Psych., Surg.	
State of California Dept. of Public Health..... 2151 Berkeley Way			...	...	...	...	...	12	12 Res: Public Health
University of California School of Public Health.....		State	...	...	...	...	...	...	Res: General Preventive Med.
Burbank										
St. Joseph Hospital..... 501 S. Buena Vista St.		Church	...	250	5	39	...	1	4 Res: Path.	
Camarillo										
Camarillo State Hospital..... Box A		State	2-6	6,281	498	51	...	17	15 Res: Psych.	
Camp Pendleton										
U. S. Naval Hospital.....		Navy	...	700	19	93	...	10	10 Int: Rotating;	
Compton										
Compton Foundation Hospital..... 820 W. Compton Blvd.		Carp	...	115	26	0	...	...	4 Res: Psych.
Duarte										
City of Hope Medical Center..... 1500 E. Duarte Rd.		NPCorp	6	176	42	81	...	9	13 Res: Int. Med., Path., Surg., 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		
CALIFORNIA—Continued										
Eldridge Sonoma State Hospital..... Arnold Dr.		State	2-6	3,835	520	87	...	4	4	Res: Psych.
Fort Ord U. S. Army Hospital.....		Army	...	...	...	...	...	0	2	Res: Public Health, Surg.
Fresno General Hospital of Fresno County 4475 E. Ventura Ave., 2		County	2-5	619	16	46	2	41	21	Int: Rotating; 29 Res: Int. Med., OBG, Ophth., Ped., Surg.
Glendale Glendale Sanitarium and Hospital..... 1509 E. Wilson Ave., 6	L-12	Church	6	292	7	55	...	20	12	Int: Rotating 10 Res: Int. Med., OBG, Path., Surg.
Imola Napa State Hospital Box A		State	2-6	5,676	...	45	...	4	4	Res: Psych.
Inglewood Daniel Freeman Memorial Hospital..... 333 N. Prairie Ave., 1		Church	1-2-3	225	6	54	...	1	1	Res: Path.
La Jolla Scripps Clinic and Research Foundation 476 Prospect St.		NPCorp	...	47	6	88	5	2	7	Res: Int. Med.
Loma Linda Loma Linda Sanitarium and Hospital... 11055 Anderson Street	L-12X	Church	6	160	6	55	1	9	10	Int: Rotating; 6 Res: Anes., Path.
Long Beach Memorial Hospital of Long Beach..... 2801 Atlantic Ave., 6 St. Mary's Long Beach Hospital 509 E. 10th St., 13 Veterans Administration Hospital..... 5901 E. Seventh St., 4		NPCorp	6	370	6	29	1	3	15	Int: Rotating; 15 Res: Int. Med., OBG, Path., Ped., Rad., Surg. 6 Int: Rotating; 6 Res: Gen. Pract., Path. 76 Res: Derm., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Los Angeles California Babies and Children's Medical Center..... 1415 S. Grand Ave., 15 California Hospital..... 1414 S. Hope St., 15 Cedars of Lebanon Hospital 4833 Fountain Ave., 29 Children's Hospital..... 4614 Sunset Blvd., 27 Hollywood Presbyterian Hospital— Olmsted Memorial 1322 N. Vermont Ave., 27 Hospital of the Good Samaritan..... 1212 Shatto St., 17 Kaiser Foundation Hospital..... 4867 Sunset Blvd., 27 Los Angeles County General Hospital.. 1200 N. State St., 33		NPCorp	...	28	...	100	1	...	3	Res: Ped.
		Church	6	302	7	46	...	11	8	Int: Rotating; 18 Res: OBG, Path., Rad., Surg.
		NPCorp	6	479	7	54	...	71	24	Int: Rotating 52 Res: Int. Med., OBG, Path., Ped., Rad., Surg. 4 Int: St. Ped. 32 Res: Ortho. Surg., Path., Ped.
	M-14	NPCorp	...	224	7	91	5	27	4	Int: St. Ped. 32 Res: Ortho. Surg., Path., Ped.
		Church	6	264	7	31	...	6	10	Int: Rotating; 6 Res: Int. Med., OBG
		Church	6	428	8	40	...	20	8	Int: Rotating; 17 Res: Int. Med., OBG., Path., Rad., Surg. 18 Res: OBG., Urol.
		NPCorp	...	339	5	51	...	18	18	Res: OBG., Urol.
	M12#-14	County	4-5	2,766	9	37	2	393	160	Int: Rotating, St. Med.; 248 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
		NPCorp	2-3	21	2	0	...	4	4	Res: Ophth., Otol.
		NPCorp	...	...	...	...	...	...	...	Res: Rad.
		NPCorp	...	172	8	45	...	8	11	Res: Int. Med., Path., Psych., Child Psych.
	L-14	NPCorp	...	130	...	0	1	9	10	Res: Ortho. Surg.
		Church	...	424	6	44	2	24	14	Int: Rotating; 28 Res: Int. Med., OBG., Path., Ped., Pract., Rad., Surg.
		Church	6	300	7	36	5	4	8	Int: Mixed; 5 Res: Int. Med., Surg. 9 Int: Rotating; 3 Res: Surg.
		NPCorp	1	196	11	50	...	7	9	Int: Rotating; 3 Res: Surg.
		NPCorp	...	60	77	0	...	3	3	Res: Ortho. Surg.
	M-13X	NPCorp	...	319	9	81	...	149	32	Int: St. Med., St. Surg., St. Ped., St. Path.; 151 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., Urol.
		VA	2-4	1,555	43	77	1	189	39	Int: Rotating, St. Med.; 164 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Rad., Surg., Thor. Surg., Urol.
		VA	1	2,041	72	88	...	36	36	Res: Psych.
		Church	6	252	7	69	11	68	16	Int: Rotating; 78 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Pract., Rad., Surg., Urol.
Martinez Contra Costa County Hospital..... 2500 Alhambra Ave.		County	3	489	...	43	...	9	12	Res: Gen. Pract.
Modesto Stanislaus County Hospital..... 830 Scenic Dr.		County	2	322	15	30	...	10	11	Res: Gen. Pract.

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										
Norwalk										
Metropolitan State Hospital..... 11400 S. Norwalk Blvd.		State	6	4,242	87	31	...	24	27 Res:	Psych.
Oakland										
Children's Hospital of the East Bay ... 51st and Grove Sts., 9	L-16	NPCorp	...	142	5	84	3	14	15 Res:	Ortho. Surg., Path., Ped., Thor. Surg.
Highland-Alameda County Hospital.... 2701 14th Ave., 6	L-16	County	4-5	475	8	55	1	84	34 Int: Rotating; 64 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	...	...	...	...	...	...	...	Res: Occup. Med.
Kaiser Foundation Hospital..... 280 W. MacArthur Blvd., 19		NPCorp	...	300	7	73	3	24	37 Res:	Int. Med., OBG., Path., Ped., Surg.
Samuel Merritt Hospital..... Hawthorne Ave. and Webster, 9	L-16	NPCorp	2-3	247	7	51	...	1	4 Res:	Ortho. Surg., Path., Surg.
U. S. Naval Hospital..... 8750 Mountain Blvd., 14		Navy	2-4-5-6	1,100	19	87	...	75	18 Int: Rotating; 57 Res:	Anes., Int. Med., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Administration Hospital..... 13th and Harrison Sts., 12		VA	2-4	712	38	83	...	22	33 Res:	Int. Med., Neur., Path., Surg., Urol.
Olive View										
Olive View Hospital.....		NPCorp	...	...	...	...	...	...	...	Res: Thor. Surg.
Orange										
Orange County General Hospital..... 101 Placentia Ave.		County	3-4	471	15	69	2	130	26 Int: Rotating; 18 Res:	Int. Med., OBG., Path., Surg.
Palo Alto										
Palo Alto-Stanford Hospital Center.... 300 Pasteur Dr.	M-15X	NPCorp	...	438	6	55	8	117	19 Int: Mixed, St. Surg., St. Ped.; 194 Res:	Anes., Derm., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Veterans Administration Hospital.....	M-15#	VA	...	...	...	...	...	...	...	Res: Anes., Derm., Int. Med., Neur., Otol., Path., Psych., Rad., Surg., Urol.
Pasadena										
Huntington Memorial Hospital..... 100 Congress St., 2		NPCorp	...	351	7	54	3	13	9 Int: Rotating; 16 Res:	Int. Med., Neuro. Surg., Path., Plas. Surg., Rad., Surg.
Patton										
Patton State Hospital..... Highland Ave.	L-12	State	2-6	4,876	484	25	...	8	12 Res:	Psych.
Pomona										
Pacific State Hospital..... Box 100		State	2-6	2,888	1,277	87	...	5	5 Res:	Psych.
Redwood City										
Sequoia Hospital..... Whipple and Alameda		District	2	348	5	43	...	1	2 Res:	Path.
Sacramento										
Mercy Hospital..... 4001 J St., 19		Church	...	311	5	35	...	1	4 Res:	Path.
Sacramento County Hospital..... 2315 Stackton Blvd., 17	L-16	County	2	801	17	55	...	18	26 Int: Rotating; 16 Res:	Gen. Pract., Path.
Sutter Community Hospitals..... 28th and L and 52nd and F		NPCorp	2	430	6	28	...	1	3 Res:	Rad.
Salinas										
Monterey County Hospital..... P. O. Box 1611		County	...	338	23	40	...	10	10 Res:	Gen. Pract.
San Bernardino										
San Bernardino County Charity Hospital..... 780 E. Gilbert St.	L-12	County	1-2-3-6	400	10	47	...	25	16 Int: Rotating; 11 Res:	Anes., Int. Med., Path., Surg.
San Diego										
Donald N. Sharpe Memorial Community Hospital..... 7901 Frost St., 11		Church	...	194	5	71	...	...	2 Res:	Path.
Mercy Hospital..... Hillcrest Dr., 3		Church	...	318	5	60	2	15	12 Int: Rotating; 20 Res:	Int. Med., OBG; Path., Surg.
San Diego County General Hospital.... North End of Front Street, 3		County	2-3	678	12	57	...	44	20 Int: Rotating; 35 Res:	Int. Med., OBG, Ortho. Surg., Path., Ped., Surg., Urol.
U. S. Naval Hospital..... Park Blvd., 34		Navy	2-4-5	1,900	...	...	...	93	24 Int: Rotating; 69 Res:	Anes., Derm., Int. Med., OBG, Ophth.; Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
San Francisco										
Children's Hospital..... 3700 California St., 18	L-16	NPCorp	6	258	7	59	2	24	6 Int: Rotating; 23 Res:	Anes.; Int. Med., Neur., OBG, Ortho. Surg., Path., Ped., Child Psych., Rad.
Franklin Hospital..... 14th and Noe Streets, 14	L-16	NPCorp	3	250	10	34	2	2	6 Int: Rotating; 4 Res:	Int. Med., Neuro. Surg., Ortho. Surg., Plas. Surg.
French Hospital..... 4131 Geary Blvd., 18		NPCorp	6	175	...	...	4	4	10 Int: Mixed; 9 Res:	Int. Med., Path., Surg.
Headquarters, 6th Army..... Presidio		Army	...	...	...	...	...	...	...	Res: Public Health
Kaiser Foundation Hospital..... 2425 Geary Blvd., 15		NPCorp	...	236	6	69	1	49	20 Int: Rotating; 33 Res:	Int. Med., OBG, Path., Ped.; Psych., Rad., Surg.
Langley Porter Neuropsychiatric Institute..... Parnassus and First Ave., 22	M-16#	State	3	117	...	...	...	42	56 Res:	Psych., Child Psych.
Letterman General Hospital..... Presidio 29		Army	2-4-5-6	1,009	25	87	...	124	24 Int: Rotating; 90 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	179	7	45	...	12	6 Int: Rotating; 8 Res:	Int. Med., OBG, 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		
CALIFORNIA, San Francisco—Continued										
Mount Zion Hospital and Medical Center 1600 Divisadero St., 15		NPCorp	...	345	8	66	...	46	18 Int: Rotating; 43 Res: Int. Med., OBG, Path., Ped., Psych., Child Psych., Rad., Surg.	
Presbyterian Medical Center Clay and Webster Streets, 15		NPCorp	6	237	8	62	...	33	12 Int: Rotating; 76 Res: Anes., Int. Med., Neur., OBG, Ophth., Ortho Surg., Path., Ped., Psych., Surg., Urol.	
St. Elizabeth's Infant Hospital 100 Masonic Ave., 18		Church	...	8	3	...	...	...	Res: OBG.
St. Francis Memorial Hospital 900 Hyde St., 9		NPCorp	...	332	8	41	1	5	12 Res: OBG., Path., Plas. Surg., Psych.	
St. Joseph's Hospital Buena Vista Ave., 17		Church	...	215	8	43	8	4	8 Int: Rotating; 10 Res: Anes., OBG, Ortho. Surg.	
St. Luke's Hospital 1580 Valencia St., 10		Church	...	250	7	60	2	25	12 Int: Rotating; 17 Res: Int. Med., OBG, Path., Ped., Surg.	
St. Mary's Hospital 2200 Hayes St., 17		Church	...	371	8	73	1	44	15 Int: Rotating; 30 Res: Int. Med., OBG, Ortho. Surg., Path., Ped., Psych., Rad., Surg.	
San Francisco General Hospital 1001 Potrero Ave., 10	M-16#	CyCo	2-4-5-6	902	13	52	2	122	60 Int: Rotating, Mixed; 70 Res: Anes., Int. Med., Neuro. Surg., OBG, Ortho. Surg., Otol., Path., Ped., Plas. Surg., Rad., Surg., Urol.	
Shriners Hospital for Crippled Children 19th Ave. and Moraga St., 22	L-16	NPCorp	...	60	81	100	...	...	Res: Ortho. Surg.
Southern Pacific General Hospital 1400 Fell St., 17	L-16	NPCorp	6	450	19	68	...	42	25 Int: Rotating; 22 Res: Int. Med., Path., Surg., Urol.	
U. S. Public Health Service Hospital 15th Avenue and Lake Street, 18	USPHS	2-4-6	...	443	25	79	...	28	12 Int: Rotating; 14 Res: Int. Med., Ophth., Ortho. Surg., Surg.	
University of California Hospitals Third & Parnassus Avenues, 22	M-16X	State	6	474	9	84	9	275	48 Int: St. Med., St. Surg., St. Ped., St. Path.; 255 Res: Anes., Dem., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Phys. Med., Plas. Surg., Rad., Surg., Thor. Surg., Urol.	
Veterans Administration Hospital 42nd Ave. and Clement St., 21	M-16#	VA	2	440	30	71	...	49	49 Res: Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Rad., Surg., Urol.	
San Jose										
Agnews State Hospital Zone 14	State	6	4,157	90	25	...	...	...	5 Res: Psych.
O'Connor Hospital Forest and Di Salvo, 28	Church	...	275	5	63	2	3	...	4 Res: Path.	
Santa Clara County Hospital Los Gatos Rd., 28	L-16	County	2-6	446	21	72	...	55	24 Int: Rotating; 48 Res: Anes., Int. Med., OBG, Otol., Path., Ped., Rad., Surg., Urol.	
San Leandro										
Fairmont Hospital of Alameda County 15400 Foothill Blvd.	...	...	...	...	...	...	...	...	Res: Phys. Med.
San Mateo										
Community Hospital of San Mateo Co. 222 - 39th Avenue	L-15	County	2	234	12	69	...	7	13 Res: Anes., Int. Med., OBG, Ophth., Otol., Path., Ped., Psych., Surg., Urol.	
San Pablo										
Brookside Hospital 2000 Vale Rd.	District	2-3-6	...	246	5	68	...	2	1 Res: Path.	
Santa Barbara										
Santa Barbara Cottage Hospital 320 W. Pueblo St.	NPCorp	6	218	7	63	...	20	10 Int: Rotating; 17 Res: Int. Med., Path., Surg.		
Santa Barbara General Hospital San Antonio Rd.	County	...	311	30	48	1	3	...	5 Res: Gen. Pract., Surg.	
Santa Monica										
St. John's Hospital 1328 22nd St.	Church	2	271	6	50	1	0	...	7 Res: OBG, Path., Surg.	
Santa Monica Hospital 1250 16th St.	Church	6	234	5	48	...	8	...	8 Int: Rotating; ... Res: OBG	
Santa Rosa										
Sonoma County Hospital 3325 Chanate Rd.	County	2-3	...	342	28	30	...	8	16 Res: Gen. Pract.	
Sepulveda										
Veterans Administration Hospital 15800 Plummer St.	VA	...	956	90	80	...	18	...	28 Res: Int. Med., Psych.	
Stockton										
San Joaquin General Hospital Box 1890	County	...	628	12	56	1	21	...	16 Int: Rotating; 17 Res: Int. Med., OBG, Path., Ped., Surg.	
Stockton State Hospital 510 E. Magnolia, 3	State	6	3,697	1,170	42	...	6	...	14 Res: Psych.	
Talmadge										
Mendocino State Hospital Box X	State	6	2,499	535	78	...	9	...	12 Res: Psych.	
Torrance										
Los Angeles County Harbor General Hospital 1124 W. Carson St.	M-13#	County	2-3-4	715	15	48	...	113	36 Int: Rotating; 99 Res: Anes., Int. Med., OBG, Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.	
Vallejo										
California Rehabilitation Center 2600 Alameda St.	NPCorp	...	74	52	50	...	1	...	Res: Phys. Med.	
Ventura										
General Hospital of Ventura County 3291 Loma Vista Rd.	County	6	334	15	24	...	10	...	10 Res: Gen. Pract.	
CANAL ZONE										
Balboa Heights										
Gargas Hospital P. O. Box O	Other Fed	...	440	12	87	1	32	...	16 Int: Rotating; 23 Res: Int. Med., OBG, Ophth., 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		
COLORADO										
Colorado Springs										
Penrose Hospital, 2215 N. Cascade Ave.		Church	6	300	8	73	7	1	6 Int: Rotating; 7 Res: Gen. Pract., Path., Rad.	
St. Francis Hospital, E. Pikes Peak Avenue		Church	6	160	7	53	1	0	4 Res: Gen. Pract.	
Denver										
Children's Hospital, 1056 E. 19th Ave., 18		NPCorp	...	196	6	96	1	9	10 Res: Ortho. Surg., Path., Ped., Surg.	
Colorado General Hospital, 4200 E. Ninth Ave., 20	M-17X	State	...	284	9	79	16	245	18 Int: St. Med; St. Ped.; St. Surg.; 161 Res: Anes., Gen. Pract., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Phys. Med., Rad., Surg., Urol.	
Colorado Psychopathic Hospital, 4200 E. 9th St., 20	M-17X	State	6	...	...	...	...	...	... Res: Psych.	
Denver General Hospital, W. 6th Ave. and Cherokee St., 4		CyCo	4	430	13	70	...	97	42 Int: Rotating, Community Rotating; 69 Res: Gen. Pract., Int. Med., OBG, Ophth., Ortho. Surg., Path., Forensic Path., Rad., Surg., Urol.	
Fitzsimons General Hospital, Peoria and Colfax, 30	L-17	Army	2-5	967	25	94	...	88	24 Int: Rotating; 54 Res: Int. Med., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Thor. Surg.	
General Rase Memorial Hospital, 1050 Clermont St., 20		NPCorp	6	250	8	58	6	6	10 Int: Rotating; 6 Res: Path., Rad.	
Mercy Hospital, 1619 Milwaukee St., 6		Church	6	250	7	56	...	13	11 Int: Rotating;	
National Jewish Hospital, 3800 E. Colfax Ave., 6		NPCorp	6	325	162	79	11	1	13 Res: Gen. Pract., Int. Med., Path., Surg. 2 Res: Thor. Surg.	
Porter Sanitarium and Hospital, 2525 S. Downing, 10		Church	6	210	6	54	4	...	10 Int: Rotating; 2 Res: Path.	
Presbyterian Hospital, 19th Ave. and Gilpin St., 18		Church	6	300	8	56	3	24	16 Int: Rotating;	
St. Anthony Hospital, W. Quitman and 16th Sts., 4		Church	6	258	6	56	1	6	18 Res: Int. Med., OBG., Path., Rad., Surg. 10 Int: Rotating;	
St. Joseph's Hospital, 1818 Humboldt St., 18		Church	...	380	7	59	4	34	4 Res: Path.	
St. Luke's Hospital, 601 E. 19th Ave., 3		Church	6	443	8	58	1	32	14 Int: Rotating; 30 Res: Gen. Pract., Int. Med., OBG., Path., Rad., Surg.	
Veterans Administration Hospital, 1055 Clermont, 20	M-17#	VA	2	528	28	93	1	71	14 Int: Rotating; 18 Res: Int. Med., Path., Rad., Surg. 76 Res: Anes., 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	...	250	7	49	...	...	4 Int: Rotating;	
Pueblo										
Colorado State Hospital, Thirteenth and Francisco		State	3	6,086	1,278	56	45	49	57 Res: Int. Med., Path., Psych., Surg.	
St. Mary-Carwin Hospital, 1008 Minnequa		Church	...	432	8	47	18	...	16 Res: Gen. Pract., Surg.	
CONNECTICUT										
Bridgeport										
Bridgeport Hospital, 267 Grant St., 10		NPCorp	6	417	7	39	16	16	14 Int: Rotating; 23 Res: Anes., Gen. Pract., Int. Med., OBG., Path., Rad., Surg.	
St. Vincent's Hospital, 2820 Main St., 6		Church	6	372	7	44	3	19	15 Int: Rotating; 22 Res: Int. Med., OBG., Path., Rad., Surg.	
Bristol										
Bristol Hospital, Newell Rd.		NPCorp	6	177	6	23	5	...	6 Int: Rotating;	
Danbury										
Danbury Hospital, 95 Locust Ave.		NPCorp	6	209	8	36	5	1	7 Int: Rotating; 4 Res: Path., Surg.	
Derby										
Griffin Hospital, Seymour Ave. and Division St.		NPCorp	6	186	7	26	4	2	7 Int: Rotating; 1 Res: Path.	
Greenwich										
Greenwich Hospital, Perryridge Rd.		NPCorp	6	245	8	68	1	13	10 Int: Rotating; 7 Res: Int. Med., Path., Surg.	
Hartford										
Hartford Hospital, 80 Seymour St., 15		NPCorp	4-6	810	8	59	13	82	18 Int: Rotating; 95 Res: Anes., Int. Med., Neuro. Surg., OBG., Path., Ped., Rad., Surg.	
Hartford Municipal Hospital and Health Center, 2 Holcomb St., 5		City	...	207	15	40	7	4	1 Res: Surg.	
Institute of Living, 200 Retreat Ave., 2		NPCorp	...	400	208	67	3	24	26 Res: Psych., Child Psych.	
Mount Sinai Hospital, 500 Blue Hills Ave., 12		NPCorp	...	189	8	39	1	0	6 Int: Rotating	
St. Francis Hospital, 114 Woodland St., 5		Church	4-5	560	9	57	8	38	13 Int: Rotating; 40 Res: Anes., Int. Med., OBG., Path., Ped., Surg.	
Manchester										
Manchester Memorial Hospital, 71 Haynes St.		NPCorp	...	235	6	41	2	1	4 Int: Rotating; 2 Res: Path.	
Meriden										
Meriden Hospital, 181 Cook Ave.		NPCorp	...	263	7	37	6	0	5 Int: Rotating; 2 Res: Path.	
Middletown										
Connecticut State Hospital, 28 Crescent St.		State	...	3,044	90	27	10	3	18 Res: Psych.	
Middlesex Memorial Hospital, 28 Crescent St.		NPCorp	...	168	6	56	10	1	4 Int: Rotating; 2 Res: Path.	
New Britain										
New Britain General Hospital, 92 Grand St.		NPCorp	...	314	7	52	8	12	9 Int: Rotating; 15 Res: Int. Med., OBG, Path., Surg.	
New Canaan										
Silver Hill Foundation, Valley Rd.		NPCorp	...	60	45	0	...	1	3 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		
CONNECTICUT—Continued										
New Haven										
Grace-New Haven Community Hospital.. 789 Howard Ave., 4	M-18#	NPCorp	4-5-6	666	9	63	14	162	46 Int: St. Med., St. Surg., St. Ped., St. Path.; 142 Res: Anes., Dem., Int. Med., Neuro. Surg., Neur., OBG, Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Hospital of St. Raphael..... 1450 Chapel St., 11		Church	4-6	370	9	48	28	30	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.		NPCorp	...	...	...	...	...	...	2 Res: Child Psych.	
Newington										
Cedarcree Hospital..... Zone 11		State	6	282	304	57	2	1	1 Res: Thor. Surg.	
Newington Hospital for Crippled Children..... 181 E. Cedar St., 11		NPCorp	6	161	84	100	1	0	1 Res: Ortho. Surg.	
Veterans Administration Hospital..... 555 Willard Ave., 11		VA	2	266	34	70	...	11	17 Res: Int. Med., Path., Surg.	
New London										
Lawrence and Memorial Hospitals..... 365 Montauk Ave.		NPCorp	...	278	6	55	7	0	7 Res: OBG, Surg.	
Newtown										
Fairfield State Hospital..... Box W		State	6	3,214	...	31	9	10	22 Res: Psych.	
Norwalk										
Norwalk Hospital..... 24 Stevens St.		NPCorp	6	306	8	45	26	...	12 Int: Rotating; 20 Res: Int. Med., OBG, Path., Surg.	
Norwich										
Norwich State Hospital..... Laurel Hill Rd.		State	4-6	3,211	83	36	5	14	24 Res: Psych.	
Uncas-on-Thames Hospital.....		State	...	358	145	48	3	...	2 Res: Thor. Surg.	
Rocky Hill										
Veterans Home and Hospital..... West St.		State	2	496	61	65	...	1	2 Res: Phys. Med.	
Stamford										
Stamford Hospital..... 190 W. Broad St.		NPCorp	...	308	8	61	9	5	10 Int: Rotating; 8 Res: Path., Surg.	
Waterbury										
St. Mary's Hospital..... 56 Franklin St., 6		Church	4-6	345	9	47	17	0	9 Int: Rotating; 22 Res: Anes., Int. Med., Path., Rad., Surg.	
Waterbury Hospital..... 64 Robbins St., 8		NPCorp	4-5-6	373	8	45	4	7	9 Int: Rotating; 20 Res: Int. Med., Path., Ped., Rad., Surg., Urol.	
West Haven										
Veterans Administration Hospital..... West Spring Street, 16	M-18#	VA	2-4-6	773	62	82	2	61	69 Res: Int. Med., Neur., Path., Psych., Ortho Surg., Surg., Urol.	
DELAWARE										
Dover										
Delaware State Board of Health..... 414 S. State St.		State	...	...	...	...	...	1	2 Res: Public Health	
Farnhurst										
Delaware State Hospital.....		State	4-6	1,643	308	48	2	0	12 Res: Psych.	
Wilmington										
Alfred I. Du Pont Institute of the Nemours Foundation..... Rockland Rd., 99		NPCorp	...	48	66	...	...	3	3 Res: Ortho. Surg.	
Delaware Hospital..... 501 W. 14th St., 99		NPCorp	4-5-6	385	8	60	3	...	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	...	...	...	...	...	1	1 Res: Occup. Med.	
Memorial Hospital..... 1501 N. Van Buren, 6		NPCorp	4-6	374	9	51	12	6	12 Int: Rotating; 13 Res: Int. Med., Path., Surg.	
Wilmington General Hospital..... Chestnut at Broom St., 5		NPCorp	3-6	317	7	38	16	0	6 Int: Rotating; 18 Res: Gen. Proct., Int. Med., OBG., Path.	
DISTRICT OF COLUMBIA										
Washington										
Armed Forces Institute of Pathology... Zone 25		Fed	2-5	...	...	...	14	...	20 Res: Path.	
Army Medical Center (See Walter Reed General Hospital)		...	...	...	...	...	...	...	...
Children's Hospital..... 2125 13th St. N.W., 9	M-19#-20	NPCorp	4	200	4	89	8	26	34 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	...	118	5	79	5	4	9 Res: OBG.	
District of Columbia General Hospital.. 19th and Massachusetts Ave., 3	M-19#-20 L-21	City	4-5-6	1,113	12	53	...	105	64 Int: Rotating, mixed; 77 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	65	25	2	12 Int: Rotating; 18 Res: Int. Med., OBG., Path., Rad.	
Eastern Dispensary and Casualty Hospital..... 8th and Massachusetts Ave. N.E., 2		NPCorp	1	220	10	86	12	...	7 Res: Gen. Proct., Surg.	
Freedmen's Hospital..... 6th and Bryant Sts. N.W., 1	M-21#	Fed.	4-6	470	9	50	20	51	22 Int: Rotating; 52 Res: Int. Med., Neur., OBG., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.	
Georgetown University Hospital..... 3800 Reservoir Rd. N.W., 7	M-19X	Church	4-5	377	8	80	40	94	20 Int: Mixed; St. Med. 156 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Path., Ped., Phys. Med., Psych., Child Psych., Rad., Surg., Urol.	
George Washington University Hospital. 901 23rd St. N.W., 7	M-20X	NPCorp	6	425	8	78	19	61	30 Int: Mixed, St. Med., St. Path; 67 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ortho. Surg., Path., Phys. Med., Plos. Surg., Psych., Rad., Surg., 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		
DISTRICT OF COLUMBIA, Washington—Continued										
Providence Hospital 1150 Varnum St. N. E., 17		Church	1-4-6	350	6	54	20	13	22	Int: Rotating, St. Surg.; 23 Res: Anes., Int. Med., OBG., Path., Surg.
St. Elizabeth's Hospital 2600 Nichols Ave., S. E., 20	M-20	Fed	4-6	7,646	1353	41	8	26	12	Int: Rotating; 34 Res: Path., Psych., Surg.
Sibley Memorial Hospital 5255 Loughboro Rd. N. W., 16	L-20	Church	6	346	6	60	11	...	10	Int: Rotating; 10 Res: OBG., Path., Surg.
U. S. Air Force Hospital Andrews A. F. B., Camp Springs, 25		Air Force	1-2-3	250	19	80	...	2	6	Int: Rotating; 4 Res: Gen. Pract.
Veterans Administration Hospital 2650 Wisconsin Ave., N. W., 7	L-19	VA	2-4-6	335	26	77	2	39	49	Res: Int. Med., Neur., Ophth., Path., Phys. Med., Rad., Int. Med., Urol.
Walter Reed General Hospital (Army Medical Center) 6825 16th St. N. W., 12	L-19	Army	2-4-5-6	1,250	37	79	...	198	30	Int: Rotating; 144 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.
Washington Hospital Center 110 Irving St. N. W., 10		NPCorp	4-6	778	8	60	63	73	36	Int: Rotating, St. Med., St. Surg.; 97 Res: Anes., Int. Med., OBG., Ophth., Ortho. Surg., Otol., Path., Rad., Surg., Urol.
Washington Sanitarium and Hospital 7600 Carroll Ave., 12 (Tokoma Park, Md.)		Church	...	266	7	46	4	12	15	Int: Rotating;
FLORIDA										
Bay Pines										
Veterans Administration Hospital		VA	2	516	48	53	...	...	...	Res: Urol.
Coral Gables										
Veterans Administration Hospital 1200 Anastasia Ave., 34	L-23#	VA	2-6	450	35	90	...	60	66	Res: Int. Med., Path., Phys. Med., Surg.
Daytona Beach										
Halifax District Hospital Lakeshore Dr.		District	1	257	...	33	5	0	5	Res: Gen. Pract.
Ft. Lauderdale										
Broward General Hospital 1600 S. Andrews Ave.		District	...	340	7	31	1	1	2	Res: Path., Surg.
Gainesville										
University of Florida Teaching Hospital and Clinics	M-22X	State	6	193	10	75	...	70	22	Int: St. Med., St. Surg., St. Ped., St. Path.; 81 Res: Anes., Int. Med., OBG., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Hollywood										
Memorial Hospital 3501 Johnson St.		District	1	173	6	40	...	...	1	Res: Path.
Jacksonville										
Baptist Memorial Hospital 800 Miami Rd., 7		Church	6	326	7	65	10	10	12	Int: Rotating; 13 Res: Gen. Pract., Int. Med., OBG., Path., Ped., Surg.
Brewster Methodist Hospital 1640 Jefferson St., 9		Church	6	132	8	55	...	0	6	Int: Rotating;
Duval Medical Center 2000 Jefferson St., 8		County	...	285	9	46	11	41	24	Int: Rotating, St. Med.; 36 Res: Int. Med., OBG., Path., Ped., Psych., Surg., Urol.
Florida State Board of Health P. O. Box 210, 1		State	...	...	...	...	...	6	6	Res: Public Health
Hope Haven Hospital 5720 Atlantic Blvd., 11		NPCorp	...	87	21	14	...	...	2	Res: Ortho. Surg.
St. Luke's Hospital 1900 Boulevard, 6		NPCorp	1	210	6	40	9	1	10	Res: Gen. Pract., Int. Med., OBG., Surg.
St. Vincent's Hospital Barrs and St. Johns Ave., 4		Church	6	360	6	47	12	21	14	Int: Rotating; 32 Res: Gen. Pract., Int. Med., OBG., Path., Ped., Surg., Urol.
U. S. Naval Hospital Zone 14		Navy	2	400	13	93	...	6	8	Int: Rotating;
Lakeland										
Lakeland General Hospital		NPCorp	...	326	7	28	...	...	12	Int: Rotating;
Miami										
Jackson Memorial Hospital 1700 N. W. 10th Ave., 36	M-23#	County	2-3-4-5-6	1,270	9	49	26	245	90	Int: Rotating, St. Med., St. Surg., St. Ped.; 214 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Forensic Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Variety Children's Hospital 6125 S. W. 31st St., 55		NPCorp	6	116	7	82	6	3	11	Res: Ortho. Surg., Ped.
Miami Beach										
Mount Sinai Hospital of Greater Miami 4300 Altan Rd., 40		NPCorp	6	360	8	53	18	21	18	Int: Rotating; 23 Res: Int. Med., OBG., Path., Surg.
St. Francis Hospital 250 W. 63rd St., 41		Church	6	250	7	33	6	6	8	Int: Rotating; 5 Res: Int. Med., OBG., Surg.
Orlando										
Orange Memorial Hospital 1416 S. Orange Ave.		NPCorp	2-3	400	7	40	3	28	18	Int: Rotating; 22 Res: Int. Med., OBG., Ortho. Surg., Path., Surg., Urol.
Pensacola										
Baptist Hospital 1000 W. Morena St.		Church	6	286	5	53	8	...	6	Int: Rotating; 6 Res: Gen. Pract., Path.
Sacred Heart Hospital 1010 N. 12th Ave.		Church	...	156	7	32	6	...	3	Res: Gen. Pract.
U. S. Naval Hospital		Navy	2	350	13	70	...	...	6	Int: Rotating;
U. S. Navy School of Aviation Medicine Naval Aviation Medical Center		Navy	...	...	...	...	3	...	...	Res: Aviation Med.
St. Petersburg										
American Legion Hospital for Crippled Children 2350 Lakeview Ave., S., 12		NPCorp	...	62	21	33	...	1	1	Res: Ortho. Surg.
Mound Park Hospital 701 Sixth St. S., 5		City	3	502	9	25	...	18	16	Int: Rotating; 6 Res: Gen. Pract., OBG., 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		
FLORIDA—Continued										
Tampa										
Tampa General Hospital Davis Islands, 6		City	6	500	7	38	...	48	26 Int: Rotating; 31 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	7	33	...	2	5 Int: Rotating	
St. Mary's Hospital 900 49th St.		Church	6	234	7	34	1	2	6 Int: Rotating	
GEORGIA										
Albany										
Phoebe Putney Memorial Hospital 417 Third Avenue		CyCo	2	212	6	34	...	...	6 Int: Rotating	
Athens										
Athens General Hospital 797 Cobb St.		County	3-6	161	6	40	...	5	6 Int: Rotating	
St. Mary's Hospital 360 N. Millidge Ave.		Church	1-6	100	6	50	1	3	6 Int: Rotating	
Atlanta										
Crawford W. Long Memorial Hospital 35 Linden Ave., N. E., 3		Church	6	459	6	41	20	41	18 Int: Rotating; 44 Res: Int. Med., OBG., Path., Ped., Surg.	
Emory University Hospital 1364 Clifton Rd., N. E., 22	M-25X	NPCorp	6	315	8	57	13	56	24 Int: St. Med., St. Surg., St. Path.; 76 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	...	475	6	38	13	18	20 Int: Rotating; 26 Res: Int. Med., OBG., Ortho. Surg., Path., Ped., Surg.	
Grady Memorial Hospital 80 Butler St. S. E., 3	M-25#	County	8	1,069	19	46	2	151	52 Int: Rotating, St. Med., St. Surg., St. Ped.; 158 Res: Anes., Dem., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., 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	78	...	0	7 Res: Neuro. Surg., Ped.	
Piedmont Hospital 1968 Peachtree Rd., N. W., 9		NPCorp	2-3	222	7	52	4	18	10 Int: Rotating; 14 Res: Int. Med., OBG., Rad., Surg.	
St. Joseph's Infirmary 265 Ivy St. N. E., 8		Church	6	301	7	54	21	1	12 Int: Rotating; 23 Res: Int. Med., OBG., Path., Ped., Surg., Urol.	
State of Georgia Dept. of Public Health 47 Trinity Avenue, 4		State	...	...	...	...	...	1	6 Res: Public Health	
Veterans Administration Hospital 4158 Peachtree Rd. N. E., 19	M-25#	VA	2-5-6	300	23	60	3	33	16 Int: St. Med.; 35 Res: Int. Med., Path., Rad., Surg., Urol.	
Augusta										
Eugene Talmadge Memorial Hospital 1120 15th St.	M-24	State	6	400	19	75	2	121	21 Int: St. Med.; St. Ped., St. Path., Mixed; 147 Res: Anes., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.	
University Hospital University Place	M-24	City	2-5-6	409	6	32	...	27	18 Int: Rotating; 37 Res: Anes., Int. Med., Neuro. Surg., OBG., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital Wrightsboro Rd.	M-24	VA	2-6	1,744	140	66	...	13	12 Res: Int. Med., Neuro. Surg., Psych., Surg.	
Columbus										
Medical Center 710 19th St.		City	...	285	6	28	...	14	12 Int: Rotating; 2 Res: Gen. Pract.	
Decatur										
Scottish Rite Hospital for Crippled Children 321 W. Hill St.		NPCorp	1-2-3	60	58	...	...	1	1 Res: Ortho. Surg.	
Fort Benning										
Martin Army Hospital		Amy	2-3-4	500	11	75	...	18	16 Int: Rotating; 4 Res: Surg.	
Fort Oglethorpe										
John L. Hucheson Memorial Tri-County Hospital 400 Thomas Rd.		County	...	110	6	29	4	...	3 Res: Gen. Pract.	
Macon										
Macon Hospital 777 Hemlock St.		CyCo	2-3	463	5	19	...	34	24 Int: Rotating; 11 Res: Gen. Pract., OBG., Surg.	
Milledgeville										
Milledgeville State Hospital		State	...	12,179	...	...	22	...	20 Res: Psych.	
Rome										
Batley State Hospital		State	6	1,185	234	49	1	...	2 Res: Thor. Surg.	
Floyd Hospital Turner and McCall Blvd.		County	2	180	5	33	...	6	7 Int: Rotating; 1 Res: Gen. Pract.	
Savannah										
Memorial Hospital of Chatham County Waters Ave. and 63rd St.		District	...	250	7	50	2	15	10 Int: Rotating; 13 Res: Int. Med., OBG., Path., Surg., Urol.	
Warm Springs										
Georgia Warm Springs Foundation		NPCorp	...	120	60	...	4	0	12 Res: Phys. Med.	
HAWAII										
Honolulu										
Kapiolani Maternity and Gynecological Hospital 1611 Bingham St., 14		NPCorp	...	110	4	54	3	4	9 Res: OBG.	
Kauaikeolani Children's Hospital 226 N. Kuakini St., 17		NPCorp	...	101	4	84	4	1	6 Res: Ped.	
Kuakini Hospital 347 N. Kuakini St., 17		NPCorp	...	140	6	50	6	4	14 Int: Rotating; 2 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		
ILLINOIS, Chicago—Continued										
Norwegian American Hospital 1044 N. Francisco Ave., 22		NPCorp	6	202	8	31	6	2	12 Int: Rotating; 4 Res: Path., Surg.	
Passavant Memorial Hospital 303 E. Superior St., 11	M-27#	NPCorp	6	296	9	63	8	35	12 Int: Rotating; 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	6	850	11	74	25	111	46 Int: Rotating, St. Med., St. Surg.; 115 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Path., Plas. Surg., Psych., Rad., Surg., Urol.	
Provident Hospital 426 E. 51st St., 15		NPCorp	...	206	8	43	15	...	11 Int: Rotating, St. Surg.; 12 Res: Int. Med., OBG., Ped., Surg.	
Ravenswood Hospital 1931 W. Wilson Ave., 40		NPCorp	6	247	7	57	16	...	9 Int: Rotating; 3 Res: Path., Surg.	
Resurrection Hospital 7435 W. Talcahy Ave., 31		Church	1-6	260	8	71	...	2	12 Int: Rotating;	
St. Anne's Hospital 4950 Thomas St., 51	L-28	Church	6	312	7	36	12	0	12 Int: Rotating; 13 Res: Ob., Ortho. Surg., Path., Surg.	
St. Bernard's Hospital 6337 S. Harvard Ave., 21		Church	...	178	8	46	7	1	8 Int: Rotating; 3 Res: Surg.	
St. Elizabeth's Hospital 1431 N. Claremont Ave., 22		Church	6	266	7	45	13	1	10 Int: Rotating; 7 Res: OBG., Ortho. Surg., Surg.	
St. Joseph Hospital 2100 N. Burling St., 14	L-28	Church	6	195	9	65	2	9	8 Int: Rotating; 10 Res: Int. Med., OBG., Path., Surg.	
St. Mary of Nazareth Hospital 1120 N. Leavitt St., 22		Church	6	278	9	38	15	8	10 Int: Rotating; 13 Res: Gen. Pract., Path., Surg.	
Shriners Hospital for Crippled Children 2211 N. Oak Park Ave., 35		NPCorp	...	68	86	0	...	4	4 Res: Ortho. Surg.	
South Chicago Community Hospital 2320 E. 93rd St., 17		NPCorp	6	250	8	26	6	3	12 Int: Rotating;	
Swedish Covenant Hospital 5145 N. California Ave., 25		Church	...	220	10	54	10	...	9 Int: Rotating; 4 Res: Path.	
University of Chicago Clinics 950 E. 59th St., 37	M-29X	NPCorp	4	693	11	76	21	160	41 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 155 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	4-6-6	623	14	77	13	140	36 Int: Rotating; 120 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.	
Veterans Administration Research Hospital 333 E. Huron St., 11		VA	2-4-6	516	18	81	6	60	82 Res: Anes., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Veterans Administration Hospital (West Side) 820 S. Damen Ave., 12	M-26-30; VA		2	495	29	75	...	45	57 Res: Int. Med., Path., Phys. Med., Psych., Rad., Surg.	
Woodlawn Hospital 6060 Drexel Ave., 37	L-28	NPCorp	...	150	10	73	4	...	1 Res: Surg.	
Decatur										
Decatur and Macon County Hospital 2300 N. Edward St.		NPCorp	2-6	350	7	55	...	8	12 Int: Rotating; 8 Res: Path.	
Downey										
Veterans Administration Hospital		VA	2-6	2,487	687	73	1	7	17 Res: Psych.	
East Peoria										
Caterpillar Tractor Company 600 W. Washington St.		Corp	...	...	...	...	...	0	1 Res: Occup. Med.	
Evanston										
Evanston Hospital 2650 Ridge Ave.	M-27#	NPCorp	6	406	9	76	3	52	26 Int: Rotating, St. Med., St. Path.; 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	57	7	27	18 Int: Rotating, Mixed; 24 Res: Int. Med., OBG., Ortho. Surg., Path., Ped., Rad., Surg.	
Evergreen Park										
Little Company of Mary Hospital 2800 W. 95th St., 42		Church	6	530	7	33	12	16	24 Int: Rotating; 32 Res: OBG., Ped., Rad., Surg.	
Galesburg										
Galesburg State Research Hospital North Seminary St.		State	6	1,794	200	39	2	3	8 Res: Psych.	
Great Lakes										
U.S. Naval Hospital		Navy	2-4-5	1,258	25	93	...	17	10 Int: Rotating; 8 Res: Int. Med., OBG., Surg.	
Hines										
Veterans Administration Hospital	M-28, L-30	VA	2-4-6	2,108	61	59	...	128	173 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	43	...	10	10 Int: Rotating;	
Suburban Cook County Tuberculosis Sanitarium 55th and County Line Rd.		District	...	209	193	86	1	...	1 Res: Thor. Surg.	
Joliet										
St. Joseph Hospital 372 N. Broadway St.		Church	...	296	8	23	6	...	5 Res: Anes.	
La Grange										
Community Memorial General Hospital 5101 Willow Springs Rd.		NPCorp	6	100	7	49	...	0	1 Res: Surg.	
Oak Park										
West Suburban Hospital 518 N. Austin Blvd.		NPCorp	6	378	8	44	17	4	20 Int: Rotating; 13 Res: OBG., Ortho. Surg., Path.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Admixture Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
ILLINOIS—Continued										
Peoria										
Institute of Physical Medicine and Rehabilitation 619 N. E. Glen Oak Ave.		NPCorp	...	140	106	...	1	0	3 Res: Phys. Med.	
Methodist Hospital of Central Illinois 221 N. E. Glen Oak Ave.		Church	6	464	8	44	21	...	16 Int: Rotating 9 Res: Path., Surg.	
St. Francis Hospital 530 N. E. Glen Oak Ave.		Church	2	618	10	59	6	25	18 Int: Rotating; 24 Res: Int. Med., OBG., Ortho. Surg., Path., Ped., Rad., Sura.	
Rockford										
Rockford Memorial Hospital 2400 N. Rockton Ave.		NPCorp	...	240	7	59	1	7	10 Int: Rotating; 7 Res: Path., Rad.	
St. Anthony Hospital 1401 E. State St.		Church	6	214	7	44	3	...	4 Res: OBG., Path., Sura.	
Swedish-American Hospital 1316 Charles St.		NPCorp	2-6	200	5	46	...	2	8 Int: Rotating	
Springfield										
Illinois State Department of Health		State	...	...	...	...	...	4	10 Res: Public Health	
Urbana										
Carle Memorial Hospital 602 W. University Ave.		NPCorp	6	101	7	43	1	0	2 Res: Path., Rad.	
Winnetka										
North Shore Hospital 225 Sheridan Rd.		Corp	...	100	43	13	1	1	2 Res: Psych.	
INDIANA										
Bluffton										
Clinic Hospital 309 S. Main St.		Corp	6	122	7	66	...	1	10 Res: Int. Med., Rad., Sura.	
Elkhart										
Elkhart General Hospital 600 East Blvd.		NPCorp	...	...	...	...	...	...	Res: Path.	
Evansville										
St. Mary's Hospital 3700 Washington Ave., 15		Church	2-3	340	8	42	...	6	6 Int: Rotating	
Fort Wayne										
Lutheran Hospital 3024 Fairfield, 6		Church	2-3-6	338	8	30	...	...	6 Int: Rotating; Res: Ortho. Surg.	
St. Joseph's Hospital 730 W. Berry St., 2		Church	6	249	8	34	1	0	4 Res: Path.	
Gary										
Methodist Hospital 1600 W. Sixth Ave.		Church	6	370	7	48	1	0	8 Int: Rotating; 4 Res: Path.	
St. Mary Mercy Hospital 540 Tyler St.		Church	2-3	294	7	38	...	2	8 Int: Rotating	
Hammond										
St. Margaret Hospital 25 Douglas St.		Church	3-6	365	7	40	...	7	12 Int: Rotating	
Indianapolis										
Indiana University Medical Center 1100 W. Michigan St., 7	M-31X	State	4-5-6-7	531	12	71	1	186	38 Int: Rotating, St. Med., St. Surg., St. Path., St. Ped., Family Practice; 213 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Child Psych., Rad., Sura., Urol.	
Larue D. Carter Memorial Hospital 1315 W. 10th St., 7	L-31#	State	2-6	225	153	66	...	15	40 Res: Psych., Child Psych.;	
Marion County General Hospital 960 Locke St., 7	M-31#	CyCo	4-5-6	611	15	66	3	101	40 Int: Rotating; 77 Res: Anes., Derm., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
Methodist Hospital 1604 N. Capital Ave., 7		Church	3-6	818	9	42	1	41	19 Int: Rotating; 41 Res: Gen. Proct., Int. Med., OBG., Ortho. Surg., Path., Ped., Surg., Urol.	
St. Vincent's Hospital 120 W. Fall Creek Pkwy., 7		Church	2-3-6	294	7	45	...	13	10 Int: Rotating; 17 Res: Int. Med., OBG., Ortho. Surg., Path., Ped., Surg.	
Veterans Administration Hospital 1481 W. Tenth St., 7	M-31#	VA	2-6	727	40	73	...	31	32 Res: Anes., Int. Med., Neuro. Surg., Ortho. Surg., Path., Plas. Surg., Psych., Rad., Sura., Urol.	
Lafayette										
St. Elizabeth Hospital 1021 N. 14th St.		Church	2-3-6	312	8	24	1	3	7 Res: Int. Med., OBG., Path., Sura.	
Logansport										
Logansport State Hospital		State	2	2,400	600	15	...	2	4 Res: Psych.	
Mishawaka										
St. Joseph Hospital 215 W. 4th St.		Church	...	...	...	...	...	...	Res: Path.	
Muncie										
Ball Memorial Hospital 2401 University Ave.		NPCorp	...	413	8	42	1	7	8 Int: Rotating; 6 Res: Path., Surg.	
South Bend										
Memorial Hospital 615 N. Michigan St., 1		NPCorp	3	336	8	39	1	5	10 Int: Rotating; Res: Path.	
St. Joseph's Hospital 811 E. Madison St., 22		Church	3-6	258	8	39	...	7	9 Int: Rotating; Res: Path.	
South Bend Medical Foundation Hospital 531 N. Main St., 1		NPCorp	...	1,094	7	33	...	6	8 Res: Path.	
Vincennes										
Good Samaritan Hospital 412 S. 7th St.		County	2-3-6	218	8	33	...	0	1 Res: Path.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Admity Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
IOWA										
Cedar Rapids										
Mercy Hospital.....		Church	2-3	300	7	59	...	10	10 Int:	Rotating
835 Sixth Ave., S. E.										
St. Luke's Methodist Hospital.....		Church	...	400	7	48	3	7	12 Int:	Rotating;
1026 A Ave., N. E.									3 Res:	Path.
Cherokee										
Mental Health Institute.....		State	...	1,217	...	55	2	10	12 Res:	Psych.
1200 W. Cedar										
Des Moines										
Brooklawn Palk County Hospital.....		County	3	230	10	45	...	12	12 Int:	Rotating;
18th and Hickman Rd., 14									...	Res: Gen. Pract., Surg.
Iowa Lutheran Hospital.....		Church	...	252	8	38	2	1	10 Int:	Rotating
716 Parnell Ave., 16										
Iowa Methodist Hospital.....		Church	6	484	9	56	3	17	10 Int:	Rotating;
1200 Pleasant St., 14									22 Res:	Int. Med., Path., Ped., Rad., Surg.
Mercy Hospital.....		Church	...	300	6	75	15	3	14 Int:	Rotating;
5th and Ascension Sts., 14									4 Res:	Path.
Veterans Administration Hospital.....		VA	2	386	24	60	...	19	37 Res:	Anes., Int. Med., Ortho. Surg., Path., Rad., Surg., Urol.
30th and Euclid Ave., 8										
Independence										
Mental Health Institute.....		State	...	1,211	193	59	...	11	12 Res:	Psych.
Iowa City										
Mercy Hospital.....		Church	6	215	7	28	2	...	...	Res: Path., Surg.
214 N. Van Buren St.										
State Psychopathic Hospital.....	M-32X	State	6	60	50	...	6	12	24 Res:	Psych.
500 Newton Rd.										
State University of Iowa Hospitals.....	M-32X	State	6	909	12	67	26	163	20 Int:	Rotating;
Newton Rd.									190 Res:	Anes., 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.
Veterans Administration Hospital.....		VA	2-E-6	484	33	74	1	32	53 Res:	Anes., Int. Med., Neur., Otol., Path., Rad., Surg.
KANSAS										
Halstead										
Halstead Hospital.....		Church	...	160	8	52	...	...	1 Res:	Path.
328 Poplar St.										
Kansas City										
Bethany Hospital.....		Church	...	194	7	35	...	4	8 Int:	Rotating
51 N. 12th St., 7										
St. Margaret's Hospital.....		Church	6	215	7	57	1	...	8 Int:	Rotating;
759 Vermont Ave., 8									3 Res:	Surg.
University of Kansas Medical Center...	M-33X	State	6-7	524	10	77	21	83	28 Int:	Mixed, St. Med., St. Ped., St. Path., Family Practice;
39th and Rainbow Blvd., 12									110 Res:	Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Topeka										
C. F. Menninger Memorial Hospital....		NPCorp	...	118	217	...	...	3	6 Res:	Psych., Child Psych.
3617 W. Sixth Ave.										
Topeka State Hospital.....	L-33	State	6	1,499	180	79	20	25	60 Res:	Psych.
West Sixth St.										
Veterans Administration Hospital.....		VA	2	1,011	157	87	...	47	48 Res:	Neur., Psych.
2200 Gage Blvd.										
Wadsworth										
Veterans Administration Hospital.....	L-33	VA	2-4-5	836	84	60	...	6	15 Res:	Phys. Med., Surg., Urol.
Wichita										
St. Francis Hospital.....		Church	6	700	8	46	15	37	18 Int:	Rotating;
928 N. Emporia Ave., 5									42 Res:	Anes., Gen. Pract., Int. Med., OBG., Ortho. Surg., Path., Rad., Surg.
Sedgwick County Hospital.....		County	...	...	...	...	...	...	...	Res: OBG
1001 N. Minneapolis Ave.										
Veterans Administration Center.....		VA	2	252	35	60	...	4	4 Res:	Surg.
5500 E. Kellogg, 18										
Wesley Hospital.....		Church	...	487	7	31	11	18	16 Int:	Rotating;
550 N. Hillside Ave., 14									16 Res:	Gen. Pract., Int. Med., OBG., Path., Surg.
Wichita-St. Joseph Hospital.....		Church	...	253	6	42	8	1	12 Int:	Rotating;
3400 Grand Ave., 18									3 Res:	Path.
KENTUCKY										
Covington										
St. Elizabeth Hospital.....		Church	6	349	8	39	4	5	2 Res:	Path.
21st and Eastern Ave.										
William Booth Memorial Hospital.....		Church	6	150	8	31	6	0	6 Res:	Gen. Pract.
323 E. 2nd St., Box 472										
Fort Campbell										
U. S. Army Hospital.....		Army	1-2-3	350	9	52	...	3	3 Res:	Surg.
Fort Knox										
Ireland Army Hospital.....		Army	1-2-3-4	608	10	74	...	11	16 Int:	Rotating;
									...	Res: Surg.
Harlan										
Harlan Memorial Hospital.....		NPCorp	6	187	12	47	8	7	20 Res:	Int. Med., Path., Surg.
Lakeland										
Central State Hospital.....		State	6	1,979	1,285	46	2	4	6 Res:	Psych.
Lexington										
Central Baptist Hospital.....		Church	...	167	6	28	5	1	7 Res:	Gen. Pract., OBG.
1740 S. Limestone St.										
Good Samaritan Hospital.....		Church	...	250	7	32	15	...	11 Int:	Rotating;
310 S. Limestone St.									13 Res:	Int. Med., OBG., Ortho. Surg., 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		
KENTUCKY, Lexington—Continued										
St. Joseph Hospital 1400 Harrodsburg Rd.	L-34	Church	6	288	8	38	12	15	8 Int: Rotating; 28 Res: OBG., Ortho. Surg., Surg., Urol.	
Shriners Hospital for Crippled Children 1900 Richmond Rd.	...	NPCorp	2	50	79	100	...	2	2 Res: Ortho. Surg.	
U. S. Public Health Service Hospital Veterans Administration Hospital	L-34	USPHS VA	2-6 2	1,043 1,171	107 572	69 40	...	9	18 Res: Psych. 4 Res: Psych.	
Louisville										
Children's Hospital 226 E. Chestnut St., 2	M-35#	NPCorp	...	125	6	60	8	7	2 Res: Neuro. Surg., Path., Ped., Surg.	
Jewish Hospital 217 E. Chestnut St., 2	L-35#	NPCorp	6	118	6	33	2	...	3 Res: Anes., Int. Med.	
Kentucky Baptist Hospital 810 Barret Ave., 4	...	Church	1	345	7	44	4	...	12 Int: Rotating	
Kosair Crippled Children Hospital 982 Eastern Pkwy., 17	L-35	NPCorp	1	100	44	...	...	4	4 Res: Ortho. Sura.	
Louisville General Hospital 323 E. Chestnut St., 2	M-35#	CyCo	4-5-6	421	9	69	22	116	44 Int: Rotating, St. Med., St. Ped., St. Path., St. Surg.; 137 Res: Anes., Int. Med., Neuro. Sura., Neur., OBG., Ophth., Ortho. Sura., Otol., Path., Ped., Phys. Med., Psych., Rad., Sura., Urol.	
Norton Memorial Infirmary 231 W. Oak St., 3	L-35#	NPCorp	6	298	8	45	3	9	6 Int: Rotating; 14 Res: Int. Med., Neuro. Sura., Psych., Sura.	
St. Joseph Infirmary 735 Eastern Pkwy., 17	...	Church	6	471	6	36	4	27	18 Int: Rotating; 25 Res: Int. Med., OBG., Rad., Sura.	
SS. Mary and Elizabeth Hospital 4400 Churchman Ave., 15	...	Church	...	220	5	44	2	...	9 Int: Rotating;	
Veterans Administration Hospital Mellwood and Zorn Ave., 2	M-35#	VA	2-6	494	35	65	...	30	39 Res: Int. Med., Neuro. Sura., Neur., Ophth., Ortho. Sura., Otol., Path., Psych., Rad., Sura., Urol.	
LOUISIANA										
Lafayette										
Lafayette Charity Hospital 311 W. St. Mary Blvd.	...	State	...	486	11	58	7	15	3 Res: Gen. Pract., Surg.	
Monroe										
E. A. Conway Memorial Hospital Columbia Rd.	...	State	...	212	5	18	4	10	14 Res: Gen. Pract.	
New Orleans										
Charity Hospital of Louisiana 1532 Tulane Ave., 12	M-36#-37	State	3-4-5-6	2,778	13	59	...	359	126 Int: Rotating; 322 Res: Anes., Derm., Int. Med., Neuro. Sura., Neur., OBG., Ophth., Ortho. Sura., Otol., Path., Ped., Psych., Sura., Thor. Sura., Urol.	
Eye, Ear, Nose and Throat Hospital 145 Elk Pl., 12	L-37	NPCorp	1-3-6	110	4	0	1	15	16 Res: Ophth., Otol.	
Guidance Center of the Institute of Mental Hygiene 1737 Prytanion St.	...	Misc	...	...	...	...	...	...	2 Res: Child Psych.	
Hotel Dieu Sisters Hospital 2004 Tulane Ave., 16	...	Church	6	293	6	29	8	0	10 Res: Path., Ped., Rad., Sura.	
Mercy Hospital 301 N. Jefferson Davis Pkwy., 19	...	Church	1-6	194	5	49	2	...	8 Int: Rotating	
Ochsner Foundation Hospital 1516 Jefferson Highway, 21	L-37	NPCorp	5-6	248	9	73	6	73	8 Int: St. Med., St. Surg.; 65 Res: Anes., Int. Med., Neuro. Sura., OBG., Ophth., Ortho. Sura., Path., Ped., Proct., Rad., Sura., Urol.	
Southern Baptist Hospital 2700 Napoleon Ave., 15	...	Church	6	439	8	48	7	40	24 Int: Rotating; 28 Res: Int. Med., OBG., Path., Ped., Rad., Sura.	
Touro Infirmary 3500 Prytanion St., 15	L-37	NPCorp	5-6	462	11	52	2	33	25 Int: Rotating; 33 Res: Gen. Pract., Int. Med., OBG., Ortho. Sura., Path., Ped., Rad., Sura., Urol.	
Tulane University School of Medicine 1430 Tulane Ave.	...	Misc	...	...	...	...	...	...	Res: Child Psych.	
U. S. Public Health Service Hospital 210 State St., 18	...	USPHS	2-6	400	22	85	...	34	12 Int: Rotating; 29 Res: Int. Med., OBG., Ophth., Path., Rad., Sura.	
Veterans Administration Hospital 1601 Perdido St., 12	L-36-37	VA	2-4-6	512	34	75	1	44	52 Res: Anes., Int. Med., Ophth., Ortho. Sura., Path., Psych., Sura., Urol.	
Shreveport										
Confederate Memorial Medical Center 1541 Kingshighway	...	State	2-4-5-6	850	8	37	3	91	36 Int: Rotating; 65 Res: Int. Med., OBG., Ophth., Ortho. Sura., Path., Ped., Rad., Sura., Thor. Sura., Urol.	
Doctors' Hospital and Research Foundation 1130 Louisiana Ave., 7	...	Corp	2-3	100	5	28	...	2	4 Int: Rotating	
Highland Hospital 1006 Highland Ave., 50	...	Corp	...	144	6	21	1	...	4 Int: Rotating	
Schumpert Memorial Sanitorium 915 Margaret Pl., 15	...	Church	6	325	5	40	...	5	7 Int: Rotating	
Shriners Hospital for Crippled Children Kingshighway and Sanford Ave., 49	...	NPCorp	2-3	60	93	...	...	2	2 Res: Ortho. Sura.	
MAINE										
Bangor										
Eastern Maine General Hospital 489 State St.	...	NPCorp	6	297	8	50	...	1	6 Int: Rotating; 8 Res: Anes., Path., Rad.	
Lewiston										
Central Maine General Hospital 300 Main St.	...	NPCorp	...	224	8	54	...	2	6 Int: Rotating; 5 Res: Anes., Int. Med., Path., Ped., Sura.	
Portland										
Maine Medical Center 22 Bromhall St., 4	M-42	NPCorp	6	400	8	47	2	28	12 Int: Rotating; 33 Res: Anes., Gen. Pract., Int. Med., Path., Ped., Rad., Sura.	

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										
Army Chemical Center U. S. Army Environmental Hygiene Agency (Edgewood).....		Army	...	...	...	...	...	1	1	Res: Occup. Med.
Baltimore Baltimore City Hospitals..... 4940 Eastern Ave., 24	L-38	City	4-5-6-7	2,063	...	72	38	60	30	Int: Mixed, St. Med., St. Ped., St. Path., St. Surg., Family Practice; 74 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ortho. Surg., Path., Ped., Rad., Surg.
Baltimore Eye, Ear and Throat Hospital..... 1214 Eutaw Pl., 17		NPCorp	...	68	3	0	2	4	6	Res: Ophth., Otol.
Bon Secours Hospital..... 2025 W. Fayette St., 23		Church	1-6	255	8	30	15	4	10	Int: Rotating; 10 Res: OBG., Surg.
Children's Hospital..... 3825 Greenspring Ave., 11		NPCorp	4-5	124	20	...	2	...	...	Res: Ortho. Surg.
Church Home and Hospital..... Broadway and Fairmount Ave., 31		Church	...	222	10	56	26	2	16	Int: Rotating, St. Med.; 24 Res: Int. Med., Ob., Surg.
Franklin Square Hospital..... 100 N. Calhoun St., 23		NPCorp	...	174	8	51	24	...	9	Int: Mixed; 18 Res: Int. Med., OBG., Path., Surg.
Hospital for Women of Maryland..... Lafayette Ave. and John St., 17		NPCorp	6	178	6	62	12	6	6	Int: Mixed; 16 Res: Int. Med., OBG.
James Lawrence Kernan Hospital for Crippled Children..... Windsor Mill Rd. and Forest Pk. Ave., 7	L-39#	Corp	...	91	31	...	...	1	2	Res: Ortho. Surg.
Johns Hopkins Hospital..... 601 N. Broadway, 5	M-38#	NPCorp	3	987	11	67	27	205	62	Int: St. Med., St. Surg., St. Ped., St. Path., St. Ob-Gyn.; 184 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	4-6	191	7	36	24	4	10	Int: Rotating; 26 Res: Int. Med., OBG., Surg.
Maryland General Hospital..... 827 Linden Ave., 1		Church	6	362	8	35	14	22	14	Int: Rotating; 28 Res: Int. Med., OBG., Path., Surg.
Mercy Hospital..... Calvert and Saratoga Sts., 2	L-39#	Church	4-6	280	8	44	12	17	16	Int: Rotating; 26 Res: Int. Med., OBG., Otol., Path., Ped., Surg.
Provident Hospital..... 1514 Division St., 17		NPCorp	4-6	137	7	44	8	...	6	Int: Rotating; 12 Res: Path., Ped., Surg.
St. Agnes Hospital..... Wilkins and Caton Ave., 29		Church	6	364	8	48	21	11	12	Int: Rotating; 24 Res: Int. Med., OBG., Surg.
St. Joseph's Hospital..... 1400 N. Caroline St., 13		Church	...	240	9	56	22	3	8	Int: Rotating; 20 Res: Int. Med., OBG., Path., Surg.
Seton Psychiatric Institute..... 6420 Reisterstown Rd., 15		Church	...	300	...	25	5	7	12	Res: Psych.
Sinai Hospital..... Belvedere Ave. at Greenspring, 15		NPCorp	4-5-6-9	425	7	51	29	42	23	Int: Rotating, Mixed, St. Med., St. Surg., St. Ped.; 60 Res: Int. Med., OBG., Path., Ped., Rad., Surg., Urol.
South Baltimore General Hospital..... 1213 Light St., 30		NPCorp	6	184	8	39	19	...	8	Int: Rotating; 19 Res: Int. Med., Ob., Surg. 5 Res: Public Health
State of Maryland Dept. of Health..... 301 W. Preston St., 1		State	...	...	...	...	...	5	...	...
Union Memorial Hospital..... 33rd and Calvert Sts., 18		NPCorp	6	372	9	48	28	8	19	Int: Rotating, St. Med., St. Surg. 35 Res: Int. Med., OBG., Path., Surg.
U. S. Public Health Service Hospital..... Wyman Park Dr. and 31st St., 11		USPHS	2-4-6	366	18	70	...	34	12	Int: Rotating; 22 Res: Int. Med., Ophth., Path., Rad., Surg.
University Hospital..... Redwood and Greene Sts., 1	M-39X	State	4-5-6	630	12	58	31	138	38	Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path; 172 Res: Anes., Dem., Gen. Pract., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Administration Hospital..... 3900 Lach Raven Blvd., 18		VA	2	291	92	72	...	...	1	Res: Thor. Surg.
Bethesda										
National Institutes of Health-Clinical Center..... Zone 14		Fed.	5	516	37	94	...	25	31	Res: Derm., Int. Med., Neur., Ophth., Path., Psch., Rad.
Suburban Hospital..... 8600 Old Georgetown Rd., 14		NPCorp	...	200	5	44	10	...	...	Int: Rotating; 10 Res: Gen. Pract., Path.
U. S. Naval Hospital.....	L-19	Navy	2-5	925	19	93	...	90	18	Int: Rotating; 67 Res: Anes., Int. Med., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Catonsville										
Spring Grove State Hospital..... Wade Ave., 28		State	4	2,850	...	30	8	12	20	Res: Psych.
Cheverly										
Prince George's General Hospital.....		County	6	385	7	62	31	...	18	Int: Rotating; 15 Res: OBG., Path., Surg.
Crownsville										
Crownsville State Hospital.....		State	6	1,900	...	31	20	...	15	Res: Psych.
Fort Howard										
Veterans Administration Hospital.....		VA	2	377	41	59	...	19	19	Res: Int. Med., Surg., Urol.
Hagerstown										
Washington County Hospital..... King and Antietam Sts.		NPCorp	6	293	7	28	1	0	8	Int: Rotating; 2 Res: Rad.
Perry Point										
Veterans Administration Hospital.....		VA	2-6	1,624	331	86	...	11	17	Res: Int. Med., Psych., Surg.
Rockville										
Chestnut Lodge..... 500 W. Montgomery Ave.		Corp	...	90	222	...	...	4	4	Res: Psych.
Sykesville										
Springfield State Hospital.....		State	4-6	3,449	391	40	8	3	15	Res: Psych.
Towson										
Sheppard and Enoch Pratt Hospital..... Zone 4		NPCorp	6	265	296	37	4	7	17	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										
Bedford										
Veterans Administration Hospital..... Springs Rd.	M-42	VA	2	1,636	1,609	72	...	...	3	Res: Psych.
Belmont										
McLean Hospital..... 1075 Pleasant St., 79	M-41	NPCorp	...	271	49	74	1	16	17	Res: Psych.
Beverly										
Beverly Hospital..... Heather and Herrick Sts.	...	NPCorp	...	259	8	81	6	7	8	Int: Rotating; 10 Res: Int. Med., Path., Surg.
Boston										
Beth Israel Hospital..... 330 Brookline Ave., 15	M-41-42	NPCorp	4-6	342	9	62	16	56	16	Int: St. Med., St. Surg.; 60 Res: Anes., Int. Med., Ob., Otol., Path., Psych., Child Psych., Rad., Surg., Urol.
Boston City Hospital..... 818 Harrison Ave., 18	M-40-41-42#	City	4-8-6	1,325	12	54	75	235	74	Int: St. Med., St. Surg., St. Ped., St. Path.; 240 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Child Psych., Rad., Surg., Thor. Surg., Urol.
Boston Dispensary and Rehabilitation Institute..... 25 Bennet St., 11	M-42#	NPCorp	...	...	...	...	...	...	...	Res: Derm.
Boston Floating Hospital..... 20 Ash St., 11	M-42#	NPCorp	...	80	7	88	1	16	6	Int: St. Ped.; 12 Res: Ped., Child Psych.
Boston Lying-in Hospital..... 221 Longwood Ave., 15	M-41	NPCorp	...	175	6	100	3	8	13	Res: OBG., Path.
Boston Sanatorium..... 249 River St., 26	...	City	...	500	...	...	2	...	1	Res: Thor. Surg.
Boston State Hospital..... 591 Morton St., 24	M-40-42	State	4-6	2,874	...	32	5	18	31	Res: Psych.
Boston University School of Medicine... 80 E. Concord St., 18	...	Misc	...	...	...	...	...	3	6	Res: Child Psych.
Corney Hospital..... 2100 Dorchester Ave., 24	M-42	Church	1-6	318	8	47	18	12	12	Int: Rotating; 38 Res: Int. Med., OBG., Path., Surg.
Children's Hospital Medical Center.... 300 Longwood Ave., 15	M-41	NPCorp	4-6	354	9	89	57	20	86	Res: Neuro. Surg., Neur., Ortho. Surg., Path., Ped., Ped. Allergy, Child Psych., Surg.
Commonwealth of Massachusetts— Department of Public Health..... State House, 33	...	State	...	...	...	...	...	...	...	Res: Public Health
Douglas A. Thom Clinic for Children .. 315 Dartmouth St., 16	L-40	NPCorp	...	...	...	...	...	3	4	Res: Child Psych.
Faulkner Hospital..... 1153 Centre St., Jamaica Plain 30	L-40	NPCorp	6	145	8	47	2	2	9	Res: Int. Med., Path., Rad.
Harvard University School of Public Health..... 55 Shattuck St., 15	...	NPCorp	...	...	...	...	...	...	...	Res: Occup. Med.
Judge Baker Guidance Center..... 295 Longwood Ave., 15	...	NPCorp	...	...	...	...	...	...	...	Res: Child Psych.
Lohey Clinic..... 605 Commonwealth Ave., 15	...	Corp	...	...	...	...	42	31	73	Res: Anes., Int. Med., Ortho. Surg., Rad., Surg.
Lemuel Shattuck Hospital..... 170 Morton St., 30	M-42 L-40-41	State	6	356	70	68	11	5	24	Res: Int. Med., Neur., Path., Rad.
Massachusetts Eye and Ear Infirmary .. 243 Charles St., 14	M-41	NPCorp	...	170	6	25	13	11	29	Res: Ophth., Otol.
Massachusetts General Hospital..... Fruit St., 14	M-41	NPCorp	4-5	930	11	65	19	159	30	Int: St. Med., St. Surg., St. Ped., St. Path.; 146 Res: 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	4-6	234	10	59	12	75	17	Int: St. Med., St. Path., St. Surg.; 69 Res: Anes., Derm., Int. Med., Neuro., OBG., Ophth., Path., Psych., Rad., Surg., Urol.
Massachusetts Mental Health Center... 74 Fenwood Rd., 15	M-41	State	2-6	200	101	...	...	59	59	Res: Psych., Child Psych.
New England Center Hospital..... 171 Harrison Ave., 11	L-40-41- M-42#	NPCorp	6	215	...	72	38	35	21	Int: St. Med., St. Surg.; 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	57	24	18	47	Res: Anes., Int. Med., Path., Rad., Thor. Surg.
New England Hospital..... Columbus Ave. and Dimack St., 19	...	NPCorp	...	122	8	34	8	1	6	Int: Rotating; 10 Res: Anes., Gen. Pract., OBG., Surg.
New England Medical Center (Includes Boston Floating Hospital and New England Center Hospital)... Peter Bent Brigham Hospital..... 721 Huntington Ave., 15	...	...	...	...	...	...	...	...	...	Res: Child Psych. 18 Int: St. Med., St. Surg.; 89 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	420	9	59	...	40	14	Int: Rotating; 30 Res: Anes., Int. Med., OBG., Path., Surg.
St. Margaret's Hospital..... 90 Cushing Ave., 25	M-42#	Church	1-6	122	5	33	3	9	12	Res: OBG.
U. S. Public Health Service Hospital .. 77 Warren St., 35 (Brighton)	...	USPHS	2-4-6	247	21	79	...	12	10	Int: Rotating; 6 Res: Int. Med., Surg.
Veterans Administration Hospital..... 150 S. Huntington Ave., 30	M-40-42	VA	2-4-8	920	28	65	2	101	136	Res: Anes., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Surg., Urol.
Brockton										
Brockton Hospital..... 680 Centre St., 11	...	NPCorp	...	257	8	32	2	...	6	Int: Rotating; ... Res: Path., Surg.
Veterans Administration Hospital..... Belmont St., 5	...	VA	2-4-6	988	315	63	...	1	6	Res: Psych.
Brookline										
Free Hospital for Women..... 245 Pond Ave., 46	M-41	NPCorp	6	90	...	...	7	7	14	Res: OBG., 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		
MICHIGAN, Detroit—Continued										
Receiving Hospital 1326 St. Antoine St., 26	M-44#	City	5-6	697	10	49	27	93	48 Int: Rotating; 83 Res: Anes., Derm., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
Rehabilitation Institute 261 Brady St., 1		NPCorp	...	87	...	...	...	...	6 Res: Phys. Med.	
St. John Hospital 22101 Moross Rd., 36		NPCorp	3-6	292	6	51	15	4	12 Int: Rotating; 14 Res: Int. Med., OBG., Surg.	
St. Joseph Mercy Hospital 2200 E. Grand Blvd., 11		Church	6	215	8	42	5	8	9 Int: Rotating; 10 Res: Int. Med., OBG., Surg.	
Sinai Hospital 6767 W. Outer Dr., 35	M-44	NPCorp	4-5	351	8	60	8	40	15 Int: Rotating; 41 Res: Anes., Int. Med., OBG., Ophth., Path., Rad., Surg.	
U. S. Public Health Service Hospital 14700 Riverside Dr., 15		USPHS	2-6	183	20	83	...	5	6 Res: Gen. Pract.	
Woman's Hospital 432 E. Hancock Ave., 1		NPCorp	6	363	8	43	7	7	16 Int: Rotating; 15 Res: Int. Med., OBG., Path., Surg.	
Eloise										
Wayne County General Hospital and Infirmary	M43-44#	County	...	4,306	127	40	18	72	36 Int: Rotating; 63 Res: Int. Med., Neuro. Surg., Ortho. Surg., Path., Psych., Rad., Surg., Urol.	
Flint										
Hurley Hospital 6th and Begole Sts., 2		City	...	705	9	46	12	30	25 Int: Rotating; 41 Res: Gen. Pract., Int. Med., OBG., Path., Ped., Rad., Surg.	
McLaren General Hospital 401 Ballenger Highway, 2		NPCorp	...	284	8	48	4	19	12 Int: Rotating; 18 Res: Gen. Pract., Int. Med., Path., Rad., Surg.	
St. Joseph Hospital 302 Kensington Ave., 2		Church	6	408	8	51	9	1	14 Int: Rotating; 4 Res: Gen. Pract., Path., Rad.	
Grand Rapids										
Blodgett Memorial Hospital 1840 Wealthy St. S. E., 6		NPCorp	...	341	7	72	1	30	16 Int: Rotating; 18 Res: Int. Med., OBG., Ortho. Surg., Path., Plas. Surg., Rad., Surg.	
Butterworth Hospital 100 Michigan St., N. E., 3		NPCorp	6	416	8	54	1	36	18 Int: Rotating, St. Surg.; 31 Res: Anes., Int. Med., OBG., Path., Ped., Rad., Surg.	
Ferguson-Droste-Ferguson Hospital 72 Sheldon Ave., S. E., 2		NPCorp	...	92	11	67	1	...	4 Res: Pract.	
St. Mary's Hospital 201 Lafayette Ave. S. E., 3		Church	6	336	8	38	...	18	14 Int: Rotating; 17 Res: Int. Med., OBG., Ortho. Surg., Path., Surg.	
Crosse Point										
Bon Secours Hospital 468 Cadieux Rd., 30		Church	6	160	7	41	7	4	8 Int: Rotating; 4 Res: Surg.	
Cottage Hospital 159 Kercheval Ave., 36		NPCorp	6	107	7	45	...	...	11 Res: Gen. Pract.	
Highland Park										
Highland Park General Hospital 369 Glendale Ave., 3		City	...	317	8	41	9	7	14 Int: Rotating; 16 Res: Int. Med., OBG., Surg.	
Kalamazoo										
Borgess Hospital 1521 Gull Rd., 62		NPCorp	6	332	8	49	3	10	8 Int: Rotating; 17 Res: Int. Med., OBG., Ortho. Surg., Path., Ped., Surg.	
Bronson Methodist Hospital 252 E. Lovell St., 8		Church	6	308	7	47	1	10	8 Int: Rotating; 7 Res: Int. Med., Surg.	
Lansing										
Edward W. Sparrow Hospital 1215 E. Michigan Ave., 12		NPCorp	...	345	7	56	...	3	10 Int: Rotating; 7 Res: Int. Med., Path., Surg.	
Ingham Chest Hospital 401 W. Greenlawn Ave., 9		County	1	61	14	35	...	1	1 Res: Thor. Surg.	
Michigan Dept. of Health Highway M-174		State	...	...	...	...	...	...	Res: Public Health	
St. Lawrence Hospital 1210 W. Saginaw St., 15		Church	6	327	6	54	...	2	12 Int: Rotating; 4 Res: Int. Med., Path.	
Lincoln Park										
Lynn Hospital 25750 W. Outer Drive		NPCorp	...	106	7	43	...	4	8 Res: Gen. Pract.	
Midland										
Midland Hospital 4005 Orchard Dr.		NPCorp	6	160	6	80	...	4	6 Int: Rotating;	
Muskegon										
Hackley Hospital 1700 Clinton St.		NPCorp	2-6	235	7	47	...	...	10 Int: Rotating;	
Northville										
Hawthorn Center 18471 Haggerty Rd.		State	6	62	300	...	1	8	9 Res: Psych., Child Psych.	
Northville State Hospital 41001 Seven Mile Rd.		State	6	2,294	...	21	4	8	18 Res: Psych.	
Petoskey										
Little Traverse Hospital		NPCorp	6	160	8	55	...	0	6 Int: Rotating;	
Pontiac										
Pontiac General Hospital Seminole at West Huron St., 18		City	6	354	7	57	10	18	19 Int: Rotating; 25 Res: Int. Med., OBG., Path., Surg.	
Pontiac State Hospital State St., 11		State	...	3,066	...	34	11	13	24 Res: Psych.	
St. Joseph Mercy Hospital 900 Woodward Ave., 19		Church	6	339	7	48	13	14	12 Int: Rotating; 27 Res: Int. Med., OBG., Path., Ped., Rad., Surg.	
River Rouge										
Sidney A. Sumbly Memorial Hospital 234 Visger Rd., 18		NPCorp	...	90	10	65	3	2	5 Res: Gen. Pract.	
Royal Oak										
William Beaumont Hospital 3601 W. 13 Mile Rd.		NPCorp	6	259	7	53	13	9	12 Int: Rotating; 21 Res: Int. Med., OBG., Surg.	

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							Foreign	Non-Foreign		
MICHIGAN—Continued										
Saginaw										
Saginaw General Hospital 1447 N. Harrison St.		NPCorp	6	233	7	58	3	14	6 Int: Rotating; 16 Res: Int. Med., OBG., Path., Ped., Surg.	
St. Luke's Hospital 705 Cooper St., 19		Church	...	211	7	56	3	...	8 Int: Rotating	
St. Mary's Hospital 830 S. Jefferson Ave., 16		Church	6	172	7	39	5	...	6 Int: Rotating;	
Traverse City										
James Decker Munson Hospital 6th and Madison Sts.		NPCorp	...	226	8	34	...	...	8 Int: Rotating	
Traverse City State Hospital Elmwood and 11th		State	6	3,006	...	36	4	10	18 Res: Psych.	
Ypsilanti										
Ypsilanti State Hospital Box A		State	6	4,100	925	40	4	10	21 Res: Psych.	
MINNESOTA										
Duluth										
St. Luke's Hospital 915 E. First St., 11		NPCorp	...	376	8	69	1	16	18 Int: Rotating; 2 Res: Path.	
St. Mary's Hospital 407 E. Third St., 11		Church	3	424	9	65	...	9	12 Int: Rotating; 4 Res: Path.	
Minneapolis										
Fairview Hospital 2312 South 6th St., 6		Church	...	352	8	45	...	10	16 Res: Gen. Pract.	
Kenny Rehabilitation Institute 1800 Chicago Ave., 4		NPCorp	...	82	68	100	1	...	3 Res: Phys. Med.	
Lutheran Deaconess Home and Hospital 2315 - 14th Avenue, S., 4		Church	...	225	8	33	...	6	6 Res: Gen. Pract.	
Methodist Hospital 6500 Excelsior Blvd., St. Louis Park, 26		Church	6	266	6	67	3	1	12 Int: Rotating; 1 Res: Int. Med.	
Minneapolis General Hospital 619 S. 5th St., 15	M-45#	City	...	401	13	60	5	84	39 Int: Rotating; 54 Res: Dem., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Surg., Urol.	
Mount Sinai Hospital 737 E. 22nd St., 4	L-45	NPCorp	6	222	7	59	22	...	14 Int: Rotating; 8 Res: Int. Med., Path., Surg.	
Northwestern Hospital 810 E. 27th St., 7	L-45	NPCorp	...	271	8	67	9	5	15 Int: Rotating, St. Med., St. Surg., St. Ped.; 13 Res: Int. Med., OBG., Path., Ped., Surg.	
St. Barnabas Hospital 714 9th Ave., S., 4		Church	...	384	6	60	13	8	...	Int: Rotating;
St. Mary's Hospital 2414 S. 7th St., 6	L-45	Church	3-6	471	8	61	9	3	12 Int: Rotating; 6 Res: OBG., Path., Urol.	
Shriners Hospital for Crippled Children 2025 E. River Rd., 14		NPCorp	...	60	81	...	...	...	...	Res: Ortho. Surg.
State of Minnesota Dept. of Health University Campus, 14		State	...	...	...	...	...	...	2 Res: Public Health	
Swedish Hospital 914 S. Eight St., 4		NPCorp	6	448	7	52	19	...	...	Int: Rotating; 17 Res: Int. Med., OBG., Path., Rad., Surg.
University of Minnesota Hospitals 412 Union St. S. E., 14	M-45X#	State	6	758	13	81	43	265	40 Int: St. Med., St. Ped., St. Surg.; 275 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Pract., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital 48th Ave. and 54th St. S., 17	M-45	VA	2-5	981	33	85	8	115	147 Res: Dem., Int. Med., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Oak Terrace										
Glen Lake Sanatorium		County	...	211	556	60	1	0	1 Res: Thor. Surg.	
Rochester										
Mayo Foundation 200 First Ave., S. W.		...	...	...	8	72	...	575	599 Res: Anes., Dem., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allerg., Phys. Med., Plas. Surg., Pract., Psych., Rad., Surg., Thor. Surg., Urol. (See Mayo Foundation)	
Rochester Methodist Hospital 1 First Ave., N. W.		Church	...	502	...	...	...	...	...	(See Mayo Foundation)
St. Mary's Hospital 1216 Second St., S. W.		Church	...	900	...	...	...	...	...	(See Mayo Foundation)
St. Paul										
Amherst H. Wilder Child Guidance Clinic 670 Marshall Ave., 4		Misc	...	...	...	...	...	2	2 Res: Child Psych.	
Ancker Hospital 495 Jefferson Ave., 1	M-45	CyCo	...	850	12	57	5	33	26 Int: Rotating; 22 Res: Dem., Int. Med., OBG., Ophth., Otol., Path., Surg., Urol.	
Bethesda Lutheran Hospital 559 Capitol Blvd., 1		Church	6	178	7	54	...	...	8 Int: Rotating;	
Charles T. Miller Hospital 125 W. College Ave., 2	L-45	NPCorp	6	397	10	57	1	23	14 Int: Rotating; 12 Res: Int. Med., OBG., Ophth., Path., Rad., Surg., Urol.	
Gillette State Hospital for Crippled Children 1003 E. Ivy Ave., 6	L-45	State	...	167	63	100	...	...	...	Res: Ortho. Surg.
Midway Hospital 1700 University Ave., 4		Church	6	127	7	63	5	...	9 Res: Gen. Pract.	
St. Joseph's Hospital 69 W. Exchange St., 2	L-45	Church	3-6	416	8	47	...	5	14 Int: Rotating; 4 Res: OBG., Path., Surg.	
St. Luke's Hospital 287 N. Smith Ave., 2		NPCorp	...	215	9	43	12	0	6 Int: Rotating; 8 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		
MISSISSIPPI										
Biloxi										
U. S. Air Force Hospital Keesler Air Force Base Veterans Admin. Center (Gulfport Division)	L-37	USAF	2	352	13	75	...	...	6 Res:	Gen. Pract.
	L-46	VA	2-6	915	316	76	...	2	10 Res:	Psych.
Jackson										
Mental Health Unit of the Mississippi State Board of Health	...	State	...	...	...	...	...	...	...	Res: Psych.
Mississippi Baptist Hospital 1190 N. State St., 2	...	Church	2	314	7	45	...	13	12 Int:	Rotating;
State of Mississippi Dept. of Health Zone 5	...	State	...	...	...	...	...	2	7 Res:	Gen. Pract., Ortho. Surg., Path.
University Hospital 2500 N. State St., 6	M-46X	State	6	355	8	61	6	78	4 Res:	Public Health
Veterans Administration Hospital Lindbergh Dr.	M-46	VA	2-6	554	36	63	...	15	23 Int:	Rotating;
									107 Res:	Anes., Gen. Pract., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
									15 Res:	Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Plas. Surg., Psych., Surg., Urol.
Sanatorium										
Mississippi State Sanatorium	L-46	State	6	602	221	14	...	1	1 Res:	Thor. Surg.
Vicksburg										
Vicksburg Hospital 1600 Monroe St.	...	NPCorp	1	68	5	32	2	1	4 Res:	Surg.
Whitfield										
Mississippi State Hospital	L-46	State	2-3-6	4,690	414	33	...	1	6 Res:	Psych.
MISSOURI										
Clayton										
St. Louis County Hospital 601 S. Brentwood Blvd., 5	...	County	...	190	9	65	11	9	10 Int:	Rotating;
									26 Res:	Int. Med., OBG., Path., Surg.
Columbia										
Ellis Fischel State Cancer Hospital Highway 40 and Garth Ave.	L-47#	State	...	104	23	50	4	0	4 Res:	Surg.
University of Missouri Medical Center 807 Stadium Rd.	M-47X	State	6	300	15	71	6	47	...	Int: St. Med., St. Ped., St. Path.;
									81 Res:	Anes., Gen. Pract., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Kansas City										
Children's Mercy Hospital 1710 Independence Ave., 6	M-33#	NPCorp	3-4	103	9	78	9	...	3 Int:	St. Ped.;
									7 Res:	Ortho. Surg., Ped.
Greater Kansas City Mental Health Foundation 2200 McCoy St.	...	Misc	...	...	...	...	...	1	5 Res:	Child Psych.
Kansas City General Hospital 24th and Cherry Sts., 8	M-33-47#	City	5	427	10	48	11	66	30 Int:	Rotating;
									78 Res:	Int. Med., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Menorah Medical Center 4949 Rockhill Rd., 10	M-33	NPCorp	6	337	9	54	8	15	14 Int:	Rotating;
									22 Res:	Gen. Pract., Int. Med., Path., Rad., Surg.
Research Hospital 2300 Holmes St., 8	...	NPCorp	6	254	10	44	5	7	7 Res:	Path., Rad.
St. Joseph Hospital 2510 E. Linwood Blvd., 28	...	Church	6	318	8	46	13	...	14 Int:	Rotating;
									10 Res:	Path.
St. Luke's Hospital 4400 J. C. Nichols Pkwy., 11	...	Church	6	441	9	60	3	31	18 Int:	Rotating;
									28 Res:	Int. Med., OBG., Ortho. Surg., Path., Rad., Surg., Urol.
St. Mary's Hospital 101 Memorial Dr., 8	...	Church	6	370	8	53	4	3	16 Int:	Rotating;
									5 Res:	Path., Surg.
Trinity Lutheran Hospital 3001 Wyandotte St., 8	...	Church	6	202	7	42	5	2	8 Int:	Rotating;
									4 Res:	Gen. Pract.
Veterans Administration Hospital 4801 Linwood Blvd., 28	M-33#	VA	2-4-5-6	500	26	72	...	27	36 Res:	Int. Med., Neur., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Urol.
Mt. Vernon										
Missouri State Sanatorium	...	State	...	625	148	50	4	...	2 Res:	Thor. Surg.
St. Joseph										
Missouri Methodist Hospital 8th and Faraon Sts.	...	Church	...	300	8	29	4	1	4 Int:	Rotating;
									5 Res:	Gen. Pract., Surg.
St. Louis										
Barnes Hospital 600 S. Kingshighway Blvd., 10	M-49#	NPCorp	6	956	10	70	61	253	45 Int:	St. Med., St. Surg., St. Path., St. OB-Gyn.;
									244 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	6	328	11	40	16	...	12 Int:	Rotating;
De Paul Hospital 2415 N. Kingshighway Blvd., 13	...	Church	6	350	7	45	17	...	12 Int:	Rotating;
Homer G. Phillips Hospital 2601 N. Whittier St., 13	L-49#	City	4	511	10	33	51	53	28 Res:	Gen. Pract., Int. Med., OBG., Path., Rad., Surg.
									40 Int:	Rotating;
									106 Res:	Int. Med., OBG., Ophth., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Jewish Hospital 216 S. Kingshighway Blvd., 10	L-49	NPCorp	4-6	494	10	55	8	33	19 Int:	Rotating, Mixed;
									36 Res:	Anes., Int. Med., OBG., Path., Psych., Rad., Surg.
Lutheran Hospital 2639 Miami St., 18	...	Church	...	449	11	43	23	...	12 Int:	Rotating;
Missouri Baptist Hospital 919 N. Taylor Ave., 8	...	Church	...	449	11	43	23	...	6 Res:	Gen. Pract.
Missouri Pacific Employees' Hospital 1755 S. Grand Blvd., 4	...	NPCorp	1	375	11	50	...	22	16 Int:	Rotating; St. Med., St. Surg.;
									16 Res:	Int. Med., Path., Surg.
St. Anthony's Hospital 3520 Chippewa St., 18	...	NPCorp	6	265	8	36	10	...	22 Res:	Int. Med., Surg., Urol.
									11 Res:	Gen. Pract., Surg.
St. John's Hospital 307 S. Euclid Ave., 10	...	Church	6	358	9	54	4	18	14 Int:	Rotating;
									22 Res:	Anes., Int. Med., OBG., Path., Surg.
St. Louis Children's Hospital 500 S. Kingshighway Blvd., 10	M-49#	NPCorp	6	161	9	81	13	12	8 Int:	St. Ped.;
									30 Res:	Ped.

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		
MISSOURI, St. Louis—Continued										
St. Louis City Hospital 1515 Lafayette Ave., 4	M-48#-49#	City	6	907	13	55	27	40	70 Int: Rotating, St. Med., St. Surg., St. Ped; 101 Res: Anes., Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.	
St. Louis State Hospital 5400 Arsenal St., 39	...	State	6	3,300	...	47	15	4	24 Res: Psych.	
St. Luke's Hospital 5535 Delmar Blvd., 12	L-49	Church	6	300	9	62	...	28	14 Int: Rotating; 16 Res: Int. Med., Neuro. Surg., OBG., Path., Surg.	
St. Mary's Group of Hospitals of St. Louis University 1402 S. Grand Blvd., 4	M-48	Church	6	983	9	55	20	95	38 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.; 79 Res: Int. Med., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Rad., Surg., Urol.	
Shriners Hospital for Crippled Children 710 S. Kingshighway Blvd., 10	...	NPCorp	1	120	69	0	...	3	3 Res: Ortho. Surg.	
Veterans Administration Hospital 915 N. Grand Blvd., 8	M-48#	VA	2-6	513	31	70	...	53	66 Res: Anes., Int. Med., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.	
William Greenleaf Eliot Division- Washington Univ. School of Medicine 369 N. Taylor Ave.	M-49	NPCorp	...	26	14	...	...	6	6 Res: Child Psych.	
Springfield										
St. John's Hospital 1235 E. Cherokee, 4	...	Church	1-2-3	390	8	36	...	2	4 Res: Anes.	
MONTANA										
Butte										
St. James Hospital Silver and Idaho Sts.	...	Church	1-6	160	6	46	4	0	4 Int: Rotating;	
NEBRASKA										
Inglewood										
Hastings State Hospital	...	State	...	1,429	266	10	8	...	6 Res: Psych.	
Lincoln										
Bryan Memorial Hospital 4848 Sumner St., 6	...	Church	...	128	7	52	1	...	6 Int: Rotating;	
Lincoln General Hospital 2315 S. 17th St., 2	...	NPCorp	6	170	7	52	1	2	4 Int: Rotating; 2 Res: OBG., Path. 1 Res: Ortho. Surg.	
Nebraska Orthopedic Hospital 1047 South St., 2	...	State	2-3-5	110	34	...	...	1		
St. Elizabeth Hospital 1145 South St., 2	L-50#	Church	...	265	7	33	3	...	6 Int: Rotating; 2 Res: Surg.	
Veterans Administration Hospital Zone 1	L-50#	VA	2	280	31	73	...	7	13 Res: Int. Med., Ortho. Surg., Surg.	
Omaha										
Bishop Clarkson Memorial Hospital Dewey Ave. at 44th St., 5	M-51	Church	2-6	264	6	56	...	5	12 Int: Rotating; 3 Res: Path.	
Children's Memorial Hospital 44th and Dewey Ave., 5	M-50-51	NPCorp	6	90	5	94	2	2	4 Int: St. Ped.; 8 Res: Ped.	
Creighton Memorial-St. Joseph Hospital 2305 S. 10th St., 8	M-50#	Church	2	620	10	44	4	17	14 Int: Rotating; 44 Res: Int. Med., OBG., Path., Ped., Psych., Rad., Surg.	
Immanuel Hospital 36th and Meredith Ave., 11	M-51	Church	6	150	6	45	1	9	10 Int: Rotating; 1 Res: OBG., Path.	
Nebraska Methodist Hospital 3612 Cuming St., 31	M-51	Church	2-3	258	7	70	...	17	11 Int: Rotating; 8 Res: Path., Rad.	
Nebraska Psychiatric Institute 602 S. 44th Ave., 5	...	State	2-6	108	72	100	...	22	34 Res: Psych.	
St. Catherine's Hospital 9th and Forest Ave., 8	L-50#	Church	2-3	200	6	37	...	7	8 Int: Rotating ... Res: OBG	
University of Nebraska Hospital 42nd and Dewey Ave., 5	M-51X	State	6	145	12	84	7	36	14 Int: Rotating; 41 Res: Anes., Int. Med., OBG., Ophth., Path., Ped., Rad., Surg.	
Veterans Administration Hospital 4101 Woolworth Ave., 5	M-50#-51#	VA	2-4	486	37	62	...	8	32 Res: Int. Med., Path., Psych., Rad., Surg.	
NEW HAMPSHIRE										
Concord										
New Hampshire State Hospital 105 Pleasant St.	...	State	4-5-6	2,742	1,149	13	3	...	6 Res: Psych.	
Hanover										
Mary Hitchcock Memorial Hospital 2 Maynard St.	M-52#	NPCorp	6	267	10	87	...	81	16 Int: Rotating; 80 Res: Anes., Derm., Int. Med., Neuro. Surg., Ortho. Surg., Path., Ped., Phys. Med., Rad., Surg., Urol.	
NEW JERSEY										
Atlantic City										
Atlantic City Hospital 1921 Pacific Ave.	L 73	NPCorp	6	278	8	43	7	6	12 Int: Rotating; 8 Res: Int. Med., Path., Surg.	
Bayonne										
Bayonne Hospital and Dispensary 18 E. 30th St.	...	NPCorp	...	270	9	25	7	3	10 Int: Rotating; 3 Res: Urol.	
Belle Mead										
Carrier Clinic	...	Corp	3-6	89	20	10	...	1	2 Res: Psych.	
Camden										
Cooper Hospital Sixth and Stevens Sts., 3	M-73	NPCorp	2-3	490	9	48	...	23	18 Int: Rotating; 17 Res: Int. Med., OBG., Path., Ped., Plas. Surg., Surg.	
Our Lady of Lourdes Hospital 1600 Haddon Ave., 3	...	Church	1-6	300	9	42	3	6	10 Int: Rotating; 5 Res: Path., Rad.	
West Jersey Hospital Mt. Ephraim and Atlantic Aves., 4	...	NPCorp	4-6	278	9	47	3	9	12 Int: Rotating; 8 Res: Anes., Path., Surg.	
Cedar Grove										
Essex County Overbrook Hospital 1 Fairview Ave.	...	County	...	3,878	...	33	...	11	15 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 JERSEY—Continued										
Orange										
New Jersey Orthopaedic Hospital..... 179 Lincoln Ave.		NPCorp	...	40	15	25	...	...	5	Res: Ortho. Surg.
Orange Memorial Hospital..... 188 S. Essex Ave.		NPCorp	6	342	9	46	7	3	8	Int: Rotating; 12 Res: Int. Med., Ortho. Surg., Path., Surg.
Paramus										
Bergen Pines County Hospital..... E. Ridgewood Ave.		County	6	708	34	34	17	...	20	Int: Rotating; 15 Res: Int. Med., Path., Psych.
Passaic										
Passaic General Hospital..... 350 Boulevard		NPCorp	6	250	7	33	6	0	6	Int: Rotating; 5 Res: OBG., Path.
St. Mary's Hospital..... 211 Pennington Ave.		Church	6	213	7	34	8	0	6	Int: Rotating; 2 Res: Path.
Paterson										
Barnert Memorial Hospital..... 680 Broadway, 4		NPCorp	...	147	7	63	7	0	6	Int: Rotating; 1 Res: Path.
Paterson General Hospital..... 528 Market St., 3		NPCorp	6	347	8	29	13	3	12	Int: Rotating; 5 Res: OBG., Path.
St. Joseph Hospital..... 703 Main St., 3		Church	6	442	8	55	8	9	12	Int: Rotating; 12 Res: Anes., Ortho. Surg., Path.
Perth Amboy										
Perth Amboy General Hospital..... 530 New Brunswick Ave.		NPCorp	6	358	7	31	14	...	12	Int: Rotating; 2 Res: Path.
Phillipsburg										
Warren Hospital..... 185 Roseberry St.		NPCorp	...	215	7	34	...	0	1	Res: Path.
Plainfield										
Muhlenberg Hospital..... Park Ave. and Randolph Rd.		NPCorp	6	367	7	35	12	...	10	Int: Rotating;
Union County Psychiatric Clinic..... 11 East Front St.		County	...	...	...	...	...	0	4	Res: Child Psych.
Princeton										
New Jersey Neuropsychiatric Institute..... Box 1000		State	6	1,032	611	76	...	7	12	Res: Psych.
Princeton Hospital..... 253 Witherspoon St.		NPCorp	...	176	8	67	7	...	6	Res: Gen. Pract.
Somerville										
Somerset Hospital..... Rehill Ave.		NPCorp	...	211	6	41	4	0	10	Int: Rotating; 4 Res: Gen. Pract.
Summit										
Overlook Hospital..... 193 Morris Ave.		NPCorp	6	318	7	48	10	2	12	Int: Rotating; 8 Res: Gen. Pract., Path.
Teaneck										
Holy Name Hospital..... 718 Teaneck Rd.		Church	6	248	7	32	...	3	8	Int: Rotating; 1 Res: Ob.
Trenton										
Child Guidance Clinic of Mercer County..... 532 West State St.		County	...	...	...	...	...	0	4	Res: Child Psych.
Helene Fuld Hospital..... 750 Brunswick Ave., 8		NPCorp	...	180	9	36	5	1	6	Int: Rotating
Mercer Hospital..... 446 Bellevue Ave., 8		NPCorp	6	298	8	45	5	...	9	Int: Rotating; 2 Res: Path.
New Jersey State Hospital..... Sullivan Way, 8	L-75	State	6	3,358	212	29	2	3	6	Res: Psych.
St. Francis Hospital..... 601 Hamilton Ave., 9		Church	6	361	8	57	12	10	12	Int: Rotating; 14 Res: Int. Med., OBG., Path., Ped., Surg.
NEW MEXICO										
Albuquerque										
Bataan Memorial Methodist Hospital..... 5400 Gibson Blvd. S. E.		Church	6	161	6	70	1	0	12	Res: Int. Med., Path., Rad., Surg.
Bernalillo County-Indian Hospital..... 2211 Lomas Blvd. N. E.		County	2-3	216	11	46	...	23	12	Int: Rotating; 16 Res: Int. Med., OBG., Path., Ped., Surg.
Veterans Administration Hospital.....		VA	2	500	42	89	...	6	22	Res: Int. Med., Path., Surg.
Los Alamos										
Los Alamos Medical Center..... 3917 West Rd.		NPCorp	1-2	77	6	90	...	...	1	Res: Gen. Pract.
NEW YORK										
Albany										
Albany Child Guidance Center..... 213 Ontario St., 3		Misc	...	...	...	...	...	...	2	Res: Child Psych.
Albany Medical Center Hospital..... New Scotland Ave., 8	M-54#	NPCorp	4-6	635	10	65	36	112	37	Int: Rotating, St. Med., St. Surg.; 112 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Bender Laboratory Hospitals..... 136 So. Lake Ave.		...	...	...	...	...	1	5	6	Res: Path.
Brody Hospital..... 30 N. Main Ave., 3	M-54#	Church	6	61	6	100	...	4	3	Res: Ob., Path.
Memorial Hospital..... Northern Blvd., 4		NPCorp	...	235	10	55	5	...	14	Int: Rotating; ... Res: Path.
St. Peter's Hospital..... 632 New Scotland Ave., 8		Church	6	292	10	38	19	...	12	Int: Rotating; 6 Res: Path., Surg.
State of New York Dept. of Health..... 84 Holland Ave., 8		State	...	...	...	...	...	8	30	Res: Gen. Prev. Med., Public Health
Veterans Administration Hospital..... 113 Holland Ave.	M-54#	VA	2-4-6	1,005	47	75	...	35	36	Res: Int. Med., Neur., Path., Phys. Med., Psych., 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										
Binghamton										
Binghamton General Hospital	...	City	...	319	9	48	10	...	15	Int: Rotating; 7 Res: Int. Med., Path.
Binghamton State Hospital	...	State	6	3,152	...	7	8	0	6	Res: Psych.
Bronxville										
Lawrence Hospital	...	NPCorp	...	201	9	43	3	3	10	Int: Rotating; 1 Res: Path.
Brooklyn—See New York City										
Buffalo										
Buffalo General Hospital	M-55#	NPCorp	4-5	644	10	51	35	69	26	Int: Rotating, St. Med.; 90 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ortho. Surg., Otol., Path., Rad., Surg., Surg., Thor. Surg., Urol.
Buffalo State Hospital	...	State	5	3,260	817	18	12	5	17	Res: Psych.
Children's Hospital	M-55#	NPCorp	6	311	6	87	18	12	6	Int: St. Ped.; 26 Res: Ortho. Surg., Ped., Ped. Allergy, Surg.
Deaconess Hospital	...	NPCorp	...	286	9	32	22	16	14	Int: Rotating; 25 Res: Int. Med., OBG., Path., Rad., Surg.
Edward J. Meyer Memorial Hospital	M-55#	County	4-6	968	23	47	17	104	26	Int: Rotating; 99 Res: Anes., Dem., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Mercy Hospital	...	Church	...	360	9	48	8	19	21	Int: Rotating; 11 Res: Gen. Pract., Int. Med.
Millard Fillmore Hospital	L-55 #	NPCorp	4-5-6	517	8	66	5	44	15	Int: Rotating; 43 Res: Anes., Gen. Pract., Int. Med., OBG., Path., Pract., Rad., Surg., Urol.
Roswell Park Memorial Institute	L-55	State	6	304	22	100	28	16	44	Res: Derm., Int. Med., Path., Plas. Surg., Rad., Surg., Urol.
Sisters of Charity Hospital	...	Church	6	445	9	40	14	13	12	Int: Rotating; 22 Res: Int. Med., OBG., Path., Surg.
Veterans Administration Hospital	L-55#	VA	2-4-2	951	71	62	...	28	38	Res: Anes., Int. Med., Ortho. Surg., Path., Rad., Surg., Thor. Surg.
Canandaigua										
Veterans Administration Hospital	...	VA	2	1,700	1,445	81	...	...	6	Res: Psych.
Cazette Point										
Veterans Administration Hospital	...	VA	2	253	117	82	...	1	2	Res: Thor. Surg.
Central Islip										
Central Islip State Hospital	...	State	6	10,275	...	35	2	24	40	Res: Psych.
Clifton Springs										
Clifton Springs Sanitarium and Clinic	...	NPCorp	5	165	...	...	1	...	3	Res: Int. Med.
Cooperstown										
Mary Imogene Bassett Hospital	M-57 L-54	NPCorp	...	105	9	68	...	21	10	Int: Rotating, St. Med.; 13 Res: Int. Med., OBG., Path., Ped., Surg.
Elmira										
Arnott-Ogden Memorial Hospital	...	NPCorp	...	254	7	40	...	...	4	Int: Rotating; 1 Res: Path.
St. Joseph's Hospital	...	Church	...	214	7	33	2	3	6	Int: Rotating; 1 Res: Path.
Elmhurst—See New York City										
Endicott										
International Business Machine Co.	...	Corp.	...	...	...	...	...	...	...	Res: Occup. Med.
Far Rockaway—See New York City										
Glen Cove										
Community Hospital	...	NPCorp	6	217	7	50	9	0	8	Int: Rotating; 4 Res: Gen. Pract., Path.
Glen Oaks—See New York City										
Glens Falls										
Glens Falls Hospital	...	NPCorp	...	256	7	38	4	6	9	Int: Rotating; 1 Res: Path.
Governors Island—See New York City										
Harrison										
St. Vincent's Hospital of Westchester County	...	Church	...	206	140	0	3	0	5	Res: Psych.
Helmuth										
Gowanda State Hospital	...	State	6	2,943	...	23	13	...	14	Res: Psych.
Hempstead										
Medowbrook Hospital	...	County	5	670	12	41	4	104	32	Int: Rotating; 88 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	...	NPCorp	...	450	8	29	19	3	12	Int: Rotating; 21 Res: Int. Med., OBG., Path., Rad., Surg.
Kenmore										
Kenmore Mercy Hospital	...	Church	...	244	8	53	...	...	12	Int: Rotating
Kings Park										
Kings Park State Hospital	L-59	State	6	8,618	...	27	8	8	12	Res: Psych.
Kingston										
Benedictine Hospital	...	Church	...	175	7	23	...	...	...	Res: Path.
Kingston Hospital	...	NPCorp	...	131	7	31	...	...	...	Res: Path.
Kingston Laboratory Hospitals	...	NPCorp	...	...	...	...	...	...	2	Res: Path.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Anatomy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
NEW YORK—Continued										
Manhasset										
North Shore Hospital Valley Rd.		NPCorp	...	169	7	51	7	6	13	Res: Int. Med., OBG., Path., Ped., Surg.
Marcy										
Marcy State Hospital		State	4-5	3,171	...	25	8	3	9	Res: Psych.
Middletown										
Middletown State Hospital		State	6	3,475	366	31	10	4	15	Res: Psych.
Mineola										
Nassau Hospital First St.		NPCorp	...	316	6	42	8	16	8	Int: Rotating; 21 Res: OBG., Ortho. Surg., Path., Rad., Surg.
Montrose										
Veterans Administration Hospital		VA	3-4	1,769	752	79	...	5	7	Res: Phys. Med., Psych.
Mount Kisco										
Northern Westchester Hospital E. Main St.		NPCorp	6	200	7	50	9	...	4	Int: Rotating; 1 Res: Path.
Mount Morris										
Mount Morris Tuberculosis Hospital		State	...	250	162	20	4	...	...	Res: Thor. Surg.
Mount Vernon										
Mount Vernon Hospital 12 N. Seventh Ave.		NPCorp	...	289	9	43	17	4	12	Int: Rotating; 14 Res: Int. Med., OBG., Path., Surg.
Newburgh										
St. Luke's Hospital 70 Dubois St.		NPCorp	4	247	7	27	10	...	9	Int: Rotating, St. Path.; 2 Res: Path.
New Hyde Park—See New York City										
New Rochelle										
New Rochelle Hospital 16 Guion Pl.		NPCorp	4	313	8	32	3	15	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										
Beekman-Downtown Hospital 170 William St., 38										
Bellevue Hospital Center First Ave. and 27th St., 16										
Division I - Columbia University										
Division II-Cornell University										
Division III-New York University										
Division IV-New York University Post-Graduate Medical School										
Beth-El Hospital Linden Blvd. and Rockaway Pkwy, Brooklyn, 12										
Beth Israel Hospital 10 Nathan D. Perlman Pl., 3										
Bird S. Coler Memorial Hospital and Home Welfare Island, 17										
Booth Memorial Hospital 56-45 Main St., Flushing 55										
Bronx Eye and Ear Infirmary 321 E. Tremont Ave., 57										
Bronx Hospital 1276 Fulton Ave., 56										
Bronx Municipal Hospital Center Pelham Pkwy. and Eastchester Rd., 61										
Brooklyn Eye and Ear Hospital 29 Greene Ave., Brooklyn, 38										
Brooklyn Hospital 121 de Kolb Ave., Brooklyn, 1										
Brooklyn State Hospital 681 Clarkson Ave., Brooklyn, 3										
Brooklyn Womens Hospital 1895 Eastern Pkwy., Brooklyn, 33										
Catholic Charities' Guidance Institute 122 E. 22nd St., 10										
City Hospital at Elmhurst 79-01 Broadway, Elmhurst, 73										

Name and Location	Medical School Affiliations	Control	Facilities	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										
Columbus Hospital, 227 E. 19th St., 3		Church	6	313	13	28	21	2	14 Int: Rotating; 9 Res: Int. Med., Surg.	
Coney Island Hospital, Ocean and Shore Pkway., Brooklyn, 35		City	4-6-8	539	15	33	66	16	40 Int: Rotating; 49 Res: Int. Med., OBG., Path., Ped., Phys. Med., Surg.	
Creedmoor State Hospital, 80-45 Winchester Blvd., Queens Village, 27		State	...	6,845	...	21	7	15	22 Res: Psych.	
Cumberland Hospital, 39 Auburn Pl., Brooklyn, 5	M-61	City	4-6-8	307	10	48	32	...	10 Int: Rotating, St. Med., St. Surg., St. Ped; 27 Res: Int. Med., OBG., Path., Ped., Surg.	
Doctors Hospital, 170 E. End Ave., 28		NPCorp	...	277	11	37	15	...	2 Res: Path.	
Flushing Hospital and Dispensary, 44-14 Parsons Blvd., Flushing, 55		NPCorp	4-6	312	7	32	10	12	12 Int: Rotating; 20 Res: Anes., Int. Med., OBG., Path., Ped., Rad., Surg.	
Fordham Hospital, Southern Blvd. and Crotona Ave., 58		City	4-8	414	15	37	30	14	19 Int: Rotating; 33 Res: Int. Med., Neur., OBG., Path., Ped., Surg., Urol.	
Francis Delafield Hospital, 99 Ft. Washington Ave., 32	M-57#	City	5-6-8	285	32	49	18	20	43 Res: Int. Med., Gyn., Path., Plas. Surg., Rad., Surg., Urol.	
French Hospital, 330 W. 30th St., 1		NPCorp	6	241	10	41	13	5	12 Int: Rotating, St. Surg.; 15 Res: Int. Med., OBG., Surg., Urol.	
Goldwater Memorial Hospital, Welfare Island	M-57#	City	4-6-8	1,376	625	30	38	...	26 Res: Int. Med., Neur., Path., Phys. Med.	
Grace Square Hospital, 420 E. 76th St., 21		NPCorp	...	174	23	...	...	8	7 Res: Psych.	
Grand Central Hospital, 321 E. 42nd St., 17		NPCorp	5-6	170	10	42	23	5	15 Int: Rotating; 14 Res: Gyn., Int. Med., Surg.	
Greenpalm Hospital, 300 Skillman Ave., Brooklyn, 11		City	4-5-8	129	12	50	17	2	12 Int: Rotating; 15 Res: OBG., Path., Surg.	
Harlem Eye and Ear Hospital, 2099 Lexington Ave., 35		NPCorp	...	45	2	...	3	2	6 Res: Ophth., Otol.	
Harlem Hospital, 532 Lenox Ave., 37		City	4-5-8	950	18	44	60	20	49 Int: Rotating; 55 Res: Anes., Int. Med., OBG., Path., Ped., Surg.	
Headquarters, First U. S. Army Governors Island		Army	...	...	...	...	...	...	... Res: Public Health	
Hillside Hospital, 75-59 263rd St., Glen Oaks		NPCorp	...	196	186	...	3	22	25 Res: Psych.	
Hospital for Joint Diseases, 1919 Madison Ave., 35		NPCorp	4-6	310	15	40	8	27	6 Int: Rotating; 32 Res: Anes., Gyn., Int. Med., Ortho. Surg., Path., Surg.	
Hospital for Special Surgery, 535 E. 70th St., 21	L-58#	NPCorp	...	194	23	55	6	8	14 Res: Ortho. Surg.	
House of St. Giles the Cripple, 1346 President St., Brooklyn, 13		NPCorp	...	44	...	...	1	2	3 Res: Ortho. Surg.	
Jamaica Hospital, 89th Ave.-Van Wyck Expwy., Jamaica, 18		NPCorp	...	260	8	41	17	0	8 Int: Rotating; 12 Res: Int. Med., OBG., Path., Surg.	
Jewish Chronic Disease Hospital, 86 E. 49th St., Brooklyn, 3	L-61	NPCorp	...	800	193	32	28	0	28 Res: Int. Med., Ortho. Surg., Path., Phys. Med.	
Jewish Hospital of Brooklyn, 555 Prospect Pl., Brooklyn, 38	M-61	NPCorp	4-6	503	10	45	17	88	38 Int: Rotating, St. Med., St. Ped.; 84 Res: Anes., Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Rad., Surg.	
Jewish Memorial Hospital, Broadway and 196th St., 40		NPCorp	4-6	185	8	38	6	3	11 Int: Rotating; 6 Res: OBG., Path., Ped., Surg.	
Kew Gardens General Hospital, 80-02 Kew Gardens Rd., Kew Gardens, 15		Corp	6	165	...	...	...	...	... Res: Path.	
Kings County Hospital Center, 451 Clarkson Ave., Brooklyn, 3	M-61	City	4-5-6-8	3,071	15	30	87	272	119 Int: Rotating, Mixed, St. Med., St. Path., St. Ped., St. Surg.; 256 Res: Anes., Dem., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
Knickerbocker Hospital, 70 Convent Ave., 27		NPCorp	...	220	15	66	20	6	12 Int: Rotating, St. Med., St. Surg.; 22 Res: Gyn., Int. Med., Path., Surg.	
Lebanon Hospital, 1650 Grand Concourse, 57		NPCorp	6	260	10	51	17	4	14 Int: Rotating, St. Surg.; 14 Res: Int. Med., OBG., Path., Surg.	
Lenox Hill Hospital, 111 E. 76th St., 21		NPCorp	6	529	10	45	6	44	23 Int: Rotating; 33 Res: Anes., Int. Med., Neur., OBG., Ophth., Path., Ped., Psych., Rad., Surg.	
Lincoln Hospital, 320 Concord Ave., Bronx, 54		City	4-8	394	9	37	62	3	12 Int: Rotating; 59 Res: Int. Med., OBG., Path., Ped., Surg., Urol.	
Lana Island College Hospital, 340 Henry St., Brooklyn, 1	M-61	NPCorp	6	401	11	39	6	53	24 Int: Rotating, Mixed, St. Med., St. Ped., St. Surg.; 36 Res: Int. Med., Neuro. Surg., OBG., Otol., Path., Ped., Rad., Surg., Urol.	
Lang Island Jewish Hospital, 270-05 76th Ave., New Hyde Park	M-61	NPCorp	4	258	9	73	4	32	14 Int: Rotating; 28 Res: Anes., Int. Med., OBG., Path., Ped., Rad., Surg.	
Lutheran Hospital of Brooklyn, 22 Junius St., Brooklyn, 12		Church	6	155	8	34	3	...	8 Int: Rotating	
Lutheran Medical Center, 4520 Fourth Ave., Brooklyn, 20		Church	6	206	9	29	25	2	11 Int: Rotating; 12 Res: Int. Med., OBG., Path., Ped., Surg.	
Maimonides Hospital, 4802 10th Ave., Brooklyn, 19	M-61	NPCorp	...	522	10	45	11	70	36 Int: Rotating, Mixed, St. Med; 56 Res: Anes., Int. Med., OBG., Path., Ped., Rad., Surg., Thor. Surg., Urol.	
Manhattan Eye, Ear and Throat Hospital, 210 E. 64th St., 21		NPCorp	2-	184	4	25	4	20	24 Res: Ophth., Otol.	
Manhattan State Hospital, Ward's Island, 35		State	...	3,301	...	20	...	13	13 Res: Psych.	
Mary Immaculate Hospital, 152-11 89th Ave., Jamaica, 32		Church	4	306	8	27	19	5	8 Int: Rotating; 16 Res: Ob., Path., Ped., Surg.	
Memorial Hospital for Cancer and Allied Diseases, 444 E. 68th., 21	L-58#	NPCorp	4-6	513	17	50	51	65	108 Res: Anes., Int. Med., Path., Rad., Surg.	
Methodist Hospital of Brooklyn, 506 Sixth St., Brooklyn, 15		Church	...	417	10	31	6	29	16 Int: Rotating, St. Med., St. Ped., St. Surg.; 32 Res: Anes., Int. Med., 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		
NEW YORK, New York City—Continued										
Metropolitan Hospital 1901 First Ave., 29	M-59#	City	4-5-6	1,019	...	...	41	72	125 Res:	Anes., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Plas. Surg., Rad., Sura., Thor. Surg., Urol.
Misericordia Hospital 600 E. 233rd St., 66	...	Church	...	261	9	41	12	10	12 Int:	Rotating;
Montefiore Hospital 210th St. and Bainbridge Ave., 67	M-57#	NPCorp	4-5	665	...	49	19	120	16 Res:	Int. Med., Ob., Ped., Sura.
Morrisonia City Hospital 168th St. and Gerard Ave., 52	...	City	4-6	461	12	34	52	7	40 Int:	Mixed;
Mother Cabrini Memorial Hospital 611 Edgcombe Ave., 32	...	Church	...	170	14	28	7	0	110 Res:	Anes., Int. Med., Neuro. Surg., Neur., Ophth., Path., Phys. Med., Plas. Surg., Rad., Sura., Thor. Surg.
Mount Sinai Hospital 11 E. 100th St., 29	M-57, L-61	NPCorp	4-5-6	1,032	12	56	27	138	18 Int:	Rotating;
New York City Dept. of Health 125 Warth St., 13	...	State	...	...	...	...	...	4	43 Res:	Int. Med., OBG., Path., Ped., Surg., Urol.
New York Eye and Ear Infirmary 218 Second Ave., 3	...	NPCorp	1	175	6	...	4	22	8 Int:	Rotating;
New York Hospital 525 E. 68th St., 21	M-58#	NPCorp	4-5-6	1,097	13	75	9	214	3 Res:	Sura.
New York Infirmary Stuyvesant Square E. and 15th St., 3	...	NPCorp	...	190	14	62	21	...	36 Int:	Rotating;
New York Medical College Flower and Fifth Ave. Hospitals 1 E. 105th St., 29	M-59X	NPCorp	6	350	9	39	4	21	164 Res:	Anes., Dem., Int. Med., Neuro. Surg., Neuro., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Child Psych., Rad., Sura., Urol.
New York Polyclinic Medical School and Hospital 345 W. 50th St., 19	...	NPCorp	4	336	10	58	27	21	6 Res:	Public Health.
New York State Dept. of Labor 80 Centre St., 13	...	State	...	...	...	...	...	...	9 Res:	Ophth., Otol.
New York State Psychiatric Institute 722 W. 168th St., 32	M-57#	State	6	172	183	...	1	29	43 Int:	St. Med., St. Path., St. Ped., St. Sura.
New York University Medical Center University Hospital 303 E. 20th St., 3	M-60X	NPCorp	5-6	370	10	34	18	11	188 Res:	Anes., Dem., Int. Med., Neuro. Surg., Neuro., OBG., Ophth., Otol., Path., Ped., Plas. Surg., Psych., Rad., Sura., Urol.
Presbyterian Hospital 622 W. 168th St., 32	M-57#	NPCorp	4-6	1,496	12	65	23	258	6 Int:	Rotating;
Presbyterian Hospital-Babies Hospital 622 W. 168th St., 32	M-57#	NPCorp	...	...	...	...	...	21	15 Res:	OBG., Ped., Surg.
Prospect Heights Hospital 775 Washington Ave., Brooklyn, 38	...	NPCorp	...	166	8	26	7	...	32 Res:	Anes., Int. Med., OBG., Path., Ped., Rad., Surg.
Queens Hospital Center 82-68 164th St., Jamaica, 32	...	City	4-5-8	1,363	28	39	55	38	12 Int:	Rotating;
Roosevelt Hospital 428 W. 59th St., 19	M-57	NPCorp	4	452	13	52	9	58	47 Res:	Anes., Int. Med., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
St. Barnabas Hospital for Chronic Diseases 183rd St., and Third Ave., 57	...	NPCorp	...	517	93	42	13	...	1 Res:	Occup. Med.
St. Catherine's Hospital 133 Bushwick Ave., Brooklyn, 6	...	Church	6	282	9	32	10	10	30 Res:	Psych., Child Psych.
St. Charles Hospital 277 Hicks St., Brooklyn, 1	...	Church	...	50	27	100	...	3	83 Res:	Derm., Int. Med., Gyn., Path., Ped. Allergy, Plas. Surg., Psych., Child Psych., Rad.
St. Clare's Hospital 415 W. 51st St., 19	...	Church	...	438	12	45	31	2	27 Int:	St. Med., St. Surg., St. Path.
St. Francis Hospital 525 E. 142nd St., 54	...	Church	6	400	12	35	25	...	278 Res:	Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Sura., Urol.
St. John's Episcopal Hospital 480 Herkimer St., Brooklyn, 13	...	Church	...	277	9	32	16	8	22 Res:	Ped., Surg.
St. John's Long Island City Hospital 2501 Jackson Ave., Long Island City, 1	...	Church	...	205	11	39	5	2	6 Int:	Rotating
St. Joseph's Hospital 327 Beach 19th St., Far Rockaway, 91	...	Church	...	207	8	16	7	...	70 Res:	Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
St. Joseph's Hospital for Chest Diseases 525 E. 143rd St., 54	...	Church	...	335	97	24	7	...	16 Int:	Mixed;
St. Luke's Hospital 421 W. 113th St., 25	M-57-61	NPCorp	4-6	561	14	53	17	82	62 Res:	Int. Med., Gyn., Otol., Path., Ped., Ped. Allergy, Psych., Rad., Surg., Urol.
St. Mary's Hospital 1298 St. Marks Ave., Brooklyn, 13	...	Church	1	237	10	34	14	1	25 Res:	Int. Med., Path.
St. Vincent's Hospital of the Borough of Richmond 355 Bard Ave., Staten Island, 10	...	Church	6	225	8	37	4	...	10 Int:	Rotating;
St. Vincent's Hospital of the City of New York 153 W. 11th St., 11	L-60	Church	...	768	14	52	10	103	22 Res:	Anes., Int. Med., OBG., Path., Ped., Surg.
Staten Island Hospital 101 Castleton Ave., Staten Island, 1	...	NPCorp	6	258	75	32	7	...	4 Res:	Ortho. 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		
NEW YORK, New York City—Continued										
Sydenham Hospital..... 565 Manhattan Ave., 27		City	4-8	220	9	46	25	...	9 Int: Rotating; 10 Res: Int. Med., OBG., Surg.	
U. S. Naval Hospital (See St. Albans, N. Y.)										
U. S. Public Health Service Hospital Boy St. and Vanderbilt Ave., Stoten Island, 4		USPHS	4-5-6	795	23	73	...	66	29 Int: Rotating, St. Med., St. Surg.; 45 Res: Anes., Derm., Int. Med., Ophth., Path., Psych., Rad., Surg., Urol.	
Unity Hospital..... 1545 St. Johns Pl., Brooklyn, 13		NPCorp	...	226	9	25	6	6	8 Int: Rotating; 4 Res: OBG.	
Veterans Administration Hospital (Bronx)..... 130 W. Kingsbridge Rd., Bronx, 68	L-56	VA	2-3	1,376	53	67	...	137	142 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, 9	M-61	VA	2-4	1,000	50	53	...	78	80 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	46	60	2	111	123 Res: Derm., Int. Med., Neur., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Woman's Hospital..... 141 W. 109th St., 25		NPCorp	3	171	7	72	1	7	12 Res: OBG	
Wyckoff Heights Hospital..... 374 Stockholm St., Brooklyn, 37		NPCorp	6	271	9	45	28	...	8 Int: Rotating; 22 Res: Int. Med., OBG., Path., Ped., Surg.	
Niagara Falls										
Mount St. Mary's Hospital..... 515 Sixth St.		Church	...	185	8	49	4	3	6 Int: Rotating 1 Res: Path.	
Niagara Falls Memorial Hospital..... 621 Tenth St.		NPCorp	1	352	8	51	9	3	13 Int: Rotating	
Northport										
Veterans Administration Hospital.....		VA	2-6	2,488	736	52	...	...	6 Res: Psych.	
Oceanside										
South Nassau Communities Hospital..... 2445 Oceanside Road		NPCorp	...	230	8	37	...	0	8 Int: Rotating; 2 Res: Path.	
Ogdensburg										
St. Lawrence State Hospital.....		State	6	1,895	...	23	4	1	12 Res: Psych.	
Oneonta										
Homer Folks Tuberculosis Hospital..... West Street		State	...	250	132	25	...	1	1 Res: Thor. Surg.	
Orangeburg										
Rockland State Hospital.....		State	5-6	7,482	...	17	13	17	30 Res: Psych.	
Port Chester										
High Point Hospital..... Upper King St.		Corp	...	45	165	...	5	...	4 Res: Psych.	
United Hospital..... 406 Boston Post Rd.		NPCorp	...	237	8	48	12	2	8 Int: Rotating; 6 Res: Int. Med., Ob., Path., Surg.	
Port Jefferson										
St. Charles Hospital.....		Church	3	100	15	28	...	3	3 Res: Ortho. Surg.	
Poughkeepsie										
Hudson River State Hospital..... Station B		State	5	5,676	...	4	10	11	21 Res: Psych.	
St. Francis Hospital..... North Rd.		Church	...	186	8	36	2	2	6 Int: Rotating; 1 Res: Path.	
Vassar Brothers Hospital..... Reade Place		NPCorp	...	285	8	46	7	...	8 Int: Rotating; 2 Res: Path.	
Queens Village—See New York City										
Rhinebeck										
Astor Home for Children..... 36 Mill St.		NPCorp	...	35	...	...	...	...	...	Res: Psych.
Rochester										
Eastman Kodak Company..... 343 State St.		Corp	...	...	...	...	...	0	1 Res: Occup. Med.	
Genesee Hospital..... 224 Alexander St., 7	L-62	NPCorp	4-6	261	8	75	8	28	17 Int: Rotating, Mixed, St. Med., St. Surg., St. Path.; 29 Res: Anes., Int. Med., OBG., Path., Ped., Rad., Surg.	
Highland Hospital..... South Ave. at Bellevue Dr., 20	L-62	NPCorp	...	231	8	61	2	17	15 Int: Rotating, St. Surg., St. Med.; 18 Res: Int. Med., OBG., Path., Surg.	
Rochester General Hospital..... 1425 Portland Ave., 21	L-62	NPCorp	4	419	7	70	14	34	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	4-5-6	3,519	...	10	6	4	7 Res: Psych.	
St. Mary's Hospital..... 89 Genesee St., 11	L-62	Church	...	311	7	50	21	3	15 Int: Rotating; 24 Res: Anes., Gen. Pract., Int. Med., OBG., Ophth., Path., Surg.	
Strang Memorial-Rochester Municipal Hospitals..... 260 Crittenden Blvd., 20	M-62X#	NPCorp	4-5-6	767	10	75	22	161	48 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path., St. Ob.-Gyn; 156 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Path., Ped., Ped. Allergy, Plas. Surg., Psych., Rad., Surg., Urol.	
University of Rochester School of Medicine and Dentistry.....		NPCorp	...	...	...	...	...	2	4 Res: Occup. Med.	
Rockville Centre										
Mercy Hospital.....		Church	2	250	6	40	5	...	...	Res: OBG.
St. Albans—See also New York City										
U. S. Naval Hospital.....		Navy	2-4-5	950	25	84	6	49	18 Int: Rotating; 38 Res: Anes., Int. Med., OBG., Path., Plas. Surg., Rad., Surg., Thor. Surg., Urol.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Adultery Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
NEW YORK—Continued										
Schenectady										
Ellis Hospital	L-54	NPCorp	6	437	9	52	11	30	18 Int: Rotating; 25 Res: Int. Med., OBG., Ortho. Surg., Path., Surg.	
St. Clare's Hospital . . . . .	...	Church	...	226	8	35	11	...	12 Int: Rotating	
Staten Island—See New York City										
Sunmount										
Veterans Administration Hospital	L-88	VA	2	433	120	82	...	1	1 Res: Ther. Surg.	
Syracuse										
General Hospital . . . . .	...	NPCorp	6	120	7	35	1	1	6 Int: Mixed; 3 Res: OBG.	
St. Joseph's Hospital	M-63	Church	6	304	7	39	...	15	12 Int: Rotating; 8 Res: Anes., OBG., Path.	
State University of New York Upstate Medical Center	M-63#	NPCorp	6	1,593	8	54	32	149	42 Int: Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Path.; 152 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.	
Syracuse Psychiatric Hospital	M-63	State	...	...	...	...	...	...	Res: Psych.	
Veterans Administration Hospital	M-63#	VA	2-6	488	35	78	...	37	39 Res: Int. Med., Ortho. Surg., Path., Psych., Rad., Surg., Urol.	
Thiells										
Letchworth Village . . . . .	...	State	6	4,367	...	60	2	0	2 Res: Psych.	
Troy										
Leonard Hospital . . . . .	...	NPCorp	...	182	8	28	4	0	8 Int: Rotating	
St. Mary's Hospital . . . . .	...	Church	1-5	212	8	23	4	...	6 Int: Rotating	
Samaritan Hospital . . . . .	...	NPCorp	1	205	8	55	7	3	10 Int: Rotating; 1 Res: Path.	
Utica										
St. Luke's-Memorial Hospital Center . . . . .	...	NPCorp	...	218	7	28	...	...	6 Int: Rotating	
Utica State Hospital . . . . .	...	State	6	2,499	...	32	14	2	16 Res: Path., Psych.	
Valhalla										
Grasslands Hospital . . . . .	...	County	4-5-6	495	25	57	36	8	20 Int: Rotating, St. Med., St. Surg.; 50 Res: Anes., Int. Med., Path., Phys. Med., Psych., Rad., Surg.	
West Brentwood										
Pilgrim State Hospital . . . . .	...	State	6	14,106	...	21	16	15	33 Res: Psych.	
West Haverstraw										
New York State Rehabilitation Hospital . . . . .	...	State	...	204	120	50	3	1	4 Res: Ortho. Surg.	
White Plains										
New York Hospital-Westchester Division . . . . .	...	NPCorp	6	350	...	...	...	14	14 Res: Psych.	
White Plains Hospital . . . . .	...	NPCorp	6	203	8	47	6	5	8 Int: Rotating; 6 Res: Int. Med., Surg.	
Willard										
Willard State Hospital . . . . .	...	State	...	2,941	...	14	8	4	12 Res: Psych.	
Wingdale										
Harlem Valley State Hospital . . . . .	...	State	6	5,253	...	19	11	7	10 Res: Psych.	
Yonkers										
St. John's Riverside Hospital . . . . .	...	NPCorp	...	207	...	...	...	5	8 Int: Rotating; Res: Path.	
St. Joseph's Hospital . . . . .	...	Church	...	165	11	28	9	...	8 Int: Rotating	
Yonkers General Hospital . . . . .	...	NPCorp	...	145	7	43	6	1	6 Int: Rotating; 3 Res: Gen. Pract.	
NORTH CAROLINA										
Asheville										
Memorial Mission Hospital . . . . .	...	NPCorp	3	327	7	26	...	3	8 Int: Rotating	
Chapel Hill										
North Carolina Memorial Hospital	M-64	State	6	350	11	70	11	142	37 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path.; 162 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 . . . . .	...	NPCorp	4-6	352	9	54	5	22	10 Int: Rotating; 23 Res: Int. Med., OBG., Ortho. Surg., Path., Ped., Surg., Thor. Surg., Urol.	
Presbyterian Hospital . . . . .	...	Church	6	404	8	53	...	1	4 Res: Path.	
Durham										
Duke Hospital	M-65X	NPCorp	4-5	603	9	61	29	218	34 Int: Mixed, St. Med., St. Surg., St. Ped., St. Path., St. Ob.-Gyn. 198 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Child Psych., Rad., Surg., Thor. Surg., Urol.	
Lincoln Hospital . . . . .	...	NPCorp	...	103	7	34	1	4	6 Res: OBG., Surg.	
McPherson Hospital	L-64	Indiv	...	42	6	...	...	5	6 Res: Ophth., Otol.	

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, Durham—Continued										
Veterans Administration Hospital..... Fulton St. and Erwin Rd.	M-65#	VA	2-6-6	489	26	75	7	47	61 Res:	Anes., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.
Watts Hospital..... Broad St. and Club Blvd.	L-64-65	NPCorp	6	293	7	39	7	7	25 Int:	Rotating, Mixed, St. Med., St. Surg., St. Ped., St. Ob-Gyn.; 19 Res: Int. Med., OBG., Path., Ped., Surg., Urol.
Fort Bragg										
Womack Army Hospital.....		Army	2-4-5	450	10	79	...	16	16 Int:	Rotating; 6 Res: Surg.
Gastonia										
North Carolina Orthopedic Hospital.... Babington Heights	L-65	State	2-3	140	183	...	...	3	3 Res:	Ortho. Surg.
Greensboro										
Moses H. Cone Memorial Hospital..... 1200 N. Elm St.		NPCorp	2-3	293	7	59	1	10	16 Int:	Rotating; 1 Res: Path.
Ocean										
Veterans Administration Hospital.....		VA	2	1,005	67	66	...	3	4 Res:	Thor. Surg.
Raleigh										
Dorothea Dix Hospital..... Station B, Box 7597	L-64	State	6	2,813	...	42	...	8	6 Res:	Psych.
North Carolina State Board of Health.....		State	...	...	...	...	...	1	...	Res: Public Health
Rex Hospital..... 1311 St. Mary's St.	L-64	NPCorp	...	332	7	31	1	4	4 Res:	OBG., Ped.
Wilmington										
Babies' Hospital..... Rt. 3		NPCorp	...	61	4	54	2	3	5 Res:	Ped.
James Walker Memorial Hospital..... 10th and Rankin Sts.		NPCorp	6	250	6	39	...	1	8 Int:	Rotating
Winston-Salem										
City Memorial Hospital..... 1 Hospital St., 4		City	6	294	7	28	5	7	16 Int:	Rotating; 7 Res: Int. Med., Surg.
Kate Bitting Reynolds Memorial Hospital..... 1101 E. Seventh St., 4		City	...	176	8	24	...	13	9 Int:	Rotating; 3 Res: Surg.
North Carolina Baptist Hospital..... 300 S. Hawthorne Rd., 7	M-66#	Church	6	390	...	...	2	95	22 Int:	Mixed, St. Path., St. Med., St. Surg.; 96 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	32	8	1	8 Res:	Int. Med., Rad., Surg.
St. Alexius Hospital..... 9th and Thayer Sts		Church	...	...	...	...	...	...	...	Res: Rad.
Fargo										
St. John's Hospital..... 365 Sixth Ave. South		Church	3-6	169	7	52	...	2	6 Int:	Rotating
St. Luke's Hospital..... 727 Broadway		NPCorp	6	185	6	46	...	8	8 Int:	Rotating; 8 Res: Int. Med., OBG., Surg.
OHIO										
Akron										
Akron City Hospital..... 525 E. Market St., 9		NPCorp	...	519	9	48	11	56	24 Int:	Rotating; 49 Res: Gen. Pract., Int. Med., OBG., Ortho. Surg., Path., Rad., Surg., Urol.
Akron General Hospital..... 400 Wabash Ave., 7		NPCorp	...	432	10	39	3	59	21 Int:	Rotating; 53 Res: Gen. Pract., Int. Med., OBG., Ortho. Surg., Path., Rad., Surg.
Mary Day Nursery and Children's Hospital..... Buchtel and Bowery Sts., 8		NPCorp	...	260	5	72	7	9	16 Res:	Ortho. Surg., Ped.
St. Thomas Hospital..... 444 N. Main St., 10		Church	...	272	9	45	27	0	15 Int:	Rotating; 30 Res: Gen. Pract., Int. Med., OBG., Path., Surg.
Barberton										
Barberton Citizens Hospital..... Tuscora Park		NPCorp	6	235	7	49	10	...	12 Int:	Rotating; 6 Res: Gen. Pract., Surg.
Canton										
Aultman Hospital..... 625 Clarendon Ave. S.W., 10		NPCorp	3-6	502	8	38	25	3	20 Int:	Rotating; 32 Res: Int. Med., OBG., Path., Rad., Surg.
Mercy Hospital..... 723 Market Ave. N.W., 2		Church	6	405	7	34	24	4	7 Int:	Rotating; 29 Res: Anes., Int. Med., OBG., Path., Surg.
Cincinnati										
Bethesda Hospital..... Reading Rd. and Oak St., 6		Church	...	351	8	27	13	0	12 Int:	Rotating, Mixed; 9 Res: OBG., Path.
Children's Hospital..... Eiland and Bethesda Ave., 29	M-67#	Church	4-6	215	7	87	8	19	28 Res:	Neuro. Surg., Ortho. Surg., Path., Ped., Rad., Surg.
Christ Hospital..... 2139 Auburn Ave., 19		NPCorp	6	429	10	38	3	13	21 Int:	Rotating, St. Surg.; 30 Res: Anes., Gen. Pract., Int. Med., Neuro. Surg., Plas. Surg., Surg.
Cincinnati General Hospital..... 3231 Burnet Ave., 29	M-67X	City	4-5-6	766	9	63	19	214	52 Int:	Rotating; 201 Res: Deim., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Child Psych., Rad., Surg., Urol.
Daniel Drake Memorial Hospital..... Galbraith and Vine St., 18	L-67#	County	...	825	...	59	4	3	7 Res:	Int. Med.
Deaconess Hospital..... Clifton Ave. and Straight St., 19		Church	...	117	9	18	4	...	3 Res:	Surg.
Good Samaritan Hospital..... 3217 Clifton Ave., 20		Church	6	672	9	48	27	16	19 Int:	Rotating, St. Surg.; 39 Res: Gen. Pract., Int. Med., Neuro. Surg., OBG., Path., Ped., Rad., Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	A Jcopy Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
OHIO, Columbus—Continued										
St. Ann's Hospital for Women 1555 Bryden Rd., 5		Church	3	100	4	25	1	Res: OBG
University Hospitals 410 W. Tenth Ave., 10	M-69X	State	4-5	618	9	70	27	211	36 Int: Rotating; St. Med., St. Surg.; 254 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Forensic Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.	
Dayton										
Dayton Children's Psychiatric Hospital and Child Guidance Center for Dayton and Montgomery County 141 Firwood Drive		Misc	...	...	...	...	...	...	4 Res: Child Psych.
Good Samaritan Hospital 1425 W. Fairview Ave., 6		Church	6	440	8	41	4	5	10 Int: Rotating; 9 Res: Gen. Pract., Int. Med., OBG., Surg.	
Miami Valley Hospital 1 Wyoming St., 9		NPCorp	4-6	672	9	46	5	20	16 Int: Rotating; 25 Res: Gen. Pract., Int. Med., OBG., Path., Rad., Surg.	
St. Elizabeth Hospital 49 Hopeland St., 8		Church	6	525	8	31	...	12	12 Int: Rotating; 1 Res: Surg.	
U. S. Air Force Headquarters, Air Materiel Command, Wright-Patterson Air Force Base		USAF	...	...	...	...	...	...	Res: Aviation Med., Occup. Med.
U. S. Air Force Hospital Wright-Patterson Air Force Base		USAF	...	350	15	74	3	...	12 Int: Rotating; 2 Res: Gen. Pract.	
Veterans Administration Hospital 4100 W. Third St.		VA	...	820	63	80	...	30	56 Res: Int. Med., Path., Phys. Med., Rad., Surg., Urol.	
Elyria										
Elyria Memorial Hospital 630 E. River St.		NPCorp	...	242	7	43	12	2	5 Int: Rotating; 11 Res: Gen. Pract., Ortho. Surg., Path., Rad., Surg.	
Euclid										
Euclid-Glenville Hospital E. 185th St. and Lake Erie, 19		NPCorp	...	214	8	53	11	0	10 Int: Rotating; 12 Res: Gen. Pract.	
Garfield Heights										
Marymount Hospital 12300 McCracken Rd., 25		Church	...	230	9	39	25	7	12 Int: Rotating; 27 Res: Anes., Int. Med., OBG., Path., Surg.	
Hamilton										
Mercy Hospital 116 Dayton St.		Church	...	300	8	35	25	...	6 Int: Rotating; 23 Res: Int. Med., OBG., Path., Surg.	
Lakewood										
Lakewood Hospital 14519 Detroit Ave., 7		City	6	270	9	37	16	...	6 Int: Rotating; 18 Res: Int. Med., Surg.	
Lima										
Lima Memorial Hospital Linden and Mabel Sts.		NPCorp	6	265	7	33	1	...	12 Int: Rotating; 10 Res: Gen. Pract., Int. Med., Surg.	
St. Rita's Hospital 801 W. High St.		Church	...	289	7	36	2	4	12 Int: Rotating; 12 Res: Int. Med., OBG., Path., Surg.	
Lorain										
St. Joseph Hospital 2026 Broadway		Church	6	220	7	33	10	...	6 Int: Rotating; 4 Res: Path., Rad.	
Mansfield										
Mansfield General Hospital 335 Glessner Ave.		NPCorp	...	249	7	31	5	...	4 Res: Surg.	
Ravenna										
Robinson Memorial Portage County Hospital 449 S. Meridian St.		County	...	152	6	36	9	1	12 Res: Gen Pract.	
Springfield										
Mercy Hospital 1343 N. Fountain Blvd.		Church	2-3	350	9	44	...	9	9 Int: Rotating	
Springfield City Hospital 2615 E. High St.		City	2-3	286	8	57	...	11	10 Int: Rotating; 2 Res: Path.	
Stuebenville										
Ohio Valley Hospital 380 Summit Ave.		NPCorp	6	210	7	21	7	...	8 Int: Rotating; 4 Res: Gen Pract.	
Toledo										
Flower Hospital 3350 Collingwood Blvd., 10		Church	...	190	8	31	3	3	9 Int: Rotating; 1 Res: Surg.	
Maumee Valley Hospital 2025 Arlington Ave., 9		County	6	204	13	38	8	11	6 Int: Rotating; 25 Res: Int. Med., OBG., Path., Surg., Urol.	
Mercy Hospital 2221 Madison Ave., 2		Church	...	350	7	44	12	14	14 Int: Rotating; 13 Res: OBG., Path., Ped., Surg.	
Riverside Hospital 1609 Summit St., 11		NPCorp	6	175	7	28	1	7	9 Int: Rotating	
St. Charles Hospital Wheeling and Navarre Sts., 5		Church	6	235	9	43	4	5	9 Int: Rotating; 4 Res: Gen. Pract., Psych.	
St. Vincent's Hospital 2213 Cherry St., 8		Church	...	442	8	36	9	19	15 Int: Rotating; 22 Res: Gen. Pract., Int. Med., OBG., Ortho. Surg., Path., Surg., Urol.	
Toledo Hospital 2142 N. Cave Blvd., 6		NPCorp	6	415	8	64	6	15	20 Int: Rotating; 13 Res: Anes., Int. Med., OBG., Path.	
Warren										
St. Joseph's Riverside Hospital 1400 Tod Ave. N. W.		Church	...	156	7	36	5	0	7 Res: Gen. Pract.	
Trumbull Memorial Hospital 1350 E. Market St.		NPCorp	6	319	7	42	20	4	12 Int: Rotating; 20 Res: Int. Med., OBG., Path., Ped., Surg.	
Worthington										
Harding Sanitarium 445 E. Granville Rd.		Corp	...	120	58	...	...	3	5 Res: Psych.
Youngstown										
St. Elizabeth Hospital 1044 Belmont Ave., 4		Church	4	526	8	49	6	42	19 Int: Rotating; 34 Res: Anes., Gen. Pract., Int. Med., OBG., Path., Rad., Surg.	
Youngstown Hospital Oak Hill and Francis St., 1 Gypsy Lane at Goletto Ave., 4		NPCorp	4-6	847	10	42	46	10	24 Int: Rotating; 41 Res: Anes., Gen Pract., Int. Med., Ortho. Surg., Path., Proct., Rad., Surg.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Admalty Percentage	House Staff on Duty		Positions Offered	Approved Programs
							Foreign	Non-Foreign		
PENNSYLVANIA—Continued										
Bryn Mawr										
Bryn Mawr Hospital.....		NPCorp	6	358	8	51	4	21	12 Int: Rotating; 21 Res: Int. Med., Path., Rad., Surg.	
Chester										
Chester Hospital.....		NPCorp	1	235	8	52	7	2	8 Int: Rotating; 6 Res: Path.	
Sacred Heart Hospital.....		Church	...	...	...	...	...	...	6 Int: Rotating;	
Coaldale										
Coaldale State Hospital.....		State	...	143	12	36	...	...	1 Res: Gen. Pract.	
Coatesville										
Veterans Administration Hospital.....	M-76, L-75	VA	6	1,602	990	73	...	8	12 Res: Neur., Psych.	
Danville										
Danville State Hospital.....		State	6	2,472	...	21	14	1	25 Res: Psych. 15 Int: Rotating;	
George F. Geisinger Memorial Hospital.....		NPCorp	5	278	8	57	2	39	56 Res: Derm., Gen. Pract., Int. Med., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.	
Darby										
Thomas M. Fitzgerald-Mercy Hospital..		Church	6	350	7	47	1	17	12 Int: Rotating; 10 Res: OBG., Path., Rad.	
Easton										
Easton Hospital.....		NPCorp	6	246	9	51	4	8	10 Int: Rotating; 6 Res: Int. Med., Surg.	
Elizabethtown										
State Hospital for Crippled Children ...		State	6	210	275	...	...	3	3 Res: Ortho. Surg.	
Embreeville										
Embreeville State Hospital.....		State	6	1,400	...	27	2	1	8 Res: Psych.	
Erie										
Hamot Hospital.....		NPCorp	...	326	7	41	9	9	10 Int: Rotating; 19 Res: Int. Med., Ortho. Surg., Path., Rad., Surg., Urol.	
St. Vincent's Hospital.....		NPCorp	6	401	7	42	6	7	10 Int: Rotating; 23 Res: Gen. Pract., Int. Med., OBG., Path., Surg., Urol.	
Greensburg										
Westmoreland Hospital.....		NPCorp	...	266	8	27	1	2	4 Int: Rotating	
Harrisburg										
Harrisburg Hospital.....	M-72	NPCorp	4-5	610	9	54	4	32	24 Int: Rotating; 22 Res: Int. Med., OBG., Path., Ped., Surg.	
Harrisburg Polyclinic Hospital.....		NPCorp	1-3-6	520	10	50	...	27	18 Int: Rotating;	
Harrisburg State Hospital.....		State	6	2,624	...	15	5	1	11 Res: Int. Med., Path., Ped., Surg. 6 Res: Psych.	
Cameron and Macleay Sts.										
Pennsylvania Dept. of Health.....		State	...	...	...	...	...	...	...	Res: Occup. Med., Public Health
Hazleton										
Hazleton State Hospital.....		State	...	181	10	12	...	2	4 Res: Surg.	
St. Joseph Hospital.....		Church	...	200	8	14	...	...	2 Res: Surg.	
Johnstown										
Conemaugh Valley Memorial Hospital ..		NPCorp	6	500	9	31	3	15	12 Int: Rotating; 12 Res: Anes., Path., Surg.	
Mercy Hospital.....		Church	6	244	9	32	2	0	6 Int: Rotating	
Lancaster										
Lancaster General Hospital.....		NPCorp	...	600	7	38	...	11	12 Int: Rotating; 8 Res: Gen. Pract., Path.	
St. Joseph Hospital.....		Church	6	330	10	49	4	1	6 Int: Rotating; 8 Res: Gen. Pract., Path.	
Lebanon										
Good Samaritan Hospital.....		NPCorp	...	...	...	...	...	...	...	Res: Gen. Pract.
Mayview										
Mayview State Hospital.....		State	6	3,246	...	2	1	3	12 Res: Psych.	
McKeesport										
McKeesport Hospital.....		NPCorp	...	520	11	37	...	2	10 Int: Rotating	
Natrona Heights										
Allegheny Valley Hospital.....		NPCorp	...	240	7	31	...	...	4 Int: Rotating	
Norristown										
Montgomery Hospital.....		NPCorp	...	241	7	31	4	4	6 Int: Rotating; 9 Res: Gen. Pract., Path.	
Norristown State Hospital.....	L-75	State	...	5,126	...	20	1	22	30 Res: Psych.	
Sacred Heart Hospital.....		Church	1	208	7	38	6	2	8 Res: Gen. Pract., Surg.	
Philadelphia										
Albert Einstein Medical Center.....		NPCorp	4-6	812	10	47	...	51	39 Int: Rotating; Mixed, St. Med., St. Surg.; 32 Res: Anes., Ortho. Surg., Ped., Psych., Urol.	
Northern Division.....	M-74	...	4-6	...	...	...	47	9	75 Res: Int. Med., OBG., Path., Rad., Surg.	
Southern Division.....	L-72	...	4-6	...	...	...	14	7	23 Res: Int. Med., OBG., Path., Rad., Surg.	
Chestnut Hill Hospital.....		NPCorp	6	199	7	53	5	...	6 Int: Rotating; 5 Res: Int. Med., Path.	
Child Study Center of Philadelphia.....		Misc	...	...	...	...	...	6	6 Res: Child Psych.	
Children's Hospital.....	M-75#	NPCorp	5	170	7	90	20	14	34 Res: Anes., Ophth., Ortho. Surg., Path., Ped., Ped. Allergy, 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		
PENNSYLVANIA, Philadelphia—Continued										
Eastern Pennsylvania Psychiatric Institute Henry Ave. and Abbottsford Rd., 29	M-76, L-73	State	6	155	128	...	...	13	30 Res: Psych., Child Psych.	
Episcopal Hospital Front St. and Lehigh Ave., 25	M-73-74	NPCorp	4-5-6	373	11	53	10	20	12 Int: Rotating; 24 Res: Int. Med., Neuro. Surg., OBG., Path., Rad., Surg., Thor. Surg., Urol.	
Frankford Hospital 4940 Frankford Ave., 24	...	NPCorp	6	188	7	45	4	3	8 Int: Rotating; 9 Res: Int. Med., OBG., Path., Surg.	
Friends Hospital Adams Ave. and Roosevelt Blvd., 24	...	NPCorp	2	190	43	24	...	5	6 Res: Psych.	
Germanatown Dispensary and Hospital E. Penn and Wister Sts., 44	M-73- L-76	NPCorp	...	302	10	43	1	23	12 Int: Rotating; 18 Res: Int. Med., OBG., Path., Ped., Rad., Surg.	
Graduate Hospital of the University of Pennsylvania 19th and Lombard Sts., 4	M-75X	NPCorp	...	353	11	55	25	42	12 Int: Rotating; 75 Res: Anes., Derm., Gyn., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Otol., Path., Plos. Surg., Rad., Surg., Urol.	
Hahnemann Medical College and Hospital 230 N. Broad St., 2	M-72X	NPCorp	6	562	11	49	31	85	16 Int: Rotating; 109 Res: Anes., Derm., Int. Med., OBG., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.	
Hospital of University of Pennsylvania 3409 Spruce St., 4	M-75X	NPCorp	2-4	747	11	67	...	222	32 Int: Rotating; 200 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plos. Surg., Psych., Rad., Surg., Urol.	
Hospital of the Women's Medical College of Pennsylvania 3300 Henry Ave., 29	M-76X	NPCorp	...	201	8	60	...	22	27 Res: Int. Med., OBG., Path., Ped., Rad., Surg.	
Institute of the Pennsylvania Hospital 111 N. 49th St., 39	L-75	NPCorp	...	255	...	...	1	20	19 Res: Psych.	
Jeanees Hospital Hasbrook and Hartel Sts., 11	...	Church	...	100	80	36	2	0	2 Res: Surg.	
Jefferson Medical College Hospital 11th and Walnut Sts., 7	M-73X	NPCorp	4-5-6	851	12	49	27	98	20 Int: St. Med., St. Surg., St. Ped.; 143 Res: Anes., Derm., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
Lankenau Hospital Lancaster Ave. and City Line, 31	M-73	NPCorp	...	397	9	64	4	18	12 Int: Rotating; 21 Res: Int. Med., OBG., Path., Surg.	
Memorial Hospital 5800 Ridge Ave., 28	...	NPCorp	6	184	9	27	1	0	6 Int: Rotating	
Mercy-Douglass Hospital 5000 Woodland Ave., 43	...	NPCorp	...	263	...	39	10	13	8 Int: Rotating; 19 Res: Int. Med., OBG., Path., Psych., Surg.	
Methodist Hospital Broad and Wolf Sts., 48	M-73	Church	6	231	10	28	4	9	8 Int: Rotating; 9 Res: Int. Med., OBG., Surg.	
Misericordia Hospital 54th and Cedar Ave., 43	L72-73	Church	...	269	9	56	...	26	16 Int: Rotating; 16 Res: Int. Med., OBG., Path., Rad., Surg.	
Nazareth Hospital 8050 Holme Ave., 15	...	Church	6	200	7	51	...	12	10 Int: Rotating; 4 Res: Int. Med., Surg.	
Northeastern Hospital Allegheny Ave. and Tulip St., 34	...	NPCorp	2-3	152	9	46	...	6	6 Int: Rotating	
Office of the Medical Examiner Department of Public Health 13th & Wood Sts., 7	...	...	...	...	...	...	...	...	...	Res: Forensic Path.
Pennsylvania Hospital Eighth and Spruce Sts., 7	M-75#	NPCorp	6	420	10	53	14	37	18 Int: Rotating; 40 Res: Anes., Int. Med., Neur., OBG., Ortho. Surg., Path., Rad., Surg., Urol.	
Philadelphia Child Guidance Clinic 700 Bainbridge St., 46	...	Misc	...	...	...	...	...	5	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	1,826	19	48	40	161	90 Int: Rotating; 137 Res: Anes., Derm., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.	
Philadelphia Psychiatric Hospital Ford Rd. and Monument Ave., 31	L-75	NPCorp	6	142	38	...	1	18	24 Res: Psych.	
Philadelphia State Hospital Roosevelt Blvd., 14	...	State	2	7,138	...	1	1	12	40 Res: Psych.	
Presbyterian Hospital 51 N. 29th St., 4	M-75#	Church	4-5	329	10	60	13	27	14 Int: Rotating; 32 Res: Anes., Int. Med., OBG., Path., Rad., Surg., Thor. Surg.	
St. Agnes Hospital 1500 S. Broad St., 45	...	Church	6	301	9	19	...	3	4 Res: Gen. Pract.	
St. Christopher's Hospital for Children 2600 N. Lawrence St., 33	M-74#	NPCorp	4	100	9	89	7	17	24 Res: Path., Ped., Child Psych.	
St. Joseph's Hospital 16th and Girard Ave., 30	...	Church	3-4-6	200	9	35	3	1	6 Int: Rotating; 3 Res: Surg.	
St. Luke's and Children's Medical Center Franklin & Thompson Sts., 22	L-72	NPCorp	6	272	8	25	...	...	6 Int: Rotating	
St. Mary's Franciscan Hospital 1567 E. Palmer St., 25	...	Church	...	225	9	30	4	3	6 Int: Rotating; 10 Res: Gen. Pract., Surg.	
Shriners Hospital for Crippled Children Roosevelt Blvd. and Pennypack Pl., 15	L-74	NPCorp	...	100	57	...	...	...	4 Res: Ortho. Surg.	
Skin and Cancer Hospital 804 Pine St., 7	L-74#	NPCorp	3-6	30	13	...	2	12	9 Res: Derm.	
Temple University Hospital 3401 N. Broad St., 40	M-74X	NPCorp	6	841	10	59	10	117	142 Res: Anes., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Pract., 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		
PENNSYLVANIA, Philadelphia—Continued										
U. S. Naval Hospital..... 17th and Pattison Ave., 45		Novy	2-4-5-6	1,100	29	66	...	75	18 Int: Rotating; 62 Res: Anes., Derm., Int. Med., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital..... University and Woodland Ave. 4	M-73-74# M76 L-75 L-73-76	VA	1-4-6	488	30	76	...	48	53 Res: Int. Med., Ophth., Ortho. Surg., Path., Phys. Med., Rad., Surg., Urol.	
Willis Eye Hospital..... 1601 Spring Garden St., 30		City	3	230	11	...	1	13	21 Res: Ophth.	
Woman's Hospital..... Preston and Parrish Sts., 4		NPCorp	4-6	165	7	17	7	0	6 Int: Rotating; 6 Res: OBG., Surg.	
Pittsburgh										
Allegheny General Hospital..... 320 E. North Ave., 12		NPCorp	5-6	578	11	45	14	14	18 Int: Rotating; 38 Res: Anes., Int. Med., Neuro Surg., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.	
Children's Hospital..... 125 DeSoto St., 13	M-77#	NPCorp	4-5-6	300	9	82	15	28	43 Res: Neuro. Surg., Ortho. Surg., Path., Ped., Surg., Thor. Surg.	
Elizabeth Steel Magee Hospital..... Forbes and Halket, 13	M-77#	NPCorp	2-5-6	350	8	48	2	10	12 Res: Int. Med., OBG.	
Eye and Ear Hospital..... 230 Lothrop St., 13	M-77#	NPCorp	5-6	137	5	66	1	10	14 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	...	...	22	...	27 Int: Mixed; ... Res: Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Proct., Child Psych., Rad., Surg., Thor. Surg., Urol.
Janes and Laughlin Steel Corporation (Pittsburgh Works Division)..... 2709 E. Carson St., 3		Corp	...	...	...	...	...	...	... Res: Occup. Med.
Mercy Hospital..... 1400-30 Locust St., 19	M-77	Church	6	638	11	55	15	27	12 Int: Rotating; 48 Res: Anes., Int. Med., Neuro. Surg., OBG., Otol., Path., Rad., Surg., Urol.	
Montefiore Hospital..... 3459 Fifth Ave., 13	M-77	NPCorp	4-5-6	321	9	48	14	21	15 Int: Rotating; 29 Res: Int. Med., Ob., Ophth., Path., Rad., Surg., 6 Int: Rotating; 3 Res: OBG.	
Pittsburgh Hospital..... 6655 Frankstown Ave., 6		NPCorp	6	225	9	27	...	5		
Presbyterian Hospital-Woman's Hospital..... 230 Lothrop St., 13	M-77#	NPCorp	5	375	...	...	9	63	102 Res: Int. Med., Neuro. Surg., Ortho. Surg., Path., Plas. Surg., Proct., Rad., Surg., Thor. Surg., Urol.
St. Francis General Hospital and Rehabilitation Institute..... 408 45th St., 1	M-77	NPCorp	5-6	670	13	36	21	23	20 Int: Rotating; 35 Res: Anes., Int. Med., Neuro. Surg., OBG., Ortho. Surg., Path., Psych., Rad., Surg.	
St. John's General Hospital..... 3339 McClure Ave., 12		NPCorp	...	243	9	26	6	...	5 Res: Gen. Pract.	
St. Joseph's Hospital and Dispensary... 2117 E. Carson St., 3		Church	6	170	8	28	2	3	6 Int: Rotating	
St. Margaret Memorial Hospital..... 265 46th St., 1		Church	6	160	10	44	3	6	6 Int: Rotating; 5 Res: Int. Med., OBG., Path., Surg.	
Shadyside Hospital..... 5230 Centre Ave., 32		NPCorp	2-3-5-6	372	10	54	...	10	10 Int: Rotating; 4 Res: Path.	
South Side Hospital..... S. 20th and Jane Sts., 3		NPCorp	5-6	336	9	47	3	1	9 Int: Rotating; 4 Res: OBG., Path.	
University of Pittsburgh Graduate School of Public Health.....		NPCorp	...	...	...	...	...	...	... Res: Occup. Med.
Veterans Administration Hospital..... Leech Farm Rd., 6	M77#	VA	2-4-5	951	408	65	...	3	3 Res: Neur.	
Veterans Administration Hospital..... University Dr., 40	M-77#	VA	2-4-5	1,140	29	66	...	45	75 Res: Int. Med., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Rad., Surg., Urol.	
Western Pennsylvania Hospital..... 4800 Friendship Ave., 24		NPCorp	4-6	541	10	45	...	32	18 Int: Rotating; 44 Res: Int. Med., Ob., Path., Rad., Surg.	
Western Psychiatric Institute and Clinic..... 3811 O'Hara St., 13	M-77#	NPCorp	3-4-6	150	129	...	2	36	45 Res: Psych.	
Westinghouse Bettis Atomic Power Division..... P. O. Box 1468, Zone 30		Corp	...	...	...	...	...	...	... Res: Occup. Med.
Pottsville										
A. C. Milliken Hospital..... E. Norwegian and Tremont Sts.		Church	6	206	10	27	3	1	4 Res: Gen. Pract.	
Reading										
Community General Hospital..... 145 N. 5th St.		NPCorp	6	181	8	39	6	0	6 Res: Gen. Pract.	
St. Joseph's Hospital..... 215 N. 12th St.		Church	6	283	9	46	7	...	6 Int: Rotating; 7 Res: Path., Surg.	
Sayre										
Robert Packer Hospital..... 200 S. Wilbur Ave.		NPCorp	...	317	7	60	8	32	12 Int: Rotating; 32 Res: Anes., Int. Med., Ortho. Surg., Path., Ped., Rad., Surg., Urol.	
Scranton										
Scranton State Hospital..... 201 Mulberry St., 3		State	...	267	11	28	1	4	10 Int: Rotating; 1 Res: Path.	
Sewickley										
Sewickley Valley Hospital..... Blackburn Rd.		NPCorp	...	216	8	29	...	4	8 Int: Rotating	
Sharon										
Sharon General Hospital..... 740 E. State St.		NPCorp	...	288	6	25	4	...	8 Res: Gen. Pract.	
Uniontown										
Uniontown Hospital..... 500 W. Berkeley St.		NPCorp	5	278	10	33	5	0	5 Int: Rotating	

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										
Warren Warren State Hospital Box 240		State	4-6	2,865	300	27	19	5	27	Res: Psych.
Washington Washington Hospital 155 Wilson Ave.		NPCorp	6	312	10	31	2	2	8	Int: Rotating
West Chester Chester County Hospital 500 E. Marshall St.		NPCorp	4	190	8	43	...	4	6	Int: Rotating
West Reading Reading Hospital 6th and Spruce Sts.		NPCorp	4	502	11	31	4	16	14	Int: Rotating; 23 Res: Int. Med., OBG., Ortho. Surg., Path., Rad., Surg.
Wilkes-Barre Children's Service Center of Wyoming Valley 335 South Franklin St.		Misc	...	...	...	...	...	...	...	Res: Child Psych.
Mercy Hospital 196 Hanover St.		NPCorp	6	193	9	28	...	2	4	Int: Rotating; 2 Res: Surg., Urol.
Wilkes-Barre General Hospital N. River and Auburn Sts.		NPCorp	...	376	8	37	1	2	10	Int: Rotating; 4 Res: Path., Surg., Urol.
Wilkesburg Columbia Hospital 312 Penn Ave., 21		NPCorp	6	268	8	32	...	5	6	Int: Rotating; 3 Res: Surg.
Williamsport Williamsport Hospital 777 Rural Ave.		NPCorp	...	312	8	30	2	8	8	Int: Rotating; 4 Res: Path., Surg.
York York Hospital S. George St. and Rathton Rd.		NPCorp	3-6	367	...	43	...	6	12	Int: Rotating; 18 Res: Int. Med., Path., Surg.
PUERTO RICO										
Aguadilla Aguadilla District Hospital Carr Aguadilla A, San Juan Box 128		State	...	280	12	59	5	...	12	Int: Rotating; 1 Res: Path.
Arecibo Arecibo District Hospital Lares Rd.		State	...	280	10	62	...	8	12	Int: Rotating; 8 Res: Gen. Pract., Path.
Bayamon Puerto Rico Institute of Psychiatry P. O. Box 127		NPCorp	...	275	110	17	...	6	2	Res: Psych.
Caparra Heights University Hospital Coparra Heights Station	M-78#	State	...	280	11	46	...	49	18	Int: Rotating; 24 Res: Anes., Int. Med., OBG., Ophth., Path., Ped., Surg.
Fajardo Fajardo District Hospital General Valero Ave.		State	...	280	11	58	5	9	10	Int: Rotating; 7 Res: Ped., Surg.
Hato Rey Hospital Auxilio Mutuo Munoz Rivera St.		NPCorp	...	150	7	35	3	...	4	Res: Gen. Pract.
Ponce Hospital-De Damas Concordia St.		Church	...	153	7	42	1	5	7	Int: Rotating; 4 Res: Anes., Surg.
Ponce District Hospital Bo Machuelo		State	...	412	12	69	1	34	16	Int: Rotating; 30 Res: Int. Med., OBG., Path., Ped., Surg.
Rio Piedras Psychiatric Center for Training and Research Box 547		State	6	1,513	868	56	...	19	19	Res: Psych.
Rio Piedras Municipal Hospital Pinelro St.		City	...	218	8	53	12	...	13	Int: Rotating
San Juan Presbyterian Hospital Ashford Ave.		NPCorp	6	200	7	39	...	8	8	Int: Rotating; 4 Res: Anes., Ped., Surg.
San Juan City Hospital De Diego Ave., 34	L-78	City	...	321	9	68	5	68	24	Int: Rotating; ... Res: Anes., Int. Med., OBG., Ophth., Otol., Path., Ped., Surg., Urol.
Veterans Administration Hospital San Patricia	M-78	VA	2	200	14	94	...	19	21	Res: Int. Med., Path., Phys. Med., Rad., Surg.
Santurce Dr. I. Gonzalez Martinez Oncologic Hospital 229 Parque St.		NPCorp	...	65	17	81	2	4	12	Res: Path., Rad., Surg.
RHODE ISLAND										
Howard State Hospital for Mental Diseases Box 5		State	...	3,453	290	23	11	1	14	Res: Psych.
Newport Newport Hospital Friendship St.		NPCorp	6	228	10	32	3	0	8	Int: Rotating; 2 Res: Int. Med., Path.
U. S. Naval Hospital 3rd and Cypress Sts.		Navy	2	655	17	98	...	6	6	Int: Rotating
Pawtucket Memorial Hospital Prospect St.		NPCorp	6	225	8	44	6	1	8	Int: Rotating; 6 Res: Gen. Pract., Int. Med., Path.
Providence Charles V. Chapin Hospital 153 Eaton St., 8		City	...	249	18	63	8	0	9	Res: Ped., Psych.
Miriam Hospital 164 Summit Ave., 6		NPCorp	...	160	10	37	7	2	8	Int: Rotating; 3 Res: Int. Med.

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							Foreign	Non-Foreign		
RHODE ISLAND, Providence—Continued										
Providence Child Guidance Clinic 333 Grotto St., 6		NPCorp	4 Res: Child Psych.	
Providence Lying-in Hospital..... 50 Moude St., 8	L-41-M-42	NPCorp	...	212	5	84	...	...	2 Res: OBG.	
Rhode Island Hospital..... 593 Eddy St., 2		NPCorp	3-4	678	10	40	17	61	20 Int: Rotating; 62 Res: Anes., Int. Med., OBG., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Rad., Surg., Urol.	
Roger Williams General Hospital..... 825 Chalkstone Ave., 8		NPCorp	6	260	8	24	5	2	8 Int: Rotating; 1 Res: Rad.	
St. Joseph's Hospital..... 21 Peace St., 7		Church	6	310	11	22	3	3	12 Int: Rotating	
Veterans Administration Hospital..... Davis Park, 8		VA	2	393	34	58	1	11	15 Res: Int. Med., Surg.	
Riverside										
Emma Pendleton Bradley Hospital..... 1011 Veterans Memorial Pkwy., 15		NPCorp	...	56	...	...	...	4	5 Res: Psych., Child Psych.	
Woonsocket										
Woonsocket Hospital..... 115 Coss Ave.		NPCorp	...	218	8	28	4	0	6 Res: Gen. Pract.	
SOUTH CAROLINA										
Charleston										
Medical Center Hospitals..... 16 Lucos St., 16	M-79X	State	2-3-6	569	...	...	...	86	34 Int: Rotating, Mixed, St. Med., St. Surg.; 92 Res: Anes., Int. Med., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.	
U. S. Naval Hospital..... Naval Base		Navy	2-6	350	14	79	...	6	8 Int: Rotating	
Columbia										
Columbia Hospital..... 2020 Hampton St., 4		County	6	503	9	28	...	15	15 Int: Rotating; 12 Res: Int. Med., OBG., Ortho. Surg., Ped., Surg.	
Florence										
McLeod Infirmary..... 121 W. Cheves St.		NPCorp	2-3	209	7	24	...	6	6 Int: Rotating	
Greenville										
Greenville General Hospital..... 100 Mallard St.		NPCorp	4	550	8	44	...	29	24 Int: Rotating; 17 Res: Gen. Pract., OBG., Ortho. Surg., Path., Ped., Surg.	
Shriners Hospital for Crippled Children..... 2100 N. Pleasantburg Dr.		NPCorp	3	60	52	...	1	2	3 Res: Ortho. Surg.	
Orangeburg										
Orangeburg Regional Hospital..... 550 Carolina Ave. N. E.		County	2-3-6	218	...	...	...	3	6 Int: Rotating; 3 Res: Urol.	
Spartanburg										
Spartanburg General Hospital..... 855 N. Church St.		County	2-3-6	429	7	26	...	18	15 Int: Rotating; 9 Res: Path., Surg.	
SOUTH DAKOTA										
Sioux Falls										
McKenna Hospital..... 800 E. 21st St.	L-80	Church	6	263	7	32	5	1	7 Int: Rotating; ... Res: Gen. Pract.	
Sioux Valley Hospital..... 1123 S. Euclid	L-80	NPCorp	6	210	7	51	10	1	7 Int: Rotating; 6 Res: Gen. Pract., Path.	
Yankton										
Sacred Heart Hospital..... West 4th St.	M-80	Church	...	189	7	25	6	2	4 Int: Rotating; 10 Res: Gen. Pract., OBG., Surg.	
TENNESSEE										
Chattanooga										
Baroness Erlanger Hospital..... 261 Wiehl St., 3		CyCo	4	600	8	54	27	39	14 Int: Rotating; 59 Res: Anes., Int. Med., OBG., Ophth., Ortho. Surg., Path., Rad., Surg.	
Memorial Hospital..... 2500 Citico Ave., 4		Church	...	184	7	29	11	...	4 Res: Surg.	
Newell Hospital..... 707 Walnut St., 11		Corp	1	50	7	19	2	1	3 Res: Surg.	
T. C. Thompson Children's Hospital .. 1001 Glenwood Dr., 6		CyCo	...	100	8	46	5	2	7 Res: Ped.	
Kingsport										
Halston Valley Community Hospital.... W. Ravine St.		NPCorp	3	290	7	42	...	7	8 Int: Rotating;	
Knoxville										
East Tennessee Baptist Hospital..... 201 Blaunt Ave., 20		Church	6	267	7	28	7	0	12 Int: Rotating; 8 Res: Ortho. Surg., Path.	
East Tennessee Children's Hospital... 1912 Laurel Ave., 16		NPCorp	3	60	7	40	...	...	... Res: Ortho. Surg., Ped.	
Fort Sanders Presbyterian Hospital.... 1909 W. Clinch Ave., 16		Church	6	249	8	26	8	0	8 Int: Rotating	
St. Mary's Memorial Hospital..... Oak Hill Ave., 17		Church	1-6	350	7	34	10	4	12 Int: Rotating; 12 Res: Int. Med., Ortho. Surg., Path., Surg.	
University of Tennessee Memorial Research Center and Hospital..... Alcoa Highway, 20		State	4	265	8	42	3	39	15 Int: Rotating; 39 Res: Anes., Gen. Pract., Int. Med., OBG., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg.	
Memphis										
Baptist Memorial Hospital..... 899 Madison Ave., 3	L-81	Church	6	851	7	42	1	65	28 Int: Rotating, St. Med.; 42 Res: Int. Med., Neuro. Surg., OBG., Path., Ped., Rad., Surg.,	
Campbell Clinic and Hospital..... 869 Madison Ave., 3		Corp	1-6	80	10	...	2	12	14 Res: Ortho. Surg.	
City of Memphis Hospitals..... 860 Madison Ave., 3	M-81#	City	4-5	584	9	58	15	133	46 Int: Rotating, St. Med., St. Ped.; 106 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Otol., Path., Ped., Ped. Allergy, Plas. Surg., Rad., Surg., Thor. 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		
TEXAS, Ft. Worth—Continued										
John Peter Smith Hospital 1500 S. Main St., 4		CyCo	3-4	208	8	40	...	9	18 Int:	Rotating
St. Joseph Hospital 1401 S. Main St., 4		Church	2-3	304	6	38	...	2	12 Int:	Rotating; 4 Res: Path.
Galveston										
U. S. Public Health Service Hospital 45th Street & Avenue N, 1	L-85	USPHS	2-6	161	21	54	...	5	8 Res:	Gen. Pract.
University of Texas Medical Branch Hospitals 8th and Mechanic Sts.	M-85X	State	5-6	852	18	54	12	171	37 Int:	Rotating, St. Med., St. Surg., St. Ped., St. Path.; 170 Res: Anes., Derm., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Houston										
Baylor University College of Medicine Affiliated Hospitals			...	...	...	...	...	...	...	Res: Derm.
Hermann Hospital 1203 Ross Sterling Ave., 25	L-86	NPCorp	6	675	7	50	3	68	18 Int:	Rotating; 52 Res: Anes., Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Houston State Psychiatric Institute Texas Medical Center, 25	L-86#	State	...	...	...	...	...	...	4 Res:	Child Psych.
Jefferson Davis Hospital 1801 Buffalo Dr., 3	M-86#	CyCo	4-5	414	8	47	11	136	40 Int:	Rotating, St. Med., St. Surg., St. Ped.; 108 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Memorial Baptist Hospital 602 Lamar Ave., 2		Church	6	446	7	36	3	3	8 Int:	Rotating; 8 Res: Gen. Pract., Path.
Methodist Hospital 6516 Bertner Ave., 25	M-86#	Church	6	370	8	74	3	22	15 Int:	St. Med., St. Surg.; 39 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
St. Joseph's Hospital 1910 Crawford St., 2		Church	2	422	5	46	12	2	17 Res:	Anes., Int. Med., OBG., Path., Ped., Rad., Surg.
St. Luke's Episcopal Hospital 6720 Bertner St., 25	L-86	Church	6	293	6	49	5	3	15 Res:	OBG., Path., Surg., Urol.
Southern Pacific Hospital 2015 Thomas St., 9		NPCorp	6	130	13	46	...	4	4 Res:	Surg.
Texas Children's Hospital 6621 Fannin St., 25	M-86#	NPCorp	...	101	5	90	2	7	1 Int:	St. Path.; 10 Res: Path., Ped., Ped. Allergy, Plas. Surg., Surg., Urol.
University of Texas M. D. Anderson Hospital and Tumor Institute 6723 Bertner St., 25	L-86	State	5-6	280	16	78	21	10	36 Res:	Anes., Gyn., Int. Med., Path., Rad., Surg.
Veterans Administration Hospital 2002 Holcombe Blvd., 31	M-86#	VA	2-4-5-6	1,252	41	86	3	87	118 Res:	Anes., 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	...	250	...	...	...	...	4 Res:	Path.
McKinney										
Veterans Administration Hospital	L-84	VA	2	271	34	60	...	1	6 Res:	Int. Med., Path.
Midland										
Midland Memorial Hospital 2200 W. Illinois Ave.		NPCorp	...	151	5	56	...	...	4 Res:	Gen. Pract.
San Antonio										
Baptist Memorial Hospital 215 Camden St., 5	L-85	Church	...	290	5	38	16	1	10 Int:	Rotating; 14 Res: Gen. Pract., OBG., Path., Rad.
Brooke General Hospital Fort Sam Houston, 9		Army	2-4-5	1,005	16	90	1	155	30 Int:	Rotating; 119 Res: Anes., Derm., Int. Med., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Rad., Surg., Urol.
Robert B. Green Memorial Hospital 515 Morales St., 7	L-85	District	4-5-6	280	7	43	17	22	24 Int:	Rotating; 37 Res: Int. Med., OBG., Ophth., Path., Ped., Plas. Surg., Rad., Surg.
Santo Rosa Hospital 745 W. Houston St., 7		Church	6	507	6	52	21	...	12 Int:	Rotating; 17 Res: Gen. Pract., Path., Ped., Plas. Surg., Rad.
U. S. Air Force Hospital Lackland Air Force Base		USAF	1-2-3-4-5	1,000	11	91	...	107	36 Int:	Rotating; 84 Res: Anes., Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Temple										
Scott and White Memorial Hospital 213 W. Avenue G		NPCorp	...	326	9	40	5	23	8 Int:	Rotating; 31 Res: Anes., Int. Med., Ophth., Ortho. Surg., Path., Rad., Surg.
Wichita Falls										
U. S. Air Force Hospital Sheppard Air Force Base		USAF	1-2-3	300	14	85	...	...	2 Res:	Surg.
UTAH										
Ogden										
St. Benedict's Hospital 3000 Fulk Ave.		Church	...	170	5	61	...	10	10 Int:	Rotating
Thomas D. Dee Memorial Hospital 2440 Harrison Blvd.	L-87	Church	3	216	5	63	...	16	12 Int:	Rotating; 11 Res: Gen. Pract., OBG., Path., Surg.
Salt Lake City										
Dr. W. H. Groves Latter-Day Saints Hospital 325 8th Ave., 3	L-87	Church	6	425	6	52	7	38	18 Int:	Rotating; 36 Res: Gen. Pract., Int. Med., OBG., Ortho. Surg., Path., Plas. Surg., Rad., Surg., Thor. Surg.
Holy Cross Hospital 1045 E. First South St., 2	L-87	Church	2-3-6	198	6	46	2	6	8 Int:	Rotating; 8 Res: Int. Med., OBG., Path., Rad., Surg.
Primary Children's Hospital 320 Twelfth Ave., 3	L-87	Church	...	72	14	78	1	1	2 Res:	Ortho. Surg.
St. Mark's Hospital 803 N. Second St., W., 16	L-87	Church	6	255	6	52	...	8	8 Int:	Rotating; 6 Res: Int. Med., Rad., Sura.

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		
UTAH, Salt Lake City—Continued										
Soft Lake County General Hospital 2033 S. State St., 15	M-87#	County	6	298	24	66	13	111	35 Int;	Rotating, St. Med., St. Surg., St. Ped.; 118 Res: Int. Med., Neur., OBG., Ortho. Surg., Path., Ped., Psych., Child Psych., Rad., Surg.
Shriner's Hospital for Crippled Children Fairfax Ave. at Virginia St., 3	L-87	NPCorp	...	60	49	...	...	2	2 Res:	Ortho. Surg.
University of Utah College of Medicine 156 Westminster Ave.	...	...	...	...	...	...	...	...	...	Res: Child Psych.
Veterans Administration Hospital..... 500 Foothill Dr., 13	M-87#	VA	2-6	710	98	79	1	99	31 Int;	Rotating, St. Med., St. Surg.; 71 Res: Int. Med., Neur., Ortho. Surg., Path., Psych., Rad., Surg.,
VERMONT										
Burlington										
DeGoesbriand Memorial Hospital Pearl and Prospect Sts.	M-88#	Church	...	182	...	...	...	...	9 Int;	Rotating; ... Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Otol., Path., Ped., Rad., Surg., Urol.
Mary Fletcher Hospital Colchester Ave.	M-88#	NPCorp	4-5-6	260	8	79	15	35	15 Int;	Rotating, St. Path.; 58 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Otol., Path., Ped., Rad., Surg., Urol.
White River Junction										
Veterans Administration Hospital..... N. Hartland Rd.	L-52#	VA	2	188	27	89	...	47	56 Res:	Anes., Int. Med., Neuro. Surg., Ortho. Surg., Surg., Urol.
VIRGINIA										
Alexandria										
Alexandria Hospital 709 Duke St.	...	NPCorp	...	190	5	41	10	2	10 Int;	Rotating; 14 Res: Int. Med., OBG., Ped., Surg.
Arlington										
Arlington Hospital..... 5129 N. 16th St., 5	L-19	NPCorp	...	250	7	51	2	...	2 Res:	OBG.
National Orthopedic and Rehabilitation Hospital 2455 Army Navy Dr., 2	...	NPCorp	1-6	78	14	22	1	2	4 Res:	Ortho. Surg.
Charlottesville										
University of Virginia Hospital.....	M-89X	State	6	485	9	52	11	147	34 Int;	Rotating, Mixed., St. Med., St. Surg.; 124 Res: Anes., Dem., 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 Employes Hospital..... Ridgeway St.	...	NPCorp	6	205	8	38	6	4	20 Res:	Int. Med., Surg.
Danville										
Memorial Hospital 142 S. Main St.	...	NPCorp	...	284	6	31	2	2	8 Res:	Path., Urol.
Fort Belvoir										
Dewitt Army Hospital.....	...	Army	2-3	321	7	81	...	5	6 Res:	Surg.
Lynchburg										
Lynchburg General Hospital Tate Springs Rd.	...	NPCorp	6	222	6	39	3	1	2 Res:	Path., Surg.
Newport News										
Riverside Hospital 245 50th St.	...	NPCorp	...	218	7	36	9	...	10 Int;	Rotating; 10 Res: Gen. Pract., Path., Surg.
Norfolk										
DePaul Hospital Kingsley Lane and Granby St., 5	...	Church	6	306	6	48	9	13	12 Int;	Rotating; 23 Res: Gen. Pract., Int. Med., OBG., Path., Surg. 4 Res: Gen. Pract.
Norfolk Community Hospital..... 2539 Corpweg Ave., 4	...	NPCorp	...	115	7	31	2	...	4 Res:	Gen. Pract.
Norfolk General Hospital..... West Olney Rd. 7	...	NPCorp	...	436	7	45	18	7	20 Int;	Rotating; 33 Res: Gen. Pract., Int. Med., OBG., Path., Rad., Surg. 8 Int: Rotating; 6 Res: Gen. Pract.
U. S. Public Health Service Hospital.. 6500 Hampton Blvd., 8	...	USPHS	2-4-6	231	19	68	...	14	8 Int;	Rotating; 6 Res: Gen. Pract.
Petersburg										
Central State Hospital Box 271	L-90	State	...	3,541	...	21	...	10	24 Res:	Psych.
Petersburg General Hospital..... Mount Erin and Adams Sts.	...	NPCorp	...	305	8	41	6	...	12 Int:	Rotating
Portsmouth										
Maryview Hospital..... 200 County Rd.	...	Church	6	206	6	33	3	...	6 Int;	Rotating; ... Res: Path.
Portsmouth General Hospital 900 Leckie St. at Fort Lane	...	NPCorp	...	190	7	25	5	1	6 Res:	Gen. Pract.
U. S. Naval Hospital.....	...	Navy	2-4-5	1,400	19	81	2	51	20 Int;	Rotating; 34 Res: Int. Med., OBG., Ortho. Surg., Ped., Surg.
Richmond										
Crippled Children's Hospital..... 2924 Brook Rd., 20	L-90	NPCorp	3-4-5	100	69	...	...	...	2 Res:	Ortho. Surg.
Johnston-Willis Hospital 2908 Kensington Ave., 21	...	Corp	6	235	9	53	5	15	12 Int;	Rotating; 7 Res: Int. Med., OBG., Path., Surg.
Medical College of Virginia— Hospital Division 1200 E. Broad St., 19	M-90X	State	4-5-6	1,184	11	45	14	177	64 Int;	Rotating, St. Med., St. Surg., St. Ped., St. Path.; 153 Res: Anes., Derm., Int. Med., Neuro. Surg., OBG., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Office of the Chief Medical Examiner .. 404-06 N. 12th St.	...	...	...	...	...	...	...	...	...	Res: Forensic Path.
Richmond Memorial Hospital 1300 Westwood Ave., 27	...	NPCorp	6	380	9	40	6	...	18 Int;	Rotating; 6 Res: Path., Surg.
St. Elizabeth's Hospital 617 W. Grace St., 20	...	Corp	6	63	11	63	2	1	3 Res:	Surg.
State of Virginia Dept. of Public Health Zone 19	...	State	...	...	...	...	...	...	1 Res:	Public Health

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, Richmond—Continued										
Stuart Circle Hospital.....		Corp	6	150	9	35	...	3	8 Int: Rotating	
415 Stuart Circle, 20										
Veterans Administration Hospital.....	M-90	VA	2-4	1,046	44	62	2	43	79 Res: Anes., Int. Med., Neuro. Surg., Neur., Ophth., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.	
Broad Rock Rd. and Belt Blvd., 19										
Roanoke										
Gill Memorial Eye, Ear and Throat Hospital.....		Indiv	1	25	2	...	...	5	6 Res: Ophth.	
711 S. Jefferson St.										
Jefferson Hospital.....		Corp	...	151	8	51	10	...	6 Int: Mixed;	
1313 Franklin Rd., S. W., 16									5 Res: Int. Med., Surg.	
Lewis Gale Hospital.....		Corp	6	180	8	50	5	1	6 Int: Rotating;	
3rd and Luck Ave., S. W., 11									8 Res: Int. Med., Surg.	
Roanoke Memorial Hospital.....		NPCorp	3	325	9	44	...	20	20 Int: Rotating;	
Belleview and Lake Aves., 14									18 Res: Int. Med., Path., Surg.	
Suffolk										
Louise Obici Memorial Hospital.....		NPCorp	...	174	7	22	4	...	4 Res: Gen. Pract.	
Route 4										
Williamsburg										
Eastern State Hospital.....		State	...	2,006	365	19	5	2	7 Res: Psych.	
Francis St.										
Winchester										
Winchester Memorial Hospital.....		NPCorp	...	254	8	40	2	...	6 Int: Rotating	
S. Stewart St.										
WASHINGTON										
Richland										
General Electric Company.....		Corp	...	...	...	...	...	...	...	Res: Occup. Med.
Hanford Atomic Products Operation										
Seattle										
Children's Orthopedic Hospital.....	M-91	NPCorp	5	168	6	95	3	18	6 Int: St. Ped.;	
4800 Sand Point Way, 5									17 Res: Anes., Ortho. Surg., Path., Ped., Surg.	
Doctors Hospital.....	L-91	NPCorp	6	187	5	63	6	6	8 Int: Rotating;	
909 University St., 1									7 Res: Anes., Int. Med., Path., Surg.	
King County Hospital.....	M-91#	County	5	585	...	51	5	40	36 Int: Rotating, St. Med., St. Surg.;	
325 Ninth Ave., 4									10 Res: Anes., Int. Med., Neuro. Surg., Neur., OBG., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.	
Providence Hospital.....	L-91	Church	6	316	6	54	1	29	12 Int: Rotating;	
17th and E. Jefferson St., 22									24 Res: Gen. Pract., Int. Med., Ortho. Surg., Path., Rad., Surg.	
St. Frances Xavier Cabrini Hospital...		Church	6	228	5	53	5	...	6 Int: Rotating;	
Terry Ave. and Madison St., 4									3 Res: Path.	
State of Washington Dept. of Health...		State	...	...	...	...	...	...	...	Res: Public Health
Smith Tower, 4										
Swedish Hospital.....	L-91	NPCorp	6	361	6	63	2	30	16 Int: Rotating;	
1212 Columbia St., 4									26 Res: Anes., Int. Med., OBG., Path., Surg.	
U. S. Public Health Service Hospital...	L-91	USPHS	2-4-5-6	324	21	76	...	21	12 Int: Rotating;	
1131 14th Ave. S., 44									9 Res: Int. Med., Path., Surg.	
University Hospital.....	M-91X	State	...	320	11	90	11	142	24 Int: Rotating, St. Med., St. Surg., St. Ped., St. Path.;	
1957 Pacific Ave., 5									212 Res: Int. Med., Neuro. Surg., Neur., OBG., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.	
Veterans Administration Hospital.....	M-91#	VA	2-4-6	320	30	89	...	...	...	Res: Anes., Int. Med., Neuro. Surg., Neur., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
4435 Beacon Ave., 8										
Virginia Mason Hospital.....	L-91	NPCorp	6	208	6	75	6	37	10 Int: Rotating;	
1111 Terry Ave.									32 Res: Anes., Int. Med., Ob., Path., Rad., Surg.	
Sedro Woolley										
Northern State Hospital.....	L-91	State	6	1,863	...	...	...	5	6 Res: Psych.	
Box 309										
Spokane										
Deaconess Hospital.....		Church	...	252	5	51	2	10	12 Int: Rotating;	
733 W. Fourth Ave., 4									2 Res: Int. Med., Path.	
Sacred Heart Hospital.....		Church	...	520	6	46	7	12	15 Int: Rotating;	
101 Eighth Ave. W., 4									16 Res: Gen. Pract., OBG., Path., Rad., Surg., Thor. Surg.	
St. Luke's Hospital.....		NPCorp	...	216	5	40	2	...	8 Int: Rotating;	
830 N. Summit Blvd., 11									...	Res: Gen. Pract.
Shriners Hospital for Crippled Children...		NPCorp	2	40	64	...	...	2	2 Res: Ortho. Surg.	
820 N. Summit Blvd., 11										
Tacoma										
Madigan General Hospital.....	L-91	Army	4	584	15	90	...	48	24 Int: Rotating;	
Fort Lewis									32 Res: Int. Med., OBG., Path., Ped., Surg.	
Mountain View General Hospital.....		County	4	287	...	38	2	9	11 Int: Rotating	
3582 Pacific Ave., 8										
St. Joseph Hospital.....		Church	...	245	6	35	6	...	6 Int: Rotating;	
1812 S. Eye St., 1									1 Res: Path.	
Tacoma General Hospital.....		NPCorp	...	216	6	42	4	10	10 Int: Rotating;	
315 South K St., 5									14 Res: Anes., Path.	
WEST VIRGINIA										
Beckley										
Beckley Hospital.....		Corp	...	150	8	38	4	...	4 Res: Surg.	
1007 S. Oakwood Ave.										
Beckley Memorial Hospital.....		NPCorp	6	194	10	66	...	17	20 Res: Int. Med., Path., Ped., Surg.	
P.O. Box 128										
Charleston										
Charleston General Hospital.....		NPCorp	...	220	8	47	11	4	10 Int: Rotating;	
Brooks St. and Elmwood Ave., 25									23 Res: Gen. Pract., Int. Med., Path., Plas. Surg., Surg.	
Kanawha Valley Memorial Hospital.....		Corp	...	150	7	34	4	...	6 Int: Rotating;	
1014 Virginia St., E, 1									3 Res: Surg.	
Memorial Hospital.....		NPCorp	6	289	7	49	4	19	11 Int: Rotating;	
3200 Noyes Ave., S.E., 4									18 Res: Int. Med., OBG., Path., Ped., Plas. Surg., 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		
WEST VIRGINIA—Continued										
Clarksburg										
St. Mary's Hospital, 464-68 Washington Ave.		Church	...	210	6	31	...	1	2 Res.	Path.
Huntington										
Cabell Huntington Hospital, 1340 16th St., 1		NPCorp	4	234	7	38	15	...	8 Int.	Rotating;
Chesapeake and Ohio Hospital, 1801 Sixth Ave., 3		NPCorp	3	165	11	42	7	5	21 Res.	Gen. Pract., Int. Med., Path., Surg.
St. Mary's Hospital, 2900 First Ave., 2		Church	...	275	7	33	14	4	13 Res.	Int. Med., Surg.
Martinsburg										
Veterans Administration Center		VA	2	840	49	59	...	2	14 Int.	Rotating;
Morgantown										
West Virginia University Medical Center	M92X	State	...	140	10	55	...	...	4 Res.	Path., Surg.
Parkersburg										
Camden-Clark Memorial Hospital, 717 Ann St.		City	...	194	8	27	4	...	16 Int.	Mixed;
St. Joseph's Hospital, 1801 Market St.		Church	6	195	7	28	1	...	74 Res.	Anes., Int. Med., Ped., Surg.
Phillippi										
Broaddus Hospital, College Hill		NPCorp	...	102	8	44	5	...	6 Int.	Rotating
Weirton										
Weirton General Hospital		NPCorp	1	175	6	36	5	...	6 Int.	Rotating
Wheeling										
Ohio Valley General Hospital, 2000 Eoff St.		NPCorp	5-6	427	9	43	18	6	15 Int.	Rotating;
Wheeling Hospital, 109 Main St.		Church	...	229	9	33	11	...	29 Res.	Anes., Gen. Pract., Int. Med., Path., Surg.
Williamson										
Memorial Medical Center, P.O. Box 1410		Part	6	133	11	48	...	...	10 Int.	Rotating;
									...	Res. Gen. Pract., Int. Med.
WISCONSIN										
Fond Du Lac										
St. Agnes Hospital, 430 E. Division St.		Church	...	350	8	54	1	...	4 Res.	Path.
Janesville										
Mercy Hospital, 566 N. Washington St.		Church	...	233	7	35	4	...	6 Int.	Rotating;
La Crosse										
La Crosse Lutheran Hospital, 1910 South Ave.		Church	...	250	7	46	8	...	4 Res.	Int. Med., Ped., Surg.
St. Francis Hospital, 709 S. 10th St.		Church	1	250	...	...	1	...	...	Int. Rotating;
Madison										
Madison General Hospital, 925 Mound St., 5	M-93	NPCorp	6	356	8	49	2	20	14 Int.	Rotating;
Methodist Hospital, 309 W. Washington Ave., 3		Church	6	145	8	56	1	...	15 Res.	Int. Med., OBG., Path., Surg., Urol.
St. Mary's Hospital, 720 S. Brooks St., 5	M-93	Church	6	272	8	52	...	...	4 Res.	Gen. Pract., Surg.
University Hospitals, 1300 University Ave., 6	M-93X	State	6	709	13	72	17	151	22 Int.	Mixed, St. Ped.;
									177 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	79	89	...	18	19 Res.	Neur., Urol.
Marshfield										
Marshfield Clinic		NPCorp	...	277	8	...	...	...	1 Res.	Derm.
St. Joseph's Hospital, 611 St. Joseph's Ave.		Church	6	270	7	51	...	6	7 Int.	Rotating;
Milwaukee										
Columbia Hospital, 3321 N. Maryland Ave., 11	L-94	NPCorp	6	263	10	73	8	12	10 Int.	Rotating;
Evangelical Deaconess Hospital, 620 N. 19th St., 3		Church	6	268	7	42	27	2	25 Res.	Int. Med., Ortho. Surg., Path., Rad., Surg.
Milwaukee Children's Hospital, 1700 W. Wisconsin Ave., 3	M-94	NPCorp	6	160	7	93	...	13	12 Int.	Rotating;
Milwaukee County Hospital, 8700 W. Wisconsin Ave., 13	M-94	County	4	700	9	40	11	117	19 Res.	Gen. Pract., Path., Rad., Surg.
									36 Int.	Rotating;
									117 Res.	Anes., Gen. Pract., Int. Med., OBG., Ophth., Ortho. Surg., Path., Ped., Proct., Surg., Thor. Surg., Urol.
Milwaukee County Hospital for Mental Diseases, 8844 Watertown Plank Rd., 13	M-94	County	6	1,174	...	37	...	6	9 Res.	Psych.
Milwaukee Hospital, 2200 W. Kilbourn Ave., 3	L-94	Church	6	351	8	53	2	24	12 Int.	Rotating;
Misericordio Hospital, 1255 N. 22nd St., 5		Church	6	177	6	51	...	...	24 Res.	Gen. Pract., Int. Med., OBG., Path., Rad., Surg.
Mount Sinai Hospital, 948 N. 12th St., 3		NPCorp	6	293	8	55	19	3	6 Int.	Rotating
St. Francis Hospital, 3237 S. 16th St., 15		Church	2-6	265	8	34	...	1	14 Int.	Rotating, Mixed;
St. Joseph's Hospital, 5000 W. Chambers St., 10	L-94	Church	6	357	7	42	2	15	23 Res.	Int. Med., OBG., Path., Rad., Surg.
St. Luke's Hospital, 2900 W. Oklahoma Ave., 15	L-94	NPCorp	6	263	8	48	14	5	6 Int.	Rotating;
									4 Res.	Path.
									12 Int.	Rotating;
									22 Res.	Int. Med., OBG., Path., Rad., Surg.
									12 Int.	Rotating;
									18 Res.	Gen. Pract., Int. Med., OBG., Path., Rad., 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		
WISCONSIN, Milwaukee—Continued										
St. Mary's Hospital 2320 N. Lake Dr., 11		Church	6	280	8	58	5	...	10 Int: Rotating; 5 Res: Int. Med., OBG., Path.	
St. Michael Hospital 2400 W. Villard Ave., 9		Church	1-6	262	7	45	14	...	10 Int: Rotating; 12 Res: Gen. Pract.	
Veterans Administration Hospital S. 54th and National Ave., 14(Wood)	M-94#	VA	2-4-5	1,233	57	85	...	79	113 Res: Anes., Derm., Int. Med., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Sura. Thor. Surg., Urol.	
Wausau										
St. Mary's Hospital Maple Hill		Church	...	220	7	34	1	...	4 Int: Rotating	
Wauwatosa										
Milwaukee Sanitarium Foundation 1220 Dewey Ave., 13	L-94	NPCorp	...	152	...	...	5	...	9 Res: Psych.	
West Allis										
Allis-Chalmers Mfg. Co.		Corp	Res: Occup. Med.	

ABBREVIATIONS AND NOTES

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|--|---|
| 1. Appointments restricted to men only. | # Medical school has exclusive right to appoint or nominate all members of the hospital staff assigned to services used by the school for teaching. |
| 2. U. S. citizenship required for appointment. | ‡ Discharges (instead of admissions) in internship and residency lists. |
| 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. Number of beds increased significantly following period reported; statistics do not reflect increase. | |
| × Hospital owned by medical school. | |

- | | |
|--------|---------------------------------------|
| 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 94 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.

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|---|---|
| 10. Medical College of Alabama, Birmingham, Ala. | 55. University of Buffalo School of Medicine, Buffalo, N. Y. |
| 11. University of Arkansas School of Medicine, Little Rock, Ark. | 56. Albert Einstein College of Medicine of Yeshiva University, New York City |
| 12. College of Medical Evangelists, Loma Linda, Los Angeles | 57. Columbia University College of Physicians and Surgeons, New York City |
| 13. University of California School of Medicine, Los Angeles | 58. Cornell University Medical College, New York City |
| 14. University of Southern California School of Medicine, Los Angeles | 59. New York Medical College, Flower and Fifth Avenue Hospitals, New York City |
| 15. Stanford University School of Medicine, Palo Alto, Calif. | 60. New York University College of Medicine, New York City |
| 16. University of California School of Medicine, San Francisco | 61. State University of New York College of Medicine, New York City |
| 17. University of Colorado School of Medicine, Denver | 62. University of Rochester School of Medicine, Rochester, N. Y. |
| 18. Yale University School of Medicine, New Haven | 63. State University of New York, Upstate Medical Center, Syracuse, N. Y. |
| 19. Georgetown University School of Medicine, Washington, D. C. | 64. University of North Carolina School of Medicine, Chapel Hill |
| 20. George Washington University School of Medicine, Washington, D. C. | 65. Duke University School of Medicine, Durham, N. C. |
| 21. Howard University College of Medicine, Washington, D. C. | 66. Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N. C. |
| 22. University of Florida College of Medicine, Gainesville, Fla. | 67. University of Cincinnati College of Medicine, Cincinnati |
| 23. University of Miami School of Medicine, Coral Gables, Fla. | 68. Western Reserve University School of Medicine, Cleveland, Ohio |
| 24. Medical College of Georgia, Augusta, Georgia | 69. Ohio State University College of Medicine, Columbus |
| 25. Emory University School of Medicine, Atlanta, Georgia | 70. University of Oklahoma School of Medicine, Oklahoma City |
| 26. Chicago Medical School, Chicago | 71. University of Oregon Medical School, Portland |
| 27. Northwestern University Medical School, Chicago | 72. Hahnemann Medical College and Hospital of Philadelphia |
| 28. Stritch School of Medicine of Loyola University, Chicago | 73. Jefferson Medical College of Philadelphia |
| 29. University of Chicago School of Medicine, Chicago | 74. Temple University School of Medicine, Philadelphia |
| 30. University of Illinois College of Medicine, Chicago | 75. University of Pennsylvania School of Medicine, Philadelphia |
| 31. Indiana University School of Medicine, Indianapolis | 76. Woman's Medical College of Pennsylvania, Philadelphia |
| 32. State University of Iowa College of Medicine, Iowa City | 77. University of Pittsburgh School of Medicine, Pittsburgh |
| 33. University of Kansas School of Medicine, Kansas City | 78. University of Puerto Rico School of Medicine, San Juan |
| 34. University of Kentucky School of Medicine, Lexington | 79. Medical College of South Carolina, Charleston |
| 35. University of Louisville School of Medicine, Louisville | 80. University of South Dakota School of Medical Sciences, Vermillion, S. D. |
| 36. Louisiana State University School of Medicine, New Orleans | 81. University of Tennessee College of Medicine, Memphis |
| 37. Tulane University School of Medicine, New Orleans | 82. Meharry Medical College, Nashville, Tenn. |
| 38. Johns Hopkins University School of Medicine, Baltimore | 83. Vanderbilt University School of Medicine, Nashville, Tenn. |
| 39. University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore | 84. University of Texas Southwestern Medical School, Dallas |
| 40. Boston University School of Medicine, Boston | 85. University of Texas Medical Branch, Galveston, Texas |
| 41. Harvard Medical School, Boston | 86. Baylor University College of Medicine, Houston |
| 42. Tufts University School of Medicine, Boston | 87. University of Utah School of Medicine, Salt Lake City |
| 43. University of Michigan Medical School, Ann Arbor, Mich. | 88. University of Vermont College of Medicine, Burlington, Vt. |
| 44. Wayne State University College of Medicine, Detroit | 89. University of Virginia School of Medicine, Charlottesville |
| 45. University of Minnesota School of Medicine, Minneapolis | 90. Medical College of Virginia, Richmond |
| 46. University of Mississippi School of Medicine, Jackson, Miss. | 91. University of Washington School of Medicine, Seattle |
| 47. University of Missouri School of Medicine, Columbia, Mo. | 92. West Virginia University School of Medicine, Morgantown |
| 48. St. Louis University School of Medicine, St. Louis, Mo. | 93. University of Wisconsin Medical School, Madison |
| 49. Washington University School of Medicine, St. Louis, Mo. | 94. Marquette University School of Medicine, Milwaukee |
| 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 | |
| 54. Albany Medical College of Union University, Albany, N. Y. | |

The National Intern Matching Program

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

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

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

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

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

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

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

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

WHAT THE PARTICIPATING STUDENT DOES

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

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

2. He corresponds with, visits, and learns about the hospitals in which he is interested. Students participating in the matching program may apply to any NIMP member hospital listed in this directory. The hospitals listed here have agreed not to offer internship appointments to anyone not in the plan until March 12, 1962.

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, 1961.

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. 29, 1962. The confidential lists should be submitted as early as the senior has definitely decided about the rank order of his hospitals.

6. The student will receive before Feb. 13, 1962, 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. 17, 1962, when the matching process takes place.

7. The student will receive on Mar. 12 the name of the hospital with which he has been matched. This information will be given to the student by his dean.

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

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

The NIMP is a central clearing agency.

GETTING THE MOST FROM THE MATCHING PLAN

By BILL DICKERSON

The University of Oklahoma School of Medicine
Oklahoma City

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

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

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

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

Advantages and Common Fallacies--

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

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

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

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

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

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

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

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

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

THE STUDENT AND THE MECHANICS OF MATCHING

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

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

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

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

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

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

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

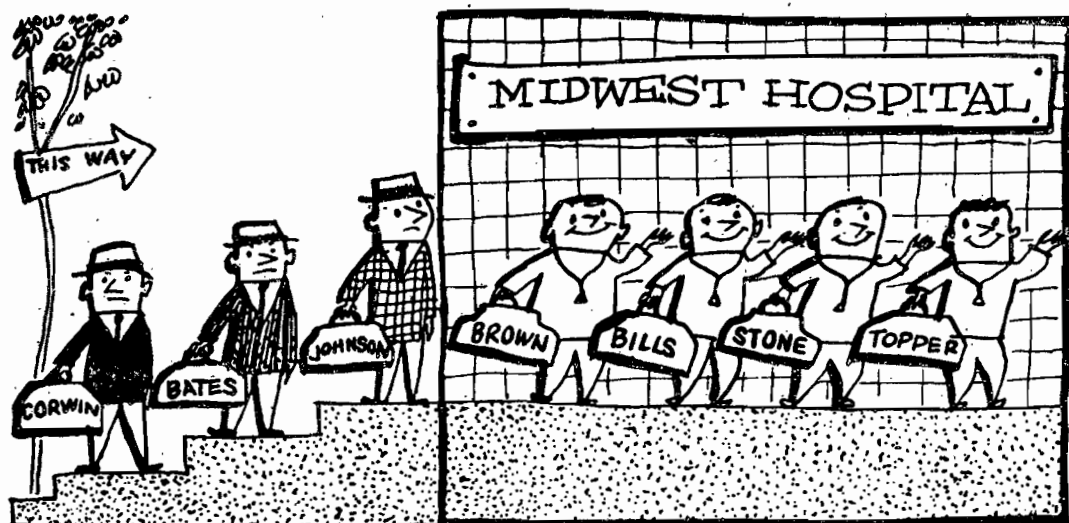
Defined simply, the principles of matching from your standpoint are these:

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

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

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

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



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

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

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

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

Example

Student Confidential Preference Lists

Green

1. Mt. Sinai
2. Internia

Smith

1. Mt. Sinai
2. Internia

Jones

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

Hospital Preference Lists

Mt. Sinai (2)

1. Jones
2. Smith
3. Green

Internia (1)

1. Smith
2. Jones
3. Green

St. Joseph (1)

1. Jones

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

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

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

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

Student Lists

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

Hospital Lists

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

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

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

Student Lists

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

Hospital Lists

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

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

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

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

SOME OF THE RESULTS OF USING THIS MATCHING PROGRAM

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

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

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

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

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

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

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

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

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

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

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

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

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

You can, of course, tell the office that, rather than being matched with a particular hospital you applied to, you would prefer to be left unmatched and take your pick of the 5,000 internships left over after almost everyone else has been matched. This is called "X-ing" a hospital. It must be done before January 29. The Evanston office simply withdraws its record of your application to that hospital. The hospitals can do the same for any student they absolutely will not take under any circumstances.

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

- a. You "X" the hospital,
- b. The hospital "X's" you, or
- c. The hospital fills with applicants it prefers and who want to intern more than at other hospitals which want the 1.

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 North Ridge Avenue, Evanston, Illinois

STUDENT AGREEMENT

Please return with fee to your Dean or N. I. M. P. Office by June 10, 1961

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

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

_____ Medical School, plan to apply for an internship to start between Apr. 1 and Dec. 31, 1962, I agree to participate in and abide by the results of the matching plan for internship appointment. In particular, I understand that I am agreeing:

1. To apply for internship appointment only to hospitals and the federal services registered in the matching plan until after the matching plan results are announced. I understand that an official directory listing the cooperating hospitals and federal services will be available in September, 1961.

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 29, 1962.

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

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

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

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

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

I understand that resignation from the Matching Program can be made only with the approval of my dean, and that no resignations can be accepted after November 14, 1961.

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

Date

Signature

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

Please return this Student Agreement and fee to your Dean or the N. I. M. P. Office by June 10, 1961.

NATIONAL INTERN MATCHING PROGRAM, INC.

2530 Ridge Ave., Evanston, Illinois

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

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

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

(Medical School)

(Signature of one)

(Date)

(Signature of other)

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

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

HOSPITAL AGREEMENT

FOR FIRST-YEAR INTERNSHIPS FOR THE YEAR 1962-63
(Starting between April 1, and December 31, 1962)

Name of Hospital _____

Location of Hospital _____

Street

City

Zone

State

On behalf of the hospital named above, I agree to abide by the regulations of the National Intern Matching Program for appointment of interns for first year Internship for 1962-1963 (starting service from Apr. 1 through Dec. 31, 1962).

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, Canadian and Foreign 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, Canadian or Foreign 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 Jan. 25, 1962; rating applicants and returning rating form by Jan. 30, 1962, offering formal appointment promptly to individuals matched by the plan with this hospital, and no later than Mar. 31, 1962.

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 _____

Date

Official Position

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

Directory of Approved Internships

Council on Medical Education and Hospitals of the American Medical Association

535 North Dearborn Street, Chicago 10

Revised to June 30, 1961

Hospitals 840*

Internships 13,004*

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, 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 stipend per month is not listed for the majority of federal hospitals, since stipends in the uniformed services are determined in relation to military rank or grade, rather than to intern status. For non-federal hospitals, the beginning stipend is stated and the initial F signifies full maintenance, while P signifies partial maintenance. If neither initials appear, no degree of maintenance is provided except the stipend. An asterisk (*) signifies that for the married intern, the hospital provides a different stipend 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 eight different footnotes, of which the first six identify the major component or components available in the mixed internship programs offered. If a hospital offers mixed internships, which permit a major assignment in 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.

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 1962-1963, while the data describing the various hospitals represent a 12-month period ending generally September 30, 1960.

*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, 1960.

APPROVED INTERNSHIPS

		FEDERAL									
Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP Code
UNITED STATES ARMY -- Hospitals, 10; Internships 238											
CALIFORNIA											
San Francisco											
Letterman General Hospital		693	12,254	261	258,394	30,182	...	...	24	Rot.	
COLORADO											
Denver											
Fitzsimons General		757	9,441	139	142,061	.....	...	...	24	Rot.	
DISTRICT OF COLUMBIA											
Washington											
Walter Reed General		1,070	14,487	423	278,192	.....	125	...	30	Rot.	
GEORGIA											
Fort Benning											
Martin Army Hospital		342	12,700	83	324,572	54,768	...	...	16	Rot.	182 Rotating 00411
HAWAII											
Honolulu											
Tripler General Hospital		664	19,365	213	265,431	.....	...	...	30	Rot.	Office of the Surgeon General Department of the Army Washington 25, D. C. Attn: Chief, Personnel and Training Division
KENTUCKY											
Fort Knox											
Ireland Army Hospital		401	13,373	64	214,485	71,438	...	...	16	Rot.	
NORTH CAROLINA											
Fort Bragg											
Womack Army Hospital		335	11,760	103	350,205	60,479	...	...	16	Rot.	
TEXAS											
El Paso											
William Beaumont General Hospital		539	16,226	166	331,317	32,533	...	...	28	Rot.	
San Antonio											
Brooke General Hospital		689	15,813	431	307,841	56,085	...	...	30	Rot.	
WASHINGTON											
Tacoma											
Madigan General Hospital		462	11,416	92	211,052	22,869	...	...	24	Rot.	
UNITED STATES AIR FORCE - Hospitals, 3; Internships, 104											
DISTRICT OF COLUMBIA											
Washington											
U. S. Air Force Hospital, Andrews AFB		225	6,572	71	173,808	25,197	...	...	6	Rot.	104 Rotating 00311
OHIO											
Dayton											
U. S. Air Force Hospital, Wright-Patterson AFB		325	6,333	31	226,266	.....	...	...	6	Rot.	Directorate of Staffing and Educa- tion, Office of the Surgeon General, Headquarters, U. S. Air Force, Wash- ington, D. C.
TEXAS											
San Antonio											
U. S. Air Force Hospital, Lackland AFB		877	18,694	204	441,224	.....	...	...	36	Rot.	
56 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		520	10,912	99	155,468	25,955	...	...	10	Rot.	
Oakland											
U. S. Naval Hospital		852	16,221	144	184,102	6,448	...	...	18	Rot.	
San Diego											
U. S. Naval Hospital		1,493	26,328	553	441,282	.....	...	...	24	Rot.	
FLORIDA											
Jacksonville											
U. S. Naval Hospital		313	8,548	100	97,330	11,638	...	...	8	Rot.	
Pensacola											
U. S. Naval Hospital		263	6,916	82	178,910	12,923	...	...	6	Rot.	
ILLINOIS											
Great Lakes											
U. S. Naval Hospital		795	11,903	75	102,906	3,594	...	...	10	Rot.	
MARYLAND											
Bethesda											
U. S. Naval Hospital		744	13,236	245	94,125	11,752	...	...	18	Rot.	176 Rotating 00211
MASSACHUSETTS											
Chelsea											
U. S. Naval Hospital		465	8,789	109	83,987	8,008	...	...	12	Rot.	Bur. of Medicine and Surgery Navy Department Washington 25, D. C.
NEW YORK											
St. Albans											
U. S. Naval Hospital		786	10,812	192	87,775	.....	...	...	18	Rot.	

Numerical and other references are listed on pages 102 through 104.

FEDERAL

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP Code
PENNSYLVANIA											
Philadelphia											
U. S. Naval Hospital		890	10,983	362	146,514	21,665	...	...	18	Rot.	
RHODE ISLAND											
Newport											
U. S. Naval Hospital		313	6,779	47	101,860	16,760	...	...	6	Rot.	
SOUTH CAROLINA											
Charleston											
U. S. Naval Hospital		294	7,574	78	98,683	13,047	...	...	8	Rot.	
VIRGINIA											
Portsmouth											
U. S. Naval Hospital		1,119	20,519	152	197,053	.....	...	...	20	Rot.	
UNITED STATES PUBLIC HEALTH SERVICE - Hospitals, 7; Internships, 95											
CALIFORNIA											
San Francisco											
U. S. Public Health Service Hospital		347	5,097	77	75,192	.....	267	...	12	Rot.	
LOUISIANA											
New Orleans											
U. S. Public Health Service Hospital		327	5,456	120	20,095	.....	147	...	12	Rot.	90 RotatIna 00111
MARYLAND											
Baltimore											
U. S. Public Health Service Hospital		242	4,905	105	.....	.....	...	...	12	Rot.	1 St. Medicine 00132 4 St. Surgerv 00133
MASSACHUSETTS											
Boston											
U. S. Public Health Service Hospital		176	2,992	52	28,182	14,090	158	...	10	Rot.	Public Health Service Dept. of Health, Educa- tion, & Welfare, Washington 25, D. C. Attn. Chairman, Committee on Residents and Interns
NEW YORK											
New York City (Staten Island)											
U. S. Public Health Service Hospital	E. C. Stegried	623	9,854	157	123,607	.....	...	...	24 1 4	Rot. Sr. Med. St. Surg.	
VIRGINIA											
Norfolk											
U. S. Public Health Service Hospital	F. T. Zinn	173	3,294	63	52,642	232	246	495	8	Rot.	
WASHINGTON											
Seattle											
U. S. Public Health Service Hospital	P. L. Spencer	234	4,030	101	76,148	.....	250	...	12	Rot.	
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - Hospitals, 2; Internships, 34											
DISTRICT OF COLUMBIA											
Washington											
Freedmen's	R. F. Jones	353	13,945	389	57,901	37,513	...	317P	22	Rot.	22 79811
St. Elizabeth's	W. H. Whitmore, Jr.	7,691	1,894	504	.....	.....	124	316P	12	Rot.	12 80411
OTHER FEDERAL - Hospitals, 1; Internships, 16											
CANAL ZONE											
Balboa Heights											
Gorgas	C. B. Meador	266	8,412	134	127,578	10,182	...	317P	16	Rot.	16 80611

NONFEDERAL AND VETERANS ADMINISTRATION

ALABAMA - Hospitals, 6; Internships, 122											
Birmingham											
Birmingham Baptist		316	13,948	367	.....	7,706	100	300F*	12	Rot.	12 90311
Carraway Methodist	W. Harris	204	11,618	214	174,636	7,601	...	225F*	9	Rot.	9 00611
St. Vincent	E. B. Glenn	163	8,462	194	2,830	2,361	100	300F	8	Rot.	8 85111
University Hospital & Hillman Clinic		527	19,932	804	73,953	32,112	...	140F	36	Rot.	36 00711
									12	St. Med.	12 00732
									6	St. Ped.	6 00734
									1	St. Path.	1 00736
									3	Mixed ¹	3 00712
									2	Mixed ²	2 00713
									1	Mixed ³	1 00715
									2	Mixed ⁴	2 00714
									1	Mixed ⁵	1 00786
Fairfield											
Lloyd Noland	R. W. Grady	227	10,293	251	120,718	36,919	...	250F*	14	Rot.	14 00811
Mobile											
Mobile General	E. B. Wert	182	8,619	505	33,510	20,386	...	200F*	15	Rot.	15 85211
ARIZONA - Hospitals, 6; Internships, 70											
Phoenix											
Good Samaritan	L. B. Smith	392	22,447	447	24,932	25,418	102	250P	18	Rot.	18 01111
Maricopa County General	T. H. Taber	339	7,603	648	58,337	16,851	...	292P	12	Rot.	12 89811
Memorial Hospital	H. W. Kimball	170	9,721	171	5,747	17,475	102	300FP*	8	Rot.	8 01311
St. Joseph's		374	18,476	395	12,639	26,138	...	200F*	15	Rot.	15 01211

Numerical and other references are listed on pages 102 through 104.

APPROVED INTERNSHIPS

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP Code
ARIZONA—Continued											
Tucson											
St. Mary's Hospital	L. Hirsch	261	162	348	3,705	5,355	103	150F*	9	Rot.	9 01411
Tucson Medical Center	G. T. Schloss	253	15,584	352	.....	9,379	103	225F	8	Rot.	8 01511
ARKANSAS — Hospitals, 3; Internships, 62											
Little Rock											
Arkansas Baptist	W. G. Cooper, Jr.	326	17,906	439	5,549	13,012	...	275F	16	Rot.	16 01611
St. Vincent Infirmary	W. G. Selakovich	269	15,264	312	1,408	7,442	104	275F*	12	Rot.	12 01711
University Hospital	J. T. Riggins	207	7,365	395	52,957	16,216	105	208	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, 919											
Arlington											
General Hospital of Riverside County	G. J. Anday	294	5,331	545	23,879	17,162	...	246P	12	Rot.	12 85011
Bakersfield											
Kern County General	B. G. Stewart	475	9,364	545	76,921	33,595	...	300	12	Rot.	12 92111
Berkeley											
Herrick Memorial	S. Margen	152	7,527	190	11,411	10,399	106	150F*	6	Rot.	6 02011
Fresno											
General Hospital of Fresno County	A. Cohen	...	11,098	780	74,147	27,699	...	250P	21	Rot.	21 02211
Glendale											
Glendale Sanitarium and Hospital	P. O. Shearer	232	12,587	373	14,740	4,516	...	330P	12	Rot.	12 02311
Loma Linda											
Loma Linda Sanitarium and Hospital	B. D. Briggs	119	6,238	130	6,392	2,670	107	300	10	Rot.	10 02411
Long Beach											
Memorial Hospital of Long Beach	G. X. Trimble	251	14,476	444	7,040	13,878	...	250P	15	Rot.	15 02711
St. Mary's Long Beach		234	17,065	325	1,916	7,108	...	250F	6	Rot.	6 02511
Los Angeles											
California	R. H. Wier	233	12,351	327	25,636	.....	108	225FP*	8	Rot.	8 02911
Cadara of Lebanon	H. Mazur	359	17,918	563	113,785	6,270	107	135F*	24	Rot.	24 03011
Children's	R. Ward	169	8,729	260	78,919	19,170	...	125P	4	St. Ped.	4 03134
Hollywood Presbyterian Hospital											
Olmsted Memorial	G. K. Wharton	180	10,122	339	16,130	.....	...	175F	10	Rot.	10 03111
Hospital of the Good Samaritan	E. J. Ellis	337	14,211	444	22,178	.....	109	300FP	8	Rot.	8 03332
Los Angeles County	W. E. Nerlich	2,326	66,609	5,347	416,782	152,656	...	185P	152	Rot.	152 03311
									8	St. Med.	8 03332
Queen of Angels	J. W. Bisenius	290	13,609	446	19,974	266	...	225F	14	Rot.	14 03611
St. Vincent's	H. Schwarz, II	237	12,381	333	27,959	.....	...	300F	8	Mixed	8 03720
Santa Fe Coast Lines	R. Tyler	135	4,605	126	31,549	.....	109	250FP*	9	Rot.	9 03811
University of California Hospital	J. V. Muloney, Jr.	234	9,593	370	76,720	14,890	...	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 Hosp.	S. G. Tuttle	1,447	12,897	1,220	.....	.....	110	224P	24	Rot.	24 03911
									6	St. Med.	6 03932
White Memorial	E. E. Nichols	213	11,146	269	138,588	10,337	...	255P*	16	Rot.	16 04011
Oakland											
Highland-Alameda County	G. O. Whitecotton	349	15,394	707	155,608	35,874	111	130F	34	Rot.	34 04111
Orange											
Orange County General	G. F. Warner	322	7,058	500	69,285	2,616	...	300	26	Rot.	26 04311
Palo Alto											
Palo Alto-Stanford Hospital Center	H. R. Holman H. Oberheiman, Jr.	350	18,131	402	29,132	9,304	112	75F	8	St. Surg.	8 82033
									2	St. Ped.	2 82034
									9	Mixed ²	9 82012
Pasadena											
Huntington Memorial Hospital	W. B. Hill	238	13,398	449	19,677	9,558	107	250F*	9	Rot.	9 04411
Sacramento											
Sacramento County		788	13,091	1,115	50,408	42,856	...	270F	26	Rot.	26 04611
San Bernardino											
San Bernardino County	J. E. Cunningham	313	7,886	548	73,690	3,244	...	250F	16	Rot.	16 04711
San Diego											
Mercy	J. J. Kelly, Jr.	270	18,727	483	28,445	11,883	...	200F	12	Rot.	12 04811
San Diego County General	W. Tappen	361	10,701	607	34,947	12,360	...	200F	20	Rot.	20 04911
San Francisco											
Children's	T. L. Bartelmez	194	10,165 ²	155	33,507	6,266	...	200FP*	6	Rot.	6 05011
Franklin	F. W. Van Kirk	176	6,440	139	4,117	2,580	...	220P	6	Rot.	6 05111
French		148	6,211	226	32,643	.....	...	200FP*	5	Mixed ²	5 05212
									5	Mixed ²	5 05213
Kaiser Foundation	A. H. Lieberman	206	12,251	350	458,745	17,354	...	240F*	20	Rot.	20 95911
Mary's Help		144	7,771	187	22,036	2,820	...	200F*	6	Rot.	6 05311
Mount Zion		298	13,973	408	45,822	12,663	...	150F	18	Rot.	18 05411
Presbyterian Medical Center	V. Richards	169	7,615	178	26,687	773	...	125P	12	Rot.	12 06111
St. Joseph's	F. L. Gasparini	168	8,026	275	10,019	1,814	113	175F*	8	Rot.	8 05511
St. Luke's	S. J. Wolfe	200	10,384	243	28,099	3,768	...	300F	12	Rot.	12 05611
St. Mary's	G. H. Reifenstein	287	12,623	237	34,790	7,843	...	150F*	15	Rot.	15 05711
San Francisco General	J. V. Carbone	917	21,044	1,330	48,166	36,114	...	190	48	Rot.	48 05811
									12	Mixed ^{1,2}	12 95820
Southern Pacific General	B. Kaufman, Sr.	355	6,951	287	39,131	.....	114	150F	25	Rot.	25 06011

Numerical and other references are listed on pages 102 through 104.

APPROVED INTERNSHIPS

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIAAP	NIAAP Code	
CALIFORNIA, San Francisco—Continued													
University of California Hospitals	L. Goldman	354	14,101	413	129,495	12,515	...	211	18	St. Med.	17	06232	
									17	St. Surg.	17	06233	
									10	St. Ped.	10	06234	
									3	St. Path.	3	06236	
San Jose													
Santa Clara County	R.M. Manson	311	6,891	565	87,476	14,002	...	145FP	24	Rot.	24	06311	
Santa Barbara													
Santa Barbara Cottage	R.I. Cord	155	8,099	181	.....	7,919	116	175F*	10	Rot.	10	06411
Santa Monica													
Santa Monica	D.A. Nelson	185	13,371	285	13,554	15,960	117	225F	8	Rot.	8	06611	
Stockton													
San Joaquin General	.....	433	8,245	638	84,175	29,056	...	190P	16	Rot.	16	02111
Torrance													
Los Angeles County Harbor General	D.M. teGroen	486	12,093	1,199	71,363	45,418	...	185F	36	Rot.	36	06711	
COLORADO — Hospitals, 11; Internships, 155													
Colorado Springs													
Penrose	A.R. Croke	217	8,538	222	32,376	4,816	...	200F	6	Rot.	6	06911	
Denver													
Denver General	D.H. Watkins	342	9,641	603	94,682	67,519	...	50FP	24	Rot.	24	07711	
									18	Com. Rot.	18	07710	
General Rose Memorial	D.H. Mitchel	241	10,915	249	1,248	16,445	118	250F	10	Rot.	10	06911	
Mercy	R.L. Hawley	273	11,403	231	10,625	.....	...	250F	11	Rot.	11	92211
Porter Sanitarium and Hospital	A.N. Katz	186	11,397	193	1,623	6,337	119	280F	10	Rot.	10	07111	
Presbyterian	A.E. Lubchenro	228	10,772	295	6,193	9,981	119	215P	16	Rot.	16	07211	
St. Anthony	R.E. Boyle	267	18,210	326	5,324	5,111	...	250FP*	10	Rot.	10	07311	
St. Joseph's	K.A. Jankovsky	366	17,740	378	16,752	120	150F	14	Rot.	14	07411
St. Luke's	G.D. Wilcox	405	21,398	524	2,620	6,240	...	215P	14	Rot.	14	07511	
Univ. of Colorado Medical Center, Colorado General	C.W. Etsele	253	8,475	410	99,840	24,134	...	115P	6	St. Med.	6	07632	
									8	St. Surg.	8	07633	
									4	St. Ped.	4	07634	
Grand													
Weid County General	J.R. Wheeler	188	10,080	297	.....	5,054	...	200FP*	4	Rot.	4	85311
CONNECTICUT — Hospitals, 19; Internships, 219													
Bridgeport													
Bridgeport	R.H. Pope	358	15,911	456	11,195	14,684	...	190F*	14	Rot.	14	07911	
St. Vincent's	W.H. Curley	277	15,455	527	8,470	14,437	...	300P	15	Rot.	15	08011	
Bristol													
Bristol	R.J. Williamson	151	7,992	220	1,330	5,739	...	200F	6	Rot. ²	..	.....
Danbury													
Danbury	R.D. Schwartz	170	8,321	319	2,710	9,577	...	200F*	7	Rot.	7	08111	
Derby													
Griffin	V.A. DeLuca, Jr.	126	6,790	257	1,341	8,364	...	200F*	7	Rot.	7	97711	
Greenwich													
Greenwich	N.W. Keller	190	8,443	237	4,023	13,328	...	150F*	10	Rot.	10	08211	
Hartford													
Hartford	J.C. Leonard	718	30,938	933	26,215	27,196	...	210P	18	Rot.	18	08311	
Mount Sinai	I. Rothstein	148	7,201	156	1,365	6,301	...	250F	6	Rot.	6	85411	
St. Francis	W.J. Leahy	540	19,851	383	24,788	15,189	...	150FP	13	Rot.	13	08511	
Manchester													
Manchester Memorial	E.L. Besser	192	10,406	258	1,093	7,164	...	375P	4	Rot.	4	85511	
Meriden													
Meriden	.....	51	9,194	325	676	5,253	...	150F	5	Rot.	5	08611
Middletown													
Middlesex Memorial	M.J. Seide	160	8,249	291	26,114	3,837	...	200F	4	Rot.	4	08711	
New Britain													
New Britain General	H. Levine	267	12,416	379	4,432	15,452	...	225FP*	9	Rot.	9	08811	
New Haven													
Grace—New Haven	.....	539	22,965	943	93,582	40,872	127	25FP*	15	St. Med.	15	08932
									16	St. Surg.	16	08933	
									8	St. Ped.	8	08934	
									7	St. Path.	7	08936	
Hospital of St. Raphael	C. Pitegoff	300	13,388	544	17,675	18,940	...	250F	15	Rot.	15	09011	
Norwalk													
Norwalk	A.M. Margold	252	12,314	424	9,226	14,806	...	160F	12	Rot.	12	09311	
Stamford													
Stamford	J.B. Ogilvie	244	10,669	321	9,179	14,117	...	150FP*	10	Rot.	10	09511	
Waterbury													
St. Mary's	.....	287	11,867	403	15,483	12,996	...	200F*	9	Rot.	9	09611
Waterbury	O.J. Blizzozero	290	12,893	446	18,809	7,835	...	200F	9	Rot.	9	09711	
DELAWARE — Hospitals, 3; Internships, 34													
Wilmington													
Delaware	G.B. Heckler	310	13,567	446	39,668	25,523	...	190FP*	16	Rot.	16	09811	
Memorial	L.P. Lang	280	11,535	374	16,551	15,307	...	190F	12	Rot.	12	09911	
Wilmington General	J.F. Hughes	188	9,719	270	8,797	17,244	...	190F*	6	Rot.	6	10011	
DISTRICT OF COLUMBIA—Hospitals, 8; Internships, 205													
Washington, D.C.													
District of Columbia General	.....	961	25,022	1,656	206,469	.....	...	235N	..	...	..	.....
Program I - Georgetown Univ.	B.I. Shneider	.....	.....	.....	.....	.....	.....	.....	14	Rot.	14	79947
Program II - Geo. Washington Univ.	A.E. Parrish	.....	.....	.....	.....	.....	.....	.....	14	Rot.	14	79957
Program III - D.C. General	J.D. Schultz	.....	.....	.....	.....	.....	.....	.....	12	Rot.	12	79911
Program IV - Georgetown Univ.	B.I. Shneider	.....	.....	.....	.....	.....	.....	.....	12	Mixed ¹	12	79912
Program V - Geo. Washington Univ.	M.J. Rommsky	12	Mixed ¹	12	79929	
Doctors	J.F. Gustafson	261	11,566	281	13	122	150F	12	Rot.	10	79711	

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APPROVED INTERNSHIPS

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DISTRICT OF COLUMBIA, Washington--Continued												
Georgetown University Hosp.....	L. H. Kyle..... R. Coffey.....	334	15,726	433	68,656	8,392	123	150P*	6 10	Mixed ² St. Med.	6 10	80120 80132
George Washington Univ. Hosp.....	J. Parks.....	365	15,952	434	35,951	13,576	124	185	8 12 8	Mixed ¹ Mixed ² St. Med.	8 12 8	80212 80213 80232
Providence.....	G. D. Gartland.....	294	16,564	485	33,109	13,538	...	260P	2 18 4	St. Path. Rot. St. Surg.	2 18 4	80236 80311 80333
Sibley Memorial.....	R. F. Manegold.....	154	9,245	263	1,227	4,964	122	303	10	Rot.	10	80511
Washington Hospital Center.....	T. W. Mattingly.....	632	30,501	741	85,983	36,438	12	200F	20 10	Rot. St. Med.	20 10	80011 80032
Washington Sanitarium and Hospital...	G. G. Reynolds.....	212	10,678	216	40,005	13,852	126	250P	6 15	St. Surg. Rot.	6 15	80033 25411
FLORIDA -- Hospitals, 15; Internships, 283												
Gainesville												
University of Florida Teaching Hospital and Clinic.....	.....	152	5,241	254	31,685	6,523	...	200N	8 8 5 1	St. Med. St. Surg. St. Ped. St. Path.	8 8 5 1	82432 82433 82434 82436
Jacksonville												
Baptist Memorial.....	R. H. Oppenheimer..	264	14,703†	232	4,485	12,826	...	300	12	Rot.	12	97011
Brewster Methodist.....	M. Michaels.....	120	4,851	110	3,993	363	...	175F	6	Rot.	6	82511
Duval Medical Center.....	A. T. Fechtel.....	239	9,361	572	106,851	52,516	...	200F	20 4	Rot. St. Med.	20 4	10111 10132
St. Vincent's.....	S. M. Day, Jr.....	283	16,429	320	7,601	15,985	...	300P	14	Rot.	14	10311
Lakeland												
Lakeland General.....	J. P. Dominick.....	223	12,528	268	.....	9,692	...	300*	12	Rot.	12	83311
Miami												
Jackson Memorial.....	J. F. Lieberman.....	937	34,095	1,901	164,613	81,548	...	180P*	60 20 8 2	Rot. St. Med. St. Surg. St. Ped.	60 20 8 2	10411 10432 10433 10434
Miami Beach												
Mount Sinai Hospital of Greater Miami	J. W. Ketzky.....	262	11,637	456	21,521	10,713	...	150FP*	18	Rot.	18	10511
St. Francis.....	D. G. Stonnus.....	192	9,608	325	8,337	7,671	128	135F	8	Rot.	8	10611
Orlando												
Orange Memorial.....	R. V. Douglas.....	392	17,729	500	7,547	17,304	...	300	18	Rot.	18	10711
Pensacola												
Baptist.....	W. R. Rundles.....	194	13,159	208	.....	16,585	129	400P	6	Rot.	6	82611
St. Petersburg												
Mound Park.....	V. A. Byrnes.....	417	15,949	1,046	9,918	22,138	130	290P	16	Rot.	16	91111
Tampa												
Tampa General.....	D. P. Baumann.....	428	21,070	671	34,389	24,871	...	200FP*	26	Rot.	26	10911
West Palm Beach												
Good Samaritan.....	C. M. Harris.....	185	9,982	367	.....	9,791	131	200F	5	Rot.	5	98411
St. Mary's.....	D. W. Martin.....	120	7,010	284	2,281	7,579	...	300F	6	Rot.	6	91411
GEORGIA -- Hospitals, 16; Internships, 240												
Albany												
Phaebé Putney Memorial.....	T. G. Fountain.....	139	8,606	223	7,865	8,274	...	325P	6	Rot.	6	83411
Athens												
Athens General.....	W. H. Cabaniss.....	114	6,761	162	12,060	6,493	...	320	6	Rot.	6	85611
St. Mary's.....	B. S. DuBose.....	75	4,486	92	.....	10,437	132	300P	6	Rot.	6	11011
Atlanta												
Crowford W. Long Memorial.....	W. R. Glenn.....	362	21,774	488	12,433	6,056	133	275	18	Rot.	18	11111
Emory University Hospital.....	J. D. Martin, Jr., A. Golden.....	236	10,726	306	.....	8,439	...	225P	6 2	St. Surg. St. Path.	6 2	11933 11936
Emory University-Veterans Admin.....	J. W. Hurst.....	...	.....	...	.....	.....	...	...	16	St. Med.	16	11732
Emory University.....	.....	236	10,726	306	.....	8,439	...	225P	...	...	...	...
Veterans Administration.....	.....	283	4,504	276	.....	.....	...	223P	...	...	...	...
Georgia Baptist.....	A. H. Letton.....	408	28,002	456	11,216	11,089	...	305P	20	Rot.	20	11211
Grady Memorial.....	.....	508	20,287	1,185	319,036	147,695	...	75F	24 16 8 4 10	Rot. St. Med. St. Surg. St. Ped. Rot.	24 16 8 4 10	11311 11332 11333 11334 11411
Piedmont.....	W. L. Bloom.....	208	11,222	170	4,775	6,713	...	275P	12	Rot.	12	11511
St. Joseph's Infirmary.....	L. Rumble, Jr., P. C. Shea, Jr.....	260	14,376	327	9,851	5,632	...	255P	12	Rot.	12	11511
Augusta												
Eugene Talmadge Memorial.....	.....	307	5,962	242	18,696	.....	...	166	8 3 4 6	St. Med. ⁹ St. Ped. ⁹ St. Path. ⁹ Mixed ^{2,9}	...	.....
University.....	H. Harper.....	268	14,496	399	37,425	19,330	...	250	18	Rot.	18	11611
Columbus												
The Medical Center.....	E. B. Harne.....	226	12,228	409	30,288	34,461	...	300F	12	Rot.	12	11811
Macon												
Macon.....	A. A. Cole.....	335	22,354	522	55,940	26,376	...	225F	24	Rot.	18	12011
Rome												
Floyd.....	.....	140	11,096	201	5,341	15,432	...	275F	7	Rot.	7	99211
Savannah												
Memorial Hospital of Chatham County	172	9,542	346	20,449	16,748	...	250F	10	Rot.	10	97111

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APPROVED INTERNSHIPS

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HAWAII — Hospitals, 3; Internships, 42												
Honolulu												
Kuakini	S. Kuramoto	129	7,590	194	125	4,965	134	250F*	14	Rot.	14	80711
Queen's		294	16,535	431	40,696	19,149		175F	16	Rot.	16	80811
St. Francis	G.H. Nip	187	11,006	229	41,439	4,993		225F	12	Rot.	12	80911
ILLINOIS — Hospitals, 43; Internships, 762												
Berwyn												
MacNeal Memorial	R.J. Magonini	237	12,960	426		15,429		225FP	16	Rot.	16	12111
Chicago												
Augustana	W.B. Buckingham	260	9,162	357	2,016	1,372	135	350P	10	Rot.	10	12411
Chicago Wesley Memorial	T.C. Laipply	538	17,406	422		17,533	135	225P	30	Rot.	30	16211
Children's Memorial	J.A. Bigler	163	7,617	221	72,662	10,489		225*	2	St. Ped.	2	84234
Columbus	E.F. Foley											
	J.R. Nora	342	12,691	372	7,687	1,101	136	250F*	16	Rot.	16	12611
Cook County		2,475	77,492	6,055	231,633	248,782		125F	124	Rot.	124	12711
Edgewater	H.D. Singer	236	12,184	218	3,456	5,478		200F	14	Rot.	14	12811
Englewood	H. Hoeksema	128	6,231	246		4,964		300F	6	Rot.	6	12911
Evangelical	J. Lemons	126	7,757	323		5,515		225F*	7	Rot.	7	13011
Grant	W.A. Hutchison	232	11,426	316	13,401	3,794		200FP*	11	Rot.	11	13211
Hospital of St. Anthony de Padua	L. Friedman	167	7,737	242	2,125	5,333		250F	8	Rot.	8	13511
Illinois Central	C.L. Bidwell	229	8,175	258	38,444	4,574	137	276F	13	Rot.	13	13611
Illinois Masonic	A. Ruggie	397	16,116	572	43,986	7,624		150F	12	Rot.	12	13711
Jackson Park	E.M. Goldberg	100	3,852	147	5,872			150	6	Rot.	6	13811
Lutheran Deaconess	N. Falk	142	6,024	275	2,155	984		150F	6	Rot.	6	14011
Mercy	J.R. Christian	296	8,655	305	47,298	7,415		200F	15	Rot.	15	14111
Michael Reese	M. Smith	750	21,459	790	105,239	30,990		110FP*	36	Rot.	36	14211
									2	St. Med.	2	14232
									2	St. Sura.	2	14233
									2	St. Ped.	2	14234
Mount Sinai	E.E. Mondel	325	13,088	469	52,936	20,192		175P	12	Rot.	12	14411
									4	St. Med.	4	14432
									2	St. Sura.	2	14433
Norwegian-American	J.B. Covenagh	151	6,813	257	1,832	1,471		350F*	12	Rot.	12	14511
Passavant Memorial	W.R. Roach	245	9,280	202		1,166	135	200P	12	Rot.	12	14611
Presbyterian-St. Luke's		682	23,789	775	70,374			125F	26	Rot.	26	14711
									10	St. Med.	10	14732
									10	St. Sura.	10	14733
Provident	H.B. Matthews	169	7,539	237	9,365	34,282		200F	10	Rot.	10	14811
									1	St. Sura.	1	14833
Ravenswood	M. Field	203	11,246	309	1,066	3,346		250F	9	Rot.	9	14911
Resurrection	C.W. Pfister	210	10,225	188	39,986	7,458		300F	12	Rot.	12	15211
St. Anne's	J.E. Segraves	265	13,120	403	8,583	6,117		250F	12	Rot.	12	15311
St. Bernard's	W.F. McNabola	135	5,972	224	2,418	6,284		150F*	8	Rot.	8	15311
St. Elizabeth's	L.S. Sluzynski	204	10,544	285	3,779	4,105		200F	10	Rot.	10	15411
St. Joseph	D.M. Fahrenbach	152	6,466	197	6,278	2,253		250F	8	Rot.	8	15511
St. Mary of Nazareth	J.S. Drabanski	212	8,866	429	15,736	4,398		200F*	10	Rot.	10	15711
South Chicago Community	A.S. Daniel	224	9,815	297		6,488		150F	12	Rot.	12	15811
Swedish Covenant	J.C. Kulis	191	7,311	313	25,556	8,567		220F	9	Rot.	9	15911
Univ. of Chicago Clinics	R.G. Page	533	16,129	556	172,343	13,795		175P	18	Mixed ¹	18	16012
									12	St. Med.	12	16032
									6	St. Sura.	6	16033
									4	St. Ped.	4	16034
									1	St. Path.	1	16036
Univ. of Illinois Research and Educational	D.J. Caseley	450	12,119	449	194,207	20,072		90F	36	Rot.	36	15011
Decatur												
Decatur and Macon County	R.B. Olstad	290	15,329	393	4,256	12,628		300F	12	Rot.	12	85711
Evanston												
Evanston Hospital	D.I. Bell	322	11,664	366	12,327	16,588	135	225P	20	Rot.	20	16711
									4	St. Med.	4	16732
									2	St. Path.	2	16736
St. Francis	A.C. Ledoux	323	14,751	415	20,691	12,860		250F	12	Rot.	12	16811
									2	Mixed ¹	2	16827
									2	Mixed ²	2	16826
Evergreen Park												
Little Company of Mary		444	20,586	601	2,314	20,890		200FP*	24	Rot.	24	16911
Hinsdale												
Hinsdale Sanitarium and Hospital	P.G. Fredrickson	189	8,304	219	481	5,557		300P	10	Rot.	10	99311
Oak Park												
West Suburban	J.B. Maies	301	13,319	501		9,949		200FP*	20	Rot.	20	17311
Pearla												
Methodist Hospital of Central Illinois	H.I. Brown	389	16,319	441	17,018	8,155		200FP*	16	Rot.	16	17411
St. Francis		555	21,596	332	14,375	12,487		200F*	18	Rot.	18	17511
Rockford												
Rockford Memorial		205	11,179	295	9,550	7,187		200F	10	Rot.	10	17711
Swedish-American	J.E. Berry	168	9,873	234	27,996	9,816		150F	8	Rot.	8	17911
INDIANA — Hospitals, 12; Internships, 174												
Evansville												
St. Mary's	R.A. Royster	299	13,262	327	550	7,094		300P	6	Rot.	6	94111
Fort Wayne												
Lutheran	W. Griest	263	11,378	417	752	7,748		350F	6	Rot.	6	18311
Gary												
Methodist	F.G. Trinosky	280	14,275	536	11,016	8,483		300FP	8	Rot.	8	86011
St. Mary-Mercy	A.E. Russo	245	13,656	356		6,127		300F	8	Rot.	8	18411

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INDIANA--Continued												
Hammond												
St. Margaret	N. Egnatz.....	313	17,185	459	7,920	...	300F*	12	Rot.	12	18511
Indianapolis												
Indiana University Medical Center	J. B. Hickam W. D. Close H. B. Shumocker, Jr.	408	13,081	586	73,373	1,487	139 140	200P	15	St. Med.	15	18732
									15	St. Surg.	15	18733
									4	St. Ped.	4	18734
									4	St. Path.	4	18736
									3	Family Practice*	3	18718
Marion County General	H. M. Parrish.....	518	13,015	684	112,870	32,676	...	243P	40	Rot.	40	18611
Methodist	J. H. Hall.....	665	27,483	629	13,699	21,749	...	225P*	19	Rot.	19	18811
St. Vincent's	J. L. Morton.....	280	11,093	275	5,452	7,155	...	235F	10	Rot.	10	18911
Muncie												
Ball Memorial	F. E. Stout.....	332	14,926	477	.....	10,971	...	275F	8	Rot.	8	19211
South Bend												
Memorial	D. T. Olson.....	264	12,731	406	43	14,200	...	250F	10	Rot.	10	19311
St. Joseph's	H. Frank.....	189	9,200	304	5,051	20,707	...	350F*	9	Rot.	9	19411
IOWA -- Hospitals, 7; Internships, 88												
Cedar Rapids												
Mercy	G. Schmit.....	190	9,939	224	.....	13,185	...	250F	10	Rot.	10	19611
St. Luke's Methodist	C. Schwartz.....	308	14,261	342	372	12,687	...	250F	12	Rot.	12	19711
Des Moines												
Broadlawn Polk County	D. W. Coughlan.....	132	5,297	741	21,828	29,442	...	200F	12	Rot.	12	19911
Iowa Lutheran	L. O. Ely.....	206	9,544	260	.....	6,531	140	250F	10	Rot.	10	20011
Iowa Methodist	L. Staples.....	381	16,368	390	.....	21,156	...	200F	10	Rot.	10	20111
Mercy	H. G. Ellis.....	238	12,564	274	13,264	5,964	...	250F	14	Rot.	14	20211
Iowa City												
University Hospitals	L. E. January.....	735	23,246	795	154,413	.....	...	175F	20	Rot.	20	20311
KANSAS -- Hospitals, 6; Internships, 87												
Kansas City												
Bethony	J. E. Johnson.....	155	7,920	255	6,439	5,274	...	225F	8	Rot.	8	20511
St. Margaret	P. Carpenter.....	172	8,201	256	372	9,954	...	300P	8	Rot.	8	20711
University of Kansas Medical Center..	F. Kittle.....	400	14,230	507	133,379	19,872	...	150P	10	Mixed	10	20820
									6	St. Med.	6	20832
									3	St. Ped.	3	20834
									2	St. Path.	2	20836
									4	Family Practice*	4	20818
Wichita												
St. Francis	J. W. Schmaus.....	569	24,163	527	36,611	22,669	141	250F	18	Rot.	18	20911
Wesley	M. A. Throckmorton...	385	19,836	265	699	16,794	142	270FP*	16	Rot.	16	21011
Wichita-St. Joseph	L. W. Purinton.....	213	13,256	187	235	15,798	141	350P	12	Rot.	10	21111
KENTUCKY -- Hospitals, 7; Internships, 108												
Lexington												
Good Samaritan	R. D. Shepard.....	188	10,470	318	12,753	17,497	...	150FP*	11	Rot.	11	21411
St. Joseph	R. J. Angelucci.....	195	10,668	253	19,752	8,563	143	200FP	8	Rot.	8	21511
Louisville												
Kentucky Baptist	J. N. Goldsborough...	343	15,458	338	.....	8,030	263	225P*	12	Rot.	12	21611
Louisville General	T. D. Stevenson.....	296	12,331	642	121,291	79,650	263	100F	22	Rot.	22	21711
									8	St. Med.	8	21732
									2	St. Surg.	2	21733
									10	St. Ped.	10	21734
									2	St. Path.	2	21736
Norton Memorial Infirmary	B. B. Jackson.....	256	12,437	233	364	7,932	263	300FP*	6	Rot.	6	21811
St. Joseph Infirmary	W. F. Rubel.....	348	19,888	342	18,229	12,335	...	210F	18	Rot.	18	22011
SS. Mary and Elizabeth		170	11,611	246	9,885	8,628	...	200P	9	Rot.	9	22111
LOUISIANA -- Hospitals, 9; Internships, 242												
New Orleans												
Charity Hospital of Louisiana		1,869	52,400	3,235	471,168	96,212	...	100F	126	Rot.	126	22411
Mercy	C. F. Bellone.....	162	11,009	226	2,591	5,962	...	175F*	8	Rot.	8	22611
Ochsner Foundation		222	9,077	201	101,811	9,316	...	125FP	4	St. Med.	4	96632
									4	St. Surg.	4	96633
Southern Baptist	C. G. Collins.....	398	20,477	439	5,748	14,264	145	175P	24	Rot.	24	22911
Taura Infirmary	S. Threefoot.....	85	21,941	516	42,190	18,508	146	210P*	25	Rot.	25	22911
Shreveport												
Confederate Memorial Medical Center	C. A. Kinnebrew.....	671	23,396	914	144,061	8,477	...	100F	36	Rot.	36	23211
Doctors Hospital and												
Research Foundation	R. P. Boys.....	68	4,671	74	2,335	2,040	148	250F	4	Rot.	4	23011
Highland	C. D. Knight.....	86	5,116	73	.....	700	148	250F	4	Rot.	4	82111
T. E. Schumpert Memorial Sanitarium..	B. C. Garrett, Jr.	265	15,502	237	.....	7,021	...	300FP*	7	Rot.	7	23111
MAINE -- Hospitals, 3; Internships, 24												
Bangor												
Eastern Maine General	H. D. Warren.....	252	9,729	337	5,137	7,519	...	100F	6	Rot.	6	23311
Lewiston												
Central Maine General	G. Clapperton.....	177	8,357	301	3,658	4,814	...	200FP	6	Rot.	6	23411
Portland												
Maine Medical Center.....	M. S. Bacastow.....	297	13,290	483	36,000	23,700	...	150FP*	12	Rot.	12	23611

Numerical and other references are listed on pages 102 through 104.

APPROVED INTERNSHIPS

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
MARYLAND -- Hospitals, 19; Internships, 325												
Baltimore												
Baltimore City Hospitals.....	.....	...	11,408	674	57,263	27,384	149	150FP*	8	St. Med.	8	23732
									6	St. Surg.	6	23733
									3	St. Ped.	3	23734
									2	St. Path.	2	23736
									5	Mixed ¹	2	23753
									2	Mixed ⁴	2	23754
									4	Family Practice	4	23718
Bon Secours.....	J. J. Nolan.....	198	8,659	244	10,705	5,611	...	225F	10	Rot.	10	23811
Church Home and Hospital.....	N. J. Kohlerman.....	178	6,717	196	11,651	7,079	150	175FP*	12	Rot.	12	23911
									4	St. Med.	4	23932
Franklin Square.....	R. Chambers.....	139	6,169	220	13,628	14,212	...	200F	9	Mixed	9	24020
Hospital for Women of Maryland.....	F. W. Barnes, Jr.	131	8,532	129	16,518	654	...	200F*	6	Mixed ²	6	24120
Johns Hopkins.....	.....	792	25,252	1,065	312,829	68,593	151	167P	11	St. Med. (Pvt.)	11	24238
									16	St. Med.	16	24232
									12	St. Surg.	12	24233
									12	St. Surg.	12	24234
									5	St. Path.	5	24236
									6	St. ObG	6	24235
Lutheran.....	S. Rossello.....	159	8,164	206	14,410	19,335	150	200F*	10	Rot.	10	24311
Maryland General.....	C. T. Flotte.....	268	10,890	426	4,231	7,417	150	200FP*	14	Rot.	14	24411
Mercy.....	W. L. Garlick.....	234	10,913	329	28,648	18,112	150	275F	16	Rot.	16	24511
Provident.....	E. O. Ellis.....	117	5,692	282	25,357	18,586	...	225F	6	Rot.	6	24611
St. Agnes.....	T. Bowyer, E. Bianco.....	221	8,895	249	19,993	17,326	150	250P	12	Rot.	12	24711
St. Joseph's.....	W. J. Supik.....	186	7,682	297	12,835	15,279	150	200F	8	Rot.	8	24811
Sinai ^{1A}	A. I. Mendeloff.....	318	14,588	413	36,740	25,638	...	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.....	.....	142	5,702	233	12,028	19,843	...	175F	8	Rot.	8	25011
Union Memorial.....	.....	295	11,782	501	22,179	31,527	...	225F	6	Rot.	6	25111
									8	St. Med.	8	25132
									5	St. Surg.	5	25133
University Hospital.....	J. E. Bradley.....	492	15,168	925	142,366	35,803	...	175P	18	Rot.	18	25211
									6	Mixed	6	25220
									8	St. Med.	8	25232
									2	St. Surg.	2	25233
									3	St. Ped.	3	15234
									1	St. Path.	1	25236
Bethesda												
Suburban.....	R. G. Brewer.....	171	10,565	302	3,503	14,304	122	260F	12	Rot.	12	25311
Cheverly												
Prince George's General.....	.....	250	13,575	447	10,652	22,338	...	200F	18	Rot.	18	90511
Hagerstown												
Washington County.....	E. R. Perez.....	227	11,245	412	21,164	.....	...	250FP*	8	Rot.	8	94511
MASSACHUSETTS -- Hospitals, 39; Internships 447												
Beverly												
Beverly.....	P. Herrick.....	156	7,240	161	9,126	6,777	...	200F	8	Rot.	8	25511
Boston												
Beth Israel.....	H. L. Blumgart, J. Fine.....	289	12,104	370	58,134	13,552	...	175	12	St. Med.	12	25632
									4	St. Surg.	4	25633
Boston City.....	.....	941	29,375	1,893	300,920	101,458	153	138F	..	...	..	.....
			I and III	Medical Tufts					16	St. Med.	16	25793
			II and IV	Medical Harvard					16	St. Med.	16	25794
			V and VI	Medical Boston University					16	St. Med.	16	25795
				Surgical Tufts					6	St. Surg.	6	25796
			III	Surgical Boston University					6	St. Surg.	6	25798
			V	Surgical Harvard					6	St. Surg.	6	25703
				Straight Specialties, Boston University					6	St. Ped.	6	25704
				Pathology					2	St. Path.	..	.....
Boston Floating.....	M. B. Kreidberg.....	76	3,288	112	.....	.....	...	83F	6	St. Ped.	6	98734
Carney.....	C. J. Shea.....	275	11,059	341	13,224	18,510	154	175FP*	12	Rot.	12	25811
Children's Hospital Medical Center ..	R. C. Eley.....	254	9,924	368	69,520	21,924	155	...	5	St. Ped.	5	25934
									2	St. Path.	2	25936
Massachusetts General.....	.....	793	25,610	912	225,456	38,258	...	...	12	St. Med.	12	26132
									10	St. Surg.	10	26133
									6	St. Ped.	6	26134
									2	St. Path.	..	.....
Massachusetts Memorial.....	.....	170	6,336	225	40,273	.....	152	150	10	St. Med.	9	26232
									6	St. Surg.	6	26233
									1	St. Path.	1	26236
New England Center.....	J. Rogers, R. A. Deterling, Jr.	167	6,183	180	3,535	606	156	221	13	St. Med.	13	26332
									6	St. Surg.	6	26333
									2	St. Path.	2	26336
New England.....	L. Burke.....	87	4,086	62	12,025	2,046	157	150F	6	Rot.	6	26411
Peter Bent Brigham.....	.....	216	6,855	479	40,402	12,490	...	133P	12	St. Med.	12	26532
									6	St. Surg.	6	26533
St. Elizabeth's.....	J. P. Rottigan.....	351	14,321	404	41,556	10,866	...	150F	14	Rot.	14	26611
Brockton												
Brockton.....	D. Rosen.....	205	9,709	413	38,349	9,874	...	250F	6	Rot.	6	26711

Numerical and other references are listed on pages 102 through 104.

APPROVED INTERNSHIPS

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Affiliated Services	Beginning Stipends (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
MASSACHUSETTS—Continued												
Cambridge												
Cambridge City		161	6,273	286	24,668	16,554	...	175F	12	Rot.	12	26811
Mount Auburn	J. Tartakoff	193	8,000	344	8,473	11,220	...	175F	5	Mixed ¹	5	26920
									1	St. Path.	1	26936
Fall River												
Truesdale	R. H. Moe	118	4,670	169	342	3,124	158	100F*	9	Rot.	9	27011
Union		161	5,922	206	2,579	3,438	...	175F*	10	Rot.	10	86411
Framingham												
Framingham Union	C. G. Tedeschi	131	8,042	227	177	8,196	...	200F*	6	Rot.	6	81211
Holyoke												
Holyoke	J. J. Bandean	170	6,751	240	7,347	5,958	...	250FP*	6	Rot.	6	27311
Providence	R. J. Maher	164	6,787	204	728	2,932	...	200F*	6	Rot.	6	81311
Lawrence												
Lawrence General	J. H. Nicholson	171	8,086	277	9,308	10,901	...	150F*	6	Rot.	6	27411
Lowell												
St. John's	H. S. Glidden	147	6,885	188	.....	9,547	...	150F	6	Rot.	6	27611
St. Joseph's	L. U. Pelouquin	149	7,394	165	9,305	6,512	...	150F	6	Rot.	6	27711
Lynn												
Lynn		235	10,275	501	15,772	1,344	...	125F	10	Rot.	10	27811
Malden												
Malden	E. G. Thorp	181	8,197	196	7,328	5,537	...	200FP*	6	Rot.	6	82711
Methuen												
Bon Secours	M. D. Howard	153	8,112	186	3,722	6,151	...	200F	6	Rot.	6	82811
New Bedford												
St. Luke's		259	12,419	590	16,373	13,212	...	200F	10	Rot.	10	27911
Newton Lower Falls												
Newton-Wellesley	N. S. Stearns	184	8,692	302	5,569	9,056	...	175F*	8	Rot.	8	28011
Pittsfield												
Pittsfield Affiliated Hospitals	G. L. Haidok	253	11,327	345	10,119	9,979	...	250F*	14	Rot.	14	28111
Pittsfield General		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Luke's		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Quincy												
Quincy City	R. G. Fletcher	282	12,175	406	2,832	16,585	...	172F	6	Rot.	6	28311
Salem												
Salem	S. N. Gardner	218	8,901	297	7,677	7,014	...	150F*	6	Rot.	6	28411
Springfield												
Mercy	E. Ferrarone	254	10,907	385	3,013	9,308	...	200F	8	Rot.	8	28511
Springfield		370	13,003	559	13,158	14,748	159	150F*	12	Rot.	12	28611
Wesson Memorial	W. Coen	179	8,286	289	470	11,146	159	100F	6	Rot.	6	28711
Waltham												
Waltham	N. S. Stearns	127	6,428	187	1,673	9,611	160	200FP*	6	Rot.	6	28811
Worcester												
Memorial	J. G. Freymann	226	10,298	280	9,465	10,696	...	150F*	11	Rot.	11	28911
St. Vincent	J. F. Stapleton	428	16,039	508	7,933	9,876	...	150F*	18	Rot.	15	29011
Worcester City	V. P. DiDomenico	420	21,450	587	32,834	18,626	...	200F	12	Rot.	12	29111
MICHIGAN — Hospitals, 42; Internships, 619												
Ann Arbor												
St. Joseph Mercy	W. E. Brown III	36,132	16,906	267	6,742	15,906	...	250F*	16	Rot.	16	29211
University Hospital	R. B. Nelson	767	20,013	684	241,346	16,356	161	155	30	Rot.	30	29311
									4	St. Med	4	29332
									8	St. Surg.	8	29333
									2	St. Ped.	2	29334
Battle Creek												
Community	R. E. Fisher	149	9,856	175	18,090	6,721	...	300FP*	6	Rot.	6	81411
Leila Y. Post Montgomery	W. D. Walters	144	7,999	199	.....	5,363	162	350FP*	6	Rot.	6	29411
Benton Harbor												
Mercy	S. Gould	132	6,446	170	2,909	8,817	...	275F	6	Rot.	6	96011
Dearborn												
Oakwood	E. W. Durham	222	11,669	267	584	14,754	...	200F*	13	Rot.	13	94611
Detroit												
Children's Hospital of Michigan		.....	.....	.....	.....	.....	.....	.....	6	St. Ped.	6	84334
Detroit Memorial	C. J. France	264	10,903	325	3,630	1,857	164	450	12	Rot.	12	29611
Evangelical Deaconess	E. J. Neill	162	7,396	163	1,174	5,596	...	330P	8	Rot.	8	29711
Grace	T. J. McBryen, G. S. Wilson	645	28,097	742	24,526	15,587	164	250FP*	24	Rot.	24	29911
Hoper		541	21,420†	570	37,317	10,187	164	250P*	28	Rot.	28	29911
Henry Ford	R. E. Birk	874	28,577	892	657,800	26,825	...	285P	26	Rot.	26	30011
Mt. Carmel Mercy	H. L. Morris	506	24,034	525	16,836	21,192	...	380P*	24	Rot.	24	30211
Providence		371	14,125	409	8,787	11,036	...	400FP	12	Rot.	12	30311
Receiving	J. M. Pierce	638	23,950	1,193	214,879	148,459	165	308P	48	Rot.	48	29511
St. John	D. E. Van Hoek	273	15,176	312	3,337	14,993	166	300F	12	Rot.	12	91511
St. Joseph Mercy	B. Drompp	169	7,692	224	2,705	7,770	166	400F	9	Rot.	9	30411
Sinai	J. E. Berk	309	11,299	266	36,460	6,302	164	250FP*	15	Rot.	15	92611
Woman's	R. S. McCoughy	303	13,379	323	5,523	3,655	167	450	16	Rot.	16	30511
Eloise												
Wayne County General Hospital and Infirmary	D. B. McDowell	4,042	11,494	981	30,646	19,005	165	325F	36	Rot.	36	30611
Flint												
Hurley	P. E. Schroeder	542	23,306	596	.....	21,246	...	300F	25	Rot.	25	30711
McLaren General		277	12,569	252	9,444	14,494	...	325P	12	Rot.	12	86611
St. Joseph	W. L. Eaton	369	17,256	393	1,500	18,229	...	350P	14	Rot.	14	30811
Grand Rapids												
Blodgett Memorial	C. E. Boaher	278	14,776	430	3,967	10,649	...	275FP*	16	Rot.	16	30911
Butterworth	L. H. Birch	328	16,260	504	5,534	19,680	...	275P	16	Rot.	16	31011
									2	St. Surg.	2	31033
St. Mory's	W. C. Baum	289	14,074	419	5,596	17,703	...	275F	14	Rot.	14	31111

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MICHIGAN—Continued												
Grosse Pointe												
Bon Secours	R. C. Connelly	146	7,684	202	2,648	6,147	164	365F	8	Rot.	8	90611
Highland Park												
Highland Park General	J. W. Nunn	255	11,168	94,071	5,890	13,745	166	383P	14	Rot.	14	31211
Kalamazoo												
Borgess	I. J. Martens	244	10,670	321	4,423	6,472	...	250F	8	Rot.	8	31311
Bronson Methodist	F. L. Clement	212	10,538	294	1,034	10,512	...	250F	8	Rot.	8	31411
Lansing												
Edward W. Sparrow	H. J. Schmidt	340	15,681	298	1,159	11,935	...	500P	10	Rot.	10	31511
St. Lawrence	J. C. Nearing	254	12,953	329	15	7,255	...	425F	12	Rot.	12	31611
Midland												
Midland .....	.....	143	8,354	120	597	5,563	...	300P*	6	Rot. ⁷	6	96111
Muskegon												
Hockley	P. H. Frondsen	212	8,920	265	1,747	9,603	...	325FP	10	Rot.	10	85111
Little Traverse	J. H. Webster	108	4,669	121	.....	12,540	...	350P	6	Rot.	6	83511
Pontiac												
Pontiac General	E. Gustafson, J. J. Marro	294	15,307	281	2,310	24,098	...	325F*	19	Rot.	19	31811
St. Joseph Mercy	J. Rutzy	299	16,074	362	8,705	22,705	...	275FP*	12	Rot.	12	31911
Royal Oak												
William Beaumont	H. A. Ott	246	13,531	341	192	34,361	...	300P	12	Rot.	12	97811
Saginaw												
Saginaw General .....	.....	201	10,081	284	155	9,078	...	325P	6	Rot.	6	32011
St. Luke's	H. T. Caumartin	197	9,601	215	.....	14,274	...	400P	8	Rot.	8	32111
St. Mary's Hospital	D. J. Cady	140	6,997	169	82	10,541	...	350P	6	Rot.	6	32211
Traverse City												
James Dacker Munson	G. E. Stokes	179	8,637	176	15,589	4,380	...	275P	8	Rot.	8	32311
MINNESOTA -- Hospitals, 15; Internships, 254												
Duluth												
St. Luke's	M. Fiefield	342	14,010	436	.....	9,516	169	200F	18	Rot.	18	32411
St. Mary's	A. C. Aufderheide	339	12,561	283	4,126	8,441	169	200F	12	Rot.	12	32511
Minneapolis												
Methodist	J. C. Dohl	194	11,321	193	13,437	.....	.....	200FP*	12	Rot.	12	86711
Minneapolis General	T. Lowry	313	8,340	650	88,473	43,761	.....	75F	39	Rot.	39	32911
Mount Sinai	A. Schultz	174	8,383	173	6,245	2,248	.....	200FP	14	Rot.	14	86811
Northwestern	F. H. Lott	241	10,846	223	9,427	6,685	.....	175F	12	Rot.	12	30111
.....	.....	.....	.....	.....	.....	.....	.....	.....	1	St. Med.	1	33032
.....	.....	.....	.....	.....	.....	.....	.....	.....	1	St. Sura.	1	33033
.....	.....	.....	.....	.....	.....	.....	.....	.....	1	St. Ped.	1	33034
St. Barnabas—Swedish	L. J. Hay .....	.....	.....	.....	.....	.....	.....	.....	24	Rot.	24	33111
St. Barnabas .....	.....	279	15,545	362	755	7,785	.....	150F	.....	.....	.....	.....
Swedish .....	.....	368	18,498	557	.....	.....	.....	150F	.....	.....	.....	.....
St. Mary's	W. F. Mazzitello	454	19,610	414	2,524	6,069	.....	200F	12	Rot.	12	33211
University of Minnesota .....	.....	570	15,169	839	101,663	17,939	170	80FP	12	St. Med.	12	33432
.....	.....	.....	.....	.....	.....	.....	.....	.....	15	St. Sura.	15	33433
.....	.....	.....	.....	.....	.....	.....	.....	.....	13	St. Ped.	10	33434
Saint Paul												
Ancker	T. E. Broadie	469	14,724	763	82,120	25,120	.....	150F	26	Rot.	26	33511
Bethesda Lutheran	R. G. B. Bjarnson	177	9,273	244	13,352	3,390	171	200F	8	Rot.	8	33611
Charles T. Miller	L. A. Tongen	330	12,272	295	35,295	1,436	172	200F*	14	Rot.	14	33711
St. Joseph's	J. W. Goldsmith	262	11,350	251	2,507	5,153	.....	305P	14	Rot.	14	33811
St. Luke's	D. E. Westover	195	7,902	184	2,977	3,111	173	150FP	6	Rot.	6	33911
MISSISSIPPI -- Hospitals, 2; Internships, 35												
Jackson												
Mississippi Baptist	C. D. Bronnan	302	15,420	277	4,068	14,080	.....	250P	12	Rot.	12	34011
University	W. N. Bell	236	10,541	506	43,135	14,515	.....	200	18	Rot.	18	95711
.....	.....	.....	.....	.....	.....	.....	.....	.....	2	St. Med.	2	95732
.....	.....	.....	.....	.....	.....	.....	.....	.....	2	St. Sura.	2	95733
.....	.....	.....	.....	.....	.....	.....	.....	.....	1	St. Ped.	1	95734
MISSOURI -- Hospitals, 22; Internships, 423												
Clayton												
St. Louis County	K. B. Coldwater	107	4,423	376	28,663	25,456	.....	200F	10	Rot.	10	34211
Columbia												
University of Missouri Medical Center	V. E. Wilson	235	5,574	300	32,569	4,131	.....	200P	2	St. Med.	2	99432
.....	.....	.....	.....	.....	.....	.....	.....	.....	2	St. Ped.	2	99434
.....	.....	.....	.....	.....	.....	.....	.....	.....	2	St. Path.	2	99436
Kansas City												
Children's Mercy	H. C. Miller	67	2,689	63	33,527	.....	.....	175F	3	St. Ped.	3	98834
Kansas City General	L. E. Johns, Jr.	321	11,606	830	130,722	38,018	.....	170FP	30	Rot.	30	34311
Manorah Medical Center	M. C. Creditor	297	11,978	258	4,360	21,924	174	250F	14	Rot.	14	34511
St. Joseph	F. Mantz, Jr.	272	12,677	315	1,012	18,730	.....	250F	14	Rot.	14	34711
St. Luke's	D. M. Gibson	404	16,190	436	14,600	.....	174	225F*	18	Rot.	18	34811
St. Mary's	L. R. Moriarty	307	13,925	307	2,057	4,721	174	250F	16	Rot.	16	34911
Trinity Lutheran	H. H. Shuey	154	7,190	219	7,441	2,820	174	200F	8	Rot.	8	35011
St. Joseph												
Missouri Methodist	J. M. McDaniel	199	8,951	367	639	2,596	.....	175F*	4	Rot.	4	35111
St. Louis												
Barnes .....	.....	751	27,311	631	211,721	10,226	.....	35F	15	St. Med. (Pvt.)	15	35347
.....	.....	.....	.....	.....	.....	.....	.....	.....	10	St. Med. (Ward)	10	35332
.....	.....	.....	.....	.....	.....	.....	.....	.....	12	St. Sura.	12	35333
.....	.....	.....	.....	.....	.....	.....	.....	.....	4	St. Path.	4	35336
.....	.....	.....	.....	.....	.....	.....	.....	.....	4	St. OBG.	2	35335
.....	.....	.....	.....	.....	.....	.....	.....	.....	12	Rot.	12	35611
Deaconess	C. A. Gomez	269	9,217	332	4,309	1,903	176	150FP	12	Rot.	12	35511
De Paul	L. F. Stephens	334	13,844	420	.....	6,269	.....	150F*	12	Rot.	12	35511
Hamer G. Phillips	H. J. Erwin	433	16,526	743	98,578	67,644	177	202FP	40	Rotating	40	35711

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MISSOURI, St. Louis--Continued												
Jewish	M. D. Pareira	444	16,655	430	39,354	9,515	...	175F*	13	Rot.	13	35811
Lutheran	F. W. Klinge	243	9,858	373	3,674	7,191	...	300F	12	Mixed	6	35820
Missouri Baptist	E. R. Lerwick	303	10,529	342	.....	.....	...	200F	12	Rot.	12	35911
St. John's	J. C. Peden	304	11,835	399	13,216	3,564	178	200F	12	Rot.	12	36011
St. Louis Children's	A. F. Hartmann, Sr.	131	5,135	156	32,394	8,434	179	75F	8	St. Med.	2	36032
St. Louis City Hospital	L. V. Mulligan	675	19,692	802	93,672	78,365	...	203P	2	St. Sura.	3	36033
St. Luke's	P. O. Hagemann	267	10,361	328	13,918	3,966	180	250F	14	Rot.	14	36211
St. Mary's Group of Hospitals of St. Louis University	J. W. Colbert, Jr.	806	29,351	782	78,281	16,195	178	135F	8	St. Med. (Unit I)	8	36332
									8	St. Med. (Unit II)	8	36394
									2	St. Sura. (Unit I)	2	36333
									2	St. Sura. (Unit II)	2	36397
									4	St. Ped.	4	36334
									12	Rot.	12	36411
									2	Mixed	2	36420
									8	St. Med.	8	36511
									6	St. Sura.	6	36532
									8	St. Sura.	8	36533
									6	St. Ped.	6	36534
									4	St. Path.	..	..
MONTANA - Hospitals, 1; Internships, 4												
Butte												
St. James		130	6,068	159	10,350	3,352	...	250F	4	Rot. ⁹	..	.....
NEBRASKA - Hospitals, 10; Internships, 89												
Lincoln												
Bryan Memorial		112	5,686	178	2,864	5,007	...	300F	6	Rotating	6	36811
Lincoln General	L. D. Cherry	127	6,249	181	2,215	2,409	...	300F	4	Rot.	4	36911
St. Elizabeth		204	10,636	320	561	4,822	...	300F	6	Rot.	6	37011
Omaha												
Bishop Clarkson Memorial	W. D. Angle	233	11,910	236	15,042	3,453	181	175P	12	Rot.	12	37111
Children's Memorial	C. R. Angle	59	4,050	34	5,714	.....	...	225P*	4	St. Ped.	4	81034
Creighton Memorial St. Joseph Hospital	C. H. Orgon	473	16,454	478	18,402	4,219	264	300F	14	Rot.	14	37211
Immanuel	E. Langdon	104	6,062	198	779	4,140	...	400	10	Rot.	10	37311
Nebraska Methodist	J. R. Schenken	182	10,035	242	.....	6,269	182	300P	11	Rot.	11	37411
St. Catherine's	C. S. Moran	162	10,597	230	.....	1,197	264	300P	8	Rot.	8	37511
University of Nebraska	J. Barmore	112	3,252	142	42,061	8,306	264	200F	14	Rot.	14	37611
NEW HAMPSHIRE - Hospitals, 1; Internships, 16												
Haver												
Mary Hitchcock Memorial	J. B. Bumett	227	8,360	232	71,160	5,578	...	150P	16	Rot.	16	37711
NEW JERSEY - Hospitals, 43; Internships, 512												
Atlantic City												
Atlantic City	M. Ackerman	213	9,587	515	20,869	17,827	265	200F	12	Rot.	12	37811
Bayonne												
Bayonne Hospital and Dispensary	E. Rubenstein	195	7,499	295	5,301	5,902	...	175F	10	Rot.	10	37911
Conden												
Cooper		404	16,476	698	35,625	23,403	183	200F	18	Rot.	18	38011
Our Lady of Lourdes	F. E. Barse	266	10,241	307	7,746	12,922	...	225FP*	10	Rot.	10	39311
West Jersey	J. R. Eynon	246	10,555	322	9,903	11,492	...	200F*	12	Rot.	12	38111
East Orange												
East Orange General	A. Grunberg	162	6,369	280	6,416	7,758	...	300FP*	6	Rot.	6	38211
Elizabeth												
Alexian Brothers	L. Ehrenworth	137	4,894	289	.....	4,242	184	300F	8	Rot.	8	87111
Elizabeth General	J. P. Greeley	231	10,671	314	11,330	11,796	...	300F	12	Rot.	12	38411
St. Elizabeth	C. R. Reom	180	8,210	296	5,376	9,400	...	250F	12	Rot.	12	38511
Englewood												
Englewood	C. Wierum	221	10,494	356	11,494	11,371	...	245F*	8	Rot.	8	38611
Flemington												
Hunterdon Medical Center	R. R. Henderson	96	4,752	179	29,482	3,751	...	125F*	3	Family Practice ⁸	3	83818
Hockensock												
Hockensock	A. A. Alessi	298	13,318	425	32,360	12,857	...	175FP	12	Rot.	12	38711
	W. R. Thompson											
Hoboken												
St. Mary's	C. D. Kuntze	269	10,833	457	14,969	7,318	...	100F	15	Rot.	15	38811
Jersey City												
Christ	M. S. Jascalevich	259	9,461	460	10,906	4,740	...	200F	12	Rot.	12	38911
Jersey City Medical Center	L. L. Perkel	781	18,762	1,399	88,841	66,182	185	83F	24	Rot.	24	39011
									16	St. Med.	16	39032
									8	St. Sura.	8	39033
									4	St. Ped.	4	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	178	5,509	135	4,700	1,361	185	250F	9	Rot.	9	39111
Monmouth Medical Center	H. Gabel	294	12,314	446	13,516	9,176	...	200F	12	Rot.	10	39211
									1	St. Sura.	1	39233
Montclair												
Mountainside	C. C. Royer	304	10,697	346	10,863	11,293	...	225F*	15	Rot.	15	39311
Morristown												
All Souls	S. Giordano	126	5,302	183	4,599	3,898	18	150*	3	Rot.	3	90711
Morristown Memorial	O. R. Kruesi	207	10,444	328	17,191	6,592	...	200FP*	11	Rot.	11	39411

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NEW JERSEY—Continued												
Neptune												
Fitkin Memorial	S. H. Rubin	264	10,741	439	13,167	10,400	...	200F	14	Rot.	14	39511
Newark												
Mortland Medical Center	J. H. Fobes	474	16,945	811	10,746	36,934	...	250F	18	Rot.	18	39811
Newark Beth Israel	F. B. Cohen	385	14,639	482	17,006	10,727	...	200F	13	Rot.	13	39711
Presbyterian	J. J. McGuire	264	10,470	419	15,275	3,768	187	170F*	10	Rot.	10	87211
St. Barnabas Medical Center	A. H. Islami	177	6,792	198	9,362	10,519	...	150F*	6	Rot.	6	39611
St. Michael's	J. J. Butler	300	13,036	419	19,219	8,543	...	250F	15	Rot.	15	39911
									4	Family Practice	4	39918
New Brunswick												
Middlesex General	M. Smith, Sr.	170	8,436	313	12,069	8,096	188	350P*	10	Rot.	10	97911
St. Peter's General	G. J. Aitken	260	13,835	253	10,596	9,018	...	210F*	10	Rot.	10	40011
Orange												
Orange Memorial	E. P. O'Sullivan	265	10,850	480	18,633	13,798	...	200F	8	Rot.	8	40111
Paramus												
Bergen Pines County	C. Wierum	511	5,606	792	60,898	1,296	188	250P*	20	Rot.	20	90811
Passaic												
Passaic General	J. R. Budd	205	9,930	370	6,086	6,198	...	150F*	6	Rot.	6	40211
St. Mary's	R. Brill	170	9,301	303	5,908	2,879	...	171F	6	Rot.	6	40311
Paterson												
Barnert Memorial	I. J. Wolf	125	7,065	173	10,843	6,885	...	160P*	6	Rot.	6	40411
Paterson General	J. B. Mearns	269	11,665	526	17,598	14,131	...	100F	12	Rot.	12	40511
St. Joseph's	J. Jennings	389	13,325	565	14,027	9,445	...	150F*	12	Rot.	12	40611
Perth Amboy												
Perth Amboy General		329	15,970	376	4,052	10,571	...	250FP	12	Rot.	12	87311
Plainfield												
Muhlenberg	F. W. Bomes, Jr.	319	16,053	592	12,475	17,184	...	250F*	10	Rot.	10	40711
Somerville												
Somersot	N. E. Scholet	200	9,970	285	3,245	7,308	...	250F	10	Rot.	10	93411
Summit												
Overlook	G. M. Stevenson	259	10,694	323	2,042	5,146	...	200F	12	Rot.	12	40811
Teaneck												
Holy Name	J. F. Flynn	194	9,856	280	2,546	7,013	...	220P	8	Rot.	8	40911
Trenton												
Helene Fuld	H. L. Levanson											
	H. S. Urbaniak	154	6,280	240	6,257	8,657	...	250F*	6	Rot.	6	41211
Mercer	R. A. McCormack	254	10,070	300	7,897	13,696	...	250F*	9	Rot.	9	41011
St. Francis	A. A. Carabelli	316	12,479	477	12,215	17,546	...	200F*	12	Rot.	12	41111
NEW MEXICO — Hospitals, 1; Internships, 12												
Albuquerque												
Bemolillo County—Indian		174	5,728	163	23,868	20,551	...	250FP*	12	Rot.	12	96211
NEW YORK — Hospitals, 108; Internships, 1,922												
Albany												
Albany Medical Center	F. Haase, Jr.	631	22,061	554	31,916	24,315	...	200P*	19	Rot.	19	41411
									7	Sr. Med.	7	41432
									11	St. Surg.	11	41433
Memorial		171	7,119	216	6,004	8,915	...	300FP*	14	Rot.	14	41511
St. Peter's		253	9,217	339	4,429	11,212	189	250FP	12	Rot.	12	41611
Binghamton												
Binghamton General	J. K. Moyer	268	11,393	407	2,837	6,359	...	265P	15	Rot.	15	41811
Bronxville												
Lawrence	J. M. Janes	186	6,561	234	3,232	4,371	...	200F*	10	Rot.	10	91611
Buffalo												
Buffalo General	T. T. Jacobs	574	18,484	714	36,393	17,676	190	150FP*	18	Rot.	18	43611
									8	St. Med.	8	43632
Children's	M. I. Rubin	212	14,217	204	68,115	.....	...	100F	6	St. Ped.	6	96534
Deaconess	L. I. Berman	246	9,674	404	1,921	9,566	...	300F	14	Rot.	14	43711
Edward J. Meyer Memorial	T. S. Bumbala	802	12,567	1,017	100,674	14,213	...	273P	26	Rot.	26	43811
Mercy	J. J. O'Brien	327	13,801	466	3,147	16,190	...	250F*	21	Rot.	21	43911
Millard Fillmore	L. H. Golden	468	18,820	566	2,040	8,789	190	310P	15	Rot.	15	44011
Sisters of Charity	C. E. Wiles	373	15,096	537	6,428	8,453	...	325F*	12	Rot.	12	44111
Cooperstown												
Mary Imogene Bassett	J. Bordley III	68	2,912	93	37,597	1,242	...	150P	9	Rot.	9	44211
									1	St. Med.	1	44232
Elmira												
Arnot—Ogden Memorial	C. E. Erway	171	9,171	244	23,541	6,879	...	200F	4	Rot.	4	44311
St. Joseph's	J. A. Mark	170	8,460	236	183	11,095	...	250F*	6	Rot.	6	44411
Glen Cove												
Community	H. Mayberger	160	8,620	270	4,413	7,696	...	200FP	8	Rot.	8	44611
Glen Falls												
Glens Falls	M. A. Mastrianni	235	12,825	340	4,569	3,960	...	300FP*	9	Rot.	9	44711
Hempstead												
Meadowbrook	F. B. Champlin	574	18,094	1,775	26,004	28,993	...	200F	32	Rot.	32	44811
Johnson City												
Charles S. Wilson Memorial	D. D. Smith	344	13,394	432	40,156	7,274	...	225P	12	Rot.	12	45211
Kenmore												
Kenmore Mercy	J. E. Kraus	182	8,568	166	.....	13,179	...	275FP*	12	Rot.	12	82911
Mineola												
Nossau	L. R. Ferraro	264	14,221	353	.....	.....	...	250	8	Rot.	8	45511
Mount Kisco												
Northern Westchester	E. J. Gallagher	11	5,705	174	545	6,326	...	320FP	4	Rot.	4	45611
Mount Vernon												
Mt. Vernon	F. T. Rogliano	233	9,560	342	11,983	10,954	...	150F	12	Rot.	12	45711
Newburgh												
St. Luke's	G. Flaum	190	8,322	303	6,885	16,527	...	250F	8	Rot.	8	45811
									1	St. Path.	1	45836

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NEW YORK—Continued												
New Rochelle												
New Rochelle.....	J. Hill.....	254	11,017	426	10,081	20,871	...	200F*	15	Rot.	15	45911
New York City												
Bellevue Hospital Center.....		2,741	44,304	1,843	437,047	83,541	...	175F	..	...	..	.....
First Medical Division												
Columbia University.....	D.W. Richards.....	...	.....	...	.....	.....	...	...	12	Mixed ¹	12	46020
First Surgical Division												
Columbia University.....	K.M. Lewis, Sr.....	...	.....	...	.....	.....	...	...	6	Mixed ²	6	46113
Second Medical Division												
Cornell University.....	T.P. Almy.....	...	.....	...	.....	.....	261	...	3	Mixed ¹	3	46220
Second Surgical Division												
Cornell University.....	C.W. Holman.....	...	.....	...	.....	.....	...	...	6	St. Surg.	6	46333
Third and Fourth Medical Divisions												
New York University College of												
Medicine.....	L. Thomas.....	...	.....	...	.....	.....	...	...	28	St. Med.	28	46432
Third and Fourth Surgical Division												
New York University College of												
Medicine & Post-Graduate												
Medical School.....	J.H. Mulholland.....	...	.....	...	.....	.....	...	...	15	St. Surg.	15	46533
Third Division Department												
of Pathology												
New York Univ. College of Medicine												
Third Division Department												
of Pediatrics												
New York Univ. College of Medicine												
Beth—El Hospital.....	S. Krugman.....	...	.....	...	.....	.....	262	...	10	St. Ped.	6	92934
Beth Israel.....		229	11,328	402	47,138	17,192	...	125F	26	Rot.	18	41911
Booth Memorial.....		295	9,432	350	38,948	8,835	...	140P	21	Rot.	21	47011
Bronx.....	A. Schwartz.....	170	9,670	239	2,588	2,146	...	175F	6	Rot.	6	82211
Bronx Municipal Hospital Center.....	E.E. Fischel.....	248	8,932	289	57,717	24,326	...	162F	9	Rot.	9	47111
Brooklyn.....		931	13,352	1,042	202,889	81,386	...	175F	16	St. Med.	16	93132
City Hospital at Elmhurst.....									12	St. Surg.	12	93133
Columbus.....									12	St. Ped. ⁷	12	93168
Caney Island.....									2	St. Ped.	2	93134
Cumberland.....									2	St. Path.	2	93136
Flushing Hospital and Dispensary.....		330	11,176	298	65,815	20,314	...	160F	10	Rot.	10	42011
Fordham.....									4	Mixed ¹	4	42012
French.....									2	Mixed ²	2	42013
Grand Central.....									3	St. Med.	3	42032
Greenpoint.....									1	St. Surg.	1	42033
Harlem.....									34	Rot.	34	49111
Hospital for Joint Diseases.....									2	St. Surg.	2	49133
Jamaica.....									14	Rot.	14	47211
Jewish.....									40	Rot.	40	42211
Jewish Memorial.....									4	Rot.	4	42311
Kings County Hospital Center.....									2	St. Med.	2	42332
Knickerbocker.....									2	St. Surg.	2	42333
Lebanon.....									2	St. Ped.	2	42334
Lenox Hill.....									12	Rot.	12	44511
Lincoln.....									19	Rot.	19	47411
Long Island College.....									10	Rot.	10	47511
Lutheran Hosp. of Brooklyn.....									2	St. Surg.	2	47533
Lutheran Medical Center.....									15	Rot.	15	46911
Maimonides.....									12	Rot.	12	42411
Mary Immaculate.....									49	Rot.	49	47811
New Rochelle.....									6	Rot.	6	47911
New York University College of									8	Rot.	8	44911
Medicine.....									28	Rot.	28	42511
New York University College of									8	St. Med.	8	42532
Medicine & Post-Graduate									2	St. Ped.	2	42534
Medical School.....									11	Rot.	11	48011
Third Division Department									20	Rot.	20	42611
of Pathology									28	St. Med.	28	42632
New York Univ. College of Medicine									12	St. Surg.	12	42633
Third Division Department									8	St. Ped.	8	42634
of Pediatrics									3	St. Path.	3	42636
New York Univ. College of Medicine									48	Mixed	48	42620
Beth—El Hospital.....									6	Rot.	6	48111
Beth Israel.....									3	St. Med.	3	48132
Booth Memorial.....									3	St. Surg.	3	48133
Bronx.....									13	Rot.	13	48211
Bronx Municipal Hospital Center.....									1	St. Surg.	1	48233
Brooklyn.....									23	Rot.	23	48311
City Hospital at Elmhurst.....									12	Rot.	12	48411
Columbus.....									8	Rot.	8	42711
Caney Island.....									4	St. Med.	4	42732
Cumberland.....									2	St. Surg.	2	42733
Flushing Hospital and Dispensary.....									2	St. Ped.	2	42734
Fordham.....									8	Mixed ¹	8	42720
French.....									14	Rot.	14	96311
Grand Central.....									8	Rot.	8	97211
Greenpoint.....									11	Rot.	11	43011
Harlem.....									12	Rot.	12	42811
Hospital for Joint Diseases.....									4	Mixed ^{1,2,4}	4	42820
Jamaica.....									12	Mixed ^{1,2,3}	12	42823
Jewish.....									8	Rot.	8	45011
Jewish Memorial.....												
Kings County Hospital Center.....												
Knickerbocker.....												
Lebanon.....												
Lenox Hill.....												
Lincoln.....												
Long Island College.....												
Lutheran Hosp. of Brooklyn.....												
Lutheran Medical Center.....												
Maimonides.....												
Mary Immaculate.....												

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NEW YORK, New York, Continued												
Methodist Hospital of Brooklyn.....	H. P. Felger	321	12, 215	364	30, 320	22,066	...	150F*	10	Rot.	10	42911
									4	St. Med.	4	42932
									1	St. Surg.	1	42933
									1	St. Ped.	1	42934
Misericordia.....	F. X. Reynolds	208	7, 971	250	15, 335	10, 168	...	160F	12	Rot.	12	48611
Montefiore.....	T. Lawyer, Jr.....	587	10, 584	961	42, 502	10, 397	198	100P*	40	Mixed	39	48720
Morrisania City	H. Blinder	352	10, 845	767	86, 267	59, 641	...	175F	18	Rot.	18	48811
Mather Cabrini Memorial.....	M. Nocero	92	3, 139	87	11, 690	4, 479	...	165F*	8	Rot.	8	48911
Mt. Sinai.....	A. F. Guttmacher.....	856	25, 627	915	198, 987	77, 606	...	50F	36	Rot.	36	49011
New York		909	28, 291	694	228, 428	20, 948	...	106P	18	St. Med.	18	49232
									17	St. Surg.	17	49233
									4	St. Ped.	2	49234
									4	St. Path.	4	49236
									6	Rot. ⁹	...	.....
New York Infirmary.....	J. V. Lichtenstein...	135	5, 221	88	11, 450	.....	...	100F*	12	Rot.	12	49411
New York Polyclinic Medical School and Hospital.....	A. L. Lichtman	257	9, 649	197	53, 099	14, 934	...	125F	12	St. Med.	12	49532
Presbyterian.....		1, 263	39, 136	940	391, 975	29, 489	...	208P	12	St. Surg.	12	49533
									3	St. Path.	3	49536
									6	Rot.	6	87411
Prospect Heights.....	L. J. Cibelli.....	116	5, 443	190	.....	1, 199	...	300P	34	Rot.	34	45111
Queens Hospital Center.....	L. J. Morse.....	1, 116	14, 629	1, 645	118, 127	57, 148	...	175F	8	Mixed ¹	8	49623
Roosevelt.....		386	10, 779	383	89, 297	40, 435	...	133P*	8	Mixed ²	8	49672
St. Catherine's	W. H. LeStrange.....	204	8, 349	325	15, 849	22, 067	...	160F	10	Rot.	6	43111
St. Clare's.....	J. L. Madden	326	9, 716	300	24, 213	16, 995	...	200F	13	Rot.	13	49711
									2	St. Med.	1	49732
									2	St. Surg.	2	49733
St. Francis.....	J. S. Labate	245	9, 112	295	23, 151	15, 642	...	150FP	12	Rot.	12	49811
St. John's Episcopal	T. A. McCormick.....	195	7, 979	221	25, 999	23, 455	...	180F	12	Rot.	12	43211
St. John's Lang Island City	A. E. Passera	157	4, 974	198	4, 580	12, 728	199	150FP	16	Rot.	16	45411
St. Luke's.....		485	12, 248	418	112, 299	50, 192	...	75F	10	Mixed ¹	10	49912
									8	Mixed ²	8	49913
									4	Mixed ⁴	4	49914
St. Mary's.....	M. L. Salico.....	160	6, 050	180	24, 086	16, 936	...	150F	8	Rot.	8	43311
St. Vincent's Hospital of the Borough of Richmand	L. R. Merlino.....	215	9, 681	315	7, 104	7, 955	...	190P	8	Rot.	8	51411
St. Vincent's Hospital of the City of New York.....	R. J. Boller	705	18, 186	831	82, 407	33, 109	197	130F	23	Rot.	23	50011
									5	St. Med.	5	50032
									6	St. Surg.	6	50033
Staten Island	M. C. Rosati.....	200	9, 748	278	8, 074	8, 609	...	150F	8	Rot.	8	51511
Sydenham.....		167	5, 484	129	31, 392	55, 516	...	175F	9	Rot.	9	50111
Unity.....	V. Ginsberg.....	164	7, 326	237	4, 286	18, 431	...	300F	8	Rot.	8	43411
Wyckoff Heights.....	A. L. Statsinger.....	256	9, 227	430	13, 805	18, 914	...	200	8	Rot.	8	43511
Niagara Falls												
Mount St. Mary's.....	E. M. Cordasco	133	5, 950	168	12, 864	5, 856	...	275FP*	6	Rot.	6	50311
Niagara Falls Memorial	L. B. Kramer	311	11, 949	361	.....	13, 337	...	260P*	13	Rot.	13	93511
Oceanside												
South Nassau Communities Hosp.		202	9, 592	325	.....	3, 942	...	...	8	Rot.	8	84511
Port Chester												
United.....	L. T. Delaney	212	9, 006	292	6, 287	13, 687	...	235P*	8	Rot.	8	50411
Poughkeepsie												
St. Francis.....	J. D. Gioia.....	169	7, 565	204	3, 178	6, 640	...	200FP	6	Rot.	6	50511
Vassar Brothers.....	B. A. Kanwit	205	9, 571	338	5, 795	13, 492	...	250FP	8	Rot.	8	50611
Rochester												
Genesee.....		251	12, 012	368	16, 414	21, 761	...	150F*	4	Rot.	4	50711
									4	St. Med.	4	50732
									4	St. Surg.	4	50733
									1	St. Path.	1	50736
									4	Mixed ¹	4	50720
Highland.....	J. W. Holler	190	9, 083	299	8, 802	5, 354	200	150FP*	9	Rot.	9	50811
									3	St. Med.	3	50832
									3	St. Surg.	3	50833
Rochester General.....	P. W. Weld	356	19, 339	462	12, 819	19, 788	...	150FP*	18	Rot.	18	50911
									3	St. Med.	3	50932
									2	St. Surg.	2	50933
St. Mary's.....	E. J. Werdein.....	268	13, 066	406	7, 501	11, 655	201	225P	15	Rot.	15	51011
Strong Memorial-Rochester Municipal		556	18, 564	785	88, 925	34, 546	202	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. Vlohides.....	365	13, 999	447	6, 300	14, 351	...	300F*	18	Rot.	18	51211
St. Clare's.....		159	7, 440	254	1, 597	5, 891	...	300F*	12	Rot.	12	51311
Syracuse												
General.....	S. J. Horawitch	96	5, 927	164	2, 091	3, 886	...	225P	6	Mixed	6	51720
St. Joseph's.....	B. Levinson.....	248	12, 853	334	5, 143	13, 298	203	300FP	12	Rot.	12	51811
State University of New York												
Upstate Medical Center.....	W. A. Harris.....	1, 309	122, 619	1, 369	121, 722	.....	...	225	12	Rot.	12	51611
									8	St. Med.	8	51632
									7	St. Surg.	7	51633
									5	St. Ped.	5	51634
									2	St. Path.	2	51636
									6	Mixed ¹	6	51620
									2	Mixed ⁶	2	51676

Numerical and other references are listed on pages 102 through 104.

APPROVED INTERNSHIPS

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
NEW YORK—Continued												
Troy												
Leonard.....	M. W. Quandt.....	151	6,995	204	.....	5,134	204	125F*	8	Rot.	8	96911
St. Mary's.....	L. I. Citrin.....	142	6,282	220	1,777	4,556	...	175F	6	Rot.	6	51911
Samaritan.....	C. G. Burn.....	164	7,899	243	2,801	6,857	...	300F	10	Rot.	10	52011
Utica												
St. Luke's—Memorial Hospital Center	M. L. Nusbaum.....	224	11,004	359	.....	13,901	205	200F	6	Rot.	6	83611
Valhalla												
Grasslands.....	.....	357	5,213	435	50,080	10,716	...	200F	12	Rot.	12	52111
									4	St. Med.	4	52132
									4	St. Surg.	4	52133
White Plains												
White Plains.....	J. B. Moses.....	158	7,422	231	9,993	12,804	...	150F*	8	Rot.	8	52311
Yonkers												
St. John's Riverside.....	C. M. Brano.....	...	...	...	.....	...	...	120F	8	Rot.	8	52411
St. Joseph's.....	A. G. Berraco.....	92	4,830	147	4,153	6,526	...	200F	8	Rot.	8	52511
Yonkers General.....	R. D. Deans.....	116	5,305	179	7,228	5,159	...	150FP*	6	Rot.	6	52611
NORTH CAROLINA — Hospitals, 10; Internships, 185												
Asheville												
Memorial Mission.....	R. Y. Moon.....	259	13,041	426	9,313	16,061	...	250P*	8	Rot.	8	94911
Chapel Hill												
North Carolina Memorial.....	R. R. Cadmus.....	273	9,337	353	85,204	9,497	...	150	12	St. Med.	12	90032
									8	St. Sura.	8	90033
									4	St. Ped.	4	90034
									4	St. Path.	4	90036
									9	Mixed	9	90020
Charlotte												
Charlotte Memorial.....	.....	345	13,262	305	21,937	25,152	...	270P	10	Rot.	10	52711
Durham												
Duke Hospital.....	.....	512	19,076	695	97,734	11,832	206	25FP*	26	St. Med.	26	52932
									16	St. Sura.	16	52933
									10	St. Ped.	10	52934
									3	St. Path	3	52936
									1	St. OBG.	1	52935
									4	Mixed	4	52920
									10	Rot.	10	87711
									4	St. Med.	4	87732
									2	St. Sura.	2	87733
									1	St. Ped.	1	87734
									1	St. OBG.	1	87735
									3	Mixed ¹	3	87712
									2	Mixed ²	2	87713
									2	Mixed ³	2	87715
Greensboro												
Moses H. Cone Memorial.....	W. C. Lusk.....	244	12,913	304	.....	13,286	...	350P	16	Rot.	16	94311
Wilmington												
James Walker Memorial.....	H. M. Pickard.....	203	11,627	218	6,497	13,974	...	300FP*	8	Rot.	8	53411
Winston-Salem												
City Memorial.....	B. F. Huntley.....	246	12,766	340	3,678	12,769	...	275P	16	Rot.	14	53511
Koto Bittig Reynolds Memorial.....	R. L. Smith.....	161	6,984	336	8,959	12,984	...	275P	9	Rot.	9	53611
North Carolina Baptist.....	.....	338	15,093	492	70,810	13,682	...	150P	5	St. Med.	5	53732
									6	St. Sura.	6	53733
									3	St. Path.	3	53736
									8	Mixed	8	53720
NORTH DAKOTA — Hospitals, 2; Internships, 14												
Fargo												
St. John's.....	J. J. Spier.....	123	5,895	193	2,287	3,154	...	225F	6	Rot.	6	87011
St. Luke's.....	G. H. Hall.....	163	7,784	194	.....	7,782	...	300F	8	Rot.	8	53911
OHIO — Hospitals, 52; Internships, 829												
Akron												
Akron City.....	.....	554	18,178	764	17,034	19,105	...	225FP*	24	Rot.	24	54111
Akron General.....	B. S. Smith.....	413	15,350	611	45,698	12,180	207	250FP	21	Rot.	21	54211
St. Thomas.....	R. H. Hart.....	239	9,807	225	12,597	12,517	...	250FP*	15	Rot.	15	54311
Barberton												
Barberton Citizens.....	F. A. Feldheimer.....	205	10,111	252	1,582	14,839	...	350F*	12	Rot.	12	96411
Canton												
Aultman.....	C. V. Smith.....	397	18,242	471	3,606	17,673	...	225F	20	Rot.	20	54411
Mercy.....	.....	378	16,631	531	3,779	15,346	...	250P	7	Rot.	7	54511
Cincinnati												
Bethesda.....	Q. DeBrosse.....	298	13,767	376	6,304	7,991	208	...	6	Rot.	6	54611
									6	Mixed	6	54620
Christ.....	J. N. Ganim.....	335	12,173	500	13,275	4,336	208	225F*	18	Rot.	18	54711
									2	St. Sura.	3	54733
Good Samaritan.....	D. C. Fischer.....	604	24,763	740	2,083	8,224	...	200FP*	15	Rot.	15	55011
									4	St. Sura.	4	55033
Jewish.....	E. G. Margolin.....	395	17,508	528	14,469	17,845	...	225FP	10	Rot.	10	55111
									7	Mixed	7	55120
St. Mary's.....	R. J. Neubauer.....	...	...	...	.....	...	...	...	...	...	...	...
	W. A. Peck, Jr.....	146	5,381	243	8,718	22,937	...	225F	12	Rot.	12	55211
Univ. of Cincinnati Hosp. Group.....	.....	549	16,970	1,073	122,494	94,315	...	100F	52	Rot.	52	54811
Cleveland												
Cleveland Clinic.....	C. L. Leedom.....	408	14,966	545	242,010	4,764	...	100FP*	16	Rot.	16	96811
									4	St. Surg.	4	96833

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APPROVED INTERNSHIPS

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought through NIMP	NIMP Code
OHIO, Cleveland—Continued												
Cleveland Metropolitan General	M. J. Holl	586	10,730	550	139,177	25,648	...	122F	16	Rot.	16	55311
									8	St. Med.	8	55332
									4	St. Sura.	4	55333
									4	St. Ped.	4	55334
									2	St. Path	2	55336
Evangelical Deaconess	R. A. George	219	10,248	367	.....	18,748	211	200F	12	Rot.	12	90911
Fairview Park	E. G. Kilroy	339	13,047	341	4,522	16,856	...	200FP	12	Rot.	12	55411
	G. Seltzer	327	12,306	408	8,388	15,180	...	200FP*	12	Rot.	12	57111
Huron Road	J. P. Lydon	231	9,530	282	.....	13,141	...	250F	15	Rot.	15	55611
Lutheran	D. W. Schultz	355	12,966	490	47,704	23,692	...	180F*	22	Rot.	22	55711
Mt. Sinai	S. E. Wolpaw	293	11,112	543	6,024	15,960	...	200F	8	Rot.	8	55811
St. Alexis	W. P. Shelly	240	9,193†	288	891	11,612	...	225FP*	7	Rot.	7	55911
St. John's	D. M. Glover	461	18,185	417	47,346	27,562	...	200F	24	Rot.	24	56011
St. Luke's	A. C. Corcoran	333	10,609	526	54,103	20,290	...	225FP*	4	Rot.	4	56111
St. Vincent Charity									6	Mixed ^{1,2}	6	56124
University Hospitals		714	23,985	799	165,671	25,881	...	125P	16	Rot.	16	56211
									12	St. Med.	12	56232
									9	St. Sura.	9	56233
									6	St. Ped.	6	56234
									2	St. Path.		
Cleveland Heights												
Doctors	J. E. Allen	166	6,396	154	.....	4,394	...	200F	8	Rot.	8	56311
Columbus												
Grant	L. H. French	220	10,334	355	1,412	14,601	...	275F*	20	Rot.	20	56411
Mount Carmel	R. W. Zollinger	365	17,192	482	7,813	14,274	213	250F	18	Rot.	18	56511
Riverside Methodist - White Cross	F. P. Kintz	332	15,008	335	5,558	15,717	213	275P*	19	Rot.	19	56711
									3	Mixed ¹	3	56712
									3	Mixed ²	3	56713
University Hospitals	R. L. Meiling	493	20,257	891	98,792	27,870	213	152P	12	Rot.	12	56611
									12	St. Med.	12	56632
									12	St. Sura.	12	56633
Dayton												
Good Samaritan		339	18,363	460	1,760	21,151	...	245F	10	Rot.	10	56811
Miami Valley	C. R. Brown, Jr.	608	24,202	896	18,666	31,496	...	200F*	16	Rot.	16	56911
St. Elizabeth	J. S. Surdyk	421	16,579	513	4,648	21,915	...	250P	12	Rot.	12	57011
Elyria												
Elyria Memorial	R. E. Hayes	180	9,958	275	4,218	12,402	...	250F*	5	Rot.	5	90111
Euclid												
Euclid - Glenville	J. L. Whitaker	200	9,166	254	979	17,789	...	200F	10	Rot.	10	55511
Garfield Heights												
Marymount		204	7,401	188	1,167	14,361	214	200F*	12	Rot.	12	57211
Hamilton												
Mercy	C. A. Schuck	276	12,590	368	11,865	11,162	...	250F*	6	Rot.	6	57311
Lakewood												
Lakewood	E. J. O'Malley	239	10,221	342	2,376	11,127	...	250F*	6	Rot.	6	57411
Lima												
Lima Memorial		234	10,435	278	1,766	7,511	...	250F	12	Rot.	12	57511
St. Rita's	T. D. Allison	285	12,897	436	1,642	13,957	215	275P	12	Rot.	12	57611
Lorain												
St. Joseph	M. C. Kolczun	188	9,871	323	787	16,495	211	250F	6	Rot.	6	97311
Springfield												
Mercy	A. T. Anton	255	10,879	344	1,345	10,781	...	250P	9	Rot.	9	87811
Springfield City	J. Harley	220	10,545	302	33,440	14,342	...	300F	10	Rot.	10	57711
Stuebenville												
Ohio Valley	J. Y. Bevan	195	10,178	391	1,839	9,093	...	225F	8	Rot.	8	92711
Toledo												
Flower	H. van Baaren	176	7,662	225	700	7,229	216	250F	9	Rot.	9	57811
Maumee Valley	J. G. Sneyely	168	4,922	397	27,718	10,030	...	250F	6	Rot.	6	57911
Mercy	R. M. Reineck	299	14,283	339	12,331	10,039	...	275F	14	Rot.	14	58011
Riverside	J. F. Miller											
	E. J. Kurt	142	6,932	160	127	4,254	...	280F	9	Rot.	9	58111
St. Charles	J. F. Brunner	231	9,009	265	3,449	6,271	217	275F	9	Rot.	9	95111
St. Vincent's	F. C. Curtzwiller	445	18,522	597	26,629	18,119	...	275F	15	Rpt.	15	58211
Toledo	H. H. M. Bowman	333	15,276	428	15,820	19,337	...	275F*	20	Rot.	20	58311
Warren												
Trumbull Memorial	W. H. Gronemeyer	306	13,447	372	210	13,639	...	250F	12	Rot.	12	98011
Youngstown												
St. Elizabeth	D. R. Ginder	487	20,452	573	7,419	23,575	...	275FP	20	Rot.	20	58411
Youngstown	W. D. Loeser	659	25,162	815	9,339	31,193	...	250F	24	Rot.	24	58511
OKLAHOMA — Hospitals, 7; Internships, 90												
Oklahoma City												
Mercy	F. H. McGregor	196	9,700	355	5,708	15,534	218	250P	10	Rot.	10	58611
St. Anthony	E. M. Farris	344	16,657	488	14,449	7,282	...	250P	14	Rot.	14	58711
University Hospitals	J. M. White	376	10,823	463	75,841	6,661	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
Veterans Administration Hospital	J. F. Hammarsten	435	5,369	346	.....	.....	218	224	4	St. Med.	4	58932
Wesley	C. W. Cahey	168	9,917	217	6,182	1,290	...	300F	8	Rot.	8	59011
Tulsa												
Hillcrest Medical Center	F. W. Pruitt	419	19,788	517	16,578	13,624	...	150F	13	Rot. ⁷	13	59111
St. John's	R. A. Lawson, Jr.	559	13,797	610	16,538	19,008	...	175FP*	12	Rot.	12	59211

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APPROVED INTERNSHIPS

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
OREGON -- Hospitals, 7; Internships, 100												
Eugene												
Sacred Heart General	L. D. Jacobson	191	13,179	299	.....	9,121	...	250P	8	Rot.	8	59311
Portland												
Emanuel	R. McMahon	325	17,204	371	1,942	7,598	...	250P	14	Rot.	14	59411
Good Samaritan	J. O. Branford	309	15,482	353	721	9,725	...	250P*	15	Rot.	15	59511
Portland Sanitarium and Hospital	E. E. Bietz	163	10,632	242	.....	13,242	...	250P	8	Rot.	8	59611
Providence	R. A. Payne	260	13,406	309	6,721	9,628	220	250P	12	Rot.	12	59711
St. Vincent's	A. A. Oyama	256	13,503	421	1,645	5,145	221	250P	12	Rot.	12	59811
University of Oregon Medical School Hospitals and Clinics	C. N. Holman	541	12,601	708	121,265	5,530	...	125F	30	Rot.	30	59911
PENNSYLVANIA -- Hospitals, 72; Internships, 884												
Abington												
Abington Memorial	L. R. Schumacher	311	13,220	425	15,839	14,926	...	250P	12	Rot.	12	60011
Allentown												
Allentown	R. L. Schaeffer	448	15,446	624	13,271	7,884	...	225F	16	Rot.	16	60111
Sacred Heart	.....	376	11,792	382	9,870	11,113	...	225F*	10	Rot.	10	60211
Altoona												
Altoona	J. M. Stowell	270	10,314	413	11,666	4,948	...	300F*	12	Rot.	12	60311
Mercy	J. M. O'Leary	133	5,538	271	6,026	21,948	...	300F	4	Rot.	4	60411
Bethlehem												
St. Luke's	W. L. Estes, Jr.	379	11,877	503	9,934	11,520	...	250FP	12	Rot.	12	60511
Bristol												
Lower Bucks County	S. Vine	190	11,433	198	24,186	23,124	...	300F*	8	Rot.	8	97411
Bryn Mawr												
Bryn Mawr	W. S. Parker	288	12,009	434	10,136	15,154	...	175F*	12	Rot.	12	60611
Chester												
Chester	A. H. Silvers	187	8,185	285	6,396	14,375	...	350F	8	Rot.	8	60711
Sacred Heart Hospital	.....	149	6,270	69	.....	.....	.....	.....	6	Rot.	6	84111
Danville												
George F. Geisinger Memorial	.....	248	10,744	299	108,352	.....	.....	150FP*	15	Rot.	12	60811
Darby												
Thomas M. Fitzgerald-Mercy	W. J. Zintl	329	12,665	355	14,391	15,121	...	200F	12	Rot.	12	60911
Easton												
Easton	F. Clarke	219	8,716	409	25,130	13,103	...	250FP	10	Rot.	10	61011
Erie												
Hamot	N. D. Van Marter	294	13,237	441	11,421	17,909	...	250F*	10	Rot.	10	61111
St. Vincent's	J. F. Hartman	264	13,506	461	15,000	11,662	...	250F*	10	Rot.	10	61211
Greensburg												
Westmoreland	J. Dull	221	9,660	338	42,587	8,754	...	350F*	4	Rot.	4	61311
Harrisburg												
Harrisburg	.....	513	18,881	760	26,634	13,890	...	200F	24	Rot.	24	61411
Harrisburg Polyclinic	W. Bates	436	15,573	556	14,857	7,851	...	275F*	18	Rot.	18	61511
Johnstown												
Conemaugh Valley Memorial	W. W. Ayres	391	15,348	521	23,071	25,481	...	250F	12	Rot.	12	61611
Mercy	D. C. Borecky	191	7,550	177	24	2,166	...	250F	6	Rot.	6	81611
Lancaster												
Lancaster General	P. R. Davidson	396	16,348	532	12,550	17,869	...	200FP*	12	Rot.	12	61811
St. Joseph's	J. F. Young	236	8,188	259	5,823	7,998	...	300F	6	Rot.	6	61911
McKeesport												
McKeesport	W. J. Fetter	426	14,699	599	12,375	19,462	...	300FP	10	Rot.	10	62011
Notran Heights												
Allegheny Valley	D. W. Minter	...	11,574	338	1,215	12,919	...	325F	4	Rot.	4	93611
Norristown												
Montgomery	S. C. Carfagno	169	9,402	242	16,766	22,112	...	250F	6	Rot.	6	62111
Philadelphia												
Albert Einstein Medical Center	.....	691	24,704	1,204	77,809	29,365	...	100F*	21	Rot.	21	63111
Northern Division	"Experience scheduled at both Divisions"	.....	.....	.....	.....	.....	.....	.....	9	Mixed*	9	63112
Southern Division	.....	.....	.....	.....	.....	.....	.....	.....	7	St. Med.	7	63132
Chestnut Hill	E. H. McGehee	128	6,280	167	6,202	6,385	...	250F	6	Rot.	6	91011
Episcopal	J. A. Splendido	315	9,208	421	42,477	20,723	...	175FP*	12	Rot.	12	62311
Frankford	C. Q. Griffith	162	8,206	313	12,423	18,433	...	400FP	8	Rot.	8	62411
Germantown Dispensary and Hospital	J. W. MacMoran	274	10,089	478	34,677	17,393	...	175F*	12	Rot.	12	62511
Graduate Hospital of the University of Pennsylvania	D. D. Harrell	253	8,223	257	51,108	14,025	222	100FP	12	Rot.	12	62611
Hahnemann Medical College and Hospital	.....	426	14,335	620	63,931	23,356	...	75F	16	Rot.	16	62711
Hospital of the University of Pennsylvania	H. M. Dana	604	19,620	616	131,212	24,451	...	100F	32	Rot.	32	62811
Jefferson Medical College Hospital	R. W. Mahler	649	20,175	608	101,203	25,288	...	75F	8	St. Med.	8	63032
.....	.....	.....	.....	.....	.....	.....	.....	.....	8	St. Surg.	8	63033
.....	.....	.....	.....	.....	.....	.....	.....	.....	4	St. Ped.	4	63034
Lankenou	A. P. Angelides	331	12,148	346	18,639	8,179	...	175F	12	Rot.	12	63211
Memorial	J. A. Splendido	147	5,207	201	2,040	4,994	223	250F	6	Rot.	6	63311
Mercy-Douglass	R. F. Minton	203	4,925	123	10,656	8,252	...	225F	8	Rot.	8	63411
Methodist Episcopal	J. F. McCloskey	171	6,467	219	15,190	10,653	...	200FP*	8	Rot.	8	63511
Misericordia	P. J. Lenahan	269	10,190	385	23,672	19,683	...	200F	16	Rot.	16	63611
Nazareth	C. J. Schreuder	162	8,342	246	8,154	18,179	...	300F	10	Rot.	10	63811
Northeastern	J. R. Minehart	115	4,615	157	16,005	9,762	224	...	6	Rot.	6	97511
Pennsylvania	.....	311	12,358	538	64,827	20,776	225	250	18	Rot.	18	63911
Philadelphia General	A. A. Wallack	1,351	24,344	2,190	225,677	102,748	...	100F	90	Rot.	90	64011
Presbyterian	F. C. Fetter	262	8,327	351	34,205	17,885	...	225F	14	Rot.	14	64111
St. Joseph's	.....	153	5,909	191	10,588	7,626	...	400F	6	Rot.	6	64311
St. Luke's and Children's Medical Center	J. H. Davidson	168	7,096	204	34,785	14,782	...	500F	6	Rot.	6	64111

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PENNSYLVANIA, Philadelphia—Continued												
St. Mary's Franciscan	J. J. Korey	163	55,369	148	11,089	10,421	...	300F	6	Rot.	6	64511
Woman's	H. diSilvestro	105	4,512	129	13,467	8,303	...	150F*	6	Rot.	6	64711
Pittsburgh												
Allegheny General	R. A. Wolff	454	15,349	610	34,444	36,494	...	183F	18	Rot.	18	64811
Health Center Hospitals of the University of Pittsburgh		...	...	...	...	...	...	...	10	Mixed ¹	10	65212
									6	Mixed ²	6	65213
									6	Mixed ⁴	6	65214
									5	Mixed ⁵	5	65286
Mercy	C. C. Altman	555	16,335	568	25,130	12,150	...	260F	12	Rot.	12	64911
Montefiore	P. J. Rosenthal	286	11,152	409	27,670	13,003	...	200F	15	Rot.	15	65011
Pittsburgh	G. D. Potton	184	7,166	291	8,465	12,508	...	300F	6	Rot.	6	65111
St. Francis Gen. Hosp. & Rehabilitation Institute	H. E. Borus	585	15,644	560	53,716	12,918	...	225FP*	20	Rot.	20	88111
St. Joseph's Hospital & Dispensary	F. N. Tetlow	150	5,459	183	4,931	9,396	...	400F	6	Rot.	6	65511
St. Margaret Memorial	A. C. Heineman, Jr.	137	4,601	138	12,797	1,652	...	300FP*	6	Rot.	6	65611
Shadyside		284	9,320	374	40,693	6,058	...	350F	10	Rot.	10	65711
South Side	F. R. Franke	294	10,908	453	9,689	18,011	...	500F	9	Rot.	9	65811
Western Pennsylvania	W. C. Wycoff	442	15,747	520	22,884	15,288	...	225F	18	Rot.	18	65911
Reading												
St. Joseph's	W. J. Cassidy	235	8,522	349	8,440	9,485	...	350F	6	Rot.	6	66211
Sayre												
Robert Packer	W. C. Beck	226	11,689	275	55,534	12,932	...	150FP*	12	Rot.	12	66411
Scranton												
Scranton State	J. J. Sptizer	168	5,162	365	19,357	2,805	...	390F	10	Rot.	10	66611
Sewickley												
Sewickley Valley	J. R. Johnston, III	205	7,774	162	8,108	4,274	...	300F*	8	Rot.	8	66711
Uniontown												
Uniontown		247	9,278	480	5,876	15,732	...	350FP*	5	Rot.	5	66811
Washington												
Washington	J. N. McMahan	283	10,466	486	5,287	26,409	...	325F	8	Rot.	8	66911
West Chester												
Chester County	R. Poole	151	5,702	157	7,489	8,002	...	350FP*	6	Rot.	6	88211
West Reading												
Reading	J. R. McShane	451	14,398	686	49,316	8,575	...	200FP*	14	Rot.	14	66111
Wilkes-Barre												
Mercy	A. L. Lucht	170	6,651	212	9,625	3,581	...	300F	4	Rot.	4	67011
Wilkes-Barre General	E. Werhun	260	9,274	471	20,019	5,385	...	300F*	10	Rot.	10	67111
Wilkesburg												
Columbia	E. L. Waisbrot	208	7,838	315	5,550	11,805	...	300F	6	Rot.	6	67211
Williamsport												
Williamsport	N. E. Sharrer	252	9,888	353	8,653	19,244	...	225F	8	Rot.	8	67311
York												
York	R. L. Evans	320	17,356	663	18,341	13,241	...	275F*	12	Rot.	12	67411
PUERTO RICO — Hospitals, 9; Internships, 120												
Aguadilla												
Aguadilla District		36	6,978	224	19,620	20,157	...	125FP*	12	Rot.	12	83911
Arecibo												
Arecibo District	K. Ramirez-Smith	221	7,870	297	27,459	8,285	...	100F	12	Rot.	12	81811
Caparra Heights												
University District	R. Méndez-Bryon	207	7,317	467	34,547	20,148	...	100F	18	Rot. ⁹	..	.....
Fajardo												
Fajardo District	A. Bernabe	214	6,370	228	27,657	17,344	...	100F	10	Rot.	10	84011
Ponce												
Hospital de Damas	E. Colón Yordán	117	6,636	69	4,028	3,806	...	125F*	7	Rot. ⁹	..	.....
Ponce District	A. Serra	350	10,590	602	51,538	18,550	...	100F	16	Rot. ⁹	..	.....
Rio Piedras												
Rio Piedras Municipal	P. J. Rullán	177	10,204	256	55,188	40,378	...	100F	13	Rot. ⁹	..	.....
San Juan												
Presbyterian	R. J. Jimenez	135	7,103	116	15,626	5,446	...	200F	8	Rot. ⁹	..	.....
San Juan City	M. Blasini Rivera	286	11,362	482	105,383	107,119	...	100FP	24	Rot. ⁹	..	.....
RHODE ISLAND — Hospitals, 6; Internships, 64												
Newport												
Newport	A. Caputi	179	6,481	261	3,542	6,129	...	100F	8	Rot.	8	67511
Pawtucket												
Memorial	A. M. Burgess	179	8,132	386	11,392	20,239	...	200F	8	Rot.	8	67611
Providence												
Miriam	A. M. Burgess	168	6,328	177	3,537	9,036	226	150FP*	8	Rot.	8	95311
Rhode Island	H. McCusker	541	20,067	900	48,959	34,182	226	100F	20	Rot. ⁷	20	67711
Roger Williams	W. H. Foley	195	8,902	302	5,206	13,584	...	200F	8	Rot.	8	67811
St. Joseph's		226	7,814	394	15,410	12,156	...	150F*	12	Rot.	12	67911
SOUTH CAROLINA — Hospitals, 6; Internships, 100												
Charleston												
Medical College of South Carolina Teaching Hospitals (Medical College Hosp. and Roper Hosp.)	V. Moseley	...	20,722	638	76,100	24,213	...	125FP	28	Rot.	28	68011
									2	St. Med.	2	68032
									2	St. Sura.	2	68033
									2	Mixed ⁵	2	68020
Columbia												
Columbia	H. H. DuBose	403	16,373	534	20,222	24,136	...	280P	15	Rot.	15	68111
Florence												
McLeod Infirmary	W. G. Baroody, Jr.	161	8,877	329	16,414	2,951	...	250F	6	Rot.	6	68211

Numerical and other references are listed on pages 102 through 104.

Name of Hospital and Location	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Affiliated Services	Beginning Stipend (Month)	Authorized Complement	Type	Total Sought Through NIMP	NIMP Code
SOUTH CAROLINA—Continued												
Greenville												
Greenville General	R. E. Brownlee	486	22,306	627	29,989	29,349	...	275	24	Rot.	24	68311
Orangeburg												
Orangeburg Regional		202	10,174	278	22,206	5,578	...	300F*	6	Rot.	6	68411
Spartanburg												
Spartanburg General	J. E. Keith	318	18,665	415	18,895	23,584	...	325P	15	Rot.	15	68511
SOUTH DAKOTA — Hospitals, 2; Internships, 14												
Sioux Falls												
McKenna	R. J. Quinn	202	9,336	239	7,785	3,343	227	150FP	7	Rot.	7	68611
Sioux Valley	R. E. Nelson	184	10,179	280	7,406	2,936	...	200F	7	Rot.	7	68711
TENNESSEE — Hospitals, 15; Internships, 278												
Chattanooga												
Baroness Erlanger		451	22,262	811	41,444	29,311	228	300F	14	Rot.	14	68911
Kingsport												
Holston Valley Community	J. K. Maloy	249	12,840	305	9,100	38,847	...	375P	8	Rot. ⁹	..	.....
Knoxville												
East Tennessee Baptist	R. Crain	221	11,992	187	.....	6,903	229	300F	12	Rot.	12	69011
Fort Sanders Presbyterian	J. L. Garcia, Jr.	209	10,168	243	.....	6,771	...	250FP*	8	Rot.	8	69111
St. Mary's Memorial	M. P. Fecher	303	13,326	292	1,142	7,492	...	225FP*	12	Rot.	12	69311
Univ. of Tennessee Memorial Research Center & Hospital	J. A. Burdette	185	8,426	348	33,206	13,720	...	300F	15	Rot. ⁹	..	.....
Memphis												
Baptist Memorial	P. Milnor, Jr.	708	34,996	756	8,374	12,603	230	300F	24	Rot.	12	69411
City of Memphis Hospitals	L. F. Tullis	449	18,991	1,081	149,361	44,806	...	150F*	36	Rot.	18	84411
									6	St. Med.	6	84432
									4	St. Ped.	2	84434
Methodist	J. C. Loughheed	383	21,421	410	7,500	9,584	231	300FP	15	Rot. ⁹	..	.....
St. Joseph	M. J. Roach, Jr.	260	13,098	328	7,281	8,766	...	300F	16	Rot. ⁹	..	.....
Nashville												
Baptist	F. C. Wamack, Jr.	317	17,886	407	4,436	7,533	...	300F	16	Rot.	16	69911
Hubbard	E. E. Caldwell	156	5,391	304	37,140	18,672	...	150FP*	14	Rot.	14	69811
Nashville General	F. E. Whitacre	159	6,604	329	47,308	22,276	...	300FP*	14	Rot.	6	70011
St. Thomas	R. H. Kampmeier	209	10,981	309	4,849	3,720	232	300FP*	2	St. Med.	2	70032
Vanderbilt University Hospital	J. L. Shapiro	342	12,723	454	66,059	23,544	233	50F	14	Mixed	6	70120
									14	St. Med.	14	70232
									12	St. Surg.	12	70233
									8	St. Ped.	9	70234
									4	St. Path.	4	70236
TEXAS — Hospitals, 21; Internships, 329												
Austin												
Brackenridge	R. R. Ross	198	10,292	386	30,648	19,900	...	175FP*	14	Rot.	14	70411
Corpus Christi												
Memorial	G. Schuster	221	12,913	397	29,453	13,236	234	150F	7	Rot.	7	70511
Dallas												
Baylor University Medical Center	R. Tompsett	596	32,967	780	11,785	18,499	235	200P	18	Rot.	18	70611
									2	St. Med.	2	70632
									1	St. Path.	1	70636
Children's Medical Center	E. L. Pratt	80	4,003	81	62,124	.....	236	150F	4	St. Ped.	4	95534
Methodist	J. W. Davidson, Jr.	314	18,450	330	9,423	10,483	237	200F*	18	Rot.	18	70711
Parkland Memorial		643	22,248	1,131	160,217	83,525	...	125P	30	Rot.	30	70811
									10	St. Med.	10	70832
									2	St. Path.	2	70836
St. Paul	D. A. Sutherland	284	16,150	431	19,829	8,912	...	200FP	12	Rot.	12	70911
Veterans Administration	B. Friedman	629	6,093	450	.....	.....	238	224P	12	St. Med.	12	88732
El Paso												
Hotel Dieu, Sisters'	J. C. Postlewaite	163	11,041	245	310	1,456	...	150F	8	Rot.	8	95411
R. E. Thomason General	F. H. Van Wagoner	154	5,244	286	20,159	16,731	...	200FP*	8	Rot.	8	71011
Fort Worth												
John Peter Smith	D. E. Neal	116	5,502	432	33,709	36,756	...	175P	18	Rot.	18	71111
St. Joseph	W. S. Lorimer, Jr.	229	13,835	369	6,646	11,092	...	200FP*	12	Rot.	12	71311
Galveston												
Univ. of Texas Medical Branch Hospitals		732	14,523	663	113,681	16,649	...	110FP	22	Rot.	22	71411
									6	St. Med.	6	71432
									4	St. Surg.	4	71433
									4	St. Ped.	4	71434
									1	St. Path.	1	71436
Houston												
Baylor Univ. College of Med. Hospitals												
Jefferson Davis	J. D. McMurrey	404	19,396	472	237,902	59,591	240	100F	26	Rot.	26	71611
									6	St. Med.	6	71632
									4	St. Surg.	4	71633
									4	St. Ped.	4	71634
Methodist	D. L. Curb	347	16,304	315	8,528	9,698	241	75F*	4	St. Med.	4	71732
									3	St. Surg.	3	71733
Hermann	L. J. Crozier	553	27,906	669	78,531	21,478	...	125F	18	Rot.	18	71511
Memorial Baptist	J. J. Welch	333	18,076	311	3,012	8,651	...	195P	8	Rot.	8	98211
Texas Children's Hospital	R. J. Blattner	80	6,094	164	8,985	5,404	...	100F	1	St. Path.	1	83136
San Antonio												
Baptist Memorial	W. R. Cook	218	17,501	393	4,972	13,009	...	100FP*	10	Rot.	10	72111
Robert B. Green Memorial		203	9,389	529	64,081	75,809	...	150FP	24	Rot.	24	72211
Temple												
Scott & White Memorial	J. D. Ibarra, Jr.	212	9,887	203	40,820	6,309	...	200F*	8	Rot.	8	72511

Numerical and other references are listed on pages 102 through 104.

APPROVED INTERNSHIPS

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UTAH — Hospitals, 7; Internships, 122												
Ogden												
St. Benedict's	W. P. Daines	117	8,281	150	1,800	4,061	...	275P	10	Rot.	10	72711
Thomas D. Dee Memorial		153	10,929	221	2,268	8,690	...	275P	12	Rot.	12	72811
Salt Lake City												
Dr. W. H. Graves'												
Latter-Day Saints	T. W. Nielsen	380	13,149†	536	4,552	12,445	242	225FP	18	Rot.	18	72911
Holy Cross	C. M. Parrish	176	10,211	222	1,560	4,127	243	150FP*	8	Rot.	8	73011
St. Mark's	J. F. Wolda	183	10,736	231	586	2,618	...	250P	4	Rot.	4	73111
									4	Mixed	4	73120
University of Utah Affiliated Hospitals												
Salt Lake County General	F. H. Tyler	220	4,405	419	49,709	26,868	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	641	3,170	210	15,546	.....	243	225P*	..	....	..	.....
VERMONT — Hospitals, 2; Internships, 24												
Burlington												
De Gaebrind Memorial		202	8,906	206	10,101	6,415	...	75FP*	9	Rot.	9	73411
Mary Fletcher	E. L. Amidon						...		14	Rot.	14	73511
									1	St. Path.	1	73536
VIRGINIA — Hospitals, 15; Internships, 248												
Alexandria												
Alexandria	J. C. Watson	167	10,881	285	22,363	19,665	...	175P	10	Rot.	10	73611
Charlottesville												
University of Virginia Hospital	J. M. Stacey	392	14,833	424	66,506	14,391	...	75F	6	Rot.	6	73711
									12	St. Med.	12	73732
									8	St. Surg.	8	73733
									6	Mixed ¹	6	73720
Newport News												
Riverside	E. L. Alexander, Jr.	197	10,400	274	947	13,385	...	200F	10	Rot.	8	73911
Norfolk												
De Paul	J. D. Price	241	13,944	387	18,876	18,660	...	200F	12	Rot.	12	74011
Norfolk General	D. W. Drew	379	14,091	542	44,928	20,748	245	150F*	20	Rot.	20	74111
Petersburg												
Petersburg General	C. P. E. Burgwyn	233	10,325	322	4,907	4,900	...	417P	12	Rot.	12	99611
Portsmouth												
Maryview		120	6,202	151	14,633	6,067	...	300F*	6	Rot.	6	99711
Richmond												
Johnston-Willis	T. N. P. Johns	206	7,403	241	.....	4,865	247	250F	12	Rot.	12	74211
Medical College of Virginia Hospital Division	K. Nelson	941	26,008	1,083	84,434	50,438	...	100F	40	Rot.	40	74311
									10	St. Med.	10	74332
									10	St. Surg.	10	74333
									4	St. Path.	4	74336
									4	St. Ped.	4	74334
Richmond Memorial	W. S. Dingleline	357	14,537	353	.....	13,081	...	250F*	18	Rot.	18	99811
Stuart Circle		114	4,445	116	10,151	.....	248	315F	8	Rot.	8	74411
Roanoke												
Jefferson	M. J. Moore	136	5,935	175	714	.....	...	175F*	6	Mixed	6	74620
Lewis Gale	A. Wade	139	6,153	139	34,982	40,144	...	250FP*	6	Rot.	6	74711
Roanoke Memorial		322	12,584	290	11,100	8,242	...	250FP*	20	Rot.	20	74811
Winchester												
Winchester Memorial	H. P. Moccubin	235	10,616	298	.....	9,047	...	250F	6	Rot.	6	74911
WASHINGTON — Hospitals, 14; Internships, 176												
Seattle												
Children's Orthopedic Doctors	R. F. Brown	125	7,106	168	29,043	5	...	135F	6	St. Ped.	6	99034
	H. V. Hartzell	142	10,164	250	.....	3,642	249	200F*	8	Rot.	8	75111
King County (Harborview)	P. L. Peterson	454	13,679	1,127	70,711	34,267	...	110F	28	Rot.	28	75211
									4	St. Med.	4	75232
									4	St. Surg.	4	75233
Providence	D. H. Coleman	230	16,282	310	5,518	6,007	...	250F*	12	Rot.	12	75311
St. Francis Xavier Cabrini Hospital	A. Franklin	132	7,727	181	416	2,038	249	200F	6	Rot.	6	82311
Swedish	J. M. V. Hagen	294	17,512	464	25,750	3,182	249	200F	16	Rot.	16	75511
University	J. R. Hogness	69	2,139	114	18,967	4,672	...	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
Virginio Mason	R. P. Pillow	161	10,047	211	.....	4,598	249	125FP*	10	Rot.	10	75611
Spokane												
Deaconess	T. A. Robriett	194	14,424	395	.....	13,949	...	200F*	12	Rot.	12	75711
Sacred Heart	E. W. Abrams	374	23,803	584	106	10,468	251	200F*	15	Rot.	15	75811
St. Luke's	L. C. Pence	92	7,221	161	5,625	4,860	252	250F	8	Rot.	8	75911
Tacoma												
Mountain View General	G. Kittredge	.....	.....	.....	24,371	3,868	253	220FP*	11	Rot.	11	76011
	C. Allison	.....	.....	.....	.....	6,333	...	275F	6	Rot.	6	76111
St. Joseph		165	10,867	256	.....	6,432	253	150FP*	10	Rot.	10	76211
Tacoma General	R. R. Burt	170	10,075	273	.....	.....	.....	.....	.....	.....	.....	.....
WEST VIRGINIA — Hospitals, 11; Internships, 108												
Charleston												
Charleston General	W. Pushkin	188	8,392	180	9,635	6,174	...	250FP*	10	Rot.	10	76411
Kanawha Valley Memorial	J. C. Candry	105	5,261	91	190F*	6	Rot.	6	76511
Memorial	I. S. Perry	242	12,429	232	13,883	12,842	254	225FP*	11	Rot.	11	90211

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WEST VIRGINIA—Continued												
Huntington												
Cabell Huntington	W. E. Bray	208	11,355	...	5,104	13,447	269	250FP*	8	Rot.	8	97611
St. Mary's	R. A. Barnett	229	11,875	298	12,915	10,944	...	250FP*	14	Rot.	14	76611
Morgantown												
West Virginia University Hospital	B. Zimmermann	119	272	9	770	354	...	185P	16	Mixed	16	83720
Parkersburg												
Camden-Clark Memorial	W. Rogers	179	8,759	299	942	9,774	...	200F	6	Rot.	6	76711
Weirton												
Weirton General .....	.....	129	7,773	104	15,057	7,671	255	250F	6	Rot.	6	99111
St. Joseph's	J. H. Gile	186	9,082	222	172	5,993	...	150F	6	Rot.	6	76811
Wheeling												
Ohio Valley General	M. B. Williams	347	12,376	459	15,057	9,197	...	250F	15	Rot.	15	76911
Wheeling	G. M. Kellas	196	7,751	729	5,464	4,419	...	300F	10	Rot.	10	77011
WISCONSIN — Hospitals, 19; Internships, 211												
Janesville												
Mercy	P. R. Sholl	154	7,186	228	6,114	3,513	...	250F	6	Rot.	6	77311
La Crosse												
La Crosse Lutheran .....	.....	168	8,275	197	.....	.....	...	...	6	Rot.	6	77411
Madison												
Madison General	J. M. Wilkie	278	12,609	358	.....	6,165	...	175F	14	Rot.	14	77611
St. Mary's	R. J. Batham	223	10,711	233	1,020	3,517	...	225F*	10	Rot.	10	77811
University Hospitals	D. M. Connors	536	14,883	415	81,650	3,109	...	75F	4	St. Ped.	4	77934
									12	Mixed ¹	12	77983
									6	Mixed ²	6	77984
Marshfield												
St. Joseph's	G. E. Magnin	205	10,147	270	.....	2,230	...	300F*	7	Rot.	7	78011
Milwaukee												
Columbia Hospital	R. W. Byrne	235	8,060	252	.....	5,027	256	325P	10	Rot.	10	78111
Evangelical Deaconess	R. S. Haukohl	235	11,914	322	.....	.....	...	250F	12	Rot.	12	78211
Milwaukee Children's	F. J. Mellencamp	126	46,003	100	34,312	645	258	245P	2	St. Ped. ³	.....	.....
Milwaukee County .....	.....	501	19,652	1,662	138,791	17,620	.....	...	36	Rot.	36	78411
Milwaukee	D. J. Carlson	239	10,867	262	.....	.....	258	325P	12	Rot.	12	78511
Misericordia	F. Ziehl	140	6,736	201	.....	810	256	325F	6	Rot.	6	89711
Mt. Sinai	A. Lieberthal	252	11,879	342	11,698	122	257	200	9	Rot.	9	78711
	M. Glicklich								2	Mixed ¹	2	78712
									2	Mixed ²	2	78713
									1	Mixed ³	1	78715
St. Francis	J. F. Zimmer	226	9,928	267	16,485	583	256	245P	6	Rot.	6	83211
St. Joseph	K. E. Sauter	313	15,919	316	.....	2,038	260	245	12	Rot.	12	78811
St. Luke's	A. J. Krygier	224	10,561	296	1,094	.....	257	200FP*	12	Rot.	12	78911
St. Mary's	M. Ciccantelli	212	9,054	254	.....	.....	257	325P	10	Rot.	10	79011
St. Michael .....	.....	248	10,298	185	22,948	4,750	...	225F*	10	Rot.	10	79111
Wausau												
St. Mary's	J. D. Kramer	154	7,948	174	.....	.....	...	150F	4	Rot.	4	79511

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 May 1, 1960, was furnished by The Canadian Medical Association.

Name of Hospital	Location	Name of Hospital	Location	Name of Hospital	Location
Royal Columbian Hosp.	New Westminster, B. C.	Kitchener-Waterloo Hospital	Kitchener, Ont.	Hotel-Dieu St-Vallier	Chicoutimi, Que.
St. Paul's Hospital	Vancouver, B. C.	St. Joseph's Hospital	London, Ont.	Hospital du Sacre Coeur	Montreal, Que.
St. Vincent's Hospital	Vancouver, B. C.	Victoria Hospital	London, Ont.	Hotel-Dieu de Montreal	Montreal, Que.
Vancouver General Hospital	Vancouver, B. C.	Oshawa General Hospital	Oshawa, Ont.	Jewish General Hospital	Montreal, Que.
Royal Jubilee Hospital	Victoria, B. C.	Ottawa Civic Hospital	Ottawa, Ont.	Maisonneuve Hospital	Montreal, Que.
St. Joseph's Hospital	Victoria, B. C.	Ottawa General Hospital	Ottawa, Ont.	Montreal General Hospital	Montreal, Que.
Calgary General Hospital	Calgary, Alta.	Hop. St.-Louis-Marie de Montfort	Ottawa, Ont.	Notre-Dame Hospital	Montreal, Que.
Holy Cross Hospital	Calgary, Alta.	Peterborough Civic Hospital	Peterborough, Ont.	Queen Elizabeth Hospital	Montreal, Que.
Edmonton General Hospital	Edmonton, Alta.	Genl. Hospital of Port Arthur	Port Arthur, Ont.	Royal Victoria Hospital	Montreal, Que.
Misericordia Hospital	Edmonton, Alta.	St. Joseph's General Hospital	Port Arthur, Ont.	Reddy Mem. Hosp. (Westmount)	Montreal, Que.
Royal Alexandra Hospital	Edmonton, Alta.	St. Catharines Genl. Hosp.	St. Catharines, Ont.	St. Mary's Hospital	Montreal, Que.
University of Alberta Hospital	Edmonton, Alta.	St. Thomas Elgin Hospital	St. Thomas, Ont.	Hopital de l'Enfant Jesus	Quebec, Que.
Regina General Hospital	Regina, Sask.	St. Joseph's Hospital	Sarnia, Ont.	Hopital du Saint-Sacrement	Quebec, Que.
Regina Grey Nun's Hospital	Regina, Sask.	Scarborough General Hosp.	Scarborough, Ont.	Hopital St-Francois d'Assise	Quebec, Que.
St. Paul's Hospital	Saskatoon, Sask.	Sudbury General Hospital	Sudbury, Ont.	Hotel-Dieu de Quebec	Quebec, Que.
Saskatoon City Hospital	Saskatoon, Sask.	Sarnia General Hospital	Sarnia, Ont.	Jeffery Hale's Hospital	Quebec, Que.
University Hospital	Saskatoon, Sask.	New Mount Sinai Hospital	Toronto, Ont.	Hop. Gen. St-Vincent-de-Paul	Sherbrooke, Que.
St. Boniface General Hosp.	St. Boniface, Man.	St. Joseph's Hospital	Toronto, Ont.	Hotel-Dieu de Sherbrooke	Sherbrooke, Que.
Grace Hospital	Winnipeg, Man.	St. Michael's Hospital	Toronto, Ont.	Sherbrooke Hospital	Sherbrooke, Que.
Misericordia Hospital	Winnipeg, Man.	Toronto E. Genl. & Ortho. Hosp.	Toronto, Ont.	Hopital St-Joseph	Trois-Rivieres, Que.
Winnipeg General Hospital	Winnipeg, Man.	Toronto General Hospital	Toronto, Ont.	Hopital General de Verdun	Verdun, Que.
Brantford General Hospital	Brantford, Ont.	Toronto Western Hospital	Toronto, Ont.	Victoria Public Hospital	Fredericton, N. B.
McKellar General Hospital	Fort William, Ont.	Wellesley Hospital	Toronto, Ont.	Moncton Hospital	Moncton, N. B.
Hamilton General Hospital	Hamilton, Ont.	Womens' College Hospital	Toronto, Ont.	Saint John General Hospital	Saint John, N. B.
St. Joseph's Hospital	Hamilton, Ont.	Grace Hospital	Windsor, Ont.	Halifax Infirmary	Halifax, N. S.
Hotel-Dieu Hospital	Kingston, Ont.	Hotel-Dieu of St. Joseph	Windsor, Ont.	Victoria General Hospital	Halifax, N. S.
Kingston General Hospital	Kingston, Ont.	Metropolitan General Hospital	Windsor, Ont.	St. John's General Hospital	St. John's, Nfld.

ABBREVIATIONS AND NOTES

- | | | | |
|-----|--|-----|--|
| 1 | Discharges | 6. | Psychiatry major component of mixed internship |
| F | Full maintenance | 7. | May include appointments beyond 12 months |
| P | Partial maintenance | 8. | Internship equivalent included in 2-year Family Practice Program |
| * | Variation in stipend or maintenance for married intern | 9. | Hospital does not participate in N.I.M.P. |
| St. | Straight | 10. | Mixed internship is first year of approved 2-year program in General Practice |
| 1. | Medicine major component of mixed internship | 11. | Number of beds increased significantly following period reported; statistics do not reflect increase |
| 2. | Surgery major component of mixed internship | | |
| 3. | Obstetrics major component of mixed internship | | |
| 4. | Pediatrics major component of mixed internship | | |
| 5. | Pathology major component of mixed internship | | |

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

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| 100. | Children's Hospital, Birmingham, Ala. | 167. | Children's Hospital, Lafayette Clinic, Receiving Hospital, Detroit, Mich. |
| 101. | Veterans Administration Hospital, Birmingham, Ala. | 168. | Ferguson-Droste-Ferguson Hospital, Grand Rapids, Mich. |
| 102. | Maricopa County General Hospital, Phoenix, Ariz. | 169. | Miller Memorial Hospital, Duluth, Minn. |
| 103. | Pima County General Hospital, Tucson, Ariz. | 170. | Anoka State Hospital, Anoka, Minn.; Children's Hospital, St. Paul, Minn. |
| 104. | Arkansas Children's Hospital, Little Rock, Ark. | 171. | Children's Hospital, Gillette State Hospital for Crippled Children, St. Paul, Minn. |
| 105. | Veterans Administration Hospital, Little Rock, Ark. | 172. | North Memorial Hospital, Minneapolis, Minn.; Children's Hospital, St. Paul, Minn. |
| 106. | Children's Hospital of East Bay Highland-Alameda County Hospital, Oakland, Calif. | 173. | Children's Hospital, St. Paul, Minn. |
| 107. | Los Angeles County General Hospital, Los Angeles, Calif. | 174. | Children's Mercy Hospital, Kansas City, Mo. |
| 108. | California Babies' and Children's Hospital, Los Angeles; Santa Monica Hospital, Santa Monica, Calif. | 175. | Children's Mercy Hospital, Kansas City General Hospital, Kansas City, Mo.; Queen of the World Hospital, Kansas City, Mo. |
| 109. | Children's Hospital, Los Angeles, Calif. | 176. | Homer G. Phillips Hospital, St. Louis, Mo. |
| 110. | Los Angeles County Hospital; University Hospital, Los Angeles; Harbor General Hospital, Torrance, Calif. | 177. | Malcolm Bliss Health Center, St. Louis, Mo. |
| 111. | Fairmont Hospital of Alameda County, San Leandro, Calif. | 178. | St. Louis City Hospital, St. Louis, Mo. |
| 112. | Community Hospital of San Mateo County, San Mateo, Calif. | 179. | St. Louis County Hospital, Clayton, Mo.; St. Louis Maternity Hospital, St. Louis, Mo. |
| 113. | Mary's Help Hospital, San Francisco, Calif. | 180. | St. Louis Children's Hospital, St. Louis, Mo. |
| 114. | Children's Hospital, Mary's Help Hospital, San Francisco; Southern Pacific Hospital, Tucson, Ariz. | 181. | Children's Memorial Hospital, Douglas County Hospital, Omaha, Neb. |
| 115. | Children's Hospital; Letterman Army Hospital; St. Luke's Hospital, San Francisco, Calif. | 182. | Children's Memorial Hospital, Omaha, Neb. |
| 116. | Santa Barbara General Hospital, Santa Barbara, Calif. | 183. | Jefferson Medical College Hospital, Philadelphia, Pa. |
| 117. | California Hospital, Los Angeles, Calif. | 184. | St. Elizabeth Hospital, Elizabeth, N. J.; St. Peter's General Hospital, New Brunswick, New Jersey |
| 118. | Children's Hospital, University of Colorado Medical Center, Denver, Colorado | 185. | Margaret Hague Maternity Hospital, Jersey City, N. J. |
| 119. | Children's Hospital, Denver General Hospital, Denver, Colo. | 186. | St. Michael's Hospital, Newark, N. J. |
| 120. | Denver General Hospital, Denver, Colo. | 187. | Babies Hospital, Newark, N. J. |
| 121. | Children's Hospital, Denver, Colo. | 188. | Hackensack Hospital, Hackensack, N. J.; Passaic General Hospital, Passaic, N. J.; Nathan and Miriam Barnert Memorial Hospital, Paterson, N. J.; Perth Amboy General Hospital, Perth, N. J. |
| 122. | Children's Hospital, Washington, D. C. | 189. | A. N. Brady Hospital, Albany, New York |
| 123. | Arlington Community Hospital, Arlington, Va. | 190. | Children's Hospital, Buffalo, New York |
| 124. | District of Columbia General Hospital, Washington, D. C. | 191. | Georgetown University Hospital, Washington, D. C. |
| 125. | DeWitt Army Hospital, Ft. Belvoir, Va. | 192. | City Hospital at Elmhurst, Elmhurst, N. Y. |
| 126. | Children's Hospital, District of Columbia General Hospital, Washington, D. C. | 193. | Knickerbocker Hospital, New York City |
| 127. | Southbury Training School, Southbury, Conn.; Veterans Administration Hospital, West Haven, Conn. | 194. | French Hospital, New York City |
| 128. | Variety Children's Hospital, Miami, Fla. | 195. | Jewish Hospital, Brooklyn, New York |
| 129. | Escambia General Hospital, Pensacola, Fla. | 196. | Lincoln Hospital, New York City |
| 130. | Mercy Hospital, St. Petersburg, Fla. | 197. | Hunterdon Medical Center, Flemington, N. J. |
| 131. | Jackson Memorial Hospital, Miami, Fla. | 198. | Morrisania Hospital, Bronx Hospital, New York City |
| 132. | Athens General Hospital, Athens, Ga. | 199. | St. Catherine's Hospital, Brooklyn, N. Y. |
| 133. | Grady Memorial Hospital, Atlanta, Ga. | 200. | Strong Memorial Hospital, Rochester, N. Y. |
| 134. | Muluhia Hospital, Honolulu, Hawaii | 201. | Georgetown University Hospital, Washington, D. C. |
| 135. | Children's Memorial Hospital, Chicago, Ill. | 202. | Genesee Hospital, Rochester, New York |
| 136. | Frank Cuneo Memorial Hospital, Chicago, Ill. | 203. | St. Mary's Hospital, Syracuse, New York |
| 137. | Mercy Hospital, Chicago, Ill. | 204. | Homer Folks Tuberculosis Hospital, Onconta, N. Y. |
| 138. | Macon County Tuberculosis Sanatorium, Decatur, Ill. | 205. | Utica State Hospital, Utica, N. Y. |
| 139. | Marion County General Hospital, Indianapolis, Ind. | 206. | Veterans Administration Hospital, Durham, N. C. |
| 140. | Booth Memorial Hospital, Des Moines, Iowa | 207. | Children's Hospital, Akron, Ohio |
| 141. | Sedgwick County Hospital, Wichita, Kans. | 208. | Children's Hospital, Cincinnati, Ohio |
| 142. | Booth Memorial Hospital, Sedgwick County Hospital, Wichita, Kansas | 209. | St. Elizabeth's Hospital, Covington, Ky. |
| 143. | University of Kentucky Medical Center, Lexington, Ky. | 210. | Cleveland Metropolitan General Hospital, St. Vincent's Charity Hospital, Cleveland, Ohio |
| 144. | St. Joseph's Hospital, General Rose Memorial Hospital, St. Luke's Hospital, Mercy Hospital, St. Anthony's Hospital, Presbyterian Hospital, Porter Sanatorium and Hospital, Denver, Colo. | 211. | St. Vincent's Charity Hospital, Cleveland, Ohio |
| 145. | Lallie Kemp Charity Hospital, Independence, La. | 212. | St. Ann's Hospital, Cleveland, Ohio |
| 146. | Sara Mayo Hospital, New Orleans, La. | 213. | Children's Hospital, Columbus, Ohio |
| 147. | Charity Hospital of Louisiana, New Orleans, La. | 214. | Cleveland Clinic Foundation Hospital, Cleveland, Ohio |
| 148. | Confederate Memorial Medical Center, Shreveport, La. | 215. | Lima State Hospital, Lima, Ohio |
| 149. | Johns Hopkins Hospital, Baltimore, Md. | 216. | Children's Hospital, Toledo, Ohio |
| 150. | University Hospital, Baltimore, Md. | 217. | Mercy Hospital, Toledo, Ohio |
| 151. | Baltimore City Hospitals, Baltimore, Md. | 218. | University of Oklahoma Hospitals, Oklahoma City, Okla. |
| 152. | Boston City Hospital, Boston, Mass. | 219. | Veterans Administration Hospital, Oklahoma City, Okla. |
| 153. | New England Center Hospital, Boston, Mass.; Mount Auburn Hospital, Cambridge, Mass. | 220. | St. Vincent's Hospital, Portland, Oregon |
| 154. | St. Margaret's Hospital, Boston, Mass. | 221. | Providence Hospital, Portland, Oregon |
| 155. | Beverly Hospital, Beverly, Mass.; Beth Israel Hospital, Boston, Mass.; Mount Auburn Hospital, Cambridge, Mass.; North Shore Babies Hospital, Salem, Mass.; Wrentham State Hospital, Wrentham, Mass.; Salem Hospital, Salem, Mass. | 222. | Hospital of the University of Pennsylvania, Philadelphia, Pa. |
| 156. | Central Maine General Hospital, Lewiston, Maine; Maine Medical Center, Portland, Maine; Boston Floating Hospital, Boston, Mass.; Burbank Hospital, Fitchburg, Mass. | 223. | Germantown Dispensary and Hospital, Philadelphia Psychiatric Hospital, Philadelphia, Pa. |
| 157. | Boston Floating Hospital, Boston, Mass. | 224. | St. Christopher's Hospital for Children, Philadelphia, Pa. |
| 158. | Sturdy Memorial Hospital, Attleboro, Mass.; Fall River General Hospital, Fall River, Mass. | 225. | Children's Hospital, Philadelphia, Pa. |
| 159. | Wesson Maternity Hospital, Springfield, Mass. | 226. | Providence Lying-in Hospital, Providence, R. I. |
| 160. | Boston City Hospital, Boston, Mass.; Peter Bent Brigham Hospital, Boston, Mass. | 227. | Crippled Children's Hospital and School, Sioux Falls, S. D. |
| 161. | St. Joseph Mercy Hospital, Ann Arbor, Mich.; McLaren General Hospital, Flint, Mich.; Midland Hospital, Midland, Mich.; Saginaw General Hospital, Saginaw, Mich.; Beyer Memorial Hospital, Ypsilanti, Mich. | 228. | T. C. Thompson Children's Hospital, Chattanooga, Tenn. |
| 163. | Wayne County General Hospital and Infirmary, Eloise, Mich. | 229. | University of Tennessee Memorial Research Center and Hospital, Knoxville, Tenn. |
| 164. | Children's Hospital, Receiving Hospital, Detroit, Michigan | 230. | La Bonheur Children's Hospital, Memphis, Tenn.; Memphis Eye Ear and Nose Hospital, Memphis, Tenn. |
| 165. | Herman Kiefer Hospital, Detroit, Mich. | 231. | John Gaston Hospital, Le Bonheur Hospital, West Tennessee Tuberculosis Hospital, Memphis, Tenn. |
| 166. | Children's Hospital, Detroit, Mich. | 232. | Nashville General Hospital, Nashville, Tenn. |
| | | 233. | Veterans Administration Hospital, Nashville, Tenn. |
| | | 234. | Driscoll Foundation Children's Hospital, Corpus Christi, Texas |
| | | 235. | Children's Medical Center, Dallas, Texas |
| | | 236. | Parkland Memorial Hospital, Dallas, Texas |
| | | 237. | Parkland Memorial Hospital, Veterans Administration Hospital, Dallas, Texas |

238. Children's Medical Center, Parkland Memorial Hospital, Dallas, Texas
239. Cook Memorial Hospital for Children, Fort Worth, Texas
240. Texas Children's Hospital, Houston, Texas
241. Jefferson Davis Hospital, Texas Children's Hospital, St. Luke's Episcopal Hospital, Houston, Texas
242. Primary Children's Hospital, Salt Lake City, Utah
243. Salt Lake County General Hospital, Salt Lake City, Utah
244. Veterans Administration Hospital, Salt Lake City, Utah
245. Kings Daughters Hospital, Staunton, Va.
246. DePaul Hospital, Norfolk, Va.; U. S. Naval Hospital, Portsmouth, Va.
247. Medical College of Virginia—Hospital Division, Tucker Hospital, Richmond, Va.
248. Medical College of Virginia—Hospital Division, Richmond, Va.
249. Children's Orthopedic Hospital, Seattle, Wash.
250. Fort Defiance Indian Hospital, Fort Defiance, Ariz.; U. S. Army Hospital, Fort Lawton, Wash.
251. Eastern State Hospital, Washington
252. Booth Memorial Hospital, Fairchild Air Force Base Hospital, Spokane, Wash.
253. Mary Bridge Children's Hospital, Tacoma, Wash.
254. Salvation Army Maternity Hospital, Charleston, W. Va.
255. Ohio Valley General Hospital, Wheeling, W. Va.
256. Milwaukee Children's Hospital, Milwaukee, Wisc.
257. Milwaukee Children's Hospital; Milwaukee County Hospital, Milwaukee, Wisc.
258. Milwaukee Hospital, St. Joseph's Hospital, Martha Washington Home, Milwaukee, Wisconsin
259. Milwaukee Children's Hospital, Martha Washington Home, Milwaukee, Wisc.
260. Milwaukee County Emergency Hospital, St. Michael Hospital, Milwaukee, Wisc.
261. Memorial Center for Cancer and Allied Diseases, New York, N. Y.
262. University Hospital, New York City
263. Children's Hospital, Louisville, Ky.
264. Douglas County Hospital, Omaha, Nebraska
265. Children's Seashore Home, Atlantic City, N. J.; Betty Bacharach Home for Crippled Children, Longport, N. J.
266. State Hospital, Yankton, S. D.
267. Letterman Army Hospital, Children's Hospital, St. Luke's Hospital, San Francisco, California
268. St. Luke's Hospital, Jacksonville, Fla.
269. Veterans Administration Hospital, Huntington, West Virginia

ESSENTIALS OF AN APPROVED INTERNSHIP

PREFACE

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

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

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

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

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

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

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

I. INTRODUCTION

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

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

In a hospital whose staff is responsible for intern education, services must be organized in such a manner that bedside teaching, rounds, and clinical conferences can be effectively conducted. In some hospitals, particularly those in which private patients predominate, it is not practicable to organize the services on an educational basis. The staffs of

such hospitals should not attempt to develop intern programs. Even if they are able to meet other requirements for approval, it is improbable that they will be able to carry out a successful program.

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

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

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

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

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

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

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

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

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

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

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

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

II. THE INTERNSHIP

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

III. SELECTION OF INTERNS

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

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

[Beyond July 1, 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 themselves be approved. Their contribution to the training program is taken into consideration in evaluation of the internship sponsored by the parent institution. Except in unusual circumstances, periods of training on an affiliating basis should not exceed 3 months in a 12-month program or 6 months in a 24-month internship.

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

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

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

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

V. THE HOSPITAL STAFF

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

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

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

VI. CLINICAL RECORDS

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

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

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

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

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

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

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

VII. PATHOLOGY

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

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

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

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

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

VIII. RADIOLOGY

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

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

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

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

IX. MEDICAL LIBRARY

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

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

X. ORGANIZATION AND CONDUCT OF THE INTERNSHIP TEACHING PROGRAM

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(e) Pathology: The intern should receive supervised experience in the performance of all clinical laboratory procedures which are ordinarily employed in the initial study of the patient. In addition, through formal and informal conferences with the pathologist, the intern should become thoroughly familiar with the availability, significance,

and limitations of those procedures which are usually performed only in the central hospital laboratory. He should be required to be familiar with the pathological studies of surgical specimens and autopsy material which concern his own patients. Except in emergencies no assignment should be permitted to interfere with his attendance at the postmortem examination of any case which has been under his care. He should assist in the preparation and presentation of clinico-pathological conferences when cases assigned to him are being reviewed. Interns assigned to the department of pathology should assist in the performance of autopsies and in the examination of surgical specimens. They should also receive instruction in interpretation and techniques of clinical laboratory procedures.

(f) **Psychiatry:** If inpatient psychiatric services are not available in the hospital, the education of the intern in this field should be provided by psychiatrists assigned to the various major clinical services. These physicians should not only assist in the management of acute psychiatric cases but should provide a continuous service relating to all types of patients' problems, thus furnishing an additional contribution to the total care of the patient. Where psychiatric outpatient clinics exist, the intern should have the benefit of experience with this type of patient.

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

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

XI. NATURE OF THE INTERN'S DUTIES

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

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

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

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

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

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

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

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

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

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

XII. MISCELLANEOUS

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

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

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

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

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

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

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

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

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

XIII. ADMISSION TO THE APPROVED LIST

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

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

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

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

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

APPENDIX: SUGGESTIONS TO HOSPITALS NOT ELIGIBLE FOR INTERNSHIP APPROVAL

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

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

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

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

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

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

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

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

Directory of Approved Residencies

Council on Medical Education and Hospitals of the American Medical Association

535 North Dearborn Street, Chicago 10

Revised to June 1, 1961

Hospitals, 1,324

Residencies 32,620

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 Sept. 30, 1960.

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 stipend range lists the beginning minimum stipend for a single resident and the maximum stipend 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 stipend) 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 stipend 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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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, 242; Residencies, 1,618

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1962-1963					Total All Yrs.	Stipend Per Month Min.-Max.	Maintenance O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE											
TEXAS											
U. S. Air Force, San Antonio ⁵⁵	R. J. Ward	6,874	78	3	3	0	0	0	6	.....	...
UNITED STATES ARMY											
U. S. Army Co-ordinated Program ⁵⁶	H. C. Slacum	...	...	8	8	8	0	0	24	.....	...
Letterman General, San Francisco	C. H. Mitchell	6,159	89	..	..	..	..	..	..	.....	F
Fitzsimons General, Denver	J. G. Inman	4,119	22	..	..	..	..	..	..	.....	...
Walter Reed General, Washington, D. C.	H. C. Slacum	8,977	459	..	..	..	..	..	..	.....	...
Braake General, San Antonio	J. A. Jenicek	6,198	35	..	..	..	..	..	..	.....	...
UNITED STATES NAVY											
CALIFORNIA											
U. S. Naval, Oakland	E. E. Parker	8,801	114	2	2	0	0	0	4	.....	...
U. S. Naval, San Diego ⁵⁸	B. M. Shepard	19,193	50	2	2	0	0	0	4	.....	...
MARYLAND											
U. S. Naval, Bethesda	J. Kurfess	13,625	76	2	2	0	0	0	4	.....	...
MASSACHUSETTS											
U. S. Naval, Chelsea	D. R. Buechel	7,893	52	2	2	0	0	0	4	.....	...
NEW YORK											
U. S. Naval, St. Albans ⁵⁸	D. M. Pino	3,028	150	2	2	0	0	0	4	.....	...
PENNSYLVANIA											
U. S. Naval, Philadelphia ⁵⁸⁻³³¹	T. C. Deas	6,928	166	2	3	0	0	0	5	.....	...
UNITED STATES PUBLIC HEALTH SERVICE											
NEW YORK											
U. S. Public Health Service, New York City (Staten Island)	K. F. Urbach	3,281	215	2	2	0	0	0	4	.....	...
NONFEDERAL AND VETERANS ADMINISTRATION											
ALABAMA											
Birmingham											
University of Alabama Medical Center ⁵⁸	...	...	...	..	..	..	..	..	..	.....	...
University Hospital & Hillman Clinic	A. McNeal	8,896	...	3	3	0	0	0	6	150-160	FP
Fairfield											
Lloyd Noland ⁵⁸	R. W. Grady	3,755	464	2	1	0	0	0	3	300-350	FP
ARKANSAS											
Little Rock											
St. Vincent Infirmary	A. A. Gentling	6,988	86	2	2	0	0	0	4	300-375	P
University Hospital	C. W. Shafer	3,113	49	3	3	0	0	0	6	233-258	O
CALIFORNIA											
Loma Linda											
Loma Linda Sanitarium & Hospital ⁵⁸	...	...	...	..	..	..	..	..	..	.....	...
San Bernardino County Charity (San Bernardino)	C. Carmack	2,054	15	..	..	..	..	..	..	.....	...
Los Angeles											
Los Angeles County General ⁵⁸	J. Denson	15,038	...	13	14	0	0	0	27	275-300	P
University of California ⁵⁸	J. B. Dillon	4,804	93	4	4	0	0	0	8	261-340	O
Veterans Admin. Center—General Med. & Surgical ⁵⁸	P. F. Shroff	5,152	65	6	5	0	0	0	11	292-373	P
White Memorial ⁵⁸	F. E. Leffingwell	6,509	54	8	4	0	0	0	12	265-275	P
Oakland											
Highland-Alameda County ⁵⁸	C. H. Gallup	5,458	50	4	4	0	0	0	8	220-255	FP
Palo Alto											
Stanford Medical Center and Affiliated Hospitals	...	...	...	..	..	..	..	..	..	.....	...
Palo Alto—Stanford Hospital Center ⁵⁸	J. P. Bunker	960	20	4	2	0	0	0	6	100-125	F
Veterans Admin.	...	...	...	..	..	..	..	..	..	.....	...
Community Hosp. of San Mateo County	...	...	...	..	..	..	..	..	..	.....	...
San Bernardino											
San Bernardino County Charity—See Loma Linda	...	...	...	..	..	..	..	..	..	.....	...
San Francisco											
Children's	B. Holman	5,965	6	1	1	0	0	0	2	250-300	FP
Presbyterian Medical Center	P. J. Bailey	4,518	102	2	2	0	0	0	4	175-300	P
St. Joseph's	R. A. Simpson	3,437	25	1	1	0	0	0	2	250-400	F
University of California Hospitals ⁵⁸	S. C. Cullen	9,700	200	9	8	3	0	0	20	261-340	O
San Francisco General	E. P. Guy	4,013	62	4	1	0	0	0	5	243-295	O
San Jose											
Santa Clara County	H. Matthews	2,603	738	4	1	0	0	0	4	270-320	P
San Mateo											
Community Hosp. of San Mateo County	See Palo Alto	...	...	..	..	..	..	..	..	.....	...
Torrance											
Los Angeles County Harbor General ⁵⁸	P. H. Lorhan	4,730	81	6	6	6	0	0	18	275-350	F

Numerical and other references are listed on pages 265 through 268.

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO											
Denver											
Denver General	E. Bayett	4,177	149	2	2	0	0	0	4	179-205	P
University of Colorado Medical Center ⁵⁸											
Colorado General	R. W. Virtue	3,326	290	2	1	1	0	0	4	180-205	O
Veterans Admin.	F. R. Brown	1,954	52	2	2	2	0	0	4	291-315	O
CONNECTICUT											
Bridgeport											
Bridgeport	D. Massey	9,562	35	1	1	0	0	0	2	240-265	F
Hartford											
Hartford ⁵⁸	R. M. Tovell	31,426	500	10	10	2	0	0	22	235-285	O
St. Francis	S. J. Martin	16,137	690	5	5	0	0	0	10	200-225	FP
New Haven											
Yale—New Haven Medical Center ⁵⁸											
Grace—New Haven Community	N. M. Greene	13,928		4	4	1			9	200-275	FP
Hospital of St. Raphael ⁵⁸	M. Garofalo	9,929	777	2	2	0	0	0	4	325-360	F
Waterbury											
St. Mary's	W. S. DeWald	7,626	55	2	2	0	0	0	4	225-275	F
DISTRICT OF COLUMBIA											
Washington											
District of Columbia General ⁵⁸	N. Nafarreti	3,643	210	2	3	1	0	0	6	258-308	O
Georgetown University ⁵⁸	T. F. McDermott	9,726	126	5	5	1	0	0	11	175-310	FP
George Washington University ⁵⁸	C. S. Coakley	12,012	360	5	5	0	0	0	10	210-260	O
Providence	W. Devlin	12,542	107	1	1	0	0	0	2	350-375	P
Washington Hospital Center ⁵⁸	W. E. Bogeant	18,205	328	5	5	5	0	0	15	215-245	F
FLORIDA											
Gainesville											
University of Florida Teaching Hospital & Clinics ⁵⁸	J. S. Grovenstein	2,123	62	5	6	0	0	0	11	217-450	...
Miami											
Jackson Memorial ⁵⁸	J. G. Converse	14,265	50	5	4	1	0	0	10	200-275	P
Tampa											
Tempo General											
GEORGIA											
Atlanta											
Emory University—Grady Memorial ⁵⁸											
Emory University	J. E. Steinhaus	7,123		0	3	0	0	0	3	245	P
Grady Memorial	J. E. Steinhaus	6,720	47	3	3	0	0	0	6	100-125	F
Augusta											
Medical College of Georgia Hospitals											
Eugene Tolmidge Memorial ⁵⁸	P. Volpitto	2,620	100	6	6	6	0	0	18	250-333	O
University	E. L. Rushia	7,103	152	3	3	0	0	0	6	250-275	O
ILLINOIS											
Chicago											
Illinois Masonic ⁵⁸	I. Illes	7,483	2,001	2	0	0	0	0	2	175-235	F
Michael Reese ⁵⁸	J. Balgla	10,703	100	3	3	0	0	0	6	185-210	FP
Mount Sinai ⁵⁸	R. Weyl	5,282	146	3	3	0	0	0	6	225-250	P
Northwestern University Medical Center											
Chicago Wesley Memorial	M. Karp	10,473	200	3	2	0	0	0	5	250-275	P
Passavant Memorial	L. Watt	4,707							1	225-275	P
Veterans Admin. Research ⁵⁸	J. A. Valiunus	1,356	25	1	1	1	0	0	3	291-497	O
Presbyterian—St. Luke's	P. W. Searles	13,388	950	6	6	0	0	0	12	125-175	F
University of Chicago Clinics ⁵⁸	D. Holaday	7,693	860	5	4	1	0	0	10	225-305	...
University of Illinois Research and Educational Hospitals ⁵⁸	M. S. Sodove	9,146		6	5	0	0	0	11	170-195	P
Evanston											
Evanston	C. A. Baldwin	6,761	123	1	1	0	0	0	2	250-300	P
Hines											
Veterans Admin. ⁵⁸	M. S. Sodove	3,072	0	4	4	0	0	0	8	291-315	O
Joliet											
St. Joseph ⁵⁸⁻¹⁵⁹	W. A. DeWitt	6,336	180	3	2	0	0	0	5	400-500	O
INDIANA											
Indianapolis											
Indiana University Medical Center ⁵⁸											
Indiana University Hospitals	V. K. Staelting	11,250	40	7	7	0	0	0	14	225-250	P
Veterans Admin.	V. K. Staelting	1,634	24	1	2	0	0	0	3	291-315	O
Marion County General	G. E. Dryden	3,966	92	3	3	0	0	0	6	269-295	P
IOWA											
Iowa City											
State University of Iowa Hospitals ⁵⁸	W. K. Hamilton	12,660	282	7	7	0	0	0	14	200-225	...
Veterans Admin. (Des Moines)	J. L. Bailey	2,218	75	3	2	0	0	0	5	291-443	P
Veterans Admin.	F. D. Staab	1,481	39	4	4	0	0	0	8	291-315	P
KANSAS											
Kansas City											
University of Kansas Medical Center ⁵⁸	E. Frederickson	5,402	126	4	4	1	0	0	9	175-225	P
Wichita											
St. Francis	R. T. Parmley	9,230	107	5	4	0	0	0	9	275-300	FP

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Con- sulta- tion on Non-surgical Patients	Residencies Offered 1962-1963					Total All Yrs.	Slipend per Month Min.-Max.	Main- tenance O P F
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY											
Louisville											
Jewish Hospital.....		...	...	..	..	..	..	..	..	..
University of Louisville Medical Center.....		...	...	..	..	..	..	..	..	..
Louisville General.....	E. H. Conner.....	6,076	141	4	4	0	0	0	8	125-150	F
LOUISIANA											
New Orleans											
Charity Hospital of Louisiana ⁵⁸	J. Adriani.....	24,150	965	..	..	..	..	..	16	150-175	F
Veterans Admin.....	K. E. Bray.....	2,457	89	1	1	0	0	0	2	291-315	O
Ochsner Foundation ⁵⁸	F. X. Letard.....	7,119	...	3	3	0	0	0	6	225-275	P
MAINE											
Bangor											
Eastern Maine General.....	C. S. Dwyer.....	6,283	...	1	1	0	0	0	2	125-188	F
Lewiston											
Central Maine General.....	G. Clapperton.....	4,567	60	1	0	0	0	0	1	225-260	FP
Portland											
Maine Medical Center ⁵⁸	J. R. Lincoln.....	8,762	81	2	2	2	0	0	6	175-225	FP
MARYLAND											
Baltimore											
Baltimore City Hospitals ⁵⁸	P. Safar.....	5,406	1,500	4	4	0	0	0	8	200-250	FP
Johns Hopkins ⁵⁸	D. W. Benson.....	16,039	...	6	6	3	0	0	15	180-250	P
University ⁵⁸	M. Helrich.....	9,566	104	5	5	2	0	0	12	275-416	P
MASSACHUSETTS											
Boston											
Beth Israel.....	S. Gilman.....	8,232	35	1	0	0	0	0	1	...	O
Boston City ⁵⁸	P. S. Marcus.....	14,236	250	8	6	0	0	0	14	208-248	F
Lahey Clinic ⁵⁸⁻¹⁹⁴	U. H. Eversole.....	5,698	...	4	4	0	0	0	8	225-300	O
Massachusetts General ⁵⁸	H. K. Beecher.....	13,871	206	7	8	0	0	0	15	108-138	F
Massachusetts Memorial.....	E. A. Sneddon.....	3,554	...	3	3	0	0	0	6	175-200	O
New England Center ⁵⁸	B. Etsten.....	3,238	200	1	2	2	2	0	7	237-337	O
New England Deaconess ⁵⁸	L. Hand, F. Audin.....	7,220	278	3	3	1	0	0	7	250-350	P
New England.....	E. E. Bartlett.....	3,155	76	..	..	..	..	..	4	225-275	F
Pater Bent Brigham ⁵⁸	L. Vandam.....	3,000	150	3	3	2	0	0	8	150-166	P
St. Elizabeth's.....	L. P. Zentgraf.....	16,981	1,726	2	2	0	0	0	4	175-200	F
Veterans Admin. (Jamaica Plain).....	D. L. Mahler.....	4,413	125	1	1	0	0	0	2	291-373	O
Cambridge											
Cambridge City ⁵⁸	F. C. Callahan.....	3,186	56	1	1	0	0	0	2	195-220	F
Mount Auburn.....	J. H. Buskirk.....	6,024	...	..	..	..	..	..	2	300...	F
Springfield											
Springfield.....	C. Bryant.....	12,171	60	2	2	0	0	0	4	175-200	FO
Worcester											
St. Vincent ⁵⁸	J. G. Murphy.....	12,099	...	1	1	0	0	0	2	200-225	FP
MICHIGAN											
Ann Arbor											
University ⁵⁸⁻²⁰⁶	R. Sweet.....	9,720	...	4	4	0	0	0	8	193-230	O
Dearborn											
Veterans Admin.—See Wayne State Univ.—Detroit.....		...	...	..	..	..	..	..	..	..	..
Detroit											
Harper.....	A. B. Stearns.....	13,755	...	2	2	0	0	0	4	275-300	P
Henry Ford ⁵⁸	P. R. Dumke.....	17,234	265	6	6	3†	0	0	15	300-320	P
Providence.....	N. M. Bittrich.....	7,111	2,112	1	1	0	0	0	2	410-425	P
Wayne State University Affiliated Hospitals.....		...	...	..	..	..	..	..	..	..	..
Veterans Admin. (Dearborn).....	F. E. Greifenstein.....	3,881	68	2	2	1	0	0	5	291-373	O
Receiving ⁵⁸	F. Greifenstein.....	9,115	321	6	6	2	0	0	14	333-408	P
Sinai ⁵⁸	E. M. Brown.....	6,175	150	2	2	0	0	0	4	300-325	F
Grand Rapids											
Butterworth ⁵⁸	W. Jensen.....	10,911	...	1	1	0	0	0	2	325-350	O
MINNESOTA											
Minneapolis											
University of Minnesota Hospitals ⁵⁸⁻²¹³	F. H. Van Bergen.....	16,550	1,939	16	15	3	0	0	34	250...	O
Rochester											
Mayo Foundation ⁵⁸⁻²²⁰	A. Faulcner.....	29,195	...	5	5	5	0	0	15	200-333	P
MISSISSIPPI											
Jackson											
University of Mississippi Medical Center ⁵⁸.....		...	...	..	..	..	..	..	..	..	..
University.....	L. W. Fabian.....	4,450	75	6	3	1	0	0	10	250-300	O
MISSOURI											
Columbia											
University of Missouri Medical Center ⁵⁸	K. Keown.....	2,318	...	2	2	2	0	0	6	250-350	P
St. Louis											
Barnes ⁵⁸	R. B. Dadd.....	16,344	60	4	4	4	0	0	12	150...	F
Jewish.....	D. Dickler.....	6,349	50	1	1	0	0	0	2	200-300	P
St. John's.....	S. Brown.....	7,572	82	1	1	0	0	0	2	250-350	F
St. Louis City.....	R. Baggs.....	3,967	30	2	2	0	0	0	4	246-299	P
Veterans Admin.....	R. B. Dadd.....	3,099	239	2	2	0	0	0	4	291-315	...
Springfield											
St. John's.....	O. B. Crawford.....	4,472	39	2	2	0	0	0	4	300...	P
NEBRASKA											
Omaha											
University of Nebraska.....	J. Barmore.....	2,825	62	1	1	0	0	0	2	225-275	P

Numerical and other references are listed on pages 265 through 268.

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1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW HAMPSHIRE											
Hanover											
Mary Hitchcock Memorial ⁵⁸	R. Barrett	4,178	475	3	3	3	0	0	9	218-273	...
NEW JERSEY											
Camden											
West Jersey ⁵⁸	G. E. Covintree	5,470	50	1	1	0	0	0	2	225-250	FP
Hackensack											
Hackensack	L. W. Netz	9,128	150	1	1	0	0	0	2	200-250	F
Jersey City											
Jersey City Medical Center ⁵⁸	W. J. Gleason	6,192	150	3	3	0	0	0	6	200-350	F
Paterson											
St. Joseph	E. T. Lawless	7,477	75	2	2	0	0	0	4	200-250	FP
NEW YORK											
Albany											
Albany Medical Center Hospital ⁵⁸	C. M. Landmesser	10,615	...	5	5	0	0	0	10	210-290	P
Ruffalo											
Buffalo General ⁵⁸	R. N. Terry	16,239	66	4	4	0	0	0	8	175-200	F
Edward J. Meyer Memorial ⁵⁸	B. D. King	3,610	...	2	3	2	0	0	7	292-380	P
Millard Fillmore ⁵⁸	E. D. Babbage	37,193	29	1	1	0	0	0	2	338-366	P
Veterans Admin ⁵⁸	S. I. Guest	2,862	212	2	0	0	0	0	2	291-373	O
Hempstead											
Meadowbrook	I. G. Weinberg	4,358	...	2	2	0	0	0	4	275 ...	F
New York City											
Bellevue Hospital Center											
Div. IV—New York University Post-Graduate Medical School											
Beth-el ⁵⁸	V. J. Collins	1,600	500	10	6	0	0	0	16	215-265	F
Beth Israel ⁵⁸	M. J. Frumin	7,433	50	2	1	0	0	0	3	150-200	F
Bronx Municipal Hospital Center ⁵⁸	S. G. Hershey	5,636	250	4	3	0	0	0	7	300-335	P
Flushing Hospital and Dispensary	L. R. Orkin	10,865	240	7	7	0	0	0	14	215-265	F
Harlem	E. Apogi	4,267	...	1	1	0	0	0	2	200-225	F
Hospital for Joint Diseases ⁵⁸	H. D. Mayer	4,639	375	2	2	0	0	0	4	215-265	F
Jewish Hospital of Brooklyn ⁵⁸	A. M. Betcher	3,646	209	2	1	0	0	0	3	140-160	P
Kings County Hospital Center ⁵⁸	I. Pallin	11,600	62	5	4	2	0	0	11	115-150	F
Lenox Hill	M. H. Harmel	10,684	150	6	6	0	0	0	12	215-265	F
Lang Island Jewish ⁵⁸	G. W. Rich	7,650	175	2	1	0	0	0	3	200-216	P
Maimonides	S. N. Surks	7,271	161	2	1	0	0	0	3	100-165	F
Memorial Hospital for Cancer and Allied Diseases—James Ewing Hospital ⁵⁸	L. Holzmann	9,635	3,666	0	2	1	0	0	3	175-225	P
Methodist Hospital of Brooklyn ⁵⁸	W. S. Howland	7,200	156	2	2	4	0	0	8	250-325	F
Montefiore ⁵⁸	G. Wallace	7,239	79	1	1	0	0	0	2	175-200	F
Mount Sinai ⁵⁸	E. Kepes	4,059	80	4	3	1	0	0	8	220-295	P
New York ⁵⁸	M. H. Adelman	12,961	...	4	3	0	0	0	7	100 ...	F
New York Medical College—Metropolitan Medical Center ⁵⁸	J. Artusio	19,797	450	6	6	1	0	0	13	164-206	P
Flower and Fifth Avenue											
Metropolitan	F. E. Fierro	6,536	100	2	2	2	0	0	6	250-500	F
Now York Polyclinic Medical School and Hospital ⁵⁸	F. E. Fierro	3,226	86	7	6	0	0	0	13	215-265	F
Presbyterian ⁵⁸	J. Milowsky	6,478	170	4	4	0	0	0	8	150-175	F
St. Catherine's	E. M. Papper	22,170	280	...	...	...	...	...	32	250-308	P
St. Clare's	F. P. Ansbros	3,431	39	2	1	0	0	0	3	160-190	F
St. Joseph's	J. Lawrence	6,220	92	1	1	0	0	0	2	225-250	P
St. Luke's ⁵⁸	R. A. Berman	3,817	160	2	2	0	0	0	2	100-150	F
St. Vincent's ⁵⁸	G. E. Burford	5,767	...	4	4	0	0	0	8	125 ...	F
Veterans Admin. (Bronx) ⁵⁸	R. G. Hicks	8,683	151	4	4	1	0	0	9	175-200	F
Veterans Admin. (Brooklyn) ⁵⁸	B. J. Citiberti	3,817	157	3	3	0	0	0	6	291-886	O
	H. I. Lipson	4,109	82	2	1	0	0	0	3	292-373	O
Rochester											
Genesee	E. Kistler	7,382	75	1	1	0	0	0	2	175-325	FP
Rochester General ⁵⁸	V. Coviella	11,379	7	1	1	0	0	0	2	175-200	FP
St. Mary's ⁵⁸	V. Tofany	9,036	...	1	1	0	0	0	2	250-275	P
Strang Memorial-Rochester Municipal Hospitals ⁵⁸	A. J. Gillies	8,323	350	4	4	0	0	0	8	166-291	O
Syracuse											
St. Joseph ⁵⁸	C. Geiger	6,480	53	3	3	0	0	0	6	250-266	P
State University of New York Upstate Medical Center ⁵⁸⁻²⁸⁹	A. B. Dobkin	10,751	2,104	4	4	2	0	0	10	...	O
Valhalla											
Grasslands ⁵⁸	H. F. Bishop	1,896	121	2	2	0	0	0	4	250-300	F
NORTH CAROLINA											
Chapel Hill											
North Carolina Memorial ⁵⁸	D. A. Davis	3,374	126	3	3	1	0	0	7	175-266	O
Durham											
Duke ⁵⁸⁻²⁹²	C. R. Stephen	15,654	200	8	8	0	0	0	16	150 ...	F
Winston Salem											
North Carolina Baptist ⁵⁸	L. Crandall	7,942	854	2	2	0	0	0	4	166-208	P
OHIO											
Canton											
Mercy	F. Schirack	10,577	...	2	2	0	0	0	4	275-285	P
Cincinnati											
Christ	E. Hartenian	8,039	12	2	2	0	0	0	4	250-275	P
University of Cincinnati Hospital Group	...	...	...	...	...	...	...	...	...	...	...
Children's	...	...	...	...	...	...	...	...	...	...	...
Cincinnati General ⁵⁸	A. E. Ogden	9,124	300	3	3	2	...	...	8	100-300	F
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...

Numerical and other references are listed on pages 265 through 268.

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
Cleveland											
Cleveland Clinic ⁵⁸	D. E. Hale	9,411	895	3	3	..	..	..	6	275-300	O
Cleveland Metropolitan General ⁵⁸	H. E. Kretschmer	8,943	...	2	2	1	0	0	5	183-258	F
Fairview Park ⁵⁸	J. E. Walkowiak	7,297	858	3	3	0	0	0	6	250-300	FP
Huron Road ⁵⁸	J. K. Potter	8,549	1,120	4	4	2	0	0	10	300-400	FP
Mount Sinai ⁵⁸	S. Katz	10,271	32	2	2	0	0	0	4	215-250	FP
St. Alexis ⁵⁸	M. Oppenheim	5,253	168	2	2	0	0	0	4	225-250	F
St. Lukes ⁵⁸	B. B. Sankey	13,593	369	3	3	0	0	0	6	220-255	F
St. Vincent Charity ⁵⁸	D. Mendelsahn	4,625	271	2	2	0	0	0	4	235-250	FP
University Hospitals of Cleveland ^{59,1}	R. A. Hingson	13,819	257	6	6	0	0	0	12	162-220	P
Columbus											
Ohio State University Hospitals ⁵⁸	W. Hamelberg	17,336	805	10	10	0	0	0	20	177-202	P
Garfield Heights											
Marymount ⁵⁸	N. G. DePiero	5,187	198	3	3	2*	0	0	8	200-350	F
Toledo											
Toledo	D. M. Katchka	6,881	247	2	1	0	0	0	3	275-325	F
Youngstown											
St. Elizabeth ⁵⁸	A. J. Bayuk	12,775	25	2	2	0	0	0	4	350-375	FP
Youngstown ⁵⁸	...	...	...	..	..	..	..	..	..	...	...
OKLAHOMA											
Oklahoma City											
University of Oklahoma Medical Center ⁵⁸	J. M. White	...	...	5	5	5	0	0	15	...	...
University Hospitals	...	6,600	1,500	..	..	..	..	..	..	200-250	P
Veterans Admin.	...	2,169	1	..	..	..	..	..	..	...	...
OREGON											
Portland											
University of Oregon Medical School Hospitals and Clinics ⁵⁸⁻³²¹	F. Haugen	10,111	592	5	4	0	0	0	9	165-215	F
PENNSYLVANIA											
Johnstown											
Conemaugh Valley Memorial ⁵⁸⁻³²⁵	P. C. Lund	8,738	1,481	3	3	0	0	0	6	300-350	FP
Philadelphia											
Albert Einstein Medical Center ⁵⁸	B. Goldstein	14,682	55	7	6	0	0	0	13	200-...	F
Graduate Hospital of the University of Pennsylvania	H. H. Stone	5,111	186	3	3	0	0	0	6	100-...	F
Hahnemann Medical College and Hospital	A. J. Catenacci	7,344	50	4	0	0	0	0	4	250-...	P
Hospital of the University of Pennsylvania ⁵⁸	R. Dripps	10,057	300	9	9	6	0	0	24	150-333	P
Children's	L. Bachman	3,583	...	..	..	..	..	..	2	125-150	F
Jefferson Medical College ⁵⁸	L. J. Hampton	11,175	167	3	3	2	0	0	8	150-325	P
Pennsylvania	M. V. Trancellitti	9,595	93	1	1	0	0	0	2	170-180	O
Philadelphia General	M. Van Deming	5,101	135	3	3	0	0	0	6	334-371	F
Presbyterian ⁵⁸	S. Schotz	4,374	203	2	2	0	0	0	4	235-250	F
Temple University ⁵⁸	L. W. Krumperman	11,880	105	5	5	3	0	0	13	175-200	P
Pittsburgh											
Allegheny General	R. L. Patterson	10,755	113	4	4	0	0	0	8	250-300	F
Mercy ⁵⁸	F. F. Faldes	10,463	1,022	3	3	3	0	0	9	275-325	F
St. Francis General Hospital and Rehabilitation Institute	G. J. Thomas	11,250	107	3	1	0	0	0	4	240-355	FP
Sayre											
Robert Packer ⁵⁸	W. F. Brehm	5,940	41	2	2	0	0	0	4	235-275	P
PUERTO RICO											
Caparra Heights											
University	F. Gonzalez	3,275	52	2	2	0	0	0	..	...	...
Ponce											
Hospital De Damas	C. E. Yordan	2,111	214	1	1	..	..	..	1	225-250	F
San Juan											
Presbyterian ³³⁴	F. J. Gonzalez	4,488	57	1	1	..	..	..	2	250-300	F
San Juan City	F. Gonzalez	3,613	...	..	..	..	..	..	..	175-250	...
RHODE ISLAND											
Providence											
Rhode Island ⁵⁸	M. Saklad	12,899	151	3	3	3	..	..	8	125-225	F
SOUTH CAROLINA											
Charleston											
Teaching Hospitals of the Medical College of South Carolina	J. E. Mahaffey	5,857	2,488	4	4	0	0	0	8	200-...	FP
Medical College Hospital	...	...	...	..	..	..	..	..	..	...	...
Roper	...	...	...	..	..	..	..	..	..	...	...
TENNESSEE											
Chattanooga											
Baroness Erlanger	R. Baldwin	11,180	150	5	4	0	0	0	9	325-350	F
Knoxville											
University of Tennessee Memorial Research Center and Hospital ⁵⁸	W. F. Powell	4,191	36	1	1	0	0	0	2	320-330	F
Memphis											
City of Memphis Hospitals ⁵⁸	W. Dornette	12,016	...	4	4	0	0	0	8	150-175	...
Nashville											
Vanderbilt University ⁵⁸	L. G. Schull	4,945	...	3	3	1	0	0	7	75-125	F

Numerical and other references are listed on pages 265 through 268.

1. ANESTHESIOLOGY — Continued

	Chief of Service or Program Director	Total Anesthetics	Con- sulta- tion on Non-surgical Patients	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS											
Dallas											
Parkland Memorial ⁵⁸	M. T. Jenkins	10,718	...	10	4	0	0	0	14	225-275	P
Fort Worth											
Harris	A. N. Heinrichs	10,788	...	2	2	0	0	0	4	300-325	F
Galveston											
University of Texas Medical Branch Hospitals ⁵⁸	C. R. Allen	8,632	358	6	6	3	0	0	15	160 ...	F
Houston											
Baylor University Affiliated Hospitals ⁵⁸	...	...	...	...	...	...	...	...	...	...	...
Jefferson-Davis	A. S. Keats	5,289	22	3	3	0	0	0	6	125-165	F
Methodist	P. H. Chalmers	11,127	...	2	2	0	0	0	4	100-125	F
Veterans Admin.	W. H. Mannheim	5,103	108	3	3	0	0	0	6	291-315	P
Hermann	L. F. Schuhmacher	17,813	3,284	2	2	0	0	0	4	200-325	P
St. Joseph's	P. E. Shutts	12,013	45	1	1	...	...	...	1	120-175	P
University of Texas M. D. Anderson Hospital and Tumor Institute ⁵⁸	W. S. Derrick	4,445	126	6	0	0	0	0	6	220-270	...
Temple											
Scott & White Memorial	C. H. Gillespie	5,017	3,458	2	2	0	0	0	4	300 ...	O
UTAH											
Salt Lake City											
University of Utah Affiliated Hospitals ⁵⁸⁻⁶¹	C. M. Bollinger	34,273	545	7	7	1	0	0	15	270-345	O
VERMONT											
Burlington											
University of Vermont Medical Center ⁵⁸	...	...	...	...	...	...	...	...	...	...	...
DeGoesbriand Memorial	...	...	...	...	...	...	...	...	...	...	...
Mary Fletcher	J. Abajian, Jr.	4,470	...	4	4	0	0	0	8	166-250	FP
White River Junction											
Veterans Admin.	R. E. Lapointe	1,395	20	1	1	0	0	0	2	583-886	...
VIRGINIA											
Charlottesville											
University of Virginia	D. W. Eastwood	8,008	104	3	3	0	0	0	6	190-280	F
Richmond											
Medical College of Virginia—Hospital Division ⁵⁸	W. E. Pembleton	13,153	2,344	3	2	0	0	0	5	200 ...	F
Veterans Admin.	C. G. Lynch	3,906	127	2	2	0	0	0	4	291-497	P
WASHINGTON											
Seattle											
Doctors ⁵⁸	J. J. Owen	6,651	60	1	1	...	...	...	1	450-500	F
Swedish ⁵⁸	L. H. Mousel	12,183	...	2	2	0	0	0	4	225-262	FP
University of Washington Affiliated Hospitals ⁵⁸	...	...	...	8	6	3	0	0	17	...	...
Children's Orthopedic	K. Eather	3,528	200	...	...	...	...	...	...	...	...
King County	J. J. Bonica	3,132	20	...	...	...	...	...	...	150-225	F
Veterans Admin.	J. J. Bonica	723	...	...	...	...	...	...	...	291-497	FP
Virginia Mason ⁵⁸⁻³⁶⁶	D. C. Moore	6,196	199	3	3	0	0	0	6	175-325	FP
Tacoma											
Tacoma General ⁵⁸	J. J. Bonica P. H. Backup	6,004	782	4	4	2	0	0	10	250-500	F
WEST VIRGINIA											
Morgantown											
West Virginia University Medical Center ⁵⁸	R. E. Jones	...	...	2	2	2*	0	0	6	277-377	P
Wheeling											
Ohio Valley General	D. E. Greeneltch	7,469	1,503	3	3	0	0	0	6	325-350	P
WISCONSIN											
Madison											
University Hospitals ⁵⁸⁻³⁶⁹	O. S. Orth	5,840	120	7	7	2*	0	0	16	100-200	F
Milwaukee											
Milwaukee County	J. J. Jacoby	5,397	...	4	4	0	0	0	8	234-286	O
Veterans Admin. (Wood)	J. Jacoby	3,720	120	5	5	0	0	0	10	291-314	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 226.

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

4. 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, 80; Residencies, 332

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY															
CALIFORNIA															
Letteman General, San Francisco.....	F. H. Grauer.....	9	362	...	...	14,445	3	1	1	1	0	0	3	...	F
DISTRICT OF COLUMBIA															
Walter Reed General, Washington.....	L. Leland.....	12	111	...	...	18,304	3	1	1	1	0	0	3	...	...
TEXAS															
Brooke General, San Antonio.....	G. Prozak.....	10	198	...	...	50,564	3	1	1	1	0	0	3	...	...
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, San Diego-192.....	C. W. Norman.....	15	197	...	...	41,967	2*	2	2	0	0	0	4	...	...
PENNSYLVANIA															
U. S. Naval, Philadelphia-330.....	J. H. Lockwood.....	10	193	...	...	7,312	2*	1	2	2	0	0	5	...	...
UNITED STATES PUBLIC HEALTH SERVICE															
MARYLAND															
National Institutes of Health, Bethesda..	E. Van Scott.....	7	25	6	100	1,000	1	0	1	0	0	0	1	...	...
NEW YORK															
U. S. Public Health Service New York City (Stapleton)-278.....	J. T. Hearin.....	29	530	0	...	7,289	3	1	1	1	0	0	3	...	...
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center... University Hospital and Hillman Clinic.....	R. A. Noojin.....	2	20	0	0	23,049	..	1	2	1	0	0	4	175-250	F
Fairfield															
Lloyd Noland ⁷⁶	P. G. Reque.....	1	38	1	100	6,166	1	1	0	0	0	0	1	300...	FP
ARKANSAS															
Little Rock															
University of Arkansas Medical Center	C. J. Dillaha J. T. Jansen.....	...	...	...	...	...	3	..	..	..	..	..	..	...	...
University.....	...	...	0	0	724	..	2	..	..	..	..	..	..	233...	O
Veterans Admin.....	Inc. In Int. Med....	...	...	...	940	..	2	..	..	..	..	..	..	291...	O
CALIFORNIA															
Long Beach															
Veterans Admin.....	S. W. Becker.....	16	212	3	100	7,041	3	2	2	2	0	0	6	291-497	O
Los Angeles															
Los Angeles County General.....	M. Zimmernan.....	17	675	14	36	10,913	3	1	2	1	0	0	4	275-350	P
University of California.....	T. H. Stenberg.....	2	39	0	0	5,459	3	2	2	2	0	0	6	261-340	O
Veterans Admin. Center-General Medical and Surgical ⁸⁹	E. T. Wright.....	40	418	2	100	18,942	3	3	2	2	0	0	7	292-373	P
White Memorial.....	M. Couperus.....	..	16	0	...	4,259	2	0	1	0	0	0	1	265-275	P
Palo Alto															
Stanford Medical Center and Affiliated Hospitals.....	...	...	...	...	...	...	3	..	..	..	..	..	..	...	...
Palo Alto-Stanford Hospital Center- ⁹⁵ Veterans Admin.....	E. M. Farber.....	4	267	0	...	3,634	..	2	1	1	0	0	4	100-150	F
San Francisco															
University of California Hospitals.....	R. B. Rees.....	1	42	0	0	8,063	3	1	2	1	0	0	4	261-340	O
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center.....	...	...	...	...	...	...	3	..	..	..	..	..	..	...	...
Grace-New Haven Community.....	A. B. Lemer..... Inc. In Int. Med....	...	...	...	...	4,805	..	1	1	0	0	0	2	50-75	FP
FLORIDA															
Miami															
Jackson Memorial.....	H. Blank.....	12	140	1	0	6,468	3	3	3	3	0	0	9	200-275	P
GEORGIA															
Atlanta															
Grady Memorial.....	S. Olansky.....	12	200	3	67	7,800	3	1	1	1	0	0	3	100-200	F
ILLINOIS															
Chicago															
Coak County.....	T. Cornbleet.....	25	309	5	25	15,487	3	2	1	1	0	0	4	150...	F
Northwestern University Medical Center.. Veterans Admin. Research.....	H. Rattner.....	..	...	...	...	4,467	3	1	1	1	0	0	3	250...	O
University of Chicago Clinics.....	A. L. Lorincz.....	7	186	3	66	6,854	3	3	3	3	0	0	9	225-305	...

Numerical and other references are listed on pages 265 through 268.

4. DERMATOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O P F	
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS, Chicago—Continued																
University of Illinois Research and Educational Hospitals.....	A. J. Rostenberg...	4	63	1	100	11,396	3	..	..	..	0	0	8	170-225	P
Veterans Admin. (Hines).....	A. J. Rostenberg...	15	204	1	100	3,432	..	0	2	0	0	0	2	291-372	O	
INDIANA																
Indianapolis																
Marion County General.....	B. H. Booth.....	4	69	0	...	6,886	3	1	1	1	0	0	3	269-321	P	
IOWA																
Iowa City																
State University of Iowa Hospitals.....	R. G. Camey.....	14	467	7	42	15,613	3	2	2	1	0	0	5	200-255	...	
LOUISIANA																
New Orleans																
Chority Hospital of Louisiana.....	C. R. Kennedy V. J. Derbes.....	17	345	7	100	22,184	3	..	..	..	..	..	10	125-175	F
MARYLAND																
Baltimore																
Johns Hopkins.....	E. W. Smith.....	...	164†	...	...	5,104	3	0	0	0	0	0	0	167 ...	P
University.....	H. M. Robinson, Jr....	5	135	1	100	13,000	3	1	1	1	0	0	3	220-350	P	
MASSACHUSETTS																
Boston																
Tufts University School of Medicine Affiliated Hospitals.....	B. Appel.....	8	94	0	...	15,783	3	..	3	1	1	0	..	5	158-178	F
Boston City.....
Boston Dispensary and Rehabilitation Institute.....
Massachusetts General.....	T. B. Fitzpatrick.....	11	294	3	100	10,698	3	3	1	0	0	0	4	108-167	F	
Massachusetts Memorial.....	H. Mescon.....	...	Inc. In Int. Med...	...	...	4,849	3	1	1	1	0	0	3	175-225	O
MICHIGAN																
Ann Arbor																
University—209.....	A. C. Curtis.....	18	614	4	25	7,153	3	4	5	4	0	0	13	193-265	O	
Detroit																
Henry Ford.....	C. S. Livingood.....	30	548	2	50	39,824	3	5	5	5	0	0	15	300-350	P	
Receiving—219.....	H. Pinkus.....	...	49†	...	...	10,874	3	2	4	3	0	0	9	333-408	P
MINNESOTA																
Minneapolis																
Minneapolis General.....	C. W. Laymon.....	7	175	1	100	4,226	3	1	1	0	0	0	2	250 ...	P	
University of Minnesota Hospitals.....	F. Lynch.....	7	94	2	100	4,266	3	1	1	2	0	0	4	250 ...	O	
Veterans Admin. —217.....	I. Fisher.....	19	180	4	75	432	3	2	1	1	0	0	4	291-497	O	
Rochester																
Moyo Foundation —220.....	L. A. Brunsting.....	33	757	3	67	27,946	3	5	5	5	0	0	15	200-333	P	
St. Paul																
Ancker.....	H. Ravits.....	9	242	2	0	3,641	3	0	1	0	0	0	1	280 ...	F	
MISSOURI																
St. Louis																
Barnes.....	C. Lane.....	...	Inc. in Int. Med ...	...	...	5,556	3	1	0	0	0	0	1	50-175	F
NEW HAMPSHIRE																
Hanover																
Mary Hitchcock Memorial.....	O. Jillson.....	7	202	...	...	10,004	3	1	1	1	0	0	3	218-273	...
NEW YORK																
Buffalo																
Edward J. Meyer Memorial.....	J. W. Jordan.....	6	95	1	100	5,975	3	1	1	1	0	0	3	292-332	P	
Roswell Park Memorial.....	H. L. Traenkle.....	2	47	1	100	3,533	1	0	0	1	0	0	1	334-400	O	
New York City																
Bellvue Hospital Center.....	R. L. Baer.....	43	267	14	54	24,747	3	2	2	3	0	0	7	215-265	F	
Kings County Hospital Center.....	L. Frank.....	17	261	6	40	11,911	3	2	0	0	0	0	2	215-265	F	
Mount Sinai.....	S. M. Peck.....	3	20	0	0	7,091	3	1	0	0	0	0	1	100 ...	P	
New York.....	G. Lewis.....	...	Inc. In Int. Med. ...	...	...	9,744	3	1	0	0	0	0	1	164 ...	F
New York University Medical Center.....	...	...	...	...	...	...	3	..	..	..	..	..	...	...	...
University.....	R. L. Baer.....	8	157	1	0	68,048	..	2	2	2	0	0	6	175-265	F	
Presbyterian.....	C. T. Nelson.....	7	131	Inc. In Int. Med.	...	31,998	3	2	1	1	0	0	4	250-308	P	
St. Luke's.....	L. P. Borker.....	...	Inc. In Int. Med.	0	...	7,113	2*	1	0	1	0	0	2	125-175	F	
Veterans Admin. (Bronx).....	H. Shatlin.....	38	476	0	0	1,014	2	1	1	2	0	0	4	291-372	O	
Veterans Admin. (Manhattan).....	P. Michaelides.....	37	585	1	100	605	2*	2	2	2	0	0	6	291-372	O	
NORTH CAROLINA																
Chapel Hill																
North Carolina Memorial.....	J. M. Hitch.....	2	110†	...	...	3,914	3	1	1	1	0	0	3	200-408	O
Durham																
Duke.....	J. L. Collaway.....	4	159	1	100	8,966	3	2	2	1	0	0	5	42-83	F	
OHIO																
Cincinnati																
University of Cincinnati Hospital Group.....	...	...	...	...	...	...	3	..	..	..	..	..	...	...	...
Cincinnati General.....	L. Goldman.....	16	237	4	75	4,363	..	2	2	2	0	0	6	150-214	F	
Cleveland																
Cleveland Clinic.....	J. R. Haserick.....	13	360	7	67	13,524	3	1	1	2	0	0	4	275-350	O	
Cleveland Metropolitan General.....	R. R. Rouschkolb.....	4	71	0	...	4,044	3	1	1	1	0	0	3	150-258	F	
University Hospitals of Cleveland.....	R. B. Stoughton.....	3	84†	1	0	5,216	3	1	1	1	0	0	3	162-262	P	

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

4. DERMATOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	O w m Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center...	P. E. Jones	...	...	...	...	...	3	2	2	2	0	0	6	...	...
University Hospitals.....	J. F. Hammarsten	4	87	0	...	3,307	..	..	..	..	..	..	..	200-250	P
Veterans Admin.....	J. F. Hammarsten	5	55	0	0	701	..	..	..	..	..	..	..	...	...
OREGON															
Portland															
University of Oregon Medical School Hospitals and Clinics.....	W. C. Lobitz, Jr.	9	201	1	100	6,465	3	2	2	2	0	0	6	165-215	F
PENNSYLVANIA															
Danville															
George F. Geisinger Memorial.....	R. F. Dickey	1	60	1	100	14,642	3	1	1	1	0	0	3	175-265	FP
Philadelphia															
Graduate Hospital of the University of Pennsylvania.....	H. Beeman	1	43	...	...	3,259	3	1	1	1	0	0	3	100 ...	F
Hahnemann Medical College.....	H. J. Hurley	Inc.	in Int. Medicine	...	...	1,940	2	1	0	0	0	0	1	75-225	P
Hospital of the Univ. of Pennsylvania...	D. Pillsbury	7	171	1	0	4,764	3	4	4	4	0	0	12	125-300	O
Jefferson Medical College.....	H. A. Luscombe	2	54	2	100	4,119	2	1	1	0	0	0	2	100-125	P
Philadelphia General.....	C. F. Burgoon, Jr.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Temple University Medical Center.....	D. Pillsbury	8	167	1	100	4,068	2	2	2	0	0	0	4	157-222	F
Skin and Cancer Hospital Unit.....	C. F. Burgoon, Jr.	17	509	0	0	24,915	..	3	3	3	0	0	9	175-225	O
TEXAS															
Galveston															
University of Texas Medical Branch Hospitals.....	J. F. Mullins	11	143	3	67	7,420	3	2	2	2	0	0	6	160 ...	F
Houston															
Baylor University Affiliated Hospitals...	E. R. Seals	12	308	1	100	10,872	3	2	2	2	0	0	6	125-295	P
VIRGINIA															
Charlottesville															
University of Virginia.....	E. P. Cawley	4	124	0	...	8,220	3	2	2	1	0	0	5	90-180	F
Richmond															
Medical College of Virginia-Hospital Division.....	A. Pepple	3	223	...	...	4,507	2	..	..	..	..	..	3	150 ...	F
WISCONSIN															
Madison															
University Hospitals.....	S. A. M. Johnson	5	139	3	100	4,939	3	1	0	1	0	0	2	100-200	F
Marshfield Clinic (Marshfield).....	S. Epstein	7	222	0	0	7,827	..	0	1	0	0	0	1	350 ...	O
Milwaukee															
Veterans Admin. (Wood) #76.....	D. W. Kersting	16	453	2	50	4,608	3	1	1	1	0	0	3	291-373	P

5. 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 197.

6. 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, 181; Residencies, 843

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	O w m Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
ALABAMA															
U. S. Air Force, Montgomery.....	W. H. Karmony	206	5,526	...	...	61,745	2	4	4	0	0	0	8	.....	0
DISTRICT OF COLUMBIA															
U. S. Air Force, Washington.....	M. W. Steel, Jr.	225	6,572	71	80	199,005	2	2	2	0	0	0	4	.....	...
MISSISSIPPI															
U. S. Air Force, Biloxi.....	I. E. Rosen	287	8,529	55	75	207,609	2	3	3	0	0	0	6	.....	...
OHIO															
U. S. Air Force, Dayton.....	F. H. White	265	6,359	23	74	226,266	2	2	2	..	..	..	2	384-401	0
UNITED STATES ARMY															
NEW JERSEY															
Wolson Army, Fort Dix.....	L. J. Numolville	421	20,012	99	67	342,374	2	4	4	0	0	0	8	.....	...

Numerical and other references are listed on pages 265 through 268.

6. GENERAL PRACTICE — Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
					Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES PUBLIC HEALTH SERVICE																
MICHIGAN																
	U. S. Public Health Service, Detroit	W. B. Borr	125	2,334	23	83	8,230	2	3	3	0	0	0	6	...	0
		H.W. Kopping														
TEXAS																
	U. S. Public Health Service, Galveston	J. L. James	113	2,113	61	54	29,286	2	4	4	0	0	0	8	...	...
VIRGINIA																
	U. S. Public Health Service, Norfolk	F. T. Zinn	173	3,429	63	68	52,874	2	3	3	0	0	0	6	494-665	0
NONFEDERAL AND VETERANS ADMINISTRATION																
ALABAMA																
	Birmingham															
	Carraway Methodist	C. Neville	108	8,611	50	28	93,956	2	1	1	0	0	0	2	275-325	FP
ARIZONA																
	Phoenix															
	Good Samaritan	R. A. McCulley	70	6,732	307	36	1,372	2	1	1	0	0	0	2	350-400	P
	Maricopa County General	D. H. Victor	119	1,777	354	28	28,617	2	4	2	0	0	0	6	373-392	P
	Tucson															
	St. Mary	G. W. King	...	1,392	29	41	...	2	2	0	0	0	0	2	200	FP
ARKANSAS																
	Little Rock															
	University of Arkansas Medical Center	J. T. Riggins	...	...	...	...	...	2	6	6	...	...	...	12	208-233	0
CALIFORNIA																
	Arlington															
	General Hospital of Riverside County	G. J. Anday	173	1,042	82	56	10,268	2	6	2	0	0	0	8	440-489	P
	Bakersfield															
	Kern County General	B. G. Stewart	256	8,832	483	73	94,577	2	1	0	0	0	0	1	375-400	0
	Long Beach															
	Memorial Hospital of Long Beach							2	...	...	...	...	...	...	...	...
	St. Mary's Long Beach	P. W. Smith	234	17,065	325	55	1,916	2	2	2	0	0	0	4	300-350	F
	Martinez															
	Contra Costa County	G. Degman	334	8,553	337	51	113,702	2	9	3	...	...	...	9	481	P
	Moderato															
	Stanislaus County	E. H. Dickinson	239	4,802	390	30	44,663	2	5	5	1	0	0	11	500	P
	Sacramento															
	Sacramento County	D. A. Treat	788	14,808	1,115	55	93,264	2	6	6	0	0	0	12	420-510	F
	Salinas															
	Monterey County	R. H. Whitworth	254	3,764	304	71	32,490	2	8	2	...	...	...	10	500-550	F
	Santa Barbara															
	Santa Barbara General	D. M. Caldwell	203	2,622	174	49	11,811	2	3	2	0	0	0	5	450	F
	Santa Rosa															
	Sanoma County	A. C. Abernethy	269	3,868	381	38	26,095	2	5	5	0	0	0	16	425-475	...
	Ventura															
	General Hospital of Ventura County	J. A. Daly	230	5,093	78	24	37,967	2	5	5	0	0	0	10	434-465	FP
COLORADO																
	Colorado Springs															
	Penrose	A. R. Crake	217	8,538	222	73	362	2	2	2	0	0	0	4	250-300	F
	St. Francis	R. W. Ulrich	114	7,857	163	53	6,178	2	2	2	0	0	0	4	200-230	F
	Denver															
	Denver General	B. E. Pallack	338	9,774	603	70	75,953	2	4	4	0	0	0	8	179-196	P
	Mercy	F. Lauvitz	...	...	...	...	...	2	2	1	0	0	0	3	330-395	P
	St. Joseph's	F. B. McGlane	76	3,983	120	59	...	2	2	2	0	0	0	4	200-255	F
	University of Colorado Medical Center							2	...	...	...	...	...	...	...	...
	Colorado General	C. W. Eisele	231	8,475	383	78	123,974	...	3	3	0	0	0	6	180-190	0
	Pueblo															
	St. Mary-Corwin							2	...	...	...	...	...	...	...	...
CONNECTICUT																
	Bridgeport															
	Bridgeport	E. Ives	52	2,043	159	37	1,027	2	2	2	0	0	0	4	240-265	F
DELAWARE																
	Wilmington															
	Wilmington General	F. S. Skura	186	6,514	270	38	26,041	2	6	6	0	0	0	12	220-355	FP
DISTRICT OF COLUMBIA																
	Washington															
	Eastern Dispensary and Casualty	E. Short	110	4,093	50	33	6,000	2	4	4	0	0	0	4	300	F
FLORIDA																
	Daytona Beach															
	Halifax District	H. A. King	211	9,531	422	33	3,649	2	5	0	0	0	0	5	500	P
	Jacksonville															
	Baptist Memorial	A. M. Manson	264	14,596	232	65	4,485	2	2	4	0	0	0	6	325-350	O
	St. Luke's	E. E. Leitner	137	8,732	162	41	0	2	1	1	0	0	0	2	325-350	O
	St. Vincent's	L. M. Wachtel	280	16,302	309	48	0	2	2	2	0	0	0	4	325-350	P
	Pensacola															
	Baptist	J. L. Lundquist	194	13,094	171	52	0	2	2	2	0	0	0	4	425-450	O
	Sacred Heart	R. E. Dofrymple	111	2,028	90	33	23,969	2	3	3	0	0	0	3	350-425	F
	St. Petersburg															
	Mound Park	J. B. Quicksall	417	15,949	1,046	25	32,056	2	2	2	0	0	0	4	307	P

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

6. 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 1962-1963					Total All Yrs.	Slipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
GEORGIA															
Columbus															
Medical Center.....	E. B. Horn.....	226	12,228	408	28	30,228	2	2	2	0	0	0	2	350-400	F
Fort Oglethorpe															
John L. Hutcheson Memorial Tri-County	F. Simonton.....	112	6,946	181	29	7,049	2	3	3	0	0	0	3	450...	P
Macon															
Macon.....	R. C. Eberhardt....	335	26,216	522	21	55,910	2	4	2	0	0	0	6	275-325	FP
Rome															
Floyd.....	.....	...	...	...	...	...	2	..	..	..	..	..	..	.....	...
ILLINOIS															
Berwyn															
MacNeal Memorial.....	N. Pracyk.....	...	...	...	...	1,044	2	8	8	0	0	0	11	350-375	F
Chicago															
Grant.....	S. A. Diamond.....	...	...	...	...	...	2	1	1	0	0	0	2	225-250	F
Illinois Masonic.....	J. Potcho.....	71	2,776	153	26	3,676	3	1	1	0	0	0	2	175-235	P
Louis A. Weiss Memorial.....	H. E. Bessinger....	204	7,472	213	43	1,860	2	11	11	0	0	0	22	385-410	P
St. Mary of Nazareth.....	S. A. Motto.....	230	10,435†	429	38	...	2	1	1	0	0	0	2	275-300	FP
Peoria															
St. Francis.....	.....	...	...	...	...	...	2	..	..	..	..	..	..	.....	...
INDIANA															
Indianapolis															
Methodist.....	L. H. Martin.....	587	21,648	604	44	11,578	2	2	2	0	0	0	4	360-450	P
IOWA															
Des Moines															
Broadlawn-Polk County.....	G. A. Kern.....	...	...	...	...	...	2	..	..	..	..	..	..	.....	...
KANSAS															
Wichita															
St. Francis.....	V. D. Schwartz....	373	20,791	372	41	33,755	2	2	2	0	0	0	4	275-300	FP
Wesley.....	J. Tiller.....	338	18,953	263	31	0	2	2	2	0	0	0	4	295-320	FP
KENTUCKY															
Covington															
William Booth Memorial.....	P. W. Simpson.....	128	5,866	250	31	6,686	2	3	3	0	0	0	6	300...	F
Lexington															
Central Baptist.....	D. M. Royalty.....	103	7,368	131	28	...	2	3	3	0	0	0	6	250-400	FP
LOUISIANA															
Lafayette															
Lafayette Charity.....	E. Hull.....	324	11,193	437	66	84,222	1	..	..	..	..	..	..	... 375	P
Monroe															
E. A. Conway Memorial.....	M. Raphael.....	160	12,150	359	18	54,315	2	12	12	..	..	..	14	400-450	F
New Orleans															
Touro Infirmary.....	A. Goldman.....	...	...	...	...	...	2	1	1	0	0	0	2	150...	FP
MAINE															
Portland															
Maine Medical Center.....	S. R. Branson.....	Inc. in Int. Med.	...	...	...	...	2	2	2	0	0	0	4	175-200	FP
MARYLAND															
Baltimore															
University.....	.....	...	...	...	...	...	2	..	..	..	..	..	..	.....	...
Bethesda															
Suburban.....	W. T. Joyce.....	171	10,565	302	44	17,807	2	3	3	1	0	0	7†	310-360	F
MASSACHUSETTS															
Boston															
New England.....	R. A. Draper.....	33	1,055	43	37	2,517	2	..	..	0	0	0	2	225-275	F
Fall River															
St. Anne's.....	J. C. Corrigan.....	137	5,974	159	30	15,736	2	3	2	0	0	0	5	300-500	FP
Lowell															
Lowell General.....	C. J. Shogoury....	8	8,046	287	40	5,758	2	4	0	0	0	0	4	400...	F
Worcester															
Worcester City.....	J. A. Lundy E. J. Croce.....	Inc. in Int. Med.	...	...	...	...	2	2	2	0	0	0	4	250-275	F
MICHIGAN															
Benton Harbor															
Mercy.....	S. Gould.....	132	7,392	170	42	2,909	2	2	2	0	0	0	3	325...	F
Dearborn															
Oakwood.....	D. H. Miller.....	78	5,432	118	50	...	2	4	4	0	0	0	8	250-325	F
Detroit															
Evangelical Deaconess.....	W. P. Curtiss.....	23	1,844	24	50	700	2	3	2	0	0	0	5	425-450	P
Henry Ford.....	Inc. in Int. Med.	...	...	...	...	...	2	1	..	..	..	..	1	300-320	P
Flint															
Hurley.....	J. B. Schultz.....	...	...	...	...	...	1	2	2	0	0	0	4	325-350	F
McLaren General.....	G. C. Cutler.....	277	12,843	228	46	...	2	3	3	0	0	0	6	400-450	P
St. Joseph.....	.....	...	...	...	...	...	2	..	..	..	..	..	..	.....	...
Grasse Pointe															
Cottage.....	.....	...	4,985	137	45	1,686	2	4	7	0	0	0	11	600...	O
Lincoln Park															
Lynn.....	E. W. Erickson....	71	3,712	63	43	21,455	2	4	4	0	0	0	8	500...	P
River Rouge															
Sidney A. Sumbly Memorial.....	T. M. Batchelor....	86	4,093	20	13	3,220	2	3	2	0	0	0	5	400-450	F

Numerical and other references are listed on pages 265 through 268.

6. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MINNESOTA															
Minneapolis															
Lutheran Deaconess Home and Hospital	P. Bowlin.....	168	8,306	269	33	5,369	2	3	3	0	0	0	6	300-350	F
Fairview.....	R.M. Silas.....	295	14,158	375	43	3,401	2	3	3	0	0	0	6	300-350	F
St. Paul															
Midway.....	H.J. Setzer.....	107	7,174	145	63	5,367	2	4	4	1	0	0	9†	300-350	FP
St. Luke's.....	D.E. Westover.....	195	7,339	181	44	6,088	2	4	4	0	0	0	8	300-350	FP
MISSISSIPPI															
Jackson															
Mississippi Baptist.....	C.D. Bronnan.....	302	17,364	149	45	...	2	2	0	0	0	0	2	250...	P
University.....	B.F. Banahan.....	...	...	...	..	229	2	2	2	0	0	0	4	250-550	O
MISSOURI															
Columbia															
University of Missouri Medical Center.....	.....	...	...	...	...	...	2	..	..	..	..	..	..	.....	....
Kansas City															
Menorah Medical Center.....	E.L. Petry.....	Inc.	in Int. Med.	...	...	...	2	1	1	0	0	0	2	300-350	F
Trinity Lutheran.....	O.W. Theel.....	7	2,850	87	32	7,441	2	2	2	0	0	0	4	300...	F
St. Joseph															
Missouri Methodist.....	P.J. Stallard.....	...	4,700	229	28	...	1	2	0	0	0	0	2	225...	F
St. Louis															
DePaul.....	C. Martin.....	...	...	...	...	...	2	2	2	0	0	0	4	200-225	F
Lutheran.....	F.W. Klinge.....	243	9,858	373	40	17,260	2	3	3	0	0	0	6	225-250	FP
St. Anthony's.....	G. O'Sullivan.....	220	9,830	302	36	31,802	2	4	4	0	0	0	8	250-300	F
NEW JERSEY															
Flemington															
Hunterdon Medical Center.....	R.R. Henderson ..	96	4,752	179	66	29,482	2	3	3	0	0	0	6	175-225	FP
Montclair															
Mountainside.....	W.J. Sperling.....	Inc.	in Int. Med.	...	...	...	2	2	2	0	0	0	4	275-325	FP
Morristown															
Morristown Memorial.....	R. Earp.....	88	3,203	234	55	10,064	2	2	0	0	0	0	2	225-325	FP
Princeton															
Princeton.....	B. Scasserra	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	B. Wright.....	134	5,867	174	67	6,566	3	3	3	0	0	0	6	300...	F
Somerville															
Somerset.....	N.E. Schalet.....	200	11,744	285	41	3,245	2	2	2	0	0	0	4	325...	F
Summit															
Overlook.....	E. T. Milliser.....	259	10,694	323	48	20,714	2	2	2	0	0	0	4	250-300	F
NEW MEXICO															
Los Alamos															
Los Alamos Medical Center.....	C.L. Shafer.....	39	2,416	...	...	...	2	1	0	0	0	0	1	600...	O
NEW YORK															
Buffalo															
Mercy.....	C. Banos.....	210	2,504	107	51	2,039	1	3	0	0	0	0	3	275-325	FP
Millard Fillmore.....	M. Cheplove.....	...	...	...	...	...	2	1	1	0	0	0	2	338-366	P
Glen Cove															
Community.....	H. Mayberger.....	160	8,620	140	41	4,413	2	1	1	0	0	0	2	300...	FP
Rochester															
St. Mary's.....	J. F. Keegan.....	Inc.	in Int. Med.	...	...	...	2	1	0	0	0	0	1	250-275	P
Yonkers															
Yonkers General.....	M.J. Eisen.....	130	6,175	179	43	12,387	2	2	1	0	0	0	3	200-225	FP
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial.....	C.H. Burnett.....	Inc.	in Int. Med.	...	...	...	2	3	0	0	0	0	3	175-200	O
OHIO															
Akron															
Akron City.....	H.S. Senne.....	Inc.	in Int. Med.	...	...	...	2	2	2	0	0	0	4	275-300	FP
Akron General.....	G.K. Parke.....	...	...	...	...	...	3	4	2	1	0	0	7	300-350	FP
St. Thomas.....	R.A. Breckenridge	...	...	...	...	...	2	2	2	0	0	0	4	300-350	F
Borberton															
Borberton Citizens.....	A.A. Brown.....	168	8,306	269	33	5,369	2	3	3	0	0	0	6	300-350	F
Cincinnati															
Christ.....	L.W. Goker.....	Inc.	in Inc. Med.	...	...	...	2	4	4	0	0	0	8	250-275	FP
Good Samaritan.....	A.H. Wilke.....	379	16,752†	500	25	1,704	2	2	2	0	0	0	4	320-345	P
Cleveland															
Fairview Park.....	G.H. Fetzer.....	73	2,826†	182	31	1,506	2	2	2	0	0	0	4	250-350	FP
Polyclinic.....	R.V. Bachman.....	130	6,402	136	41	...	2	4	3	0	0	0	7	300-350	F
Woman's.....	H. Daus.....	130	5,762	171	28	7,346	2	4	4	0	0	0	8	250-300	F
Cleveland Heights															
Doctor's.....	J.E. Allen.....	176	7,001	162	41	16	2	4	4	..	..	..	4	250-325	F
Columbus															
Mount Carmel.....	J.L. Henry.....	95	3,113	305	53	2,872	2	3*	3	..	..	..	3	275-300	F
Riverside Methodist-White Cross 20a.....	R.S. Young.....	...	1,492	51	39	...	2	1	1	0	0	0	2	290-315	P
Dayton															
Good Samaritan.....	R.P. Stafford.....	399	18,363	460	41	1,760	2	1	0	0	0	0	1	275-300	FP
Miami Valley.....	W. Fries.....	608	24,226	813	46	8,672	2	2	2	0	0	0	1	280-275	FP
Elyria															
Elyria Memorial.....	R.E. Hayes.....	96	4,206	77	40	1,880	2	3	2	0	0	0	5	300-350	F
Euclid															
Euclid-Glenville.....	J.L. Whitaker.....	200	9,166	254	53	979	3	5	4	3	0	0	12	300-400	F
Lima															
Lima Memorial.....	J. Rodziewicz.....	Inc.	in Int. Med.	...	...	...	2	2	2	0	0	0	4	300-325	F

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

6. GENERAL PRACTICE — Continued

Ohio—Continued	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O P F	
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
Ravenna																
Robinson Memorial Portage County	R. Glasgow	133	7,243	204	37	8,323	2	6	6	0	0	0	12	250-350	F	
Steubenville																
Ohio Valley	J. Y. Bevan	195	10,366	391	21	12,446	2	2	2	0	0	0	4	300-325	F	
Toledo																
St. Charles	F. C. Clifford	172	7,978	242	43	2,155	2	1	1	0	0	0	2	... 400	F	
St. Vincent's	M. A. Schnitker	...	...	...	...	...	2	1	1	0	0	0	2	300-350	FP	
Warren																
St. Joseph's Riverside	S. Klatman	127	6,890	160	58	7,843	2	4	3	0	0	0	7	300-400	F	
Youngstown																
St. Elizabeth	P. Krupko	479	23,917	573	49	7,419	2	1	1	0	0	0	...	350-375	FP	
Youngstown	J. L. Fisher	Inc.	in int Med.	...	...	...	2	1	1	0	0	0	2	275-300	F	
OKLAHOMA																
Oklahoma City																
University of Oklahoma Medical Center	I. H. Brown	...	...	...	...	...	2	4	4	0	0	0	8	...	...
University Hospitals ¹¹²	...	...	...	...	...	...	...	...	...	...	...	...	...	275-300	P	
OREGON																
Portland																
St. Vincent's	R. J. O'Shea	260	13,726	393	47	7,081	2	2	2	0	0	0	4	275-285	P	
PENNSYLVANIA																
Altoona																
Altoona	J. B. English	270	12,023	413	37	9,251	2	3	3	0	0	0	6	325-350	F	
Bristol																
Lower Bucks County	E. G. McGruder	190	11,399	144	62	47,310	2	3	0	0	0	0	3	500 ...	P	
Chester																
Chester	H. Gold	187	8,185	285	52	6,396	2	4	0	0	0	0	4	... 350	F	
Coaldale																
Coaldale State	J. M. Steele	100	3,000	192	4	6,000	2	1	1	0	0	0	1	186-196	F	
Danville																
George F. Geisinger Memorial	J. A. Collins, Jr.	...	...	...	58	...	2	2	2	0	0	0	4	175-240	FP	
Erie																
St. Vincent's	J. D. Weaver	245	12,275	425	44	...	2	1	1	0	0	0	2	275-325	FP	
Lancaster																
Lancaster General	R. H. Mann	396	19,810	609	33	12,550	2	2	2	0	0	0	4	300 ...	FP	
St. Joseph	J. F. Young	236	9,402	269	47	14,631	2	3	3	0	0	0	6	300-500	F	
Lebanon																
Good Samaritan	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...
Norristown																
Montgomery	S. C. Carfagna	169	9,402	242	31	52,708	2	4	4	0	0	0	8	350-450	F	
Sacred Heart	M. Bergnes	86	4,704	126	40	...	1	4	0	0	0	0	4	350 ...	F	
Philadelphia																
St. Agnes	P. J. Gambescia	...	...	...	...	...	2	2	2	0	0	0	4	500 ...	F	
St. Mary's Franciscan	J. A. Daly	163	55,369	148	30	11,089	2	4	4	0	0	0	8	250 ...	F	
Pittsburgh																
St. John's General	A. C. Yellenik	174	6,729	209	26	17,133	2	3	2	0	0	0	5	300-350	F	
Pottsville																
A. C. Miliken	N. M. Wall	183	6,318	299	27	28,063	2	...	...	...	...	...	4	450 ...	...
Reading																
Community General	C. S. Kring	...	...	...	...	1,379	2	3	3	0	0	0	6	300-350	FP	
Sharon																
Sharon General	E. C. Falk	...	11,439	332	22	17,374	2	4	4	0	0	0	8	300-...	F	
PUERTO RICO																
Arecibo																
Arecibo District	...	...	...	...	...	...	2	4	4	0	0	0	8	350-400	...	
Hato Rey																
Hospital Auxilio Mutuo	C. A. Ramero	79	3,905	69	21	17,050	2	2	2	0	0	0	4	250-350	F	
RHODE ISLAND																
Pawtucket																
Memorial	E. J. Mara	101	4,924	302	43	4,217	2	2	2	0	0	0	4	250 ...	F	
Woonsocket																
Woonsocket	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...
SOUTH CAROLINA																
Greenville																
Greenville General	E. Bearden	187	7,795	407	36	11,346	2	2	1	0	0	0	3	300-325	0	
SOUTH DAKOTA																
Sioux Falls																
McKenna	S. M. Brzico	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...
Sioux Valley	R. E. Nelson	184	10,179	280	51	10,342	2	...	...	...	...	...	4	250-300	F	
Yankton																
Sacred Heart	T. H. Sattler	39	2,098	123	26	...	2	2	2	0	0	0	4	... 300	F	
TENNESSEE																
Knoxville																
University of Tennessee Memorial Research Center and Hospital	J. H. Saffold	...	...	...	...	14,931	2	2	2	0	0	0	4	320-330	F	
TEXAS																
Houston																
Memorial Baptist	J. N. Frierson	347	19,519	311	36	3,012	2	4	2	0	0	0	6	220-270	P	

Numerical and other references are listed on pages 265 through 268.

6. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS—Continued															
Midland															
Midland Memorial.....	R. L. Penn, Jr....	90	7,141	121	56	1,985	2	2	2	0	0	0	4	400...	P
San Antonio															
Baptist Memorial.....	W. Johnson.....	168	11,185	316	119	1,544	2	1	1	0	0	0	2	150-250	F
Santo Rosa.....	E. L. Mueller, Sr....	358	20,249	562	52	31,552	2	2	2	0	0	0	4	275-300	F
UTAH															
Ogden															
Thomas D. Dee Memorial.....	K. A. Stratford....	154	10,939	221	63	2,268	2	2	2	0	0	0	4	325-350	P
Salt Lake City															
Dr. W. H. Graves Latter-Day Saints....	E. J. Capener.....	380	23,149†	536	52	4,552	2	1	1	0	0	0	2	250-275	FP
VIRGINIA															
Newport News															
Riverside.....	L. S. Cowling....	Inc.	in Int. Med.	...	...	...	2	1	1	0	0	0	2	250-300	F
Norfolk															
De Paul.....	H. Boone.....	241	13,910	387	48	18,800	2	1	1	0	0	0	2	225-250	F
Norfolk Community.....	G. H. Francis....	99	5,802	144	38	3,493	2	2	2	0	0	0	4	250...	F
Norfolk General.....	H. Taylor.....	Inc.	in Int. Med.	...	...	...	2	4	2	0	0	0	6	150-375	F
Portsmouth															
Portsmouth General.....	J. W. Hollowell...	150	7,145	295	25	...	2	3	3	0	0	0	6	300...	F
Suffolk															
Louise Obici Memorial.....	E. C. Joyner.....	44	1,584	176	2	...	2	..	..	..	..	..	4	250-300	F
WASHINGTON															
Seattle															
Providence.....	D. T. McLaughlin	227	14,248‡	276	55	1,550	2	1	1	0	0	0	2	300-350	FP
Spokane															
Sacred Heart.....	G. A. Windle.....	367	23,660	510	40	...	2	..	..	..	..	..	4	250-275	FP
St. Luke's.....	.....	...	...	...	...	...	2	..	..	..	..	..	..	.....	...
WEST VIRGINIA															
Charleston															
Charleston General.....	J. V. McKenzie...	Inc.	in Int. Med.	...	...	...	2	2	2	0	0	0	2	275-350	FP
Huntington															
Cabell Huntington.....	W. E. Bray.....	208	11,355	274	38	19,367	2	4*	2	0	0	0	6	250-275	F
Parkersburg															
St. Joseph's.....	J. H. Gile.....	186	9,082	222	62	16,643	2	2	0	0	0	0	2	300...	F
Wheeling															
Ohio Valley General.....	R. R. W. Phillips.	124	3,976	82	39	...	2	3	2	0	0	0	5	325-375	P
Wheeling.....	.....	...	...	...	...	...	2	..	..	..	..	..	..	.....	...
WISCONSIN															
Madison															
Methodist.....	W. L. Waskow....	102	4,707	131	56	...	2	2	2	0	0	0	2	325-400	F
Milwaukee															
Evangelical Deaconess.....	D. C. Ausman....	82	3,399	214	40	1,585	2	3	3	0	0	0	6	325-350	F
Milwaukee County.....	W. A. McClellan..	...	...	...	...	...	2	2	2	0	0	0	4	234-286	O
Milwaukee.....	O. Royce.....	...	...	...	...	...	2	..	..	..	..	..	..	.....	...
St. Luke's.....	G. J. Bergmann...	213	10,455	253	48	1,094	2	1	1	0	0	0	2	275-325	F
St. Michael.....	A. Verdane.....	248	10,298	185	45	22,948	2	8	4	0	0	0	12	300-350	FP

7. 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, 605; Residencies, 6, 181

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
TEXAS															
U. S. Air Force, San Antonio.....	M. J. Nareff.....	390	9,524	61	92	41,084	3	7	7	7	0	0	21	.....	...
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco.....	F. J. Hughes, Jr....	198	5,467	106	77	87,378	3	4	4	4	0	0	12	.....	F
COLORADO															
Fitzsimons General Hospital, Denver....	J. A. Orblson.....	32	3,581	42	93	2,298	3	3	3	3	0	0	9	.....	...
DISTRICT OF COLUMBIA															
Walter Reed General, Washington.....	D. O. Lynn.....	320	3,942	177	72	49,791	3	9	7	6	0	0	22	.....	...
HAWAII															
Tripler Army, Honolulu.....	A. A. Biedeman.....	225	4,982	105	71	36,312	3	4	4	4	0	0	12	.....	...

Numerical and other references are listed on pages 265 through 268.

7. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P F O
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS															
William Beaumont General, El Paso	R. C. Hunter	107	4,261	49	87	26,671	3	2	2	2	0	0	6	476-675	P
Brooke General, San Antonio	F. L. Bauer	244	4,317	228	89	30,477	3	8	8	8	0	0	24	.....	.....
WASHINGTON															
Madison General, Tacoma	W. C. Berry	187	4,294	46	85	30,231	3	4	4	4	0	0	12	.....	.....
UNITED STATES NAVY															
CALIFORNIA															
U. S. Naval, Oakland	G. M. Davis	158	3,197	73	86	71,586	3	1	2	2	0	0	5	.....	.....
U. S. Naval, San Diego	B. L. Canoga	507	6,180	364	84	127,202	3	2	3	3	1	0	9†	.....	.....
ILLINOIS															
U. S. Naval, Great Lakes	P. T. Moore	361	4,784	30	90	20,435	3	1	1	1	0	0	3	.....	.....
MARYLAND															
U. S. Naval, Bethesda	R. O. Canada	200	3,295	101	92	32,088	3	2	2	2	1*	..	71	.....	.....
MASSACHUSETTS															
U. S. Naval, Chelsea	H. L. Jones, Jr.	125	2,093	46	67	11,484	3	2	2	1	0	0	5	.....	.....
NEW YORK															
U. S. Naval, St. Albans	R. Valk	173	2,780	103	76	24,860	3	2	2	1	1*	0	6†	.....	.....
PENNSYLVANIA															
U. S. Naval, Philadelphia	H. E. Richardson	166	2,840	199	51	23,600	3	1	2	2	0	0	5	.....	.....
VIRGINIA															
U. S. Naval, Portsmouth	R. K. Maxon	250	3,860	55	82	32,979	3	2	3	2	0	0	7	.....	.....
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U. S. Public Health Service, San Francisco	R. H. Linn	159	1,975	59	91	39,800	3	1	1	1	0	0	3	.....	.....
LOUISIANA															
U. S. Public Health Service, New Orleans	J. K. Irlan	176	2,203	66	82	10,361	3	2	2	2	0	0	6	.....	O
MARYLAND															
U. S. Public Health Service, Baltimore	G. F. Ellinger	85	1,873	26	69	5,855	3	2	2	2	0	0	6	723	.....
National Institutes of Health-Clinical Center, Bethesda	R. Berliner	78	1,092	55	91	2,775	1	0	0	6	0	0	6†	.....	.....
MASSACHUSETTS															
U. S. Public Health Service, Boston	C. G. Spicknall	72	1,292	37	81	5,600	3	1	1	1	0	0	3	.....	.....
NEW YORK															
U. S. Public Health Service, New York City (Stapleton)	N. J. Galluzzi	174	2,986	100	75	14,576	3	3	3	3	0	0	9	.....	.....
WASHINGTON															
U. S. Public Health Service, Seattle	W. H. Stinson	97	1,318	66	87	38,747	3	1	1	1	0	0	3	.....	.....
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington	J. B. Johnson	66	1,166	51	35	23,526	3	4	4	3	2	0	13	367-475	P
OTHER FEDERAL															
CANAL ZONE															
Gargos, Balboa Heights	J. E. Roberts	77	2,496	74	80	12,055	3	2	2	1	0	0	5	458-541	O
NON FEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center	.....	.....	.....	.....	.....	.....	3	..	..	..	..	..	.....	.....	.....
University Hospital and Hillman Clinic	W. B. Frommeyer, Jr.	259	5,903	598	53	26,367	..	12	8	4	2	0	26†	170-305	P
Veterans Admin.	E. E. Eddleman, Jr.	168	2,731	238	60	1,291	..	6	4	2	0	0	12	291-497	O
Fairfield															
Lloyd Noland	C. E. Parter	79	3,192†	171	31	41,705	3	2	2	2	0	0	6	300-400	FP
Mobile															
Mobile General	W. J. Atkinson	5	1,736	240	52	7,874	1	1	0	0	0	0	1	250-275	F
Tuskegee															
Veterans Admin.	E. T. Odom	377	1,648	157	55	787	3	2	2	2	0	0	6	291-373	O
ARIZONA															
Phoenix															
Maricopa County General	D. R. Long	119	1,777	354	28	.....	3	3	2	1	0	0	6	373-412	P
St. Joseph's	H. W. Caldwell	59	2,600	141	50	3,534	3	1	1	1	0	0	3	300-400	FP
Tucson															
St. Mary's—Pima County General	.....	.....	.....	.....	.....	.....	1	..	..	..	..	..	.....	.....	.....
St. Mary's	J. K. Bennett	113	2,888†	181	36	.....	..	5	0	0	0	0	5	200	.....
Pima County General	B. T. Weeks	95	1,715	182	50	20,614	..	2	0	0	0	0	2	200-250	F
Tucson Medical Center	M. Hyman	99	7,248	233	53	5,757	1	6	0	0	0	0	6	275-375	F

Numerical and other references are listed on pages 265 through 268.

7. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
ARKANSAS															
Little Rock															
University of Arkansas Medical Center...	R. V. Ebert.....	38	1,107†	152	54	7,583	3	6	6	6	0	0	18	233-333	O
Veterans Admin ⁷⁷	H. R. Hipp.....	209	2,825	207	81	1,569	3	8	4	2	0	0	14	291-373	O
CALIFORNIA															
Arlington															
General Hospital of Riverside County....	G. J. Anday.....	71	1,547	395	59	5,341	1	3	0	0	0	0	3	440-464	P
Bakersfield															
Kern County General.....	T. Basonetta.....	107	2,508	359	69	36,469	3	4	3	1	0	0	8	375-450	O
Berkeley															
Herrick Memorial.....	H. Mankin.....	38	1,958†	97	56	5,406	3	1	1	1	0	0	3	300...	F
Duarte															
City of Hope Medical Center.....	E. Beutler.....	86	638	100	80	3,569	1	0	0	3	0	0	3	400...	O
Fresno															
General Hospital of Fresno County.....	J. J. Jacobson.....	112	3,695	548	40	26,176	3	2	3	3	0	0	8	300-400	P
Glendale															
Glendale Sanitarium and Hospital.....	D. L. John.....	128	5,998	300	52	8,351	3	1	1	2	0	0	4	355-380	P
La Jolla															
Scrrips Clinic and Research Foundation..	E. L. Keeney.....	35	2,265	33	88	8,986	2	2	2	2	1	0	7†	416...	...
Long Beach															
Memorial Hospital of Long Beach.....	J. R. Knutson.....	79	3,497	235	25	565	1	1	1	1	0	0	3	325-425	P
Veterans Admin. ⁸⁴	D. W. Leik.....	414	3,761†	498	75	17,132	3	6	6	12	0	0	24	291-497	O
Los Angeles															
Cedars of Lebanon.....	I. J. Pincus.....	126	5,128†	349	42	24,878	3	4	4	4	0	0	12	275-340	FP
Hollywood Presbyterian— Olmsted Memorial.....	G. K. Wharton.....	61	2,930	263	24	...	1	1	0	0	0	0	1	225-275	F
Hospital of the Good Samaritan.....	R. H. Smart.....	103	4,004	295	38	7,391	3	2	2	2	0	0	6	325-375	FP
Los Angeles County General.....	T. H. Brem V. J. Johns.....	890	32,143	3,525	40	75,031	3	24	16	16	0	0	56	275-350	P
Mount Sinai.....	C. R. Kleeman.....	158	2,165	170	44	28,000	3	3	2	2	0	0	7	275...	P
Queen of Angels.....	E. C. Leuallen.....	77	3,842	277	45	3,186	3	2	2	2	0	0	6	275-325	F
St. Vincent's.....	E. W. Boland.....	9	2,266†	169	27	...	1	1	...	...	...	...	2	350...	F
University of California.....	J. S. Lawrence.....	74	1,858	163	80	12,497	3	7	6	1	0	0	14	261-340	O
Veterans Admin. Center— General Medical and Surgical.....	L. Fred.....	903	8,113	1,185	77	25,976	3	17	19	12	5	0	53	292-443	P
White Memorial.....	V. J. Johns.....	44	1,524	135	61	27,356	3	1	3	3	0	0	7	265-285	P
Oakland															
Highland—Alameda County.....	K. W. Benson.....	123	6,198	576	46	35,190	3	4	3	3	0	0	10	220-268	FP
Kaiser Foundation.....	R. Goldberg.....	65	1,966	192	70	110,197	3	5	3	1	0	0	9	315-365	FP
Veterans Admin.....	E. R. Movitt.....	217	3,189	276	83	1,024	3	3	4	4	0	0	11	291-373	...
Orange															
Orange County General.....	G. F. Warner.....	247	4,357	438	67	41,378	3	2	2	2	0	0	6	355-395	O
Palo Alto															
Stanford Medical Center and Affiliated Hospitals.....	H. R. Halman.....	...	...	...	...	...	3	16	8	7	3	0	34†	...	...
Palo Alto—Stanford Hospital Center, Veterans Admin.....	...	109	4,752	273	49	4,562	...	...	...	...	...	...	...	100-175	F
Community Hospital of San Mateo County (San Mateo).....	E. Rubenstein.....	65	1,385	267	69	12,617	2	4	2	1	0	0	7	300-400	F
Pasadena															
Huntington Memorial.....	E. R. Evans.....	79	3,496	315	48	2,638	3	1	1	1	0	0	3	300...	FP
San Bernardino															
San Bernardino County Charity.....	W. L. Cover.....	112	2,642	394	43	31,208	1	4	0	0	0	0	4	300-300	F
San Diego															
Mercy.....	W. C. Hall.....	73	3,823	296	54	7,746	3	3	2	2	0	0	7	250-350	...
San Diego County General.....	R. T. Rowland.....	85	2,031†	504	53	7,248	3	4	2	2	0	0	8	250-350	F
San Francisco															
Children's.....	P. M. Aggeler.....	...	1,588†	85	48	5,716	3	2	1	1	0	0	4	250-300	FP
Franklin.....	D. Gorman.....	59	2,306	123	35	...	1	2	1	0	0	0	3	450-750	P
French.....	D. Wilbur.....	62	3,304	156	28	14,600	2	3	0	1	0	0	4†	300	F
Kaiser Foundation.....	C. C. Herbert.....	55	1,691	184	65	220,748	3	2	3	3	0	0	8	315-415	FP
Mary's Help.....	F. Rochex.....	35	1,418	127	43	5,328	1	1	1	0	0	0	2†	250-350	F
Mount Zion.....	H. H. Rosenblum.....	127	4,757†	256	62	13,774	3	5	4	3	0	0	12	175-325	F
Presbyterian Medical Center.....	G. B. Robson.....	43	2,834	96	57	2,507	3	3	3	1	0	0	7	175-300	P
St. Luke's.....	E. L. Bruck.....	77	3,100	182	58	9,247	3	3	2	1	0	0	6	325-375	FP
St. Mary's.....	F. A. Solomon.....	84	2,832†	178	60	11,384	3	3	2	1	0	0	6	200-300	FP
San Francisco General.....	N. Sweet.....	415	7,316	1,046	50	...	3	8	8	2	0	0	18	243-425	O
University of California Service.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Southern Pacific General.....	J. J. McGinnis.....	355	7,806	139	68	39,131	3	3	2	2	0	0	7	200-325	F
University of California Hospitals.....	H. Brainerd.....	110	3,391	157	78	42,000	3	10	6	4	1	1	22	261-460	O
Veterans Admin.....	F. M. Willett.....	159	1,941	206	72	1,383	2	10	6	0	0	0	16	291-497	O
San Jose															
Santa Clara County.....	J. Gianstracusa.....	124	3,380	385	68	11,081	3	4	4	1	0	0	9	270-320	P
San Mateo															
Community Hospital—See Palo Alto	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Santa Barbara															
Santa Barbara Cottage ¹⁰⁹	K. J. McNiece.....	59	2,926	127	79	0	3	3*	2	1	0	0	6	250-350	FP
Sepulveda															
Veterans Admin.....	R. W. Brawley.....	111	1,204	88	80	91	1	4	4	2	0	0	10	291-497	O
Stockton															
San Joaquin General.....	L. P. Armano.....	85	2,372	378	45	8,012	3	2	1	1	0	0	3	275-340	P
Torrance															
Los Angeles County Harbor General.....	F. A. Bauer.....	274	4,531†	778	41	13,319	3	6	6	7	0	0	19	275-350	F
COLORADO															
Denver															
Denver General.....	B. E. Pollock.....	116	2,162	436	66	21,255	3	3	3	2	0	0	8	179-205	P

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

7. 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 1962-1963					Total All Yrs.	Slipend per Month Min.-Max.	Main-tenance P F O
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO, Denver—Continued															
Mercy.....	G. Moresh.....	82	3,547	53	62	10,625	2	2	1	0	0	0	3	330-395	P
Presbyterian.....	H. A. Bradford.....	75	2,770	215	54	5,931	3	2	1	1	0	0	4	275-300	P
St. Joseph's.....	F. B. McGlone.....	121	4,601	243	58	4,022	3	3	2	1	0	0	6	200-275	F
St. Luke's.....	W. S. Hazel.....	153	5,552	376	57	4,334	2	1	1	0	0	0	2	275-300	P
University of Colorado Medical Center.....							3								
Colorado General.....	G. Meiklejohn.....	48	1,582	179	76	30,568	..	4	5	3	0	0	12†	180-205	O
Veterans Admin.....	T. P. Sears.....	145	2,897	178	93	3,855	..	6	10	7	2	0	25	291-443	O
Pueblo															
Colorado State ¹¹⁷	G. R. Curless.....	310	1,074	327	57	6,472	2	8	4	1	0	0	13	540-700	F
CONNECTICUT															
Bridgeport															
Bridgeport.....	J. J. Smith.....	60	2,300	159	36	900	2	2	2	0	0	0	4	240-265	F
St. Vincent's.....	V. A. Lynch.....	89	3,520	344	41	3,596	3	1	1	1	0	0	3	350-400	P
Greenwich															
Greenwich.....	F. C. Weber.....	80	2,946	136	64	2,946	2	2	1	0	0	0	3	200-350	F
Hartford															
Hartford.....	M. O. Phelps.....	217	6,598	602	54	12,000	3	16	8	6	0	0	30	235-335	P
St. Francis.....	S. Bumess.....	153	4,653	325	37	6,270	3	2	2	2	0	0	6	200-250	FP
New Britain															
New Britain General.....	J. C. White.....	86	2,851	265	47	2,524	3	1	1	1	0	0	3	250-300	FP
New Haven															
Yale-New Haven Medical Center.....							3								
Grace-New Haven Community.....	P. B. Beeson.....	138	4,305	533	55	19,468	..	10	8	1	0	0	19	50-200	FP
Veterans Admin. (West Haven).....	J. W. Hollingsworth.....	104	1,559	167	85	2,112	..	3	9	3	1	0	16	291-443	O
Hospital of St. Raphael ¹²¹	T. Evans.....														
	J. Mignane.....	67	2,020	312	44	9,151	3	4	2	1	0	0	8	300-335	F
Newington															
Veterans Admin.....	P. Lipton.....	146	1,694	99	77	2,538	3	4	3	1	0	0	8	291-373	..
Norwalk															
Norwalk.....	T. Ippolito.....	55	2,619	238	37	5,008	1	6	0	0	0	0	6	195-300	F
Waterbury															
St. Mary's.....	W. Finkelstein.....	113	3,429	244	45	8,735	3	2	2	2	0	0	6	225-275	F
Waterbury.....	O. J. Bizzozero.....	103	3,614	283	43	8,170	3	2	1	1	0	0	4	225-275	F
DELAWARE															
Wilmington															
Delaware.....	L. B. Flinn.....	88	2,579†	127	51	12,619	3	2	2	2	0	0	6	190-350	P
Memorial.....	L. P. Lang.....	78	2,638	241	45	4,186	3	2	1	1	0	0	4	225-265	F
Wilmington General.....	C. Levy.....	65	1,717	165	31	3,787	1	2	0	0	0	0	2	220-355	FP
DISTRICT OF COLUMBIA															
Washington															
District of Columbia General.....		219	5,016	1,106	48	53,179	..	..	..	..	..	..	..	258-308	O
Georgetown University Service.....	C. B. Favour.....														
George Washington University Service.....	M. J. Romansky.....														
Howard University Service.....	E. Nash.....														
Doctors.....	F. A. J. Geier.....	77	2,611	167	64	0	3	1	1	1	0	0	3	200-300	F
Georgetown University.....	L. H. Kyle.....	102	2,967	231	80	69,853	3	12	6	0	0	0	18	175-245	FP
George Washington University ¹²⁰	T. McP. Brown.....	110	4,650	219	60	13,209	3	3	2	2	1	0	8†	210-285	O
Providence.....	T. E. Curtin.....	65	2,606	229	53	14,174	3	2	2	1	0	0	5	350-400	P
Veterans Admin. ¹²³	S. Katz.....	149	2,257†	286	79	3,422	3	2	8	12	0	0	22	291-497	O
Washington Hospital Center.....	C. W. Ordman.....	205	7,602	503	57	37,381	3	4	4	4	0	0	12	215-245	F
FLORIDA															
Coral Gables															
Veterans Admin.....	F. Wasseman.....	228	2,311	330	92	6,244	3	..	..	..	..	0	39†	291-372	O
Gainesville															
University of Florida Teaching Hospital and Clinics.....	S. P. Martin.....	30	712	86	70	..	3	3*	5	1	1	0	10†	217-450	..
Jacksonville															
Jacksonville Hospitals.....							3								
Educational Program.....															
Baptist Memorial.....														325-350	
Duval Medical Center.....	K. B. Hanson.....	53	1,578	287	38	30,780	..	2	2	2	0	0	6	225-275	F
St. Luke's.....	J. E. Borland.....	46	2,295	110	37	0	..	2	0	0	0	0	2	325-..	O
St. Vincent's.....	L. E. Geeslin.....	83	3,901	187	49	1,175	..	2	..	1	0	0	3	325-..	P
Miami															
Jackson Memorial.....	R. Jones, Jr.....	..	8,153	1,091	48	12,709	3	18	16	5	0	0	39†	200-335	P
Miami Beach															
Mount Sinai Hospital of Greater Miami.....	S. C. Werblow.....	90	3,816	349	37	6,869	3	4	4	1	0	0	9	250-300	F
St. Francis.....	D. G. Stannus.....	..	3,738	273	30	8,023	2	1	1	0	0	0	2	215-230	F
Orlando															
Orange Memorial.....	W. D. Steward.....	67	2,793	245	41	..	3	1	1	1	0	0	3	325-375	O
Tampa															
Tampa General.....	W. B. Hopkins, Jr.....	..	7,442	381	32	5,151	3	2	2	2	0	0	6	250-300	FP
GEORGIA															
Atlanta															
Crawford W. Long Memorial.....	L. H. Bishop, Jr.....	69	4,189†	259	36	4,761	3	4	3	1	0	0	8	285-300	O
Emory University Affiliated Hospitals.....	J. W. Hurst.....	..	..	..	..	..	3	12*	6	2	0	0	20	..	..
Emory University.....	R. B. Logue.....	78	28,479†	175	52	..	..	..	..	..	..	..	..	235-315	P
Veterans Admin.....	J. C. Crutcher.....	128	2,316	206	65	..	..	..	..	..	..	..	..	291-497	P
Georgia Baptist.....	M. C. Johnson.....	94	4,233	231	33	1,647	3	2	2	1	0	0	5	330-380	P
Grady Memorial ⁵⁹	J. W. Hurst.....	113	2,788	621	49	49,532	3	10	8	1	0	0	19	100-200	F
Piedmont.....	C. Smith.....	55	1,942	90	53	1,359	3	2	1	1	0	0	4	290-320	P
St. Joseph's Infirmary.....	T. T. Blalock.....	66	2,683	177	47	1,773	3	1	1	1	0	0	3	330-380	P

Numerical and other references are listed on pages 265 through 268.

7. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
GEORGIA—Continued															
Augusta															
Medical College of Georgia Hospitals	T. Findley	...	...	...	...	...	3	7	7	7	1	0	22†	...	...
Eugene Talmadge Memorial	T. Findley	76	1,342	107	73	2,050	..	..	..	..	..	..	..	250-500	O
University	J. D. Gray	52	2,116†	222	29	9,542	..	..	..	..	..	..	..	250-325	O
Veterans Admin.	A. Ketr, Jr.	97	1,492	65	53	910	..	..	..	..	..	..	..	291-315	...
Savannah															
Memorial Hospital of Chatham County	D. H. Willoughby	59	3,254	224	54	11,150	3	1	1	1	0	0	3	350...	F
HAWAII															
Honolulu															
Queen's	H. Gotshalk	111	6,775	320	57	...	3	2	2	2	0	0	6	225-300	F
St. Francis	C. M. Lum	57	2,687	167	38	9,973	3	2	2	1	0	0	5	250-300	F
ILLINOIS															
Chicago															
Augustana	M. M. Andelson	129	4,592	263	40	2,016	1	3	0	0	0	0	3	400-500	P
Columbus	E. F. Foley	184	5,230	314	50	2,020	2	4	1	1	0	0	6†	275-325	F
Cook County	E. F. Foley	632	18,854	3,602	35	47,077	3	19	22	19	0	0	60	150...	F
Grant	A. Vander Kloot	63	2,796	209	46	3,956	2	1	1	0	0	0	2	225-250	F
Illinois Central	W. J. Hand	...	...	191	49	...	2	2	2	0	0	0	4	317-327	FP
Illinois Masonic	E. Deutsch	73	2,913	247	49	17,504	3	4	3	1	0	0	8	175-235	F
Mercy	G. F. O'Brien	57	1,504	124	39	30,844	3	4	3	2	0	0	9	225-300	F
Michael Reese	S. Cohen	336	8,128	435	53	40,051	3	7	7	0	0	0	21	135-210	FP
Mount Sinai ¹⁴⁸	H. J. Zimmeman	122	3,374	295	52	30,945	3	5	4	8	0	0	17	225-275	P
Northwestern University Medical Center ⁶	A. R. Colwell	...	...	...	...	25,459	3	...	...	...	...	...	...	...	...
Chicago Wesley Memorial	P. S. Rhoads	154	4,467	248	57	...	..	4	2	2	0	0	8	250-300	P
Passavant Memorial	H. L. Alt	94	2,873	135	56	...	..	3	2	2	1	0	8	225-275	P
Veterans Admin. Research ¹⁴⁹	C. W. Borden	194	3,578	200	84	...	..	12	8	4	3	0	27	291-497	O
Evanston (Evanston)	L. F. Jourdonais	140	5,256	239	70	3,060	..	3	3	2	0	0	8	250-300	P
Presbyterian—St. Luke's	J. A. Campbell	312	7,997	462	68	22,030	3	8	8	8	0	0	24	125-175	F
Provident	A. R. Mamby	49	1,222	34	30	1,366	1	2	0	0	0	0	2	225...	F
St. Joseph	D. L. Kessler	63	1,950	134	60	2,068	1	2	0	0	0	0	2	300-350	F
University of Chicago Clinics	W. Adams	180	3,812	254	75	46,493	3	10	9	8	1	0	28	225-305	...
University of Illinois															
Research & Educational Hospitals	H. F. Dowling	77	1,275	155	80	27,636	3	6	3	3	2	0	14†	170-225	P
Veterans Admin. (West Side) ¹⁵⁰	R. J. Korn	196	2,174	201	76	5,480	3	6	7	7	3	1	24†	291-497	O
Evanston															
Evanston Hospital—See Northwestern University, Chicago															
St. Francis	J. T. Paul	88	3,209	300	55	6,423	3	2	1	1	0	0	4	260-280	F
Hines															
Veterans Admin. ¹⁵⁴	A. Littman	454	4,929	484	58	1,745	3	12	9	9	9	0	39	291-497	O
Peoria															
St. Francis	R. B. Rutherford	160	6,001	226	48	5,492	3	2	1	1	0	0	4	235-290	F
INDIANA															
Bluffton															
Clinic Hospital	J. L. Eisaman	56	3,475	59	64	16,341	3	1	1	1	0	0	3	300-400	P
Indianapolis															
Indiana University Medical Center		...	...	...	...	...	3	...	...	...	...	...	...	...	...
Indiana University Hospitals	J. B. Hickam	100	2,363	224	73	1,608	..	8	8	8	0	0	24	225-275	P
Veterans Admin.	R. H. Behnke	387	2,689	274	74	2,544	..	6	3	4	1	0	14	291-373	O
Marian County General	C. E. Test	80	1,505	222	48	26,994	3	4	4	4	0	0	12	269-321	P
Methodist	J. O. Ritchey	243	6,515	425	42	4,400	3	3	3	2	0	0	8	360-450	P
St. Vincent's	C. E. Test	55	1,510	165	43	1,561	3	1	1	1	0	0	3	275-325	F
Lafayette															
St. Elizabeth	H. R. Marvel	83	3,068†	282	15	...	1	1	0	0	0	0	1	310-330	F
IOWA															
Des Moines															
Iowa Methodist	D. Glomset	112	3,269	210	48	...	3	1	1	1	0	0	3	200-250	F
Veterans Admin.	M. W. Garry	195	2,161	210	59	1,562	3	3	3	3	0	0	9	291-443	P
Iowa City															
State University of Iowa		...	...	...	...	...	3	..	..	..	..	..	..	..	..
Affiliated Hospitals		...	...	...	...	...	..	..	..	..	..	..	..	..	..
University	W. B. Bean	132	3,907	265	65	20,519	..	14	12	12	0	0	38	200-255	...
Veterans Admin.	R. D. Eckhardt	211	2,250	166	74	2,435	..	6	6	6	0	0	18	291-497	P
KANSAS															
Kansas City															
University of Kansas Medical Center	M. Delp	137	3,483	211	76	26,979	3	6	5	5	0	0	16	125-175	P
Veterans Admin. (Kansas City, Mo.)	R. W. Brawn	207	2,524	257	72	1,027	..	..	..	..	..	..	14	292-373	...
Wichita															
St. Francis	J. W. Schmaus	135	6,048	261	39	1,600	1	4	0	0	0	0	4	275...	FP
Wesley	E. W. Crow	135	7,035	207	35	0	1	2	0	0	0	0	2	295...	FP
KENTUCKY															
Harlan															
Harlan Memorial	J. Willard	68	1,833	108	49	28,402	3	4	3	3	0	0	10	400-500	P
Louisville															
Jewish	I. B. Perlstein	36	1,761	114	27	...	1	3	0	0	0	0	3	...	F
Louisville General	B. T. Towery	69	1,624	373	61	26,430	3	9	6	4	1	0	20	116-166	F
Norton Memorial Infirmary	C. A. Fish	62	2,928	115	52	208	1	2	0	0	0	0	2	300-350	F
Norton Memorial Infirmary	C. A. Fish	62	2,928	115	52	208	1	2	0	0	0	0	2	300-350	F
St. Joseph Infirmary	J. L. Mulligan	93	4,256	268	36	1,868	3	1	1	1	0	0	3	220-245	F
Veterans Admin.	J. R. Gatt, Jr.	166	3,717	191	61	1,050	3	2	2	2	0	0	6	291-373	O

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

7. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O	
			Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana.....	...	...	...	...	...	3	..	..	..	..	..	..	..	..	..
Louisiana State University Division.....	E. Hull.....	93	2,955	511	54	33,696	..	..	..	..	..	..	..	..	..
Tulane University Division.....	G. E. Burch.....	90	2,731	483	61	39,444	..	..	..	..	..	..	..	..	..
Ochsner Foundation.....	W. R. Arrawsmith.....	79	2,997	120	69	40,754	3	4	4	4	..	..	..	..	..
Southern Baptist.....	C. J. Gulotta.....	150	6,673	267	43	1,057	1	2	2	2	0	0	6	225-275	P
Touro Infirmary.....	A. Goldman.....	..	4,189	302	47	13,188	3	2	2	2	0	0	6	150-200	FP
Veterans Admin.....	H. A. Buechner.....	249	2,980	322	75	4,460	3	8	8	8	0	0	24	291-373	O
Shreveport															
Confederate Memorial Medical Center.....	H. D. Tucker.....	139	5,932	435	39	12,244	3	3	3	3	0	0	9	125-200	F
MAINE															
Lewiston															
Central Maine General.....	M. A. Chapin.....	49	1,977	155	57	550	1	1	0	0	0	0	1	225...	FP
Portland															
Maine Medical Center.....	R. S. Hawkes.....	95	3,524	358	47	8,838	3	2	2	2	0	0	6	175-225	FP
MARYLAND															
Baltimore															
Baltimore City Hospitals.....	F. P. Chinard.....	68	1,669	245	59	18,585	3	5	5	1	0	0	11	200-250	FP
Church Home and Hospital.....	J. D'Antonio.....	67	1,925	129	56	3,714	3	4*	3*	0	2	0	9	200-325	FP
Franklin Square.....	J. M. Waghelstein.....	53	1,575	142	46	1,644	3	3	1	1	0	0	5	225-250	F
Hospital for Women.....	F. W. Barnes, Jr.....	31	845	84	52	3,191	1	2	1	1	0	0	4†	220-250	FP
Johns Hopkins.....	A. M. Harvey.....	126	3,123†	460	65	53,018	3	8	4	2	1	0	15	167-458	F
Lutheran.....	L. A. M. Krause.....	60	1,459	152	27	3,767	3	4	2	1	0	0	7	220-300	F
Maryland General.....	E. F. Cotter.....	97	2,905	282	35	872	3	5	2	1	0	0	8	225-275	FP
Mercy.....	V. Smith.....	71	1,881	170	44	10,844	3	2	2	2	0	0	6	300...	P
St. Agnes.....	L. P. Gundry.....	67	1,994	163	51	3,942	3	3	2	1	0	0	7	275-300	P
St. Joseph's.....	L. M. Serro.....	59	1,696	189	63	3,410	3	2	2	1	0	0	5	225-250	F
Sinal.....	A. I. Mendeloff.....	89	2,208	222	47	7,939	3	7	4	1	0	0	12	235-285	P
South Baltimore General.....	R. T. Parker.....	48	1,508	160	43	1,941	1	2	2	1	0	0	5†	200-225	F
Union Memorial.....	J. E. Howard.....	107	2,662†	342	47	2,694	3	5	3	1	0	0	9	260-350	FP
University.....	T. E. Woodward.....	203	3,590	296	60	16,000	3	9	9	10	3	0	31†	220-350	P
Fort Howard															
Veterans Admin.....	I. Freeman.....	188	1,761	227	63	...	3	3	3	5	0	0	11	291-497	O
Perry Point															
Veterans Admin. ¹⁸⁹	S. Goldgraben.....	60	1,216	27	78	765	3	1	1	1	0	0	3	291-373	O
MASSACHUSETTS															
Beverly															
Beverly.....	A. E. Parkhurst.....	68	2,475	139	64	2,936	1	1	0	0	0	0	1	250-300	F
Boston															
Beth Israel.....	H. L. Blumgart.....	117	3,694	...	...	24,898	3	0	0	14	0	0	14	192-275	O
Boston City.....	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...
I and III Medical Service (Tufts).....	F. Biguria.....	103	3,241	498	51	15,198	..	8*	6*	5*	0	0	19	158-208	F
II and IV Medical Service (Harvard).....	W. B. Castle.....	92	3,382	425	56	16,489	..	12	4	0	0	0	16	158-208	F
V and VI Medical Service (Boston University).....	K. H. Katz.....	103	3,239	441	46	15,098	..	10	6	1	0	0	17	158-208	F
Camey.....	F. L. Colpoys.....	103	3,629	215	48	5,977	3	5	4	2	0	0	11	200-250	FP
Faulkner.....	J. R. Graham.....	41	1,201	94	49	796	1	2	1	1	0	0	3	200-250	F
Lahey Clinic.....	L. M. Hurxthal.....	117	6,187	120	57	74,903	3	15	10	10	0	0	35	225-300	O
Lemuel Shattuck.....	F. N. Altan.....	152	1,034	245	65	4,881	3	10	6	4	0	0	14	290-335	P
Massachusetts General.....	T. C. Chalmers.....	194	7,627	697	63	23,196	3	12	6	1	0	0	19	108-167	F
Massachusetts Memorial.....	W. Bauer.....	46	1,965	133	54	13,524	3	2	3	1	0	0	6†	175-225	O
New England Center.....	R. W. Wilkins.....	85	5,493	114	71	8,855	3	5	3	5	1	0	14	237-304	O
New England Deaconess.....	S. Proger.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	J. L. Tullis.....	170	5,668	181	54	...	3	12	5	1	0	0	18†	200-270	P
Peter Bent Brigham.....	H. F. Root.....	88	3,230	308	73	24,351	3	14	0	6	1	0	21	142-233	P
Veterans Admin. (West Roxbury).....	G. W. Thom.....	84	1,087	93	81	1,828	..	4	0	4*	2*	0	14	291-497	O
St. Elizabeth's.....	T. A. Worthin.....	136	3,627	229	57	5,922	3	3	3	2	0	0	8	175-225	F
Veterans Admin. (Jamaica Plains).....	J. P. Rattigan.....	256	6,743	485	62	6,223	3	15	9	9	0	0	33	291-373	O
...	M. B. Strauss.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cambridge															
Cambridge City.....	E. E. Hinton.....	43	1,340	198	31	7,296	2	2	2	0	0	0	4	195-220	F
Mount Auburn.....	D. Hurwitz.....	158	1,877	219	57	4,505	2	..	..	0	0	0	3	200-250	F
Chelsea															
Lawrence F. Quigley Memorial ¹⁰⁸	W. R. Ohler.....	189	891	110	51	18,909	3	2	2	2	0	0	0	291-362	O
Lawrence															
Lawrence General.....	J. H. Nicholson.....	83	3,113	219	34	3,741	1	1	1	1	0	0	3	300-350	F
Newton Lower Falls															
Newton-Wellesley ¹⁰²	A. D. Baldwin.....	70	2,392	223	39	861	3	2	2	1	0	0	5	200-270	F
Pittsfield															
Pittsfield Affiliated Hospitals.....	...	...	...	...	...	...	1	..	..	..	..	..	..	..	..
Pittsfield General.....	...	...	...	...	...	...	..	..	..	..	..	..	..	..	..
St. Luke's.....	...	...	...	...	...	...	..	..	..	..	..	..	..	..	..
Salem															
Salem.....	S. N. Gardner.....	72	1,714†	234	40	3,489	1	1	0	0	0	0	1	200...	FP
Springfield															
Springfield.....	J. I. Weisman.....	112	3,281†	344	36	3,034	3	2	2	2	0	0	6	175-225	FO
Walpole															
Pondville.....	D. Merrill.....	...	...	...	...	...	1	0	0	..	0	0	1	300...	...
West Roxbury															
Veterans Admin.—See Peter Bent Brigham, Boston.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Worcester															
Memorial.....	R. W. Robinson.....	77	2,247	189	61	5,567	3	3	2	1	0	0	6	250-325	FP
St. Vincent.....	J. T. Brosnan.....	145	4,058	317	54	3,246	3	6	2	1	0	0	9	200-250	FP
Worcester City.....	J. Lundy.....	147	5,786	327	38	11,557	3	4	3	1	0	0	8	250-335	F

Numerical and other references are listed on pages 265 through 268.

7. 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 1962-1963					Total All Yrs.	Stipend Per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN															
Ann Arbor															
St. Joseph's Mercy	R. E. Reichert, Jr.	119	5, 178	270	53	364	3	3	3	3	0	0	9	310-385	F
University ²⁰⁶	W. D. Robinson	173	4, 987	247	77	104, 566	3	29	22	16	0	0	67	193-265	O
Dearborn															
Veterans Admin. ²⁰⁷	M. R. Weed	569	7, 196	428	60	3, 062	3	4	4	4	0	0	12	291-373	O
Detroit															
Alexander Blain	P. Mattman	31	1, 181	35	49	9, 414	1	1	2	0	0	0	3	300-350	F
Detroit Memorial	J. L. Cahalan	97	3, 222	227	49	195	3	2	1	1	0	0	4	475-525	...
Evangelical Deaconess	L. D. Strem	58	2, 221	145	48	403	1	2	0	0	0	0	2	425...	P
Grace	G. S. Fisher	203	6, 714	483	49	12, 521	3	4	4	4	0	0	12	275-375	FP
Harper	R. J. Schneek	175	4, 286†	356	52	13, 688	3	5	4	4	0	0	13	275-325	P
Henry Ford	J. G. Mateer	383	10, 848	713	63	221, 279	3	26	23	23	0	0	72	300-350	P
Jennings Memorial	R. A. Johnson	36	1, 195	77	39	197	1	2	0	0	0	0	2	350-400	O
Mount Carmel Mercy	J. M. Shuey	152	5, 273	380	49	14, 445	3	4	4	4	0	0	12	450-500	P
Providence	L. J. Bailey	89	2, 659	234	50	502	3	1	1	1	0	0	3	410-450	P
Receiving	R. J. Bing	147	3, 090†	485	56	21, 805	3	6	4	2	9	0	21†	333-408	P
St. John	H. A. Klein	77	2, 788	109	45	...	3	2	2	1	0	0	5	325-375	F
St. Joseph Mercy	L. Alexandar	57	1, 987	118	44	669	3	1	0	1	0	0	3	425-475	F
Sinai	J. E. Berk	122	3, 756	155	49	16, 796	3	4	4	4	0	0	12	300-350	F
Woman's	B. I. Johnstone	125	3, 346	205	35	1, 458	1	6	0	0	0	0	6	475...	O
Eloise															
Wayne County General	B. Bercu	183	3, 819	669	37	13, 560	3	7	5	4	1	0	17†	411-499	F
Flinn															
Hurley	G. E. Drewyer	246	6, 510†	368	42	5, 100	3	3	2	2	0	0	7	325-425	F
McLaren General	H. V. Sparks	102	3, 694	155	46	138	3	1	0	0	0	0	1	400-425	P
Grand Rapids															
Blodgett Memorial	K. E. Weller	71	2, 721	244	66	544	3	2	1	1	0	0	4	325...	F
Butterworth	W. Cayce	101	4, 008	285	53	1, 054	3	2	2	2	0	0	6	325-375	O
St. Mary's	R. VanderMeer	63	2, 451	254	36	910	1	1	0	0	0	0	1	300-325	FP
Highland Park															
Highland Park General	L. Jaffe	119	3, 957	224	41	...	3	2	2	2	0	0	6	416-467	P
Kalamazoo															
Borgess	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Bronson Methodist	H. E. DePree	68	2, 797	198	47	336	3	1	1	1	0	0	3	270-310	F
Lansing															
Edward W. Sparrow	R. Stow	...	2, 788	204	36	...	1	2	2	1	0	0	2†	550-650	P
St. Lawrence	J. Cordes	90	3, 625	202	54	...	1	2	2	0	0	0	2	400...	P
Pontiac															
Pontiac General	D. S. Smith	83	3, 311†	173	48	699	2	2	2	2	0	0	6	350-450	FP
St. Joseph Mercy	M. C. Kazonis	64	2, 711	77	53	1, 562	3	2	2	2	0	0	6	375-435	P
Royal Oak															
William Beaumont	E. C. Rupp	98	4, 412	246	47	148	3	2	2	2	0	0	6	350-450	P
Saginaw															
Saginaw General	B. M. Bullington	48	2, 031	147	49	1, 598	3	1	1	1	0	0	3	365-415	P
MINNESOTA															
Minneapolis															
Methodist	J. C. Dahl	...	2, 875	122	57	13, 437	1	1	0	0	0	0	1	250...	FP
Minneapolis General	F. W. Hoffbauer	83	1, 939	286	54	24, 012	3	4	3	3	0	0	10	250...	P
Mount Sinai ²¹²	A. Schultz	63	2, 249	120	52	1, 474	1	2	2	2	0	0	6	280...	F
Northwestern	B. Lowry	60	2, 624	156	62	2, 141	1	3	0	0	0	0	3	225-275	F
St. Barnabas—Swedish	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...
St. Barnabas	F. E. Martin	105	5, 591	274	56	1, 687	...	1	1	0	0	0	2	200-250	F
Swedish	W. L. Hoseth	126	4, 735	380	46	...	...	2	1	0	0	0	3	200-250	F
University of Minnesota															
Affiliated Hospitals															
University	C. J. Watson	118	2, 444	312	81	17, 380	...	4	2	2	1	1	16†	250...	O
Veterans Admin.	W. H. Hall	331	3, 565	338	90	3, 672	...	15	15	15	0	0	45	291-497	O
Ancker (St. Paul)	D. Craig	76	2, 370	302	54	14, 098	...	2	2	2	0	0	6	280...	F
Rochester															
Mayo Foundation ²²⁰	R. D. Miller	319	24, 122	370	77	296, 671	3	60	60	60	12	0	192†	200-333	P
Saint Paul															
Ancker Hospital—See University of Minnesota, Minneapolis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Charles T. Miller	D. L. Martin	86	2, 947†	144	53	20, 680	3	1	1	1	0	0	3	325-375	P
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...
University	J. R. Snively	82	3, 134†	225	66	10, 911	...	8	5	5	0	0	18	250-325	O
Veterans Admin.	J. Busey	332	2, 835	184	65	...	...	2	...	1	0	0	3	290-373	...
MISSOURI															
Clayton															
St. Louis County	R. O. Muether	43	1, 570	270	66	18, 011	3	3	3	3	0	0	9	275-350	F
Columbia															
University of Missouri Medical Center	C. T. Roy	74	1, 678	143	73	8, 930	3	6	5	3	0	0	14	250-350	P
Kansas City															
Kansas City General	J. McDannell	83	2, 847	485	44	51, 618	3	4	4	4	0	0	12	220-265	FP
Memorah Medical Center	H. Statland	136	4, 656†	200	45	...	...	4	3	1	0	0	8	300-400	F
St. Luke's	M. Dodge	141	4, 616	282	58	4, 740	3	2	1	1	0	0	4	250-300	FP
Veterans Admin.	See University of Kansas Medical Center, Kansas City, Kansas	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Louis															
Barnes	C. V. Moore	176	6, 099	303	75	31, 559	3	15	10	2	0	0	27	75-175	F
De Paul	R. Patashnick	132	4, 674	310	45	...	3	3	2	1	0	0	6	200-250	F
Homer G. Phillips	E. B. Williams	118	3, 983	638	32	44, 362	3	10	5	3	2	0	20†	246-314	...
Jewish	A. Eisenstein	136	4, 878†	337	46	4, 699	3	5	4	2	0	0	11	200-300	FP
Missouri Baptist	W. M. Lanergan	96	3, 044†	213	41	1, 707	3	2	2	1	0	0	5	200-300	F

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

7. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Ap- proved Pro- gram (Years)	Residencies Offered 1962-1963					Total All Yrs.	Ship- ment per Month Min.-Max.	Main- tenance O
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSOURI, St. Louis—Continued															
Missouri Pacific Employes'	L. B. Harrison	148	4,765	198	50	56,611	3	4	3	2	0	0	9	300-400	F
St. John's	J. J. Hammond	128	3,422	283	52	7,846	3	4	2	2	0	0	8	250-350	F
St. Louis City ¹⁷⁹	T. E. Brittingham														
	R. A. Kinsella, Jr.	139	3,813	527	55	26,226	3	12	10	4	2	...	28†	246-330	P
St. Luke's	P. O. Hagemann	101	3,597	212	59	8,899	3	3	2	1	0	0	6	300-400	F
St. Mary's Group of Hospitals of St. Louis University	R. Wagner	213	6,920†	381	53	20,263	3	6	5	4	0	0	15	150-170	F
Veteran's Admin.															
	R. E. Mack	75	861	61	57	...	...	2	2	2	0	0	6	291-373	...
St. Louis University Service															
	R. D. Lange	72	669	68	73	...	...	2	2	2	0	0	6	291-373	...
NEBRASKA															
Lincoln															
Veterans Admin.	J. R. Gardan	94	1,078	80	73	916	3	1	1	1	0	0	3	...	O
Omaha															
Creighton Memorial - St. Joseph	R. P. Heaney	102	3,634	192	66	7,983	3	4	4	4	0	0	12	210-310	FF
University of Nebraska	R. Grissom	26	431	55	78	11,220	3	2	2	2	0	0	6	225-300	PP
Veterans Admin. ²³³	J. M. Halthaus	212	1,464	143	58	728	3	4	4	4	0	0	12	291-373	O
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals															
Mary Hitchcock Memorial	J. Milne	158	3,927	190	86	20,835	...	8	8	8	0	0	24	218-273	...
Veterans Admin. (White River Jct., Vt.)	J. L. Grant	158	3,927	190	86	20,835	...	8	8	8	0	0	24	218-273	...
NEW JERSEY															
Atlantic City															
Atlantic City	W. B. Stewart	87	2,925	357	39	13,719	3	1	1	1	0	0	3	225-300	F
Camden															
Cooper	E. N. Murray	115	3,352	437	42	6,058	3	2	1	1	0	0	4	200-275	F
East Orange															
Veterans Admin. ²³⁷	H. A. Weiner	200	1,716	280	78	...	3	5	4	3	0	0	12	291-497	P
Englewood															
Englewood	C. Wierum	57	1,606	211	33	1,800	1	4	0	0	0	0	4	295 ...	F
Hackensack															
Hackensack	L. W. Black	77	2,668	265	45	2,516	3	2	1	1	0	0	4	200-250	F
Jersey City															
Jersey City Medical Center	H. Jaghers	326	6,884	952	34	27,547	3	16	16	16	1	0	49†	200-350	F
Long Branch															
Montmouth Medical Center	J. Feldman	107	2,910	151	40	3,797	1	1	1	1	0	0	3†	225-275	F
Montclair															
Mountainside	A. Kolodin	104	8,027	341	40	7,692	3	2	2	2	0	0	6	275-325	FP
Mount Holly															
Burlington County	L. E. Viteri	35	1,294	185	45	1,825	1	4	0	0	0	0	4	200-300	F
Neptune															
Fritkin Memorial	L. F. Albright	74	2,245	289	43	5,784	2	1	1	0	0	0	2	250 ...	F
Newark															
Newark Beth Israel	J. Kaufman	58	2,129	262	42	7,035	3	3	2	1	0	0	4	250-300	F
St. Michael's	N. A. Antonius	97	2,760	277	46	10,481	3	5	2	2	0	0	9	275-325	F
New Brunswick															
Middlesex General															
	N. Reitman	61	1,938	208	39	3,209	3	3	1	1	0	0	4	275-300	F
	G. Pickar	79	2,338	205	65	4,750	1	2	0	0	0	0	2	250 ...	FP
	J. Sandella														
Orange															
Orange Memorial	N. M. Smith	84	2,456	328	40	7,355	2	1	1	1	0	0	3†	225-250	FP
Paramus															
Bergen Pines County	S. F. Alexander	207	1,267	411	34	3,844	3	6	4	1	0	0	11	275-325	P
Trenton															
St. Francis	J. T. Dimun	104	3,221	377	43	...	2	2	1	0	0	0	3	250-310	F
NEW MEXICO															
Albuquerque															
Bataan Memorial Methodist	R. U. Massey	44	5,188	135	55	31,200	1	3	1	1	1	0	6†	300-400	F
Bernalillo County - Indian	F. Hanold	35	814	85	40	9,573	1	1	1	1	0	0	3	300-333	FP
Veterans Admin.	W. S. Taylor	265	2,773	109	91	636	3	3	2	2	0	0	7	291-373	O
NEW YORK															
Albany															
Albany Medical Center	R. T. Beebe	135	4,329	387	64	4,411	3	13	9	4	0	0	26	210-290	P
Veterans Admin.	J. H. Cullen	290	2,839	235	70	11,512	3	3	3	5	0	0	11	291-372	O
Binghamton															
Binghamton General	J. K. Moyer	130	15	333	26	1,500	3	1	1	1	0	0	3	290-365	P
Buffalo															
Buffalo General	E. Calkins	...	5,048†	462	50	18,180	3	5	5	1	0	0	11	175-200	F
Deaconess	W. T. Zimdahl	102	2,297	278	31	2,560	1	2	2	1	0	0	5	325-350	F
Edward J. Meyer Memorial	D. K. Miller	245	3,894	518	44	37,366	3	7	7	7	1	0	22†	292-380	P
Mercy ⁴⁶	J. J. O'Brien	77	11,001	316	43	1,052	3	3	3	3	0	0	9	275-425	FP
Millard Fillmore	J. F. Painton	138	3,750†	331	51	1,572	3	4	3	3	0	0	10	338-366	P
Roswell Park Memorial	J. F. Halland	35	709	143	99	4,677	1	0	6	0	0	0	6	334-400	O
Sisters of Charity	D. J. McCue	121	3,676	337	35	1,946	3	3	0	1	0	0	4	335-440	F
Veterans Admin. ²³⁴	G. W. Bissell	454	2,850	311	61	4,306	3	10	2	2	0	0	14	291-373	O
Clifton Springs															
Clifton Springs Sanitarium and Clinic		...	...	...	...	...	3	...	...	...	...	...	...	...	...
Coopers town															
Mary Imogene Bassett	E. D. Thomas	25	1,118	59	58	9,193	3	2	1	1	0	0	4	200-350	P

Numerical and other references are listed on pages 265 through 268.

7. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance	
			Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK—Continued															
Hempstead															
Meadowbrook	A. W. Freireich	198	5,252	1,292	37	4,267	3	8	8	8	0	0	24	275...	F
Johnson City															
Charles S. Wilson Memorial	N. R. Occhino	167	5,011	333	25	...	2	2	2	0	0	0	4	250-300	P
Manhasset															
North Shore	W. J. Messinger	40	1,381	115	60	810	2	3	2	0	0	0	5	220-270	F
Mount Vernon															
Mount Vernon	H. Belsky	78	2,604	216	41	3,556	2	2	2	0	0	0	4	225-300	F
New Rochelle															
New Rochelle	W. C. Meredith	141	5,565	319	30	6,388	3	1	1	1	0	0	3	225-275	F
New York City															
Beekman-Downtown	M. McColl	76	2,121	159	32	7,322	2	6	1	0	0	0	7	200-275	F
Bellevue Hospital Center						3									
Div. I - Columbia University ³⁷	D. W. Richards	84	1,519	274	26	19,583	...	7	4	1	0	0	12	215-265	F
Div. II - Cornell University ²¹	T. P. Almy	120	1,908	279	43	22,794	...	9	0	2	1	0	12†	215-265	F
Div. III - New York University College of Medicine	L. Thomas	179	3,511	537	47	35,409	...	15	17	2	3	0	37†	215-265	F
Div. IV - New York University Post-Graduate Medical School	Combined With Division III	...	...	...	...	...	...	...	...	...	...	...	...	215-265	F
Beth-El	I. Snapper	80	2,414	252	51	17,164	3	4	3	1	0	0	8	150-250	F
Beth Israel	A. M. Fishberg	95	2,282	213	35	12,769	3	4	4	1	0	0	9	200-215	F
Booth Memorial	N. Luger	70	2,216	177	47	1,320	1	6	0	0	0	0	6	325-400	F
Bronx	E. E. Fischel	110	2,813	196	29	18,016	3	4	2	2	0	0	8†	184-251	F
Bronx Municipal Hospital Center	I. M. Landau	520	5,200	596	47	55,390	3	18	14	3	0	0	35	215-265	F
Brooklyn	G. E. Anderson	92	3,245	183	32	15,089	3	4	3	3	0	0	10	175-205	F
City Hospital at Elmhurst	L. R. Tuchman	296	3,799	768	69	34,874	3	7	6	5	0	0	18	215-265	F
Columbus	A. Sirogusa	72	1,341	217	29	9,847	3	1	1	1	0	0	3	200-300	F
Coney Island	S. Epstein	228	2,892	824	35	29,502	3	6	6	6	0	0	18	215-265	F
Cumberland	S. P. Bailey	...	1,970	401	33	18,432	3	2	2	2	0	0	6	215-265	F
Flushing Hospital and Dispensary	C. Cramer	62	1,709	203	24	6,901	3	1	1	1	0	0	3	200-250	F
Fordham	M. M. Levites	143	3,175	614	35	34,494	3	6	3	2	0	0	11	215-265	F
Francis Delafield ⁸²	S. E. Bradley	44	533	182	54	4,566	3	3	3	0	0	0	6	215-265	F
French	H. J. McNeile	54	1,449	101	39	11,223	3	1	1	1	0	0	3	250-300	F
Goldwater Memorial						3							...		
Columbia University and Research Division	Y. Kneeland, Jr.	73	174	28	50	...	1	5	0	0	0	0	5	215-265	F
D. Seegal						...									
Third New York University Medical Research Service															
J. M. Steele		162	311	101	36	...	2	5	3	2	0	0	10†	215-265	F
H. A. Salomon		40	1,340†	131	43	2,169	1	3	0	0	0	0	3	150-175	F
S. S. Paley		355	5,951	828	33	39,382	3	7	6	7	0	0	20	215-265	F
M. L. Kramer		46	1,049	58	50	27,123	2	1	1	0	0	0	2	140-160	P
D. Porter		251	9,939	331	41	12,202	1	1	1	...	...	...	1	200-300	F
M. G. Goldner		645	1,212	411	32	2,728	3	12	10	2	0	0	24	200-250	F
S. Millman		125	2,558	310	39	25,188	3	7	4	6	0	0	17	115-150	F
L. Eichna		362	10,754	2,243	31	71,911	3	12	12	12	0	0	36	215-265	F
M. S. Bruno		81	1,675	198	68	8,196	3	3	3	2	0	0	8	200-250	F
B. S. Kohn		85	2,245	203	44	14,459	1	2	0	0	0	0	2	150-200	FP
H. F. Wechsler		137	3,649	237	41	21,818	3	2	2	2	0	0	6	200-233	P
C. R. Messeloff		102	2,532	415	25	24,797	3	6	4	4	0	0	14	215-265	F
J. N. Edson		139	3,148	284	35	11,674	3	3	2	2	0	0	7	170-200	P
E. Meilman		79	2,228	161	64	12,535	3	2	2	1	0	0	5	100-165	F
W. F. Rexer		47	1,025	20	23	2,670	3	1	1	1	0	0	3	225-275	F
D. Grob		162	3,916	487	43	7,262	3	8	4	2	1	0	15†	160-225	P
Memorial Hospital for Cancer-James															
R. W. Rawson		137	2,145	504	52	21,981	3	3	13	5	0	0	21	215-400	F
H. D. Fearon		118	2,452	234	27	8,411	3	2	2	1	0	0	5	175-200	F
R. F. Gomprecht		56	1,347	137	34	3,226	1	3	0	0	0	0	3	200-275	F
L. Leiter		306	5,221	649	47	5,706	3	22	18	8	1	0	49	220-295	FP
S. Biloon		156	3,784	535	39	21,572	2	6	6	0	0	0	12	215-265	F
A. B. Gutman		260	6,068	440	50	60,116	3	8	12	5	0	0	25	100...	F
E. H. Luckey		175	3,291	338	73	19,877	3	12	8	4	3	0	27†	164-287	P
New York Medical College - Metropolitan Medical Center															
R. Levine		809	747	423	26	...	3	...	...	...	...	...	26	251-265	F
Bird S. Coler Memorial		50	1,501	89	20	1,236	...	2	1	1	0	0	4	215-265	F
Flower and Fifth Avenue Hospitals		255	4,113	733	26	90,558	...	10	10	10	0	0	30	215-265	P
New York Polyclinic Medical School & Hospital															
R. Walloch		73	1,774	108	45	17,509	3	3	2	2	0	0	7	150-250	F
New York University Medical Center															
L. Thomas		91	2,450	196	29	11,572	1	...	...	...	...	...	...	175-265	F
S. E. Bradley		227	6,550	239	67	41,575	3	12	8	1	0	0	21	250-416	P
A. A. Fischl		307	4,670	1,214	34	20,048	3	9	6	3	0	0	18	215-265	F
Queens Hospital Center															
A. J. Antenucci		130	3,316	262	48	8,030	3	8	4	2	0	0	14	158-316	P
J. M. Freston		251	2,979	176	47	8,560	2	2	2	0	0	0	4†	75-125	FP
A. J. Patek, Jr.		89	1,561	203	27	2,227	3	2	1	0	0	0	3	160-190	F
M. V. Bonventre		95	2,026	181	36	7,482	3	2	2	2	0	0	6	225-275	F
Y. C. Ancona		60	1,469	109	29	4,913	3	2	1	1	0	0	5	195-245	F
E. Marzullo		175	3,553	264	56	31,956	3	8	4	4	0	0	16	125-175	F
T. B. Van Itallie		46	856	109	23	2,405	1	1	1	0	0	0	2	225-250	F
V. Annunziata		194	4,603	546	47	34,117	3	5	5	5	0	0	15†	175-225	F
W. J. Grace		78	2,625	203	28	1,555	1	1	0	0	0	0	1	200	F
D. C. Neblett		43	1,027	71	16	10,500	1	2	1	0	0	0	3†	215-265	F
Appelboun		523	5,167	447	61	2,156	3	16	18	7	3	0	44†	291-372	O
J. Wolf		422	3,132	418	54	0	3	15	11	14	0	0	40	292-373	O
P. W. Speor		468	3,900	423	63	3,559	3	16	12	6	0	0	34	291-372	O
J. J. Smith		75	1,715	249	46	4,164	3	3	3	3	0	0	9	150-300	F
V. J. Adams															

Numerical and other references are listed on pages 265 through 268.

7. 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 1962-1963					Total All Yrs.	Shipping Per Month Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued															
Port Chester															
United	N. Schwartz	54	2,678	148	48	2,623	1	2	0	0	0	0	2	235-250	P
Rochester															
Genesee	H. L. Segal	72	2,306	241	66	5,350	3	4	2	1	0	0	7	175-425	FP
Highland	J. W. Holler	64	1,801	201	51	1,182	3	3	2	1	0	0	6	175-225	FP
Rochester General	L. Horn	100	2,764	295	65	5,113	3	4	3	3	0	0	10	175-225	FP
St. Mary's	J. W. Quinlan	60	2,651	332	45	3,804	3	1	1	1	0	0	3	250-300	P
Strong Memorial-Rochester Municipal	L. E. Young	153	4,277	506	73	15,943	3	12	8	1	0	0	21	166-291	O
Schenectady															
Ellis	M. E. Moravec	105	2,914	335	46	3,684	3	3	3	1	0	0	7	325-400	FP
Syracuse															
State University of New York Upstate															
Medical Center	R. H. Lyons	285	7,493	713	48	21,636	3	13	13	8	0	0	34	250 ...	O
Veterans Admin.	A. T. Ladd	133	1,799	164	71	...	..	4	4	3	0	0	11	291-373	...
Valhalla															
Grasslands	G. S. Watson	200	1,459	306	55	18,102	3	5	5	5	0	0	15	250-300	F
White Plains															
White Plains	D. Fertig	46	1,519	144	44	3,843	2	1	1	1	0	0	3	175-225	F
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	C. H. Burnett	74	2,596	148	62	6,433	3	8	7	1	0	0	16	175-458	O
Charlotte															
Charlotte Memorial	R. S. Bigham, Jr.	68	2,334	162	56	9,820	3	1	1	1	0	0	3	295-345	P
Durham															
Duke University Affiliated Hospitals															
Duke	E. A. Stead, Jr.	115	4,300	251	62	26,040	..	14	10	2	0	0	26	41-170	F
Veterans Admin.	E. H. Estes	172	2,938	218	77	...	..	6	5	2	2	1	16†	291-497	O
Watts	I. H. Manning	84	3,915	168	29	2,945	3	2	2	1	0	0	5	250-300	F
Winston-Salem															
City Memorial	T. W. Simpson	93	4,126	226	19	1,722	3	1	1	1	0	0	3	330-440	P
North Carolina Baptist	E. H. Yount, Jr.	116	4,789	265	60	8,904	3	7	6	2	0	0	15	166-208	P
NORTH DAKOTA															
Bismarck															
Bismarck	C. H. Peters	61	2,341	101	20	1,088	1	2	0	0	0	0	2	325 ...	P
Fargo															
St. Luke's	L. E. Wold	57	3,340	131	48	...	1	3	0	0	0	0	3	300 ...	F
OHIO															
Akron															
Akron City	H. W. Allison	173	4,902	500	48	11,454	3	3	2	2	0	0	7	275-325	FP
Akron General	H. Kraus	109	4,710	379	45	20,164	3	4	4	3	0	0	11	300-350	FP
St. Thomas	L. V. Phillips	88	2,906	249	47	8,338	2	3	3	0	0	0	6	300-350	F
Canton															
Aultman	H. J. Ickes	191	6,931	326	35	2,521	3	3	3	1	0	0	7	250-400	F
Mercy	M. F. Moors	126	5,470	309	37	6,282	3	2	2	2	0	0	6	275-285	P
Cincinnati															
Christ	C. E. Richards	77	1,990	313	36	9,017	1	2	2	2	0	0	6†	250-300	FP
Hamilton County Home and Daniel Drake Memorial															
	S. Goodman	784	543	362	59	12,533	1	6	1	0	0	0	7†	400-500	F
	S. D. Siman	239	6,163†	473	23	1,502	3	2	2	2	0	0	6	320-370	P
Good Samaritan	R. J. Anzinger	124	3,233†	384	42	8,104	3	8	4	1	9	9	13	230-270	FP
Jewish	E. G. Margolin	64	2,018	160	40	4,756	3	2	1	1	0	0	4	275-325	F
St. Mary's	H. J. Kenkel	...	...	...	...	...	3	...	...	...	...	...	...	...	...
University of Cincinnati Hospital Group	R. W. Vilter	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Cincinnati General	...	76	2,380	458	52	18,186	..	13	10	15	1	0	39†	200-325	F
Veterans Admin.	...	107	1,571	240	67	...	..	..	..	..	..	..	..	291-497	O
Cleveland															
Cleveland Clinic	A. C. Ernstene	100	3,709	255	62	61,840	3	17	12	8	1	0	38	275-350	O
Cleveland Metropolitan General	C. H. Rammelkamp	95	1,919	314	57	32,557	3	4	6	6	4	0	20†	150-258	F
Fairview Park	H. E. Christman	17	377†	72	42	113	3	2	2	2	0	0	6	250-350	FP
Highland View	D. Weir	507	1,125	320	49	...	1	5	3	1	0	0	9	240-295	P
Huron Road	E. A. Marshall	129	3,633	259	55	4,221	3	3	2	2	0	0	7	210-220	FP
Lutheran	M. E. Bobey	103	3,489	234	41	...	3	3	2	1	0	0	6	275-325	FP
Mount Sinai	M. M. Siegel	141	3,165	318	43	18,839	3	6	4	1	0	0	11	215-235	FP
St. Alex's	B. Chojnacki	118	3,767	325	32	4,108	1	2	2	1	0	0	5†	225-275	F
St. John's	W. J. Foyen	71	2,581†	184	28	2,754	1	3	2	1	0	0	6†	250-350	FP
St. Luke's	A. D. Nichol	129	4,203	251	47	14,896	3	3	3	2	0	0	8	220-290	F
St. Vincent Charity	H. A. Zimmerman	150	4,641	143	39	26,488	3	4	2	2	0	0	8	235-250	FP
University Hospitals of Cleveland	R. H. Ebert	139	3,803†	448	58	44,786	3	12	10	8	0	0	30	162-262	P
Veterans Admin. 23-302	N. P. Shumway	384	2,800	350	67	1,220	3	6	13	7	0	0	26	291-497	F
Columbus															
Mount Carmel	P. T. Knies	60	1,972	174	53	2,684	3	2	2	2	0	0	6	275-325	F
Ohio State University Hospitals															
University	J. V. Warren	173	5,898	472	67	23,268	..	10	8	13	4	0	35†	177-277	P
Riverside Methodist—															
White Cross Hospitals	C. J. Cross	158	4,304	206	43	6,099	3	3	2	2	0	0	7†	290-340	P
Dayton															
Good Samaritan	J. M. Wilson	140	3,442	173	44	327	1	1	1	0	0	0	2	275-325	F
Miami Valley 309	R. K. Bartholomew	267	7,299	523	43	3,824	3	2	2	2	0	0	6	250-300	FP
Veterans Admin. 310	J. T. Taguchi	197	2,045	228	80	886	3	10	6	6	0	0	22	291-443	...
Garfield Heights															
Marymount	F. J. Hruby	80	1,960	119	37	851	3	2	2	2	0	0	6	250-325	F
Hamilton															
Mercy	C. A. Schuck	76	2,928	255	28	...	1	2	2	2	..	..	6†	300-400	F

Numerical and other references are listed on pages 265 through 268.

7. INTERNAL MEDICINE — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Length of Ap- proved Pro- gram (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main- tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued															
Lakewood															
Lakewood	H. T. Yoder	94	2,370	234	35	2,147	1	3	3	1	..	..	7†	325-480	F
Lima															
Lima Memorial	L. N. Irvin	104	5,086	236	26	1,479	1	1	1	1	0	0	3†	300-375	F
St. Rita's	A. C. Reed	89	4,048	128	33	4,314	1	1	0	0	0	0	1	400 ...	P
Toledo															
Maumee Valley	G. M. Todd	77	2,695	234	35	5,633	3	3	3	3	0	0	9	285-350	F
St. Vincent's	M. A. Schnitker	163	5,787	388	31	11,914	3	1	1	1	0	0	3	300-350	FP
Toledo	H. D. Cook	117	4,124	236	59	3,349	3	1	1	1	0	0	3	275-325	F
Warren															
Trumbull Memorial	J. R. McKay	87	3,783	218	40	...	3	2	2	2	0	0	6	300-400	F
Youngstown															
St. Elizabeth	P. Mahar	183	6,636†	339	49	3,995	3	2	2	2	0	0	6	350-400	FP
Youngstown	F. S. Coombs	294	8,541	530	41	3,661	3	4	3	2	0	0	9	275-325	F
OKLAHOMA															
Oklahoma City															
Mercy Hospital Oklahoma City General	T. Bynum	43	1,848†	169	44	3,682	1	1	1	1	0	0	3	...	...
St. Anthony	P. M. McNeill	58	2,046	208	36	1,760	2	1	0	0	0	0	1	300 ...	P
University of Oklahoma Medical Center	...	...	...	...	...	...	3	12*	10	6	2	0	30†	...	...
University Hospital	S. Wolf	65	1,228	161	72	17,291	..	..	..	..	..	..	..	200-375	P
Veterans Admin.	J. F. Hammarsten	138	2,243	211	77	9,763	..	..	..	..	..	..	..	...	...
Wesley	W. W. Rucks, Jr.	32	1,618	110	41	...	1	1	0	0	0	0	1	350 ...	F
Tulsa															
St. John's	D. C. Walker	129	4,369	313	30	1,828	3	2	2	2	0	0	6	200-250	FP
OREGON															
Portland															
Emanuel	W. L. Senders	70	3,824	225	39	525	3	1	1	1	0	0	3	275-295	P
Good Samaritan	F. Underwood	80	4,164	245	47	5,919	3	2	2	2	0	0	6	275-315	P
Providence	J. F. Paquet	91	...	226	53	...	3	1	1	1	0	0	3	275-310	P
St. Vincent's	A. W. Berg	74	3,524	286	44	2,059	3	2	2	2	0	0	6†	275-295	P
University of Oregon Medical School Hospitals and Clinics	H. P. Lewis	120	3,255	378	64	29,980	3	4	3	3	0	0	10	165-215	F
Veterans Admin.	J. R. Walsh	180	2,504	229	83	3,098	3	7	7	5	0	0	19	291-414	P
PENNSYLVANIA															
Abington															
Abington Memorial	J. T. Beardwood, Jr.	100	2,900	284	48	5,977	3	3	2	1	0	0	6	275-450	F
Allentown															
Allentown	H. Everett	140	2,809†	335	37	4,396	3	1	1	1	0	0	3	225-275	FP
Sacred Heart	A. Dubbs	198	3,277	248	44	4,410	2	1	1	0	0	0	2	225-250	FP
Bethlehem															
St. Luke's	R. K. Shields	152	3,959	368	40	1,550	3	1	1	1	0	0	3	260-280	FP
Bryn Mawr															
Bryn Mawr	J. A. Wagner	107	2,862	279	50	5,079	3	3	2	1	0	0	6	200-275	F
Danville															
George F. Geisinger Memorial	J. A. Collins, Jr.	76	2,720	159	53	16,731	3	4	2	2	0	0	8	175-265	FP
Easton															
Easton	J. Kincaid	96	2,497	299	49	2,990	3	1	1	1	0	0	3	300 ...	FP
Erie															
Hamot	J. B. Tredway	90	3,069	258	36	1,043	2	1	1	0	0	0	2	250-275	F
St. Vincent's	R. Schmidt	70	2,480	271	31	2,824	2	1	1	1	0	0	3	275-325	FP
Harrisburg															
Harrisburg	J. A. Dougherty	158	4,110	319	54	3,569	3	2	2	1	0	0	5	225-250	FP
Harrisburg Polyclinic	A. W. Cowley	124	3,174	318	51	4,152	3	2	0	0	0	0	2	250-300	FP
Philadelphia															
Albert Einstein Medical Center	...	...	...	...	...	...	3	..	..	..	..	..	..	...	...
Northern Division	B. Gouley	169	4,411	578	42	3,810	..	5	5	2	0	0	12	125-175	F
Southern Division	T. H. Mendell	107	2,986	237	44	10,145	..	2	2	1	0	0	5	125-175	F
Chestnut Hill	E. P. Albright	61	1,770	107	64	3,000	2	1	1	0	0	0	2	350 ...	F
Episcopal	S. R. Vogel	102	2,249	288	43	10,150	3	2	2	2	0	0	6	150 ...	F
Frankford	G. E. Mark, Jr.	45	1,319	184	37	2,794	1	1	0	0	0	0	1	325-375	F
Germantown Dispensary and Hospital	R. W. Mays	72	2,226	320	39	14,910	3	1	1	1	0	0	3	200-225	F
Graduate Hospital of the University of Pennsylvania	H. J. Tumen	112	2,782	151	51	14,300	3	7	3	3	0	0	13	100 ...	F
Hahnemann Medical College and Hospital	J. H. Mayer	165	3,951	340	44	23,023	3	6	6	4	2	0	18	75-550	P
Hospital of the University of Pennsylvania	F. C. Wood	182	4,753	304	64	27,440	3	..	..	..	..	..	13	...	P
Hospital of the Woman's Medical College of Pennsylvania	H. W. Harris	49	1,313	72	50	2,182	3	3	0	0	0	0	3	125-175	F
Jefferson Medical College	R. L. Wise	183	4,502	304	44	7,340	3	6	7	3	1	0	17†	100-333	P
Lenkenau	E. L. Bartz	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mercy-Douglass	D. B. Pierson	130	3,381	234	58	4,507	3	2	2	2	0	0	6	200-250	FP
Methodist	E. E. Holloway	38	1,173	72	40	1,792	2	2	2	0	0	0	2	250-275	F
Misericordia	H. F. Robertson	61	1,740	144	24	7,522	1	2	0	0	0	0	2	150-200	F
Nazareth	G. N. French	87	2,541	244	45	9,842	3	3	2	1	0	0	6	250-400	F
Pennsylvania	S. J. Skramak	47	1,442	113	61	1,696	1	1	0	0	0	0	1	300 ...	F
Philadelphia General	G. G. Duncan	...	3,003	308	54	16,748	3	5	2	3	0	0	10	170-190	O
D. Cooper	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
C. Thompson	...	338	5,371	1,130	54	34,941	3	8	8	8	0	0	24	157-278	F
F. Fetter	...	93	2,467	208	59	10,511	3	2	2	2	0	0	6†	235-265	F
Temple University	T. M. Durant	175	5,139	434	51	19,302	3	6	6	6	0	0	18	175-225	P
Veterans Admin. 327	H. P. Close	240	3,900	322	73	...	3	6	6	6	0	0	18	291-373	O
Pittsburgh															
Allegheny General	T. E. Thompson, Jr.	...	2,862†	220	44	6,480	3	2	1	1	0	0	4	200-250	F

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

7. 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 1962-1963					Total All Yr.	Stipend per Month Min.-Max.	Main-tenance O P F
			Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA, Pittsburgh—Continued														
Health Center Hospitals of the University of Pittsburgh														
Elizabeth Steel Magee	C. R. Schaefer	56	1,487	101	41	3	..	..	..	..	..	..	..	..
Presbyterian-Womans	J. D. Myers	140	3,529	269	67	..	10	8	8	3	0	29	125-175	F
Veterans Admin.	G. A. Edwards	379	3,732	462	63	..	8	8	8	0	0	24	..	O
Mercy	J. M. Johnston	159	3,833	382	52	11,423	3	3	3	2	0	8	275-325	F
Mantefiore	J. H. Silverberg	112	4,250	305	44	18,382	3	3	3	2	0	8	225-275	F
St. Francis General Hospital and Rehabilitation Institute														
St. Margaret Memorial	F. Concilus	100	2,456	286	36	3,216	3	3	2	2	1	8	240-355	FP
Western Pennsylvania	C. J. Bowen	41	1,254	96	43	1,372	1	1	0	0	0	1	325-375	FP
	R. L. Forsyth	57	1,384	117	54	14,106	3	3	2	2	0	7	250-300	F
Sayre														
Robert Packer	S. D. Conklin	72	4,298	154	53	18,614	3	4	3	2	0	9	235-325	P
West Reading														
Reading	J. R. Spanuth	174	3,013	428	32	2,827	3	2	1	1	0	4	225-275	F
York														
York	J. L. Atkins	88	2,439	485	42	7,559	3	2	2	2	0	6	325-400	F
PUERTO RICO														
Caparra Heights														
University	R. S. Diaz Rivera	52	1,207	146	45	17,673	3	4	2	1	0	8	250-450	F
Ponce														
Ponce District	H. Rodriguez	86	2,287	169	70	18,420	3	3	3	3	0	9	250-350	F
San Juan														
San Juan City	E. J. Marchand	57	1,210	229	69	32,945	3	..	..	..	..	..	175-325	..
Veterans Admin. (San Patricio) 334	E. A. Ramirez	94	1,843	59	95	23,096	3	..	..	..	..	9	325-419	O
RHODE ISLAND														
Newport														
Rhode Island Affiliated Hospitals														
Newport	H. W. Brownell	74	2,238	139	29	..	..	1	0	0	0	1	150	FP
Memorial (Pawtucket)	A. M. Burgess	49	1,575	272	37	..	0	1	0	0	0	1	250	F
Miriam (Providence)	A. M. Burgess, Sr.	71	1,717	133	32	2,961	..	..	..	..	..	3	200-250	FP
Providence														
Rhode Island	M. N. Fulton	152	4,290	541	37	24,459	3	4	2	2	0	8	125-225	F
Veterans Admin.	J. D. Eyre, Jr.	158	1,864	185	52	957	2	3	3	0	0	3	291-497	..
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals														
	J. A. Boone	105	3,999	187	52	11,548	3	8	4	2	0	14	137-162	FP
	V. Moseley	..	..	..	..	..	..	..	..	..	..	..	..	..
Columbia														
Columbia Hospital of Richland County	C. W. Irvin, Jr.	104	3,792	262	23	12,582	1	1	0	0	0	1	300	P
TENNESSEE														
Chattanooga														
Baroness Erlanger	R. W. Myers	137	6,774	493	37	17,571	3	4	2	1	0	7	325-375	F
Knoxville														
St. Mary's Memorial														
University of Tennessee Memorial Research Center and Hospital	E. C. Sienknecht	72	3,188	171	34	506	1	2	1	0	0	3	250-275	FP
	R. B. Wood	57	1,989	200	34	3,540	3	1	1	1	0	3	320-340	F
Memphis														
Baptist Memorial														
City of Memphis Hospitals	P. Milnor, Jr.	251	10,183	422	41	2,207	3	2	2	2	0	6	325-375	F
Methodist	I. F. Tullis	82	2,254	247	53	6,901	3	6	6	4	0	16	150-175	..
St. Joseph	C. Stevenson	..	5,914	224	27	..	1	1	0	0	0	1	325	F
Veterans Admin. 340	S. Blackwell	77	3,756	200	20	..	1	1	0	0	0	1	325-375	F
	F. S. Dietrich	359	4,359	303	80	4,870	3	6	6	6	0	18	291-372	P
Nashville														
Baptist														
Hubbard	C. C. Woodcock	76	3,524	228	35	416	1	4	0	0	0	4	300	FP
St. Thomas	R. S. Anderson	51	1,225	189	48	11,248	3	4	1	1	0	6	175-250	FP
Vanderbilt University Affiliated Hospitals	L. Grossman	60	2,161	166	44	924	3	4	3	2	0	9	300	FP
Nashville General	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Vanderbilt University	T. Paine	42	1,614	201	35	9,254	..	2	0	0	0	2	315-350	FP
Veterans Admin.	D. E. Rogers	99	3,104	168	53	21,730	..	8	6	3	0	17	75-125	F
	R. France	275	2,982	171	61	0	3	3	0	1	1	5	291-497	O
TEXAS														
Dallas														
Baylor University														
Methodist	R. Tompsett	140	6,398	456	46	2,718	3	3	2	1	0	6	210-230	P
Parkland Memorial	A. E. Haley	61	3,527	195	45	3,132	3	2	1	1	0	4	225-275	F
St. Paul	D. W. Seldin	102	2,445	476	53	65,226	3	12	10	7	1	30	150-200	P
Veterans Admin. 346	P. Q. Needham	77	3,525	247	49	5,314	3	2	2	2	0	6	225-275	FP
	B. Friedman	166	1,997	200	84	3,279	3	5	6	4	1	16	291-373	P
Fort Worth														
Harris	J. S. DeBusk	101	5,070	254	35	1,632	2	2	0	0	0	2	300	F
Galveston														
University of Texas Medical Branch Hospitals-19														
	J. V. Warren	192	2,786	382	62	31,917	3	10	8	4	0	22	160	F
Houston														
Baylor University Affiliated Hospitals														
Jefferson Davis	R. Pruitt	81	1,521	257	51	18,558	..	6	4	4	0	14	125-137	FP
Methodist	H. W. Cummings	73	3,678	126	70	705	..	1	1	1	0	3	100-150	F
Veterans Admin.	H. D. Bennett	444	4,483	354	84	3,739	..	8	8	8	2	26	291-373	FP
Hermann	E. A. Wilkerson	167	6,353	352	41	24,175	3	3	3	3	0	9	150-200	P
St. Joseph's	S. Schnur	33	2,931	41	60	539	1	1	0	0	0	1	120-200	P
University of Texas M. D. Anderson Hospital and Tumor Institute	C. D. Howe	87	1,307	286	78	10,105	1	0	6	0	0	6	250-300	..

Numerical and other references are listed on pages 265 through 268.

7. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Mox.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS—Continued															
McKinney															
Veterans Admin.	G. W. Winkelman	159	2,179	98	57	326	3	..	..	..	..	..	6	291-373	O
San Antonio															
Robert B. Green Memorial	L. B. Reppert	39	1,064	310	36	22,477	2	2	2	0	0	0	4	200-300	F
Temple															
Scott and White Memorial	J. G. Rodarte	97	4,790†	144	41	...	3	3	2	3	0	0	8	300 ...	O
UTAH															
Salt Lake City															
Dr. W. H. Groves Latter-Day Saints	E. L. Wilkinson	98	4,821‡	373	38	2,712	3	3	2	2	0	0	7	250-300	FP
Holy Cross	R. G. Evans	44	1,783	118	37	...	1	1	0	0	0	0	1	275-400	P
St. Mark's	S. G. Sedlar	60	2,402	108	50	204	1	1	0	0	0	0	1	271-462	P
University of Utah Affiliated Hospitals	M. M. Wintrobe	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Salt Lake County General	M. M. Wintrobe	113	1,026	237	68	27,289	...	7	5	5	0	0	17	260-375	C
Veterans Admin.	H. Brown	108	1,721	129	81	859	...	8	5	5	0	0	18	291-497	O
VERMONT															
Burlington															
University of Vermont Medical Center	...	...	...	...	...	...	3	..	..	..	..	..	..	..	..
DeGoesbriand Memorial	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mory Fletcher	E. L. Amidon	51	2,043	89	76	3,667	..	3	3	0	0	0	6	100-166	FP
White River Junction															
Veterans Admin.—See Dartmouth Medical School Affiliated Hospitals, Hanover, N.H.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VIRGINIA															
Alexandria															
Alexandria	S. H. Williams	48	1,660‡	146	39	...	1	4	0	0	0	0	4	275-350	P
Charlottesville															
University of Virginia	W. P. Parson	85	2,867	181	50	13,933	3	6	6	2	0	0	14	90-180	F
Clifton Forge															
Chesapeake and Ohio	A. Williams	64	2,518	111	34	6,298	1	5	5	0	0	0	10	200 ...	FP
Norfolk															
De Paul	G. Elsasser	57	2,738	234	42	5,129	1	1	1	1	0	0	4	225-275	F
Norfolk General	R. Grinnan	72	3,327	312	29	7,613	3	3	2	2	0	0	7	150-375	F
Richmond															
Johnston-Willis	J. M. Hutcheson	87	2,940	185	55	...	1	2	0	0	0	0	2	300 ...	F
Medical College of Virginia Affiliated Hospitals	...	...	...	...	...	...	3	12	12	0	0	0	24	...	...
Medical College of Virginia-Hospital Division	W. T. Thompson, Jr.	324	4,590	515	38	22,198	..	0	0	6	0	0	6	100-150	F
Veterans Admin.	A. J. Wosserman	412	3,512	266	64	...	...	0	0	10	0	0	10	291-497	P
Roanoke															
Jefferson	H. A. Sieber	38	1,204	107	50	2,079	1	1	..	..	..	..	1	250-300	F
Lewis Gale	C. D. Nofsinger	88	3,029	110	35	19,464	3	3	1	1	0	0	5	375 ...	FP
Roanoke Memorial	R. E. Glendy	117	4,742	194	40	3,805	3	3	3	3	0	0	9	350 ...	F
WASHINGTON															
Seattle															
Doctors	N. Arcese	41	2,636	173	52	...	1	1	1	0	0	0	2	450-500	FP
Providence	R. Levenson	68	3,496‡	271	53	1,440	2	2	1	0	0	0	3	300-350	FP
Swedish	R. C. Manchester	72	4,006	...	...	...	1	2	0	0	0	0	2	225-275	FP
University of Washington Affiliated Hospitals ³⁶⁴	...	...	...	...	...	...	3	20	18	3	0	0	41	...	...
King County	R. G. Petersdorf	72	2,589†	478	54	54,637	..	..	..	..	..	..	..	150-425	F
University	R. H. Williams	...	625	53	96	4,412	..	..	..	..	..	..	..	200-400	P
Veterans Admin.	R. S. Evans	90	2,161	222	90	2,378	...	...	...	...	...	...	...	291-497	...
Virginia Mason	R. L. King	47	2,807	116	77	...	3	2	2	2	0	0	6	150-325	FP
Spokane															
Deaconess	A. M. Clark	59	3,632	277	47	520	1	1	0	0	0	0	1	300 ...	F
WEST VIRGINIA															
Beckley															
Beckley Memorial	A. D. Kistin	65	1,338	109	66	27,169	3	3	2	2	0	0	7	400-500	P
Charleston															
Charleston General	W. A. Thornhill	71	3,035	115	57	683	3	2	2	1	0	0	5	275-350	FP
Memorial	W. C. Stewart	61	2,778	145	50	4,694	3	1	1	1	0	0	3	250-300	FP
Huntington															
Cabell Huntington	G. J. Eder	105	4,602	227	36	6,098	1	4*	1	0	0	0	5†	250-275	F
Chesapeake and Ohio	J. F. Otte	73	2,775	150	41	24,423	1	2	2	1	0	0	5†	200-250	F
Morgantown															
West Virginia University Medical Center	E. B. Flink	...	...	...	...	...	3	4	4	2	0	0	10	277-377	P
Wheeling															
Ohio Valley General	W. M. Sheppe	93	3,050	223	43	4,711	3	4	2	1	0	0	7	325-375	P
Wheeling	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Williamson															
Memorial Medical Center	C. A. Jones	56	1,402	53	45	24,120	3	3	2	1	0	0	6	400-500	P
WISCONSIN															
La Crosse															
La Crosse Lutheran	T. E. Gundersen	66	3,312	89	39	2,500	1	1	1	0	0	0	1	300 ...	F
Madison															
Madison General	R. Ratter	71	2,640	221	45	...	1	2	0	0	0	0	2	200 ...	FP
St. Mary's	E. K. Ryder	75	2,102	138	72	...	3	1	1	1	0	0	3	250-300	F
University Hospitals ⁷²	O. O. Meyer	118	4,536	146	71	15,330	3	8	8	8	0	0	24	100-200	F
Milwaukee															
Columbia ⁷³	H. W. Pahle	90	3,123	152	63	11,973	3	2	1	1	0	0	4	350-400	P
Milwaukee County	W. W. Engstrom	183	5,523	1,036	35	59,591	3	10	10	10	0	0	30	234-339	O

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

7. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
WISCONSIN, Milwaukee—Continued															
Milwaukee ³⁷²	O. Royce	68	2,615	175	47	15,402	3	2	2	2	0	0	6	375-425	P
Mount Sinai ³⁷⁵	M. J. Lustok	94	3,303	235	48	4,762	3	2	2	2	0	0	6	300	...
St. Joseph's	P. G. LaBissoniere	71	2,579	164	39	10,628	1	1	1	0	0	0	2†	325	...
St. Luke's	A. R. Baier	77	3,005	197	47	273	1	3	0	0	0	0	3	275	...
St. Mary's	G. Dean	65	2,031	164	51	...	1	1	0	0	0	0	1	375-450	...
Veterans Admin. (Wood) ²⁶	B. I. Heller	383	3,742	304	83	11,759	3	12	12	12	0	0	36	291-373	P

8. NEUROLOGICAL SURGERY

Residency programs in the following hospitals have been approved by the Council and the American Board of Neurological Surgery, through the Residency Review Committee for Neurological Surgery, as offering acceptable training in the specialty.
Hospitals, 135; Residencies, 436

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend 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	G. J. Hayes	154	1,044	47	96	1,388	4	1	1	1	1	0	4	...	...
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...
University Hospital and Hillman Clinic	J. G. Galbraith	42	1,590	90	52	428	...	0	1	1	1	0	3	150-200	F
ARIZONA															
Phoenix															
Barrow Neurological Institute (of St. Joseph's Hospital)	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...
CALIFORNIA															
Long Beach															
Veterans Admin. ⁸⁹	J. D. French	37	410†	28	75	1,231	4	1	1	1	1	0	4	291-497	O
Los Angeles															
Los Angeles County General	T. Kurze	72	1,906	200	80	1,631	4	2	1	1	1	1	6†	275-450	P
University of California Medical Center	W. E. Stern	...	...	...	...	...	4	...	...	...	...	...	...	...	...
University of California Medical Center—General Medical and Surgical	...	33	342	30	77	811	...	1	0	0	0	1	2	315-443	P
White Memorial	K. H. Abbott	15	548	23	91	2,485	4	1	3	1	1	1	7†	265-420	P
Pasadena															
Huntington Memorial	C. H. Sheldon	22	766	30	74	306	4	1	1	1	1	0	4	300	FP
San Francisco															
University of California Hospitals	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...
Franklin	H. A. Brown	50	1,025	6	50	520	...	...	...	...	...	...	...	...	...
San Francisco General	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University of California	J. E. Adams	27	634	41	90	1,180	...	2	2	2	2	0	8	261-460	O
Veterans Admin.	B. L. Wise	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	J. A. Witt	18	234	15	73	280	...	0	0	1	0	0	1	291-497	O
COLORADO															
Denver															
University of Colorado Medical Center	W. K. Welch	...	...	...	...	...	4	...	...	...	...	...	...	...	...
Colorado General	...	18	520	31	77	448	...	1	1	1	1	0	4	180-205	O
Veterans Admin.	...	5	114	4	100	119	...	0	0	0	1	0	1	443	...
CONNECTICUT															
Hartford															
Hartford Hospital	See Yale-New Haven Medical Center, New Haven	...	...	...	...	...	...	...	...	...	...	...	...	...	...
New Haven															
Yale-New Haven Medical Center	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...
Grace-New Haven Community	W. J. German	22	626	37	68	1,659	...	0	1	0	1	0	2	75-125	FP
Hartford Hospital (Hartford)	W. B. Scoville	28	1,218	73	78	300	...	0	2	2	1	0	5	235-385	P
DISTRICT OF COLUMBIA															
Washington															
Georgetown University	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...
Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Children's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
District of Columbia General	J. Watts	35	437	61	70	2,474	...	2	0	0	1	0	3	258-358	O
Georgetown University ¹²⁶	O. H. Fulcher	42	883	56	82	706	...	2	1	1	1	0	5	175-270	PO
George Washington	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...
University Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Children's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
District of Columbia General	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University ¹³⁰	J. W. Watts	41	1,002	57	80	846	...	1	1	1	1	0	4	210-300	O

Numerical and other references are listed on pages 265 through 268.

8. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
FLORIDA															
Miami															
Jackson Memorial							4								
GEORGIA															
Atlanta															
Emory University															
Affiliated Hospitals							4								
Emory University	E. F. Fincher	16	5,930†	18	72	1,191		1	1	1	1	0	4	235-265	P
Grady Memorial	E. F. Fincher	5	188	22	4	1,470		1	1	1	1	0	4	100-200	F
Henrietta Egleston Hospital															
For Children															
Augusta															
Medical College of Georgia Hospitals	G. W. Smith						4	1					5	250-583	O
Eugene Talmadge Memorial		19	498	19	74	1,098									
University		20	825†	19	32	768									
Veterans Admin.															
ILLINOIS															
Chicago															
Lovolo University (Stritch School of Medicine)															
Affiliated Hospitals							4								
Mercy	H. C. Voris	24	548	21	42	193		1	1	1	1	0	4	225-300	F
Veterans Admin. (Hines)	H. Voris														
	E. Oldberg	38	446	40	80	652		1	0	0	0	1	2	291-497	O
Northwestern University Medical Center							4								
Chicago Wesley Memorial	P. C. Bucy	17	439	34	68			1	1	1	1	1	5†	250-350	P
Passavant Memorial	L. Davis	5	100	7	86			2	0	0	0	0	2	225-275	P
Veterans Admin. Research	L. Davis	29	370	25	64			1	0	0	1	0	2	291-497	O
Evanson (Evanston)	J. A. Torkington	9	172	8	100	6								250-300	P
University of Chicago Clinics	J. P. Evans	20	486	39	69	1,713	4	1	1	1	1	0	4	225-305	
University of Illinois															
Affiliated Hospitals	E. Oldberg						4								
Research and Educational Hospitals		32	514	42	54	11,833		2	2	2	2	0	8	170-255	P
Presbyterian—St. Luke's		20	278	28	60	41		0	0	1	1	0	2	125-200	F
Veterans Admin. (Hines)															
INDIANA															
Indianapolis															
Indiana University Medical Center	R. F. Heimburger						4								
Indiana University Hospitals		34	647	41	71	847		1	1	1	1	1	5†	225-300	P
Veterans Admin.			Inc. In Surgery					1	0	0	0	0	1	291-443	O
IOWA															
Iowa City															
State University of Iowa Hospitals	R. Meyers	25	644	52	84	Inc. in Surgery	4	1	1	1	1	0	4	200-285	
KANSAS															
Kansas City															
University of Kansas Medical Center	W. Williamson	12	576	43	70	1,421	4	1	1	1	1	0	4	175-250	P
KENTUCKY															
Louisville															
University of Louisville Medical Center							4								
Children's	L. Segerberg	6	210†	10	14	223									
Louisville General	E. G. Grantham	40	1,502	82	79	1,113		1	1	0	0	0	2	117-142	F
Norton Memorial Infirmary															
Veterans Admin.	R. G. Spurling	22	487	15	80	568		1	1	0	0	0	2	291-443	O
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana ¹⁷³															
Tulane University Division	R. C. Llewellyn	15	311	70	73	1,114	1					0	1	200	F
Ochsner Foundation ¹⁷⁴	D. H. Echols	10	342	16	81	1,626	4	1	1	1	1		4	225	P
MARYLAND															
Baltimore															
Johns Hopkins	A. E. Walker		837†	51	51	1,052	4	2	2	2	2	0	8	180-250	P
Baltimore City Hospitals	A. E. Walker	10	209	21	81	640									
University	J. G. Arnold, Jr.	38	828	61	56	538	4	0	2	3	2	1	8†	220-350	P
MASSACHUSETTS															
Boston															
Boston City	W. Wegner	23	329	24	79	301	4	1	1	1	1		4	158-248	F
Children's Medical Center—Peter Bent Brigham							4								
Children's Medical Center	F. D. Ingraham	18	556	23	91	1,188		1	1	1	1	0	4		F
Peter Bent Brigham	F. D. Ingraham							1	1	1	1	0	4	125-250	O
Massachusetts General	J. C. White	49	1,308	92	66	7,120	4	1	1	1	1	0	6	108-185	F
Veterans Admin. (Jamaica Plain)	J. H. Drew	30	364	31	78	572									
New England Center	B. Silverstone	10	349	12	75	767	4	1	1	1	1		4	237-304	O
MICHIGAN															
Ann Arbor															
University	E. A. Kahn	28	760	71	75	2,139	4	3	3	3	0	0	9	193-265	O
Wayne County General (Elaine)															

Numerical and other references are listed on pages 265 through 268.

8. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance F P O	
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
MICHIGAN—Continued																
Detroit																
Grace.....	E. S. Gurdjian.....	22	419	29	76	75	4	1	1	1	1	1	5†	275-350	FP	
Henry Ford.....	R. S. Knighton.....	40	661	40	67	3,827	4	1	1	2*	1	0	5	...	P	
MINNESOTA																
Minneapolis																
University of Minnesota Hospitals ²¹⁴	L. A. French.....	22	570	34	88	711	4	1	0	0	0	0	7†	250 ...	P	
Rochester																
Mayo Foundation ²²⁰	J. G. Love.....	55	2,665	62	76	6,452	4	8	8	8	8	3	35†	200-333	P	
MISSISSIPPI																
Jackson																
University of Mississippi Medical Center University.....	O. J. Andy.....	21	732‡	63	76	1,880	4	1	1	1	1	0	4	250-325	O	
Veterans Admin.....														290-373		
MISSOURI																
Columbia																
University of Missouri Medical Center.....							4									
St. Luke's (St. Louis).....																
St. Louis																
Barnes.....	H. G. Schwartz.....	31	611	56	70	...	4	1	1	1	1	1	5†	50-150	F	
NEW HAMPSHIRE																
Hanover																
Dartmouth Medical School Affiliated Hospitals.....	R. G. Fisher.....	26	723	27	89	2,581	4	1	1	1	1	0	4	218-325	...	
Mary Hitchcock Memorial.....																
Veterans Admin. (White River Jct., Vt.).....		26	723	27	89	2,581	4	1	1	1	1	0	4	218-305	...	
NEW YORK																
Albany																
Albany Medical Center.....	R. D. Whitfield.....	32	1,021	77	61	131	4	1	1	1	1	0	4	210-290	P	
Buffalo																
Buffalo General.....	C. J. Graf.....		515‡	20	15	34	4	1	1	1	1	0	4	175-200	F	
New York City																
Albert Einstein College of Medicine Affiliated Hospitals.....		15	250	48	77	300	4		1	1	1	0	5	215-265	...	
Bronx Municipal Hospital Center.....	L. M. Davidoff.....	24	477	52	56	200		0	1	1	0	0	2	220-295	F	
Montefiore.....	C. Carton.....						4								...	
Belleue Hospital Center.....															...	
Div. IV-New York University Post-Graduate Medical School ²⁶⁸	T. I. Haen.....	45	499	65	50	250		2	2	2	2	0	8	215-265	F	
Kings County Hospital Center.....	A. Coen.....	76	3,547	198	45	2,175	4	1	1	1	1	0	4	215-265	F	
Long Island College.....														170-200	P	
Mount Sinai.....	S. W. Gross.....	24	228	40	55	502	4	1	1	1	0	0	3	100 ...	F	
New York.....	B. Roy.....	18	367	36	74	2,732	4	1	0	1	2	0	4	205-262	P	
Presbyterian (Neurological Institute).....	J. L. Pool.....	44	1,075	49	61	18,061	4	2	3	3	1	0	9	266-308	P	
St. Vincent's.....	C. G. de Gutierrez-Mahoney.....	38	1,038	78	47	1,904	4	1	1	1	1	0	4	175-250	F	
Veterans Admin. (Bronx).....	J. E. Scorrff.....	33	361	13	85	155	4	1	1	1	1	0	4	315-497	O	
Rochester																
Strong Memorial-Rochester Municipal.....							4								...	
Syracuse																
State University of New York Upstate Medical Center.....	R. B. King.....	32	539	37	76	47	4	0	1	1	1	1	4	250 ...	O	
NORTH CAROLINA																
Chapel Hill																
North Carolina Memorial.....	G. S. Dugger.....	11	302‡	41	68	622	4	0	1	1	1	0	3	175-266	O	
Durham																
Duke University Affiliated Hospitals.....		34	1,115	84	52	1,225	4	1	1	1	1	1	5†	41-200	O	
Duke.....	G. L. Odom.....	26	419	37	89	...		1	0	0	1	0	2	291-497	O	
Veterans Admin.....	B. S. Nashald.....														...	
Winston-Salem																
North Carolina Baptist.....	E. Alexander.....	23	807	67	52	1,067	4	1	1	1	1	0	4	166-208	P	
OHIO																
Cincinnati																
University of Cincinnati College of Medicine Hospital Group.....							4								...	
Children's.....															...	
Christ.....	F. H. Mayfield.....	20	421	19	84	1,030		1	0	0	0	0	1	250 ...	FP	
Cincinnati General.....	R. L. McLaurin.....	13	256	51	20	459		1	1	2	1	0	5	200-500	F	
Good Samaritan.....	F. Mayfield.....	23	392‡	26	46	...			2				1	345 ...	P	
Veterans Admin.....	R. McLaurin.....	17	170	24	75	...								291-497	O	
Cleveland																
Cleveland Clinic.....	W. J. Gardner.....	35	1,180	57	94	4,342	4	2	2	1	1	0	6	300-400	O	
University Hospitals of Cleveland.....	F. E. Nulsen.....	15	425‡	26	65	613	4	0	1	1	1	1	4	195-262	P	
Cleveland Metropolitan General.....	B. M. Bloor.....	12	276	32	39	740								183-258	F	
Veterans Admin.....	F. E. Nulsen.....		Inc. in Surg.					0	0	0	1	0	1	...	P	
Columbus																
Ohio State University Hospitals.....	H. E. Le Fever.....						4								...	
Children's.....															...	
Riverside Methodist-White Cross.....		38	874	36	53	96		0	1	0	0	0	1†	315-365	P	
University.....			Inc. in Surg.	724	71	68	826		0	3	2	2	0	7	202-277	P

Numerical and other references are listed on pages 265 through 268.

8. NEUROLOGICAL SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O P F
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center..	J. D. Hermann...	...	...	...	...	...	4	1	1	1	1	0	4	...	...
St. Anthony.....	.....	...	...	...	...	...	..	..	..	..	..	..	..	...	...
University Hospitals.....	.....	9	222	17	76	638	..	..	..	..	..	..	..	200-275	P
OREGON															
Portland															
Good Samaritan.....	J. Raaf.....	37	1,138	42	80	1,297	4	1	1	1	1	1	5†	275-315	P
University of Oregon Medical School	.....	...	...	...	...	...	4	..	..	..	..	..	..	...	...
Affiliated Hospitals.....	G.M. Austin.....	...	...	...	...	...	..	..	..	..	..	..	..	...	...
University of Oregon Medical School	.....	29	502	40	82	773	..	1	1	1	1	1	5†	165-215	F
Hospitals and Clinics.....	.....	12	156	19	68	208	..	0	1	0	0	0	1	291-414	P
Veterans Admin.....	.....	...	...	...	...	...	..	..	..	..	..	..	..	...	...
PENNSYLVANIA															
Philadelphia															
Episcopal.....	H. A. Shenkin....	14	538	34	29	114	4	..	..	..	..	..	2	200-275	FFP
Graduate Hospital of the University of	.....	...	...	...	...	...	4	1	1	1	1	0	4	100...	F
Pennsylvania.....	R. A. Groff.....	13	265	20	45	220	4	1	1	1	1	0	4	100...	F
Hospital of the University of	.....	...	...	...	...	...	4	1	1	1	0	0	3	100-150	..
Pennsylvania.....	R. Groff.....	20	413	31	65	591	4	1	1	1	0	0	3	100-150	..
Jefferson Medical College.....	R. Jaeger.....	11	361	23	57	236	4	1	1	2	0	0	4	100-150	P
Temple University ²⁷	M. Scott.....	40	795	44	59	555	4	2	1	1	1	0	5	175-250	P
Pittsburgh															
Health Center Hospitals of the Univer-	.....	...	...	...	...	...	4	..	..	..	..	..	..	...	...
sity of Pittsburgh School of Medicine	.....	...	...	...	...	...	..	2	1	1	1	0	5	125-356	F
Allegheny General.....	S.N. Rowe.....	91	1,759†	132	55	765	..	2	1	1	1	0	5	125-356	F
Children's.....	.....	91	1,759	132	55	765	..	2	1	1	1	0	5	125-356	F
Presbyterian-Woman's.....	.....	13	336	17	76	...	..	..	..	..	..	..	..	125-175	F
St. Francis General Hospital and	.....	...	...	...	...	...	..	..	..	..	..	..	..	...	...
Rehabilitation Institute.....	.....	...	...	...	...	...	..	..	..	..	..	..	..	...	...
Veterans Admin.....	.....	...	...	...	...	...	..	..	..	..	..	..	..	...	...
Western Pennsylvania.....	.....	...	...	...	...	...	..	..	..	..	..	..	..	...	...
Mercy.....	F. H. Brogdon....	36	681	43	53	444	3	1	1	1	0	0	3	275-325	F
TENNESSEE															
Memphis															
University of Tennessee Medical Center	.....	...	...	...	...	...	4	..	..	..	..	..	..	...	...
Hospitals.....	F. Murphy.....	80	3,035	79	63	497	..	2	1	2	2	2	8†	325-400	F
Baptist Memorial.....	.....	21	485	65	52	1,817	..	2	2	2	2	0	2	150-175	P
City of Memphis Hospital.....	.....	...	...	...	...	...	..	..	..	..	..	..	..	...	...
Nashville															
Vanderbilt University.....	W. F. Meacham....	33	962	55	40	292	4	1	2	2	1	0	6	75-125	F
TEXAS															
Galveston															
University of Texas Medical Branch	.....	...	...	...	...	...	4	1	1	1	1	0	4	160...	F
Hospitals.....	S.R. Snodgrass... 24	480	35	34	819	4	1	1	1	1	0	4	160...	F	
Houston															
Baylor University Affiliated Hospitals..	.....	...	...	...	...	...	4	..	..	..	..	..	..	...	...
Jefferson Davis.....	.....	...	...	...	...	...	..	..	..	..	..	..	..	...	...
Methodist.....	J. Greenwood... 32	1,074†	39	74	31	..	1	1	1	0	0	3	100-175	F	
Veterans Admin.....	G. J. Ehni.....	30	318	36	89	266	..	1	0	1	1	0	3	291-443	P
VERMONT															
Burlington															
University of Vermont	.....	...	...	...	...	...	4	..	..	..	..	..	..	...	...
Affiliated Hospitals.....	.....	...	...	...	...	...	..	..	..	..	..	..	..	...	...
DeGoesbriand Memorial.....	.....	...	...	...	...	...	..	..	..	..	..	..	..	...	...
Mary Fletcher.....	R. M. Donaghy... 14	332	9	78	598	..	1	1	1	1	0	4	166...	FP	
White River Junction															
Veterans Admin.....	See Dartmouth Medical School Affiliated Hospitals, Hanover, N.H.	...	...	...	...	...	..	..	..	..	..	..	..	...	...
VIRGINIA															
Charlottesville															
University of Virginia Hospitals	.....	...	...	...	...	...	4	..	..	..	..	..	..	...	...
University.....	W.G. Crutchfield.. 28	850	17	59	439	..	1	1	1	1	0	4	90-180	F	
Veterans Admin, (Richmond).....	J.L. Ulmer.....	18	343	9	89	460	..	..	..	..	..	..	..	291-497	P
Richmond															
Medical College of Virginia—Hospital	.....	...	...	...	...	...	4	1	2	1	1	0	5	100-175	F
Division.....	J.M. Meredith... 49	1,587	104	40	868	4	1	2	1	1	0	5	100-175	F	
WASHINGTON															
Seattle															
University of Washington	.....	...	...	...	...	...	4	2	2	2	1	0	7	...	...
Affiliated Hospitals.....	A.A. Word, Jr... 14	377†	59	83	370	..	..	..	..	..	..	..	..	180-462	F
King County.....	.....	...	...	...	...	...	..	..	..	..	..	..	..	200-500	P
University.....	.....	...	...	...	...	...	..	..	..	..	..	..	..	291-497	...
Veterans Admin.....	Inc. in Surgery	...	...	...	...	...	..	..	..	..	..	..	..	...	...
WISCONSIN															
Madison															
University.....	T.C. Erickson... 23	556	37	73	721	4	2	1	1	1	0	5	100-250	F	

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

9. 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, 91; Residencies, 470

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P O
				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	56	535	8	100	3,124	2	2	2	0	0	6	.....	.....
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Los Angeles														
Los Angeles County General.....	K. Vanhagen	104	4,788	790	38	7,084	2	2	2	0	0	6	275-350	P
University of California Veterans Admin. Center ⁸⁴ (General Medical & Surgical).....	A. Rose	10	372	10	80	4,124	4	3	2	0	0	9	261-340	O
White Memorial.....	R. Baker.....	31	593	33	76	8,119	1	1	1	0	0	3	292-373	P
.....	L. B. Mann.....	9	330	18	72	1,723	1	..	..	..	..	1	265-285	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Palo Alto-Stanford Hospital Center.....	F. Morrell.....	1	38	0	...	585	7*	2	2	0	0	11†	100-458	F
Veterans Admin. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
San Francisco														
Presbyterian Medical Center and Affiliated Hospitals.....	K. H. Finley.....	70	751	80	82	903	2	2	2	..	..	6	.....	P
Children's.....	K. H. Finley.....	5	245†	..	75	347	..	..	..	..	..	..	250-300	FP
Veterans Admin. (Oakland) ⁶³	J. K. Smith.....	65	333	43	74	645	..	..	0	0	0	..	291-315	.....
University of California Hospitals.....	R. B. Aird.....	15	893	3	100	3,192	3	3	3	0	0	9†	301-340	O
Veterans Admin.	R. B. Aird.....	26	328	7	100	420	0	0	1	0	0	1	291-497	O
COLORADO														
Denver														
University of Colorado Medical Center .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Colorado General.....	J. W. Stephens.....	9	235	22	68	2,692	1	1	1	0	0	4†	180-205	O
Veterans Admin.	W. V. Huber.....	68	630	47	94	892	1	1	1	0	0	3	291-373	O
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Grace-New Haven Community.....	G. H. Glaser.....	14	420	28	65	1,643	2	2	1	0	0	5	300-400	.....
Veterans Admin. (West Haven).....	L. L. Levy.....	.....	Inc. In Int. Med. 304	18	...	Inc. In Int. Med. 1	0	0	0	0	0	1	291-443	O
DISTRICT OF COLUMBIA														
Washington														
Georgetown University ¹²⁷	D. O'Doherty.....	5	207	3	67	2,181	2	2	2	0	0	6	275-400	P
Veterans Admin.	H. F. Corson.....	13	144	9	78	137	1	1	1	0	0	3	291-497	O
FLORIDA														
Miami														
Jackson Memorial	P. Scheinberg.....	.....	897	124	42	2,836	3	2	1	0	0	6	250-350	P
ILLINOIS														
Chicago														
Northwestern University Medical Center..	B. Boshes.....	.....	.....	.....	.....	1,665	.....	.....	.....	.....	.....	.....	.....	.....
Chicago Wesley Memorial.....	B. Boshes.....	16	335	9	55	.....	3	0	0	0	0	3	250...	P
Veterans Admin. Research.....	H. Koenig.....	23	156	11	64	.....	1	1	2	0	0	4	291-497	O
Veterans Admin. (Hines).....	E. L. Tigey.....	200	694	91	48	239	3	3	3	0	0	9	291-372	O
Presbyterian-St. Luke's.....	R. P. Mackay.....	16	367	10	70	1,506	1	1	1	0	0	3	125-175	F
University of Chicago Clinics.....	R. B. Richter.....	6	275	14	92	3,127	1	2	1	0	0	4	225-305	.....
University of Illinois Research and Educational Hospitals ¹⁴³	E. Oldberg.....	.....	Inc. In Neuro. Surgery	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
INDIANA														
Indianapolis														
Indiana University Medical Center ¹⁶³.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Indiana University Hospitals.....	A. T. Ross.....	.....	5	.....	.....	816	3	3	3	0	0	9	225-275	P
Marion County General.....	A. T. Ross.....	15	234	86	43	1,150	1	1	1	0	0	3	269-321	P
IOWA														
Iowa City														
State University of Iowa Hospitals	A. L. Sals.....	38	1,208	41	71	2,574	2	2	2	0	0	6	200-255	.....
Veterans Admin.	A. L. Sals.....	40	340	.....	.....	440	1	1	1	0	0	3	291-497	P
KANSAS														
Kansas City														
University of Kansas Medical Center.....	T. Steegmann.....	6	329	8	63	1,524	2	1	1	0	0	4	125-175	P
Veterans Admin. (Kansas City, Mo.) ..	A. B. Williamson, Jr.....	35	330	41	65	304	.....	.....	.....	.....	.....	1	292-373	.....

Numerical and other references are listed on pages 265 through 268.

9. NEUROLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend 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 Affiliated Hospitals														
Louisville General	E. Roseman	25	865	190	65	2,589	1	1	1	0	0	3	117-166	F
Veterans Admin.	I.O. Deln.	37	697	30	67	239	1	0	0	0	0	1	291-373	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana	R.M. Paddison	27	567	34	56	3,407					0	3	125-175	F
Louisiana State University Division	R.G. Heath	25	548	37	42	2,532					0	3	125-175	F
MARYLAND														
Baltimore														
Baltimore City Hospitals	J.W. Maglady	298	577	169	55	437	2	1	0	0	0	3	200...	FP
Johns Hopkins University	J.W. Maglady						0	2	1	0	0	3	177	F
	C. Van Buskirk	10	1	25	60	950	1	1	0	0	0	2	220-350	P
MASSACHUSETTS														
Boston														
Boston City	D.E. Denny-Brown	19	302	13	77	4,171	5	4	2	1	0	12†	158-208	F
Massachusetts General	R.D. Adams	31	1,149	59	68		6	3	0	0	0	9	...	F
New England Center	J.F. Sullivan	9	443	5	80	1,698	5	2	1	0	0	8	237-383	O
Veterans Admin. (Jamaica Plain)	F.A. Quodfasal	167	720	40	78	700	4	4	4	0	0	12	291-373	O
MICHIGAN														
Ann Arbor														
University ²⁰⁶	R.N. De Jong	33	857	35	66	6,431	4	4	4	2	0	14†	193-265	O
Detroit														
Henry Ford	L.D. Proctor	13	411	15	60	7,059	1	1	1	0	0	3	300-350	P
Wayne University School of Medicine														
Affiliated Hospitals														
Veterans Admin. (Dearborn)	J.S. Meyer	30	528	18	56	372	1	0	0	0	0	1	291-315	O
Detroit Memorial	J. McHenry	13	338	35	34						0	2	475-525	...
Lafayette Clinic	E.A. Rodin	18	115	1	0	454						5	400...	...
Receiving	J.S. Meyer	8	441‡	201	56	2,603	5	4	3			12	333-408	P
MINNESOTA														
Minneapolis														
University of Minnesota Hospitals														
Minneapolis General	H.H. Moran	24	613	129	59	2,806	2	0	0	0	0	2	250...	P
University	A.B. Baker	23	591	20	60	3,406	9	8	7	2	2	28†	250...	O
Veterans Admin. ²¹⁹	R.C. Gray	83	569	14	78	168	1	1	1	0	0	3	291-497	O
Rochester														
Mayo Foundation ²²⁰	K.B. Corbin	32	4,043	39	72	25,000	6	6	6	2	0	20†	350...	P
MISSOURI														
Kansas City														
Veterans Admin.	See University of Kansas Medical Center, Kansas City, Kansas													
St. Louis														
Barnes	J.L. O'Leary	34	786	23	86	2,541	2	2	2	0	0	6	175	F
NEW JERSEY														
East Orange														
Veterans Admin. ²³⁸	J. Sobin	212	351	81	85	...	1	0	1	0	0	2	291-497	P
NEW YORK														
Albany														
Albany Medical School Affiliated Hospitals														
Albany Medical Center	F. Hesser	22	611	21	62	899						3	210-290	P
Veterans Admin.	J.H. Cullen	133	559	60	70	1,073				0	0	1	291-372	O
Buffalo														
Edward J. Meyer Memorial	B.H. Smith	27	430	27	44	1,644	1	1	1	0	0	3	292-312	P
New York City														
Bellevue Hospital Center														
Div. II—Cornell University ²³⁷	F. McDowell	45	422	53	41	2,698	2	2	1	0	0	5	215-265	F
Div. III—New York University														
College of Medicine	W.K. Jordan	62	400	140	40	2,000	6	5	4	1	1	17†	215-265	F
Bronx Municipal Hospital Center	S.R. Korey	50	900	101	52	2,720	5	3	3	0	0	11†	215-265	F
Kings County Hospital Center	E. Vastola	130	1,742	584	19	3,406	2	2	2	0	0	6	215-265	F
Veterans Admin. (Brooklyn)	M. Margulies	131	218	59	59	0	0	0	0	0	0	0	292-315	O
Montefiore	T. Lawyer, Jr.	40	679	61	41	1,875	2	2	2	0	0	6	220-295	P
Mount Sinai	M.B. Bender	60	825	98	60	2,745	4	2	1	0	0	7	100...	F
New York	H. Wolff						0	0	1	0	0	1	205-262	P
Presbyterian (Neurological Institute)	H.H. Merritt	120	3,042	86	51	...	6	5	4	0	0	15	250-416	P
Veterans Admin. (Bronx) ²⁷⁴	C.B. Booth	56	394	19	53	55	2	0	0	0	0	2	291-886	O
Rochester														
Strong Memorial—Rochester Municipal	P.H. Garvey													
	W.K. Smith	13	324	8	75	2,800	1	1	1	0	0	3	166-291	O
Syracuse														
State University of New York Upstate Medical Center														
Medical Center	P. Duffy	42	296	23	65	1,380	1	1	1	0	0	3	250...	O
University														
Veterans Admin.														

Numerical and other references are listed on pages 265 through 268.

9. NEUROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Salary per Month Min.-Max.	Main-tenance
				Number	Aulogy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	T. W. Farmer	10	370†	18	56	828	2	2	2	0	0	6	175-266	O
Durham														
Duke	E. C. Kunkle	10	352	3	67	1,025	2	1	0	0	0	3	400...	O
Winston-Salem														
North Carolina Baptist	M. G. Netsky	8	403	9	44	1,393	1	1	1	0	0	3	...-300	P
OHIO														
Cincinnati														
University of Cincinnati Hospital Group	C. Aring	...	...	...	...	...	...	...	...	...	...	...	...	...
Cincinnati General	...	40	392	122	46	2,497	2	2	2	0	0	6	290-373	F
Veterans Admin.	...	17	279	31	74	...	...	...	...	...	...	...	291-497	O
Cleveland														
Cleveland Clinic	G. Williams	9	272	4	100	12,928	2	2	2	0	0	6	275-350	O
University Hospitals of Cleveland ³⁹²	W. A. Sibley	8	195†	8	88	1,201	2	2	1	0	0	5	375-500	P
PENNSYLVANIA														
Philadelphia														
Hospital of the University of Pennsylvania	G. Gammon	25	650	38	66	2,571	3	3	2	1	0	9†	150-370	P
Jefferson Medical College	B. J. Alpers	20	680	40	60	4,500	2	2	2	0	0	6	370-580	P
Pittsburgh														
Veterans Admin.	E. L. Yonauue	82	187	10	80	4	1	1	1	0	0	3	290-373	O
TEXAS														
Houston														
Baylor University Affiliated Hospitals	W. S. Fields	...	...	...	...	...	...	...	...	...	...	...	...	...
Jefferson Davis	...	4	107	10	70	1,468	1	0	1	0	0	2	125-137	F
Methodist	...	2	118†	2	0	3,715	0	1	1	0	0	2	100-150	F
Veterans Admin.	...	41	660	38	79	729	2	1	1	0	0	4	291-373	P
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	L. W. Jorcho	...	...	...	...	...	...	...	...	...	...	...	...	...
Salt Lake County General	...	...	...	...	...	1,000	2	2	1	0	0	5	260-375	O
Veterans Admin.	...	42	260	21	76	161	2	2	1	0	0	5	291-497	O
VERMONT														
Burlington														
University of Vermont College of Medicine Affiliated Hospitals	G. A. Schumacher	5	147	6	100	598	2	1	1	0	0	4	333-416	FP
DeGoesbriand Memorial	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mary Fletcher	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VIRGINIA														
Charlottesville														
University of Virginia Hospital	T. R. Johns	15	463	21	59	1,346	2	2	2	0	0	6	300...	F
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals ³⁹⁶	F. Plum	...	...	...	...	...	4	4	4	0	0	12	...	...
King County	...	16	688†	142	52	1,165	...	...	...	...	...	...	150-325	F
University	...	...	107	2	100	707	...	...	...	...	...	...	200-400	P
Veterans Admin.	H. Leftman	19	189	17	100	85	...	...	...	...	...	...	291-497	...
WISCONSIN														
Madison														
University Hospitals	F. M. Forster	32	832	9	67	2,485	4	4	4	0	0	12	...	F
Veterans Admin.	B. Messert	40	177	10	100	44	...	...	...	...	...	2	291-497	P

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, 22; Residencies, 47

UNITED STATES ARMY

CALIFORNIA

Letterman General, San Francisco..... W. E. Porter..... 44 626 13 62 3,212 1 1 0 0 0 2 F

COLORADO

Fitzsimons General, Denver¹¹²..... E. W. Eberlin..... 13 192 1 100 1,972 1 1 0 0 0 2

UNITED STATES PUBLIC HEALTH SERVICE

MARYLAND

National Institutes of Health—Clinical Center, Bethesda..... G. M. Shy..... 62 731 12 100 1,301 0 0 4 0 0 4

Numerical and other references are listed on pages 265 through 268.

9. NEUROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center	S. C. Little	...	...	...	...	...	...	...	...	...	...	...	...	...
Crippled Children's University Hospital and Hillman Clinic		1	23	0	0	468	..	..	..	..	..	..	..	..
Veterans Admin.		7	240	7	71	1,276	2	1	0	0	0	3	150-160	F
CALIFORNIA														
Long Beach														
Veterans Admin.	F. O. Meister	112	335	16	93	1,119	1	1	0	0	0	2	291-497	O
Oakland														
Veterans Admin.	J. K. Smith	65	333	43	74	645	2	2	0	0	0	4	291-315	...
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General	C. Edwards	...	...	...	...	...	2	2	1	0	0	5	258-308	O
NEW JERSEY														
Jersey City														
Jersey City	J. M. Foley	46	150	8	50	892	2	2	..	..	..	4	200-350	F
NEW YORK														
Buffalo														
Buffalo General	I. Hyman	...	435	11	25	1,102	1	1	0	0	0	2	175-200	F
OHIO														
Columbus														
Ohio State University Hospitals University	D. Palmer	Inc. In	Inf. Med.	...	...	1,325	1	1	0	0	0	2	177-202	P
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	G. R. Haase	5	143	10	91	204	2	1	1	0	0	4	200-373	P
Veterans Admin.	S. W. Thompson	33	423	38	74	725	..	..	..	..	..	..	..	..
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	R. L. Swank	36	501	34	94	1,857	1	1	0	0	0	2	165-215	F
PENNSYLVANIA														
Philadelphia														
Graduate Hospital of the University of Pennsylvania	A. S. Tomoy	13	274	13	54	1,269	1	1	0	0	0	2	100-...	F
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	O. R. Talbert	11	415	5	100	1,472	2	1	0	0	0	3	200-375	O
Medical College		...	...	...	...	...	..	..	..	..	..	..	..	..
Roper		...	...	...	...	...	..	..	..	..	..	..	..	..
TENNESSEE														
Memphis														
City of Memphis Hospitals	R. A. Utterbach	5	131	10	...	1,817	1	0	1	0	0	2	150-175	...
Nashville														
Vanderbilt University	B. E. Sproffkin	1	40	1	100	533	1	1	0	0	0	2	75-125	F
TEXAS														
Dallas														
Parkland Memorial	S. G. Ellason	Inc. In	Int. Medicine	...	...	...	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, 16; Residencies, 33

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

DISTRICT OF COLUMBIA

Freedmen's, Washington E. Y. Williams Inc. In Psych. 1 0 0 0 0 1 367-475 P

NONFEDERAL AND VETERANS ADMINISTRATION

DISTRICT OF COLUMBIA

Washington George Washington University¹²⁹ H. Stevens 12 432 14 93 315 1 1 1 0 0 3 210-285 O

Numerical and other references are listed on pages 265 through 268.

9. NEUROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS														
Chicago														
Cook County.....	W. R. Kirschbaum	29	195	10	20	4,282	1	1	0	0	0	2	150...	F
KANSAS														
Topeka														
Veterans Admin.....	T. C. Parsons	56	274	8	88	0	1	0	0	0	0	1	291-373	O
MASSACHUSETTS														
Boston														
Children's Hospital Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	F
Lemuel Shattuck ⁵⁴	W. H. Timberlake.....	68	233	11	45	725	5	0	0	0	0	5	290-335	P
Massachusetts Memorial.....	C. A. Kane	Inc. in	Int. Med.	.....	.....	820	0	1	0	0	0	1	375....	O
NEW YORK														
New York City														
Fordham	J. H. Friedman.....	11	139	9	63	751	1	0	0	0	0	1	215-265	F
Goldwater Memorial.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
New York University—Division III	I. S. Freiman	86	35	16	43	.....	3	0	0	0	0	3	215-265	F
Lenox Hill	P. G. Denker	9	302	24	29	451	1	0	0	0	0	1	200....	P
New York Medical College—Metropolitan Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Metropolitan	I. M. Tarlov	14	223	17	21	1,122	3	0	0	0	0	3	215-265	F
Veterans Admin. (Manhattan).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
PENNSYLVANIA														
Coatesville														
Veterans Admin.....	J. F. Kurtzke.....	80	284	27	81	.....	3	0	0	0	0	3	280-458	O
Philadelphia														
Pennsylvania.....	F. A. Elliott.....	Inc. in	Int. Medicine	.....	.....	843	1	1	0	0	0	2	170-190	P
Philadelphia General	C. Rupp, Jr. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	J. Taeffner.....	117	1,129	374	46	4,926	.....	.....	.....	.....	.....	5	157-278	F
VIRGINIA														
Richmond														
Veterans Admin.....	A. Davis.....	58	304	16	81	558	2	0	0	0	0	2	291-497	P

10. OBSTETRICS AND GYNECOLOGY

Residency programs in the following hospitals have been approved by the Council, the American Board of Obstetrics and Gynecology and the American College of Surgeons, through the Residency Review Committee for Obstetrics and Gynecology, as offering acceptable training in the specialty. Certain programs listed as approved for three years require that the resident serve a longer period in order to obtain 18 months' training in obstetrics and 18 months' training in gynecology.
Hospitals, 487; Residencies, 2,753

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P O
					Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE																
TEXAS																
U.S. Air Force, San Antonio.....	C. E. Gibbs.....	OBG	42	3,139	3	100	34,416	3	2	2	2	0	0	6	.....	.....
UNITED STATES ARMY																
CALIFORNIA																
Letterman General, San Francisco	H. M. Jesurun.....	OBG	45	2,765	5	80	25,778	3	2	2	2	0	0	6	.....	.....
COLORADO																
Fitzsimons General, Denver ¹⁴³	J. S. Zelenik.....	OBG	38	2,499	..	.....	18,904	3	2	2	2	0	0	6	.....	.....
DISTRICT OF COLUMBIA																
Walter Reed General, Washington.....	H. L. Riva	OBG	62	2,651	25	92	34,946	3	3	3	3	0	0	9	.....	.....
HAWAII																
Tripler Army, Honolulu	E. A. Zimmerman	OBG	65	5,277	..	.....	50,941	3	2	2	2	0	0	6	.....	.....
TEXAS																
William Beaumont General, El Paso.....	C. W. Sargent	OBG	75	8,772	..	.....	59,062	3	3	3	3	0	0	9	476-675	P
Brooke General, San Antonio	W. L. Pickhardt.....	OBG	44	3,078	5	80	31,759	3	4	4	4	0	0	12	.....	.....
WASHINGTON																
Madigan General, Tacoma.....	H. E. Harrison.....	OBG	47	4,014	4	100	47,508	3	2	2	2	0	0	6	.....	.....
UNITED STATES NAVY																
CALIFORNIA																
U. S. Naval, Oakland	W. S. Baker.....	OBG	43	3,740	3	66	34,778	3	1	2	2	0	0	5	.....	.....
U. S. Naval, San Diego	J. P. Moran.....	OBG	63	5,659	5	100	45,964	3	3	3	1	0	0	7	.....	.....

Numerical and other references are listed on pages 265 through 268.

10. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month		Main-tenance P O
					Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.-Max.		
ILLINOIS																	
U. S. Naval, Great Lakes	B. L. Hawks	OBG	46	1,826	2	50	21,086	3	1	1	1	0	0	3			
MARYLAND																	
U. S. Naval, Bethesda	T. Leberz	OBG	51	3,197	6	83	15,850	3	2	2	2	0	0	6			
MASSACHUSETTS																	
U. S. Naval, Chelsea	D. M. Shook	OBG	29	2,186	0	0	16,309	3	2	2	1	0	0	4			
NEW YORK																	
U. S. Naval, St. Albans	J. W. Huston	OBG	33	2,020	10	90	17,836	3	1	2	1	0	0	4			
PENNSYLVANIA																	
U. S. Naval, Philadelphia	H. J. Hunter	OBG	33	2,210	3	100	20,077	3	2	2	1	0	0	5			
VIRGINIA																	
U. S. Naval, Portsmouth	D. A. Collogan	OBG	80	7,014	3	67	48,373	3	2	3	3	0	0	8			
UNITED STATES PUBLIC HEALTH SERVICE																	
LOUISIANA																	
U. S. Public Health Service, New Orleans	R. B. Dorsen	OBG	14	751	0	0	6,804	3	1	1	1	0	0	3			0
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE																	
DISTRICT OF COLUMBIA																	
Freedmen's, Washington ⁵⁷	J. F. Clark	OBG	63	5,303	12	50	5,902	3	3	2	2	0	0	7	367-475		P
District of Columbia General	E. Lowe		193	15,045	8	87	20,164		3	5	2	0	0	10	258-308		O
OTHER FEDERAL																	
CANAL ZONE																	
Gargas, Balboa Heights	I. J. Strumpf	OBG	57	2,272	1	100	14,067	3	1	1	1	0	0	3	458-541		O
NONFEDERAL AND VETERANS ADMINISTRATION																	
ALABAMA																	
Birmingham																	
University of Alabama Medical Center		OBG						3									
Carroway Methodist	T. M. Boulware		24	2,399	0	0	15,170		1	0	0	0	0	1	275-325		FP
University Hospital and Hillman Clinic	W. N. Jones		60	5,698	6	17	9,125		4	4	3	0	0	11	150-170		F
Mobile General, (Mobile)	J. Hope, Jr.		8	2,841	8	63	8,488		0	0	2	0	0	2	450...		F
Fairfield																	
Lloyd Noland	O. T. West	OBG	29	1,582	5	60	22,677	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	OBG	15	7,764	5	20	1,828	3	0	4	0	0	0	4	350...		P
Maricopa County General	W. E. Crisp	OBG	25	2,238	1	100	1,279	3	3	1	1	0	0	5	373-412		P
St. Joseph's	W. Crisp	OBG	83	7,558	3	100	2,073	3	1	1	1	0	0	3	300-400		FP
ARKANSAS																	
Little Rock																	
University	W. E. Brown	OBG	37	2,595	14		10,277	3	4	4	3	3	0	14	233-416		O
CALIFORNIA																	
Bakersfield																	
Kern County General	C. Mundy	OBG	32	3,072	5	75	17,036	3	2	2	2	0	0	6	375-450		O
Berkeley																	
Herrick Memorial	D. Minkler	OBG	21	2,252	3	67	2,252	1	1	0	0	0	0	1	300...		F
Fresno																	
General Hospital of Fresno County	H. L. Tieche	OBG	39	3,399	7	57	9,498	3	2	2	2	0	0	6	300-400		P
Glendale																	
Glendale Sanitarium and Hospital	J. B. Brown	OBG	33	3,057	1	100	4,184	3	1	1	0	0	0	2	355-380		P
Long Beach																	
Memorial Hospital of Long Beach	S. G. Pillsbury	OBG	38	3,675	0	0	2,291	3	1	1	1	0	0	3	325-425		P
Los Angeles																	
California	K. P. Russell	OBG	39	2,927	2		2,219	3	2	2	2	0	0	6	250-300		FP
Santa Monica, (Santa Monica)	M. E. Aaberg		40	4,947	0	0	2,008										
Cedars of Lebanon ⁵⁷	G. Rosenblum	OBG	54	4,441	8	100	4,371	3	2	2	1	1	0	6	275-380		FP
Hollywood Presbyterian—Olmsted Memorial ⁸⁵	E. J. Krahulik	OBG	23	2,833	2	100		3	2	2	2	0	0	6	225-275		F
Hospital of the Good Samaritan	A. Setlage	OBG	36	2,681	2	0	1,327	3	1	0	0	0	0	1	325-375		FP
Kaiser Foundation	T. H. Baker	OBG	68	6,690	1		70,293	3	4	4	4	0	0	12	275-325		P
Los Angeles County General	E. Henrickson																
Queen of Angels	I. Nichols	OBG	203	20,426	76	49	16,037	3	5	5	5	5	0	20	275-400		P
University of California ⁸⁶	C. V. Von Der Ahe	OBG	61	5,836	4	50	6,282	3	2	2	2	0	0	6	275-325		F
White Memorial ⁵⁷	D. G. Morton	OBG	31	2,398	13	100	9,976	3	2	2	2	2	0	8	261-460		O
	E. E. Nichols	OBG	33	3,218	1	100	22,541	3	3	3	2	0	0	8	265-285		P
Oakland																	
Highland—Alameda County ⁹²	G. E. Kleeman	OBG	36	4,197	9	55	11,780	3	2	2	2	0	0	6	220-268		FP
Keiser Foundation	R. W. King	OBG	51	4,163	7	57	43,585	3	3	3	3	0	0	9	315-365		FP
Orange																	
Orange County General	R. W. Hayden	OBG	19	1,447	2		8,204	3	1	1	1	0	0	3	355-395		

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

10. OBSTETRICS AND GYNECOLOGY — Continued

Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance	
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
CALIFORNIA—Continued																
Palo Alto																
Stanford Medical Center and Affiliated Hospitals	OBG	3
Palo Alto-Stanford Hospital Center	C. E. McLennan	36	3,781	..	..	4,363	..	4	4	4	0	0	12†	100-150	F
Community Hospital of San Mateo County (San Mateo)	N. D. Morrison, Jr.	11	159	..	..	5,237	..	2	0	1	0	0	3	300-400	..
San Diego																
Mercy	J. R. Pholen	65	7,386	8	50	9,696	3	2	2	2	0	0	6	250-350	F	
San Diego County General ¹⁰⁰	L. W. Higgins	19	1,779†	5	80	3,102	2	1	1	1	0	0	3†	250-350	F	
San Francisco																
Children's	D. A. Dallas	25	2,979†	4	25	4,078	3	1	1	1	0	0	3	250-300	FP	
Kaiser Foundation ⁵⁷	H. B. Nelson	49	4,693	11	64	38,452	3	2	2	2	2	0	8†	315-570	FP	
Mount Zion	H. N. Juraw	17	2,375†	8	75	3,004	3	1	1	1	0	0	3	175-325	F	
Presbyterian Medical Center	C. F. Fluhmann	22	1,651	4	..	2,590	3	2	2	2	0	0	6	175-300	P	
St. Francis Memorial ⁵⁹	C. D. Hart	32	2,465	2	50	902	1	3	0	0	0	0	3	400	..	
St. Luke's	J. R. Upton	20	2,342	0	0	4,571	2	1	1	0	0	0	2	325-350	FP	
San Francisco Catholic Hospitals	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mary's Help	H. Schwarz	33	2,455	1	0	5,911	..	1	1	1	0	0	3	275-375	F	
St. Elizabeth's Infant	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Joseph's	H. Von Geldern	21	1,492	0	0	627	..	2	2	0	0	0	4	250-400	F	
St. Mary's	G. O'Hera	38	2,661†	1	100	2,562	..	3	3	3	0	0	9	225-375	FP	
University of California Hospitals ⁵⁷	E. W. Page	45	3,117	9	78	21,412	3	4	2	3	1	0	10	261-460	O	
San Francisco General	E. W. Page	48	3,368	16	44	10,470	..	2	1	1	0	0	4	243-425	O	
San Jose																
Santo Clara County	L. P. Fox	30	2,241	3	67	8,374	3	4	2	2	0	0	8	270-320	P	
San Mateo																
Community Hospital	—See Stanford Medical Center, Palo Alto	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Santa Monica																
St. John's	B. H. Watson	43	4,962	1	100	2,668	1	2	0	0	0	0	2	225-250	P	
Santa Monica Hospital	—See California Hospital, Los Angeles	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Stockton																
San Joaquin General	D. Harrington	17	2,234	..	..	11,474	3	1	1	1	0	0	3	275-340	P
Torrance																
Los Angeles County Harbor General ⁵⁷⁻¹¹¹	W. J. Dignam	39	3,459†	24	66	5,903	3	2	2	2	2	0	8†	275-400	F	
COLORADO																
Denver																
Denver General ⁵⁷	H. P. Isbell	36	2,580	5	60	10,820	3	2	2	1	0	0	5	179-205	P	
Presbyterian	M. C. Waddell	47	3,475	7	57	2,633	3	1	1	1	0	0	3	275-300	P	
St. Joseph's	F. B. McGlone	76	5,688	1	0	1,932	3	1	1	1	0	0	3	200-275	F	
University of Colorado Medical Center	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Colorado General ⁵⁷	E. S. Taylor	32	2,602	9	67	13,087	..	2	2	2	2	0	8	180-205	O	
CONNECTICUT																
Bridgeport																
Bridgeport	C. Griswold	36	3,152	3	100	3,346	3	2	0	0	0	0	2	240	..	
St. Vincent's ⁵⁷	F. S. Kinder	41	3,738	0	0	1,192	3	3	2	2	0	0	7	350-450	P	
Hartford																
Hartford	L. F. Middlebrook	89	9,797	7	29	6,100	3	1	1	1	0	0	3	235-335	P	
St. Francis	D. McCronn	75	5,117	11	27	4,841	3	1	1	1	0	0	3	200-250	FP	
New Britain																
New Britain General	D. A. Bristol	43	3,599	..	..	1,367	3	1	1	1	0	0	3	250-300	FP
New Haven																
Yale—New Haven Medical Center	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Grace—New Haven Community	C. L. Buxton	104	7,746	5	80	12,998	..	4	4	3	2	0	13†	50-125	FP	
Hospital of St. Raphael	A. J. Connolly	54	3,582	5	60	4,174	3	2	2	2	0	0	6	..	F	
New London																
Lawrence and Memorial Hospitals	W. J. Morse	44	3,294†	3	33	529	3	3	0	0	0	0	3	250-300	F	
Norwalk																
Norwalk	E. G. Norrington	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	E. Longworth	47	3,104	0	0	1,307	1	2	0	0	0	0	2	195-300	F	
DELAWARE																
Wilmington																
Delaware	A. E. Gehret	58	4,325†	5	56	2,098	3	1	1	1	0	0	3	190-350	..	
Wilmington General	M. Keyser	38	3,235	1	100	4,225	2	1	2	0	0	0	3	220-355	FP	
DISTRICT OF COLUMBIA																
Washington																
Columbia Hospital For Women and Lying In Asylum	H. J. R. McNitt	90	7,172	4	25	12,680	3	3	3	3	0	0	9	150-200	F	
District of Columbia General	—See Freedmen's, Department of Health, Education and Welfare	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Doctors	J. K. Cromer	47	3,185	7	71	0	..	..	..	..	..	..	3	200-250	F
Georgetown University	A. A. Marchetti	60	4,408	8	88	6,033	3	3	3	3	0	0	9	175-210	FP	
George Washington University	R. H. Barter	108	6,905	17	65	2,028	3	3	1	2	0	0	6	210-285	O	
Providence ⁵⁷	G. J. Ellis	73	6,222	2	100	6,406	3	1	1	1	1	0	4†	350-425	P	
Sibley Memorial	M. Kaufman	31	2,534	3	33	847	3	2	1	..	0	0	3	347-390	F	
Washington Hospital Center ⁵⁷	S. M. Dodek	91	6,790	9	71	11,577	3	2	2	2	2	0	8†	215-260	F	
FLORIDA																
Gainesville																
University of Florida Teaching Hospital and Clinics ⁵⁷	H. Prystowsky	15	696	5	80	..	3	2	2	2	2	..	8†	217-450	..	

Numerical and other references are listed on pages 265 through 268.

10. OBSTETRICS AND GYNECOLOGY — Continued

Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance	
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
FLORIDA—Continued																
Jacksonville																
Jacksonville Hospitals Educational Program	OBG	..	..	..	..	..	3	..	..	..	..	..	..	..	..
Baptist Memorial	M. Suter	44	3,690†	1	..	1,336	..	1	1	1	0	0	3	325-375	O	
Duval Medical Center	R. W. McDowell	31	3,222	8	85	11,753	..	2	2	2	0	0	6	225-275	F	
St. Luke's	R. W. McDowell	37	3,137	2	100	7,500	..	2	1	1	0	0	4	325-375	O	
St. Vincent's	J. A. Allgood	53	4,488	1	0	2,389	..	2	1	1	0	0	4	325-375	R	
Miami																
Jackson Memorial	J. H. Ferguson	OBG	121	11,402	20	75	10,658	1	5	5	5	5	0	20†	200-275	P
Miami Beach																
Mount Sinai Hospital of Greater Miami	H. Kraff	OBG	70	2,790	3	100	4,024	2	1	1	1	0	0	3†	275-300	F
St. Francis	R. Simmons	OBG	..	2,058	1	0	1,024	1	1	0	0	0	0	1	215 ...	F
Orlando																
Orange Memorial	J. P. Michaels	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	R. L. Tolle	OBG	74	6,128	4	0	..	3	1	1	1	1	0	4†	325-400	O
St. Petersburg																
Mound Park ³⁹	E. V. Pollard	OBG	42	2,814	19	20	0	1	1	0	0	0	0	1	307 ...	P
Tampa																
Tampo General	R. H. Douglas	OBG	..	6,987	120	37	2,308	3	2	2	2	0	0	6	250-300	FP
GEORGIA																
Atlanta																
Crawford W. Long Memorial	R. K. Hancock	OBG	122	7,442†	7	43	4,792	2	4	3	3	0	0	10	285-300	O
Georgia Baptist	E. D. Colvin	OBG	75	6,780	7	0	3,182	3	2	2	2	0	0	6	330-380	P
Grody Memorial	J. B. Cross	OBG	88	8,929	25	56	38,466	3	5	5	5	0	0	15	100-200	F
Piedmont	C. B. Upshaw	OBG	45	3,809	1	100	1,423	3	1	1	1	0	0	3	290-320	P
St. Joseph's Infirmary	M. T. Benson	OBG	40	3,064	1	100	4,466	3	1	1	1	0	0	3	330-380	P
Augusta																
Medical College of Georgia Hospitals	F. Zuspan	OBG	..	..	..	..	..	3	4	4	4	4	0	16†	..	..
Eugene Talmadge Memorial	F. Zuspan	..	31	900	8	75	2,866	..	..	..	..	..	..	..	250-500	O
University	W. G. Watson	..	47	4,251†	6	33	5,850	..	..	..	..	..	..	..	250-325	O
Macon (Macon)	E. Swilling	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	J. C. Neal	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Savannah																
Memorial Hospital of Chatham County	J. H. Angell	OBG	47	2,618	4	25	4,117	3	1	1	1	0	0	3	350 ...	F
HAWAII																
Honolulu																
Kapiolani Maternity and Gynecological—St. Francis	OBG	..	..	..	..	..	3	..	..	..	..	..	..	..	..
Kapiolani Maternity and Gynecological	H. J. Lambert, Jr.	..	72	6,588	5	60	3,446	..	3	3	3	0	0	9	150-300	FP
St. Francis	E. Matsuoka	..	22	2,256	0	..	1,699	..	0	1	1	0	0	2	150-300	..
Queen's	R. Sakimoto	OBG	38	3,363	8	37	..	2	2	2	0	0	0	4	225-250	F
ILLINOIS																
Berwyn																
MacNeal Memorial	OBG	..	..	..	..	..	3	..	..	..	..	..	..	..	..
Chicago																
Augustano	R. G. Bartick	OB	16	1,013	0	0	675	1	3	0	0	0	0	3	400-500	P
Cook County	A. Webster	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	E. Fitzgerald	OBG	299	31,195	75	41	25,651	2	12	6	6	0	0	24	150 ...	F
Edgewater	S. Benensohn	OBG	64	4,482	1	0	1,120	2	1	1	0	0	0	2	350 ...	F
Englewood	T. Cunningham	OB	20	1,845	1	100	..	1	1	0	0	0	0	1	400 ...	F
Grant	H. E. Silverman	OBG	37	3,306	3	33	1,673	2	1	1	0	0	0	2	225-250	F
Hospital of St. Anthony de Padua	J. J. Danlon	OB	20	1,752	0	0	923	1	2	0	0	0	0	2	300 ...	F
Illinois Masonic	F. Roos	OBG	92	3,714	4	50	3,921	1	2	1	0	0	0	2	175-235	F
Mercy	J. E. Towne	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	W. F. Dillon	OBG	36	2,122	16	44	3,441	3	1	1	1	0	0	3	225-300	F
Michael Reese ⁵⁷	F. Rubovits	OBG	100	5,557	5	40	10,494	3	3	3	2	2	0	10†	135-235	FP
Mount Sinai	A. E. Kanter	OBG	41	2,990	7	81	3,885	3	2	2	2	0	0	6	225-275	P
Northwestern University Medical Center	OBG	..	..	3	..	..	..	..	..	..	..	..	..	..	..
Chicago Wesley Memorial ⁵⁷	G. Gardner	OBG	60	3,296	4	25	..	3	2	2	2	2	0	8	250-325	P
Chicago Maternity Center	H. B. Benaron	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	B. E. Tucker	..	..	..	..	..	..	0	2	0	0	0	0	2	250 ...	F
Passavant Memorial	J. I. Brewer	..	40	2,294	2	0	..	..	0	0	0	0	0	5	225-275	P
Evanston (Evanston)	D. N. Danforth	..	52	3,051	7	43	1,618	..	1	1	1	0	0	3	250-300	P
Presbyterian-St. Luke's	H. Baysen	OBG	72	4,699	5	100	12,256	3	3	3	3	0	0	9	125-175	F
Provident	R. C. Stepto	OBG	45	3,447	9	62	3,076	3	2	2	1	0	0	5	225-275	F
St. Anne's	R. J. Hawkins	OB	32	4,700	3	33	1,612	1	2	2	2	0	0	6	300-400	F
St. Elizabeth's	L. G. Scheffel	OBG	52	3,728	2	100	1,148	2	2	1	0	0	0	3	200-225	F
St. Joseph	C. J. Geiger	OBG	27	1,950	5	80	2,012	3	1	1	1	0	0	3	300-350	F
University of Chicago Clinics	M. E. Davis	OBG	103	5,012	5	60	38,476	3	8	6	4	2	0	20	225-905	P
Billings	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chicago Lying-In	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
University of Illinois Research and Educational Hospitals	W. F. Mengert	OBG	53	3,656	15	66	19,748	3	3	3	3	..	..	9	170-225	P
Evanston																
Evanston Hospital	—See Northwestern University, Chicago	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Francis	J. X. Bremner	OBG	60	4,296	6	33	2,403	3	2	1	1	0	0	4	260-280	F
Evergreen Park																
Little Company of Mary	P. Lawler, Sr.	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	W. T. Carlisle	OBG	75	7,715	0	0	95	3	4	4	4	0	0	12	225-275	F
Oak Park																
West Suburban ⁵⁷⁻¹⁶⁰	F. H. Falls	OBG	72	4,042	5	40	1,115	3	2	2	2	2	0	8	225-300	FP
Peoria																
St. Francis	R. L. Gibson	OBG	56	3,922	7	49	1,117	2	1	1	1	0	0	2	235-260	F

Numerical and other references are listed on pages 265 through 268.

10. OBSTETRICS AND GYNECOLOGY — Continued

State	City	Hospital	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month		Main-tenance
							Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.	
ILLINOIS—Continued																			
Rockford		St. Anthony's		OBG	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
INDIANA																			
Indianapolis																			
		Indiana University Medical Center		OBG	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..
		Indiana University Hospitals ⁵⁷	C. P. Huber	OBG	55	3,539	11	64	7,532	..	4	4	4	4	0	16	225-300	..	P
		Marion County General ⁵⁷	C. F. Gillespie	OBG	50	4,262	15	40	17,601	..	..	2	2	2	0	8	269-348	..	P
		Methodist	L. J. Clark	OBG	100	7,469	4	75	4,615	3	2	2	2	0	0	6	360-450	..	P
		St. Vincent's	P. F. Muller	OBG	38	3,235	..	..	1,444	3	1	1	0	0	3	275-325	..	F	
Lafayette		St. Elizabeth	T. W. Hass	OBG	46	2,837	6	17	..	2	1	1	0	0	2	310-330	..	F	
IOWA																			
Iowa City																			
		State University of Iowa Hospitals	W. C. Keettel	OBG	93	3,094	5	100	16,942	3	4	4	4	0	0	12	200-255	..	..
KANSAS																			
Kansas City																			
		University of Kansas Medical Center	K. Krantz	OBG	34	3,053	6	67	20,295	3	4	4	4	0	0	12	175-225	..	P
Wichita																			
		St. Francis ¹⁶⁹	W. T. West	OBG	61	5,012	0	100	2,287	3	..	..	..	..	..	3	275-325	..	FP
		Sedgwick County		OBG	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Wesley	J. Menaker	OBG	71	5,290	2	0	0	1	2	0	0	0	0	2	295	..	FP
KENTUCKY																			
Lexington																			
		St. Joseph	J. R. Freedman	OBG	10	929	0	0	12	3	1	1	1	0	0	3	220-240	..	FP
		Central Baptist	J. B. Smith	OBG	31	1,780	0	0	..	..	0	1	0	0	0	1	250-350	..	FP
		Good Samaritan	A. B. Barrett	OBG	25	2,182	4	2	..	..	0	0	1	0	0	1	..	..	FP
Louisville																			
		Louisville General	D. M. Haynes	OBG	42	4,086	2	50	13,079	3	3	3	3	0	0	9	117-167	..	F
		St. Joseph Infirmary ⁵⁷	H. B. Graves	OBG	58	4,673	3	67	2,402	3	1	1	1	1	0	4	220-260	..	F
LOUISIANA																			
New Orleans																			
		Charity Hospital of Louisiana		OBG	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Louisiana State University Division	A. Mickal	OBG	106	6,840	25	64	30,007	3	..	..	..	..	0	20	125-175	..	F
		Tulane University Division	C. G. Collins	OBG	103	6,019	23	57	26,304	3	..	..	..	..	0	18	125-175	..	F
		Ochsner Foundation ¹⁷⁵	C. Tyrone	OBG	26	1,783	1	100	15,107	3	2	2	2	..	..	6	225-275	..	P
		Southern Baptist ¹⁷⁹	G. McCaskey, Jr.	OBG	59	5,148	2	50	3,045	3	2	2	2	0	0	6	225-275	..	P
		Touro Infirmary	H. Meyer	OBG	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			M. Steiner	OBG	..	4,275	6	33	7,324	3	2	2	2	0	0	6	150-200	..	FP
Shreveport																			
		Confederate Memorial Medical Center	E. E. Dilworth	OBG	76	6,648	13	77	16,683	3	3	3	3	0	0	9	125-200	..	F
MARYLAND																			
Baltimore																			
		Baltimore City Hospitals ⁵⁷	I. Cushner	OBG	74	6,748	9	55	10,437	3	6	6	4	2	0	18	150-250	..	FP
		Bon Secours	H. B. McNally	OBG	51	3,365	1	..	3,341	3	2	2	1	0	0	5	260-300	..	F
		Church Home and Hospital	W. N. Long	OB	13	1,208	0	0	2,796	1	2*	1	1	0	0	3	200-300	..	FP
		Franklin Square	I. A. Siegel	OBG	27	2,223	2	100	7,004	3	2	1	1	1	0	5	225-250	..	F
		Hospital for Women ⁵⁷⁻¹⁸⁴	J. E. Savage	OBG	91	7,687	13	54	13,327	3	6	2	2	2	0	12	220-250	..	FP
		Johns Hopkins ⁵⁷	A. C. Barnes	OBG	103	6,332	30	60	39,733	3	4	4	4	4	0	16	167-250	..	P
		Lutheran ⁵⁷	W. K. Diehl	OBG	42	3,640	1	..	5,389	3	4	2	2	0	0	8	220-300	..	F
		Maryland General	D. M. Dixon	OBG	45	4,032	8	0	1,791	3	2	2	2	0	0	6	225-275	..	FP
		Mercy	W. A. Dadd	OBG	48	3,851	5	60	4,346	3	2	2	1	0	0	5	300	..	P
		St. Agnes	F. K. Morris	OBG	38	3,087	2	50	1,735	3	3	2	1	0	0	6	275-300	..	P
		St. Joseph's	J. B. Boyle	OBG	31	2,364	4	75	3,040	3	2	1	1	0	0	4	225-250	..	F
		Sinai	I. A. Siegel	OBG	63	5,736	5	60	6,928	3	4	2	2	2	0	10	235-305	..	P
		South Baltimore General	A. A. Sandheimer	OBG	13	1,151	1	100	2,464	1	2	2	1	0	0	5	200-225	..	F
		Union Memorial ⁵⁷⁻¹⁸⁷	F. K. Morris	OBG	34	2,724	4	25	6,397	3	4	1	1	1	0	7	260-350	..	FP
		University	J. M. Haws	OBG	65	4,909	11	31	24,265	3	4	4	4	4	0	16	220-350	..	P
Cheverly																			
		Prince George's General	J. F. Warren	OBG	49	4,334	2	100	4,228	3	2	1	2	0	0	5	225-290	..	FP
MASSACHUSETTS																			
Boston																			
		Beth Israel	H. Rubin	OB	41	2,779	..	..	4,162	2	0	4	0	0	0	4	192-275	..	O
		Boston City	B. Tenney, Jr.	OBG	83	5,669	8	38	23,296	3	6	4	4	0	0	14	158-248	..	F
		Boston Lying-in-Free Hospital for Women		OBG	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..
		Boston Lying-in Free Hospital for Women	D. E. Reid	OBG	130	8,144	3	100	23,746	..	6	1	2	0	0	9	125-175	..	F
		Camey-St. Margaret's	G. V. Smith	OBG	63	3,081	26	62	12,541	..	4	4	4	0	0	12	100-150	..	F
		Camey	E. L. Carey	OBG	13	889	4	25	848	..	..	..	..	..	..	12	200-250	..	FP
		St. Margaret's	D. J. McSweeney	OBG	89	6,849	3	33	7,283	..	4	4	4	0	0	12	200-250	..	F
		Massachusetts Memorial Hospitals	J. J. Meehan	OBG	27	1,750	5	100	3,614	3	2	2	2	0	0	6	175-225	..	O
		New England Center	L. Parsons	OBG	8	386	1	100	2,043	3	1	0	1	1	0	3	237-304	..	O

Numerical and other references are listed on pages 265 through 268.

10. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month		Main-tenance P F O
					Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.	
MASSACHUSETTS, Boston—Continued																	
New England.....	H. Rubin.....	OBG	24	1,628	..	...	4,615	2	..	..	0	0	0	2	225-275	F	
St. Elizabeth's.....	R.H. Grogan.....	OBG	71	5,112	4	25	3,652	3	2	2	2	0	0	6	175-225	F	
Cambridge																	
Cambridge City.....	P.P. McGovern.....	OBG	29	2,037	1	100	3,871	3	1	1	1	0	0	3	195-245	F	
Pittsfield																	
Pittsfield Affiliated Hospitals.....	.....	OBG	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..
Pittsfield General.....	.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Luke's.....	.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Quincy																	
Quincy City.....	T.J. Slomkowski.....	OBG	45	3,169	1	100	777	3	1	1	1	0	0	3	197-350	F	
Springfield																	
Springfield-Wesson Maternity ⁸⁷.....	.....	OBG	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..
Springfield.....	.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wesson Maternity.....	M.S. Allan.....	..	75	5,316	0	0	3,836	..	1	1	0	0	0	2	305-330	F	
MICHIGAN																	
Ann Arbor																	
St. Josephs Mercy.....	W. Belsar.....	OBG	49	3,469	6	67	3,140	3	1	1	1	0	0	3	310-385	F	
University.....	N.F. Miller.....	OBG	82	4,298	63	76	18,399	3	3	3	3	3	0	12†	193-295	O	
Dearborn																	
Oakwood.....	A.T. Le Bamoff.....	OBG	51	4,058	3	67	655	3	2	2	2	0	0	6	250-350	F	
Detroit																	
Crittenton General.....	H.B. Gaston.....	OBG	54	3,646	0	0	4,061	3	2	2	2	0	0	6	400-475	P	
Detroit Memorial ⁸⁷	R. Walkowiak.....	OBG	32	2,417	3	100	1,251	3	1	1	1	0	0	4	475-550	O	
Evangelical Deaconess.....	A.R. Hummel.....	OBG	10	1,768	0	0	928	1	2	0	0	0	0	2	425	..	
Groce.....	J.H. Curhan.....	OBG	142	8,960	9	78	2,862	3	4	4	4	0	0	12	275-325	FP	
Harper.....	H.C. Mack.....	OBG	78	4,490†	3	50	3,911	3	3	2	2	0	0	7	275-325	P	
Henry Ford.....	C.P. Hodgkinson.....	OBG	74	3,567	4	50	33,604	3	3	3	3	3	0	12†	320-400	P	
Mount Carmel Mercy.....	J.W. Pichette.....	OBG	112	8,084	4	50	650	3	2	2	2	3	0	9†	450-525	P	
Providence.....	E.B. Foster.....	OBG	78	5,785	7	43	3,952	3	2	2	2	0	0	6	410-450	P	
St. Jahn.....	J.E. Clifford.....	OBG	69	5,425	2	50	..	2	2	2	0	0	0	4	325-350	F	
St. Joseph Mercy ⁸⁷	F.E. Check.....	OBG	31	2,135	1	..	957	3	1	0	0	0	0	3	425-475	F	
Sinat.....	E.D. Rothman.....	OBG	56	3,753	2	50	3,054	3	2	2	2	0	0	6	300-350	F	
Wayne University Affiliated Hospitals.....	C. Stevenson.....	OBG	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..
Herman Kiefer.....	..	..	70	6,300	1	100	29,000	..	3	3	3	0	0	9	333-409	..	
Receiving.....	..	..	48	1,625†	17	35	8,088	..	..	..	2	2	0	4†	333-408	P	
Woman's.....	A.G. Sasaki.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Woman's.....	H.M. Nelson.....	OBG	101	6,681	9	33	3,632	3	0	0	0	0	0	9†	475-550	O	
Flint																	
Hurley.....	J.J. Collins.....	OBG	78	4,781†	14	43	669	3	2	2	2	0	0	6	325-425	F	
Grand Rapids																	
Blodgett Memorial.....	C.M. Bell.....	OBG	60	4,137	2	100	684	3	1	1	0	0	0	2	325	..	
Butterworth.....	R.J. Paalman.....	OBG	70	4,887	7	71	1,600	3	2	2	2	0	0	6	325-375	O	
St. Mary's.....	C.F. Webb.....	OBG	61	4,513	8	41	2,288	3	2	2	1	0	0	5	300-345	FP	
Highland Park																	
Highland Park General.....	J.Y. Teshima.....	OBG	45	3,065	1	100	..	3	1	1	1	0	0	3	416-467	P	
Kalamazoo																	
Borgess.....	J.W. Kavanaugh.....	OBG	33	2,834	9	44	528	3	1	1	1	0	0	3	275-295	F	
Pontiac																	
Pontiac General.....	H.A. Furlong.....	OBG	62	4,780†	2	50	954	3	2	2	2	0	0	6	350-425	FP	
St. Joseph Mercy.....	R. Adair.....	OBG	69	5,483	2	100	2,041	3	2	2	2	0	0	6	375-435	P	
Royal Oak																	
William Beaumont.....	H.W. Lengyear.....	OBG	55	4,628	4	66	22	3	2	2	2	0	0	6	350-450	P	
Saginaw																	
Saginaw General.....	M.J. Albers.....	OBG	46	3,142	0	0	1,158	3	1	1	1	0	0	3	365-415	P	
MINNESOTA																	
Minneapolis																	
Minneapolis General.....	M.T. Mitchell.....	OBG	24	1,680	2	50	9,146	3	1	1	1	0	0	3	250	..	
Northwestern.....	E. Diefenbach.....	OBG	39	2,902	5	60	1,225	1	3	0	0	0	0	3	225-275	F	
St. Barnabas.....	J.T. Moehn.....	OBG	44	3,441	1	100	328	1	2	0	0	0	0	2	200-250	F	
St. Mary's.....	L. Lang.....	OBG	86	6,759	9	66	..	3	2	2	2	0	0	6	250	..	
Swedish.....	O.H. Peterson, Jr.....	OBG	68	5,393	2	100	..	1	2	0	0	0	0	2	200-250	F	
University of Minnesota Hospitals.....	J.L. McKelvey.....	OBG	42	2,146	10	100	6,808	3	2	1	1	1	0	5†	250	..	
Rochester																	
Moyo Foundation ²²⁰	R.B. Wilson.....	OBG	70	4,476	2	100	42,078	3	4	4	4	0	0	12	200-333	P	
St. Paul																	
Ancker ²⁸	E. Kasper.....	OBG	16	1,372	1	100	5,630	1	1	0	0	0	0	1	280-280	F	
Charles T. Miller.....	J.E. Hodgson.....	OBG	44	3,056†	0	0	3,273	1	0	1	0	0	0	1	350	..	
St. Joseph's.....	T. Krezowski.....	OBG	48	3,617	6	33	778	3	0	0	2	0	0	2	.. 355	P	
MISSISSIPPI																	
Jackson																	
University of Mississippi Medical Center.....	..	OBG	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..
University.....	M. Newton.....	..	40	3,220†	6	83	8,878	..	2	2	2	0	0	6	250-325	O	
MISSOURI																	
Clayton																	
St. Louis County.....	E.L. Dorsett.....	OBG	14	909	5	60	5,433	3	2	1	1	0	0	4	275-350	F	
Columbia																	
University of Missouri Medical Center.....	D.G. Hall.....	OBG	24	1,029	8	88	6,415	3	2	2	2	0	0	6	250-350	P	
Kansas City																	
Kansas City General.....	R.G. Helmon.....	OBG	61	4,160	11	64	17,219	3	3	3	3	0	0	9	220-265	FP	
St. Luke's.....	K.E. Cax.....	OBG	79	4,140	5	60	742	3	2	2	1	0	0	5	250-300	FP	
St. Louis																	
Barnes.....	W. Allen.....	OBG	101	5,695	10	50	20,520	3	8	6	4	2	2	24†	50-175	F	
De Paul.....	E. Hamilton.....	OBG	58	4,406	7	43	..	2	2	2	0	0	0	4	200-225	F	

Numerical and other references are listed on pages 265 through 268.

10. OBSTETRICS AND GYNECOLOGY — Continued

Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Appraised Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O P F	
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
MISSOURI, St. Louis—Continued																
Homer G. Phillips	OBG	88	5,662	35	29	9,837	3	4	3	3	3	0	13†	246-330	...	
Jewish ⁵⁷	OBG	65	3,991‡	4	25	...	3	2	1	1	1	0	5†	200-300	FP	
St. John's	OBG	75	3,845	7	71	2,191	3	1	1	1	0	0	3	250-350	F	
St. Louis City ²⁸⁰	OBG	64	4,708	9	44	10,640	3	2	2	2	0	0	6	246-330	P	
Unit I-Washington University	A. Esslinger	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Unit II-St. Louis University ⁵⁷	L. Hartnett	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Lukes ²⁷	OBG	51	2,811	6	67	2,821	3	0	1	1	0	0	2	300-400	F	
St. Mary's Group of Hospitals of St. Louis University	J. Hardy	OBG	126	8,994	9	66	9,533	3	5	3	3	0	0	11	150-170	F
NEBRASKA																
Omaha																
Creighton University Medical Center	OBG	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Creighton Memorial—St. Joseph	M. E. Grier	...	3,838	5	40	6,430	..	2	2	2	0	0	6	210-310	F	
St. Catherine's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University of Nebraska Hospital ²²⁸	R. Holly	OBG	23	1,231	8	75	6,493	3	2	2	2	0	0	6	225-300	P
Lincoln General	H. E. Harvey	...	27	1,716	2	100	...	..	1	...	...	...	...	...	350
Immanuel	L. S. McGoogan	...	23	1,621	1	0	...	..	...	...	...	...	...	...	...
NEW JERSEY																
Camden																
Cooper	H. F. Johnson E. A. Y. Schellenger	OBG	96	5,526	11	36	9,829	3	2	1	1	0	0	4†	200-275	F
Hackensack																
Hackensack	R. Schretzmann	OB	34	3,764	1	100	2,401	1	1	1	0	0	0	2	200-250	F
Jersey City																
Margaret Hague Maternity-Jersey City Medical Center ⁵⁷	OBG	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Margaret Hague Maternity	J. P. Donnelly	...	158	2,082	7	28	29,193	..	10	4	0	0	0	14	133-217	F
Jersey City Medical Center	E. N. Bookrajian	...	34	1,243	10	20	2,884	..	2	2	1	0	0	5†	200-350	F
Lang Branch																
Monmouth Medical Center	W. Shanik	OB	30	2,497	0	0	769	1	1	0	0	0	0	1	225	...
Mount Holly																
Burlington County	R. H. VanMeter	OBG	76	2,768	0	0	3,120	3	1	1	1	0	0	3	300	...
Neptune																
Fitkin Memorial	R. A. MacKenzie	OBG	34	3,344	0	0	2,167	3	1	1	0	0	0	2	250	...
Newark																
Martland Medical Center	J. Pannollo A. Godfrey	OBG	74	5,105	15	47	30,497	3	2	2	2	0	0	6	300-350	F
Newark Beth Israel	L. Savel	OBG	129	5,119	5	60	3,401	3	1	1	1	0	0	3	250-300	F
St. Michael's	G. W. Hayes A. J. Ruccia	OBG	60	4,076	4	75	2,917	3	2	2	2	0	0	6	275-325	F
Passaic																
Passaic General ³⁹	C. Rasin	OBG	38	2,773	8	88	...	1	2	0	0	0	0	2	250	...
Paterson																
Paterson General	P. E. Rauschenbach L. E. Thron	OBG	46	3,687	9	33	3,736	3	1	1	1	0	0	3	225-300	F
Teaneck																
Holy Name	J. A. Sullivan	OB	40	2,782	0	0	603	1	1	0	0	0	0	1	278	...
Trenton																
St. Francis	J. R. Harman	OBG	56	4,045	2	50	...	2	1	1	0	0	0	2	250-310	F
NEW MEXICO																
Albuquerque																
Bernalillo County-Indian	R. Seligman	OBG	23	1,858	3	100	4,266	3	1	1	1	0	0	3	300-333	FP
NEW YORK																
Albany																
Albany Medical Center	R. E. L. Nesbitt	OBG	...	2,906	79	62	2,883	3	4	4	4	1	0	13	210-290	P
A. N. Brady	J. G. Hayes	OB	35	2,913	1	100	2,901	2	1	1	1	0	0	3	245-265	F
Buffalo																
Buffalo General ²⁴⁷	C. L. Randall	OBG	...	4,577	17	24	5,853	3	4	4	4	4	4	20	175-380	F
Deaconess	W. H. Burwig	OBG	28	1,934	1	100	702	3	2	1	1	0	0	4	325-350	F
Edward J. Meyer Memorial	C. L. Randall	OBG	47	2,059	12	50	9,405	3	2	2	2	2	0	8†	292-380	P
Millard Fillmore	L. F. McLean	OBG	107	6,899‡	4	75	2,743	3	2	2	2	2	...	7†	338-366	F
Sisters of Charity ²⁵²	C. J. Woepfel	OBG	83	5,176	8	37	2,799	3	2	2	2	2	0	8†	335-440	F
Cooperstown																
Mary Imogene Bassett	O. J. Severud	OBG	8	514	3	67	5,274	3	0	1	0	0	0	1	200-350	P
Hempstead																
Meadowbrook ⁵⁷	G. T. Lilly	OBG	47	2,654	26	46	5,892	3	2	2	2	2	0	8	275	...
Johnson City																
Charles S. Wilson Memorial	S. F. Nagyfy	OBG	39	2,521	2	...	3,522	3	2	1	1	0	0	4	250-300	P
Manhasset																
North Shore	A. N. Fenton	OBG	29	3,082‡	4	75	940	3	1	1	1	1	0	4	220-270	F
Mineola																
Nassau	J. A. Mellow	OBG	72	5,367	3	66	1,067	3	1	1	1	0	0	3	325-375	...
Mount Vernon																
Mount Vernon	N. M. Weirnd	OBG	43	2,359	6	50	2,217	3	1	1	1	0	0	3	225-300	F
New York City																
Bellevue Hospital Center, Div. III—New York University College of Medicine ²⁵⁹	G. W. Douglas	...	107	4,309	47	44	30,962	..	8	6	6	2	0	22†	215-265	F
Beth-el	W. Levine	OBG	90	4,972	4	50	36,243	3	2	2	2	2	0	8†	150-250	F
Beth Israel	G. Blinick	OBG	49	2,702	6	17	4,027	3	2	2	2	2	0	8†	200-250	P
Bronx	A. C. Posner	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronx Municipal Hospital Center	A. J. Fleischer S. L. Romney	OBG	55	3,045	6	50	8,161	3	2	2	2	0	0	6	184-251	F
		OBG	70	2,700	7	57	17,240	3	4	4	4	4	0	16†	215-265	F

Numerical and other references are listed on pages 265 through 268.

10. OBSTETRICS AND GYNECOLOGY — Continued

Table with columns: Chief of Service or Program Director, Residencies Approved, Average Daily Census, Admissions (Include transfers), Deaths (Number, Autopsy Percent), Outpatient Visits, Length of Approved Program (Years) 1st Year, 2nd Year, 3rd Year, 4th Year, 5th Year, Residencies Offered 1962-1963 (Total All Yrs.), Slipper per Month (Min.-Max.), Main-tenance (F, P, O).

Numerical and other references are listed on pages 265 through 268.

10. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Slipend per Month Min.-Max.	Main-tenance P O
					Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NORTH CAROLINA—Continued																
Winston-Salem																
North Carolina Baptist	F. R. Lock	OBG	49	3,100	5	60	4,852	3	2	2	2	0	0	6	166-208	O
NORTH DAKOTA																
Fargo																
St. Luke's 295	J. S. Gilliom	OBG	25	2,811	1	100	...	3	1	0	1	0	0	2	240...	F
OHIO																
Akron																
Akron City 57	H. H. Gibson	OBG	103	6,222	1	100	2,634	3	2	2	2	2	0	8†	275-375	FP
Akron General	N. E. Wentsler	OBG	73	5,308	4	75	11,791	3	2	2	2	2	0	8†	300-400	FP
St. Thomas	L. B. Mehl	OBG	52	3,457	2	50	1,674	3	2	2	2	0	0	6	300-400	F
Canton																
Aultman	H. I. Keck	OBG	70	4,796	3	67	375	3	2	2	2	0	0	6	250-400	F
Mercy	D. L. Leavenworth	OBG	68	4,401	4	75	2,138	3	3	3	1	0	0	7	275-285	P
Cincinnati																
Bethesda	W. Graf	OBG	98	6,499	1	...	3,189	3	2	2	2	0	0	6	300-350	P
Good Samaritan	G. Mohan	OBG	110	8,335†	23	61	682	3	2	2	2	0	0	6	320-370	P
University of Cincinnati Hospital Group Cincinnati General 57	S. T. Garber	OBG	...	...	...	...	...	3	...	...	...	...	...	...	...	...
...	L. J. Bossert	...	72	5,232	2	100	11,482	...	2	2	2	2	0	8†	100-200	F
Cleveland																
Cleveland Clinic 300																
...	J. S. Krieger	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	H. P. Taylor	OBG	30	1,855	11	80	14,933	3	2	2	2	2	0	8†	275-350	O
...	A. E. Bennett	OBG	57	4,452	5	100	26,037	3	4	4	4	3	0	15†	150-258	F
...	J. E. Morgan	OBG	49	3,244†	4	50	...	3	1	1	1	0	0	3	291-341	P
...	H. R. Anderson	OBG	83	4,232†	7	57	743	3	2	2	1	0	0	5	250-350	FP
...	J. H. Atkins	OBG	64	3,407	2	50	1,410	3	2	2	2	0	0	6	210-220	FP
...	R. A. Schroeder	OBG	37	2,590	3	33	...	2	2	1	0	0	0	3	275-300	P
...	J. Gross	OBG	57	4,019	2	50	7,376	3	2	2	2	0	0	6	215-235	FP
...	A. H. Dindia	OBG	50	3,592	1	...	1,358	2	2	2	1	0	0	5	200-300	F
...	R. P. Dreyer	OBG	52	3,182†	4	50	433	3	2	2	1	0	0	5	250-350	FP
...	G. B. Hurd	OBG	72	4,475	7	57	6,362	3	1	1	1	1	0	4†	220-325	F
...	J. M. Rosenblum	OBG	107	7,384†	10	60	30,243	3	3	3	3	3	0	12†	162-262	P
Columbus																
Mount Carmel	J. G. Boutselis	OBG	66	5,476	2	50	3,802	3	1	1	1	0	0	3	275-325	F
Ohio State University Hospitals University	J. C. Ullery	OBG	82	6,268	16	67	20,920	...	3	3	3	3	0	12†	177-277	P
...	B. E. Jacoby	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	F. Gallagher	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	J. M. Gallen	OBG	109	9,754	8	38	5,629	3	2	2	2	2	0	8	290-365	P
Dayton																
Good Samaritan	C. DeBold	OBG	87	6,603	4	50	696	3	1	1	1	0	0	3	275-325	F
Miami Valley 57	P. K. Champion	OBG	104	7,744	21	57	2,465	3	1	1	1	1	0	4†	250-300	FP
Garfield Heights																
Marymount 39	L. N. DePompei	OBG	25	1,696	0	0	57	1	2	...	...	...	...	2	250-275	F
Hamilton																
Mercy	B. J. Lehmann	OBG	45	3,033	6	50	...	2	2	2	2	0	0	6	300-400	F
Lima																
St. Rita's	V. A. Noble	OBG	46	3,527	9	11	1,381	2	1	1	0	0	0	2	400-425	P
Toledo																
Maumee Valley	J. F. Hillabrand	OB	18	739	1	100	1,351	1	1	0	0	0	0	1	285-350	F
Mercy	R. C. King	OBG	62	3,805	3	100	2,809	3	1	1	2	0	0	4	300-350	F
St. Vincent's	M. W. Diethelm	OBG	66	4,360	5	40	3,557	3	1	1	1	0	0	3	300-350	FP
Toledo	J. E. Miller	OBG	72	4,751	8	50	2,199	3	1	2	0	0	0	3	275-325	F
Warren																
Trumbull Memorial	A. L. Schaffer	OBG	51	3,593	0	0	...	3	2	2	2	0	0	5	300-400	F
Youngstown																
St. Elizabeth	A. J. Brandt	OBG	96	5,783	2	50	2,375	3	2	2	2	0	0	6	350-400	FP
OKLAHOMA																
Oklahoma City																
St. Anthony	G. Rogers	OBG	91	5,923	13	54	5,143	3	1	1	1	0	0	3	300-350	P
University of Oklahoma Medical Center	J. A. Merrill	OBG	...	...	...	...	...	3	2	2	2	0	0	6	...	...
University Hospitals 315	...	...	43	3,436	4	50	15,200	...	...	...	...	...	...	...	200-275	P
Tulsa																
Hillcrest Medical Center	D. N. Burns	OBG	60	4,371†	4	0	4,561	3	...	...	...	...	...	3	200	F
St. John's	H. Ketchum	OBG	100	6,425	5	20	3,574	3	1	1	1	0	0	3	200-250	FP
OREGON																
Portland																
Emanuel	T. M. Bischoff	OBG	92	5,244	22	54	705	3	2	2	2	0	0	6	275-295	P
University of Oregon Medical School Hospitals and Clinics	R. C. Benson	OBG	38	2,460	8	63	12,212	3	2	2	2	0	0	6	165-215	F
PENNSYLVANIA																
Abington																
Abington Memorial	R. D. Porter	OBG	68	4,600	5	60	2,763	3	1	1	1	0	0	3	275-450	F
...	C. M. Turman	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Allentown																
Allentown	F. C. Schaeffer	OBG	95	4,283†	11	18	1,044	3	1	1	1	0	0	3	225-275	FP
Sacred Heart	S. Seaman	OBG	58	3,300	1	0	1,156	3	1	1	1	0	0	3	225-275	FP
Altoona																
Altoona	J. S. Taylor, Jr.	OBG	42	2,653	26	46	1,500	3	1	0	0	0	0	1	325-375	F
Bethlehem																
St. Luke's	F. J. Pearson	OBG	...	2,995	56	69	917	3	1	0	0	0	0	2	260-270	FP

Numerical and other references are listed on pages 265 through 268.

10. OBSTETRICS AND GYNECOLOGY — Continued

	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Slipped per Month		Maintenance
					Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.	
PENNSYLVANIA—Continued																	
Danville																	
George F. Geisinger Memorial	R. E. Nicodemus	OBG	..	1,406	3	67	11,019	3	1	1	1	0	0	3	175-265	FP	
Darby																	
Thomas M. Fitzgerald—Mercy	J. V. Missett	OBG	72	5,338	5	20	2,971	3	1	1	1	0	0	3	250-350	F	
Erie																	
St. Vincent's	D. R. Palmer	OBG	49	3,992	5	40	1,892	3	1	1	1	0	0	3	275-325	FP	
Harrisburg																	
Harrisburg	C. K. Fetterhoff	OBG	54	5,419	0	0	3,392	3	2	1	1	0	0	4	225-250	FP	
Philadelphia																	
Albert Einstein Medical Center		OBG	3
Northern Division	G. Weinstein	..	72	4,858	9	44	4,241	..	2	2	2	0	0	6	125-175	F	
Southern Division	A. First	..	40	2,271	1	100	4,167	..	1	1	1	0	0	3	125-175	F	
Episcopal	J. H. Dugger	OBG	38	2,716	5	40	5,099	3	1	1	1	0	0	3	150	F	
Frankford	G. C. Hanno, Jr.	OBG	48	3,411	3	33	1,925	3	1	1	1	0	0	3	325-375	F	
Germantown Dispensary and Hospital	C. M. Turmen	OBG	23	1,636	0	0	2,874	3	1	1	0	0	0	2	200-225	F	
Graduate Hospital of the University of Pennsylvania	S. L. Israel	GYN	17	620	6	50	1,993	2	1	1	0	0	0	2	100	F	
Hahnemann Medical College and Hospital	N. F. Paxson	OBG	63	2,791	5	60	10,695	3	6	6	6	0	0	18	75	P	
Hospital of the University of Pennsylvania	F. Payne	OBG	86	4,890	12	75	15,851	3	4	4	4	0	0	12	125	P	
Hospital of the Woman's Medical College of Pennsylvania	M. D. Pettit	OBG	45	2,671	4	50	5,652	3	2	1	1	2	0	6†	125-200	F	
Jefferson Medical College ⁵⁷	T. L. Montgomery
Lankenou	J. B. Montgomery	OBG	106	6,323	12	25	17,335	3	2	2	2	2	0	8†	100-150	P	
Mercy—Douglass	R. B. Wilson	OBG	47	2,847	7	86	1,863	3	1	1	1	0	0	3	200-250	FP	
Methodist	H. O. Dickens	OBG	31	1,435	1	0	2,353	1	4	0	0	0	0	4	250	F	
Misericordia ⁵⁷	G. A. Hahn	OBG	31	1,916	5	60	2,585	3	1	1	1	0	0	3	150-225	F	
Pennsylvania	J. E. Lynch	OBG	47	3,454	6	50	4,035	3	1	1	1	1	0	4†	250-400	F	
Philadelphia General	J. V. Ellson	OBG	..	5,763	4	25	12,692	3	4	2	2	0	0	8	170-190	O	
Presbyterian ³²⁷	P. Bowers
Temple University	M. Pettit	OBG	109	8,184	17	56	21,662	3	4	4	4	0	0	12	157-278	F	
Woman's	J. Lewis	OBG	34	2,089	4	50	3,534	3	1	1	1	0	0	3	235-265	F	
Pittsburgh	J. R. Wilson	OBG	120	5,943	15	67	20,408	3	5	5	5	0	0	15	175-225	P	
Health Center Hospitals of the University of Pittsburgh	A. G. Taylor	OBG	34	1,471	1	0	3,944	3	2	1	1	0	0	4	175-225	F	
Elizabeth Steel Magee	M. L. McCall	OBG	203	10,894†	26	69	11,953	..	4	4	4	0	0	12	125-175	F	
Mercy	J. A. Schneider
Mantefiore	G. J. Carlin	OBG	64	3,162	9	56	1,706	3	1	1	1	0	0	3	275-325	F	
Pittsburgh	W. J. Finegald	OB	23	1,530	1	100	1,319	1	2	0	0	0	0	2	225	F	
St. Francis General Hospital and Rehabilitation Institute	E. A. Conti	OBG	41	2,499	1	100	714	2	1	1	1*	0	0	2	200-300	F	
St. Margaret Memorial	J. Carroll
South Side	J. A. Hepp	OBG	52	3,049	9	22	1,579	3	1	1	1	0	0	3	240-355	FP	
Western Pennsylvania	R. E. Tafel	OBG	29	1,489	2	50	1,265	2	2	2	0	0	0	2	325-375	FP	
West Reading	H. Thomas
Reading	J. New	OBG	43	2,579	1	0	1,252	2	1	1	0	0	0	2	350	F	
	H. W. Erving	OB	31	1,548	..	..	1,992	1	1	0	0	0	0	1	250-300	F
	F. B. Nugent	OBG	48	2,540	10	90	1,974	3	1	1	1	0	0	3	225-275	F	
PUERTO RICO																	
Caparra Heights																	
University	I. Pelegrino	OBG	46	2,884	6	83	4,678	3	3	3	3	0	0	9
Ponce																	
Ponce District General	A. Tamm	OBG	56	2,955	7	100	7,434	3	2	2	2	0	0	6	250-350	F	
San Juan																	
San Juan City	R. Gil	OBG	47	5,618	5	80	23,896	3	6	3	3	..	..	12	175-325	F
RHODE ISLAND																	
Providence																	
Providence Lying-in-Rhode Island ⁵⁷	W. S. Jones
	H. C. McDuff	OBG	151	10,734	148	80	12,314	3	..	..	..	..	..	4	150-225	F
SOUTH CAROLINA																	
Charleston																	
Medical Center Hospitals	L. L. Hester	OBG	64	6,435	10	60	14,516	3	2	2	2	2	0	8†	137-200	FP	
Roper
Medical College
Columbia																	
Columbia Hospital of Richland County	W. M. Bryan, Jr.	OBG	83	4,250	10	30	5,937	3	1	1	1	0	0	3	300-340	P	
Greenville																	
Greenville General	T. C. Stoudemayer	OBG	76	5,728	12	25	5,608	3	1	1	1	0	0	3	300-350	O	
SOUTH DAKOTA																	
Yankton																	
Sacred Heart	B. Ranney	OBG	21	1,354	1	100	..	3	1	1	1	0	0	3	.. 300	F	
TENNESSEE																	
Chattanooga																	
Baroness Erlanger	H. E. Jones	OBG	91	6,112	13	54	11,714	3	3	2	2	0	0	7	325-375	F	
Knoxville																	
University of Tennessee Memorial Research Center and Hospital	A. W. Diddle	OBG	28	2,061	3	33	4,112	3	1	1	1	0	0	3	320-340	F	

Numerical and other references are listed on pages 265 through 268.

10. OBSTETRICS AND GYNECOLOGY — Continued

Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend Per Month Min.-Max.	Maintenance P O	
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
TENNESSEE—Continued																
Memphis																
Baptist Memorial	B. E. Everett	OBG	87	6,293	4	25	1,541	3	1	1	0	3	1	3	325-375	F
City of Memphis Hospitals	P. Schreier	OBG	96	9,474	9	35	5,607	3	5	5	5	0	0	15	150-175	...
St. Joseph	H. Feinstein	OBG	52	3,401	7	14	...	3	1	1	1	0	0	3	325-375	F
Nashville																
Baptist	S. C. Cowan, Jr.	OBG	66	5,057	6	67	2,340	3	2	2	1	0	0	5	300 ...	F
George W. Hubbard ³⁴³	W. F. B. James	OBG	17	1,628	2	100	3,546	3	2	2	2	0	0	6	175-250	FP
Nashville General	F. E. Whitacre	OBG	19	1,634	4	75	8,356	3	2	2	2	0	0	6	315-375	FP
St. Thomas ³⁸⁷	S. Bayer	OBG	34	3,104	0	...	3,293	2	2	2	1	0	0	5	300 ...	FP
Vanderbilt University	F. E. Whitacre	OBG	40	2,481	6	50	12,141	3	3	3	2	0	0	8	75-125	F
TEXAS																
Dallas																
Baylor University	W. K. Strother, Jr.	OBG	129	11,579†	13	62	1,164	3	3	2	2	0	0	7	210-230	P
Methodist ³⁴⁶	H. C. Henderson, Jr.	OBG	64	6,265	3	66	3,187	3	1	2	1	0	0	4	225-275	F
Parkland Memorial	J. A. Pritchard	OBG	118	9,957†	14	29	34,828	3	7	4	8	0	0	19	150-200	P
St. Paul's	H. I. Kantor	OBG	57	5,450†	2	100	549	3	2	2	1	0	0	5	225-275	FP
Fort Worth																
Harris	A. C. Watson	OBG	77	5,696†	0	0	1,737	1	2	0	0	0	0	2	300 ...	F
Galveston																
University of Texas Medical Branch Hospitals ⁵⁷	W. J. McGarity	OBG	52	2,820	8	13	13,555	3	3	3	3	2	0	11†	160 ...	F
Houston																
Baylor University Affiliated Hospitals	...	OBG	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Jefferson Davis	S. H. Wills	...	24	894	14	50	11,485	...	3	4	5	0	0	12	125-137	F
Methodist	H. P. Arnold	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hermann	J. A. Wall	...	54	4,078†	2	50	3,256	...	2	2	0	0	0	4	100-125	F
...	T. G. Greedy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University of Texas Post-Graduate Medical School Affiliated Hospitals ²⁴	A. M. Faris	OBG	114	9,007	7	43	19,289	3	2	2	2	0	0	6	150-200	F
St. Joseph's	R. A. Johnston	...	73	6,242	1	100	5,285	...	0	3	2	0	0	5	120-200	P
St. Luke's Episcopal ³⁹	H. L. Gardner	...	60	4,189	2	50	...	...	3	0	0	0	0	3	100 ...	F
San Antonio																
Baptist Memorial	W. Strozier	OBG	55	6,278	8	0	3,224	2	1	2	0	0	0	3	150-250	F
Robert B. Green Memorial	G. G. Passmore	OBG	53	5,083	16	19	15,608	3	2	2	2	0	0	6	200-350	F
UTAH																
Ogden																
Thomas D. Dee Memorial	B. H. Naisbitt	OBG	29	3,383	2	50	394	3	1	1	1	0	0	3	325-350	P
Salt Lake City																
Dr. W. H. Groves Latter-Day Saints ³⁵⁵	R. E. Johns	OBG	85	8,282†	5	40	467	3	2	2	2	0	0	6	250-300	FP
Holy Cross ³⁵⁵	J. R. Wherritt	OBG	40	3,081	3	67	...	3	1	1	1	0	0	3	275-400	P
Salt Lake County General	I. H. Koiser	OBG	19	1,056	4	50	1,000	3	1	4	1	0	0	6	280 ...	O
VERMONT																
Burlington																
University of Vermont Affiliated Hospitals ⁵⁷	...	OBG	...	...	...	...	...	3	...	...	...	...	...	...	...	...
De Goesbriand Memorial	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mary Fletcher	J. V. S. Maeck	...	30	2,113	1	100	1,731	...	1	1	1	1	0	4†	100-166	FP
VIRGINIA																
Alexandria																
Alexandria	G. Speck	OBG	50	4,736†	3	100	...	2	2	1	1	0	0	4†	275-350	P
Arlington																
Arlington	J. B. Jacobs	OBG	37	3,572	1	100	832	1	2	0	0	0	0	2	215 ...	F
Charlottesville																
University of Virginia ⁵⁷	W. N. Thomson	OBG	46	3,380	6	50	9,498	3	3	3	3	3	0	12†	90-180	F
Norfolk																
De Paul	W. E. Byrd	OBG	34	4,117	6	100	3,632	3	1	1	1	0	0	4	225-275	F
Norfolk General	R. B. Nicholls	OBG	59	4,550	6	80	5,089	3	2	1	1	0	0	4	150-375	F
Richmond																
Johnston-Willis	E. Rucker	OBG	20	1,593	1	100	...	1	1	0	0	0	0	1	300 ...	F
Medical College of Virginia—Hospital Division	H. H. Wore, Jr.	OBG	116	8,658	22	27	10,908	3	4	4	4	4	0	16	100-150	F
WASHINGTON																
Seattle																
Swedish	R. P. Smith	OBG	51	4,951	...	...	1,476	3	1	1	1	0	0	3	225-275	FP
University of Washington Affiliated Hospitals ⁷⁰	C. Hunter	OBG	...	...	...	...	...	3	5	4	4	4	4	21	...	...
King County	...	...	32	1,842†	11	54	6,707	...	...	...	...	...	...	...	150-375	F
University	...	...	...	177	...	...	1,429	...	...	...	...	...	...	...	200-500	P
Virginia Mason	R. N. Rutherford	OB	17	1,867	0	...	...	1	1	0	0	0	0	1	150-250	FP
Spokane																
Sacred Heart	J. G. Rotchford	OBG	60	5,420	8	38	...	3	1	1	1	0	0	3	250-325	FP
WEST VIRGINIA																
Charleston																
Memorial	J. T. Chambers	OBG	41	3,154	2	50	1,987	1	2	0	0	0	0	2	250-275	FP
WISCONSIN																
Madison																
University Hospitals	B. M. Peckham	OBG	26	1,194	6	83	7,566	3	2	2	2	2	0	8	100-250	F
Madison General	G. G. Kring	...	45	2,788	4	50	...	...	1	0	1	0	0	2	185-285	FP
St. Mary's	W. Mussey	...	52	3,989	5	50	...	...	1	0	1	0	0	2	...	...

Numerical and other references are listed on pages 265 through 268.

10. OBSTETRICS AND GYNECOLOGY — Continued

Milwaukee	Chief of Service or Program Director	Residencies Approved	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P F O
					Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
Milwaukee County	B. E. Urdan	OBG	51	3,322	9	44	12,509	3	2	2	2	0	0	6	234-339	O
Milwaukee ^{57a}	F. J. Stoddard	OBG	59	3,808	2	100	6,474	3	2	2	1	0	0	5	375-425	P
Mount Sinai ⁵⁷	A. M. Kurzon	OBG	52	3,810	5	20	561	3	2	1	1	0	0	4	300	F
St. Joseph	J. A. Klieger	OBG	92	7,174	1	...	1,250	3	2	3	2	0	0	7	300-350	F
St. Luke's	S. A. Korducki	OBG	46	2,894	4	50	615	1	3	0	0	0	0	3	275	F
St. Mary's	D. Werner	OBG	43	2,950	3	33	...	3	1	1	0	0	0	2	375-450	P

11. 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.

12. 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 176; Residencies 850

UNITED STATES AIR FORCE	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P F O
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS															
U.S. Air Force, San Antonio	A. C. Tenney	27	340	...	...	12,670	3	2	2	2	0	0	6	...	...
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	R. R. Kelley	20	1,231	...	...	19,197	3	1	1	1	0	0	3	...	...
COLORADO															
Fitzsimons General, Denver	J. E. Edwards	13	235	...	...	8,227	3	1	1	1	0	0	3	...	...
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	A. Lowrey, Jr.	61	744	...	...	55,976	3	2	2	2	0	0	6	...	...
TEXAS															
Brooke General, San Antonio	K. E. Hudson	27	435	0	0	14,877	3	2	2	2	0	0	6	...	...
UNITED STATES NAVY															
CALIFORNIA															
U.S. Naval, Oakland	R. E. Lieurance	19	387	...	...	13,141	3	1	2	2	0	0	5	...	...
U.S. Naval, San Diego	R. P. Nadbath	23	475	1	100	28,463	3	2	2	1	0	0	5	...	...
MARYLAND															
U.S. Naval, Bethesda	W. Patterson	16	236	0	0	8,469	3	1	1	1	0	0	3	...	...
PENNSYLVANIA															
U.S. Naval, Philadelphia	J. I. Thorn	14	200	0	0	9,139	3	1	1	1	0	0	3	...	...
UNITED STATES PUBLIC HEALTH SERVICE															
CALIFORNIA															
U.S. Public Health Service, San Francisco	W. W. Richards	5	112	0	0	4,170	3	1	1	1	0	0	3	...	...
LOUISIANA															
U.S. Public Health Service, New Orleans	W. E. Hoyle	8	148	0	0	4,027	3	1	1	1	0	0	3	...	...
MARYLAND															
U.S. Public Health Service, Baltimore	W. E. Newby	8	177	0	...	4,618	3	1	1	1	0	0	3	723	...
National Institutes of Health-Clinical Center, Bethesda	L. von Sallmann	22	147	...	...	2,023	2	4	0	0	0	0	4	...	...
NEW YORK															
U.S. Public Health Service, New York City	J. B. Peebles	15	230	0	...	8,050	3	1	1	1	0	0	3	...	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington	C. L. Cawan	3	125	1	0	3,560	3	1	1	0	0	0	2	367-475	P

Numerical and other references are listed on pages 265 through 268.

12. OPHTHALMOLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O P FP	
			Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
OTHER FEDERAL															
CANAL ZONE															
Balboa Heights															
Gorgas.....	R. H. Rupp.....	4	135	0	0	7,022	3	1	1	1	0	0	3	458-541	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
University Hospital and Hillman Clinic	S. J. Kelly.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin.	C. P. Grant.....	20	961	1	0	7,052	.....	2	2	2	0	0	6	160-170	F
	S. J. Kelly.....	4	160	.....	.....	169	.....	0	0	1	0	0	1	291-497	O
ARKANSAS															
Little Rock															
University of Arkansas Medical Center and Affiliated Hospitals.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Arkansas Baptist.....	J. L. Smith.....	9	574	1	0	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University.....	M. Grayson.....	4	167	0	0	1,979	.....	2	2	2	0	0	6	233-283	O
Veterans Admin. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
CALIFORNIA															
Fresno															
General Hospital of Fresno County.....	D. Trowbridge.....	5	180	1	100	7,405	3	1	1	1	0	0	3	300-400	P
Long beach															
Veterans Admin. ....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Los Angeles															
Los Angeles County General.....	S. Brownsberger.....	34	904	1	100	27,060	3	2	3	2	0	0	7	275-350	P
Los Angeles Eye and Ear.....	C. A. Wilson.....	3	259	0	0	4,613	2	2	1	0	0	0	3	210....	P
University of California.....	B. R. Straatsma.....	12	487	0	0	12,492	3	2	2	2	0	0	6	261-340	O
Veterans Admin. Center (General Medical and Surgical).....	C. S. Mumma.....	18	647	2	50	13,461	3	2	1	1	0	0	4	292-373	P
White Memorial.....	G. K. Kambaro.....	6	437	0	0	10,122	3	1	2	1	0	0	4	265-285	P
Oakland															
Highland-Alameda County.....	E. Brugge.....	8	232	.....	.....	9,049	3	1	1	1	0	0	3	220-268	FP
Palo Alto															
Stanford Medical Center and Affiliated Hospitals.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Palo Alto-Stanford Hospital Center ⁹⁶	F. C. Winter.....	15	383	0	.....	2,371	.....	2	2	2	0	0	6	100-150	F
San Francisco															
Presbyterian Medical Center.....	J. W. Bettman.....	6	281	1	100	2,797	3	2	2	2	0	0	6	175-300	P
University of California Hospitals ¹⁰⁴	M. J. Hogan.....	12	664	0	0	11,737	3	5	5	5	0	0	15	261-340	O
Veterans Admin. ¹⁰⁶	M. Fine.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	D. Harrington.....	11	214	.....	.....	1,308	3	1	1	1	0	0	3	291-497	O
Torrance															
Los Angeles County Harbor General.....	B. R. Straatsma.....	4	201	1	0	5,760	3	1	1	1	0	0	3	275-350	F
COLORADO															
Denver															
Denver General.....	D. H. Watkins.....	5	172	0	0	5,269	3	1	1	1	0	0	3	179-205	P
University of Colorado Medical Center.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Colorado General.....	P. G. Ellis.....	4	176	1	100	12,481	.....	2	2	2	0	0	6	180-205	O
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Grace-New Haven Community.....	R. M. Fasanello.....	11	715	0	0	9,373	.....	1	1	1	0	0	3	50-125	FP
DISTRICT OF COLUMBIA															
Washington															
District of Columbia General.....	P. Evans.....	9	131	.....	.....	9,659	3	0	3	0	0	0	3	258-308	O
Georgetown University Medical Center.....	J. F. O'Rourke.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Georgetown University.....	.....	6	131	0	0	2,563	.....	3	3	0	1	0	7	175-270	P
Veterans Admin. ....	.....	5	105	.....	.....	415	.....	1	0	1	0	0	2	291-497	O
Washington Hospital Center.....	J. Dessoff.....	40	1,860	3	50	27,152	3	3	3	3	0	0	9	215-245	F
FLORIDA															
Miami															
Jackson Memorial.....	E. W. D. Norton.....	28	1,324	.....	.....	12,920	3	4	3	3	0	0	10	200-275	P
GEORGIA															
Atlanta															
Grady Memorial.....	F. P. Calhoun, Jr.	16	494	0	0	22,220	3	2	2	2	0	0	6	100-200	F
Augusta															
Medical College of Georgia Hospitals.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Eugene Tolmudge Memorial.....	J. Fair.....	8	240	0	.....	1,642	.....	1	1	1	0	0	3	333-500	O
ILLINOIS															
Chicago															
Cook County.....	T. N. Zekman.....	28	611	.....	.....	18,579	3	3	2	1	0	0	6	150....	F
Michael Reese.....	M. L. Stilleman.....	26	1,145	4	50	6,124	3	2	2	2	0	0	6	.....	FP
Northwestern University Medical Center.....	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chicago Wesley Memorial.....	W. A. Mann.....	10	405	0	.....	.....	.....	1	1	0	0	0	2	250-275	P
Passavant Memorial.....	D. T. Vail.....	8	350	.....	0	.....	.....	1	0	1	0	0	2	225-275	P
Veterans Admin. Research.....	D. T. Vail.....	17	248	0	0	.....	.....	0	1	1	0	0	2	291-497	O

Numerical and other references are listed on pages 265 through 268.

12. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS, Chicago—Continued															
Presbyterian - St. Luke's	W. F. Hughes	14	616	1	100	4,945	3	2	1	0	0	0	3	125-150	F
University of Chicago Clinics	F. W. Newell	11	438	1	100	10,178	3	1	1	1	0	0	3	225-305	...
University of Illinois Affiliated Hospitals	P. C. Kronfeld	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Illinois Eye & Ear Infirmary, Research and Educational Hospitals	...	38	1,430	1	100	58,760	...	8	5	5	0	0	18	170-225	P
Evanston	...	8	443	1	0	9,955	...	0	2	2	0	0	4	170-225	P
Evanston	G. R. Soper	6	241	0	0	823	3	1	1	1	0	0	3	250-300	P
Hines	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	W. A. Mann	22	428	0	0	309	3	2	2	0	0	0	4	291-315	O
INDIANA															
Indianapolis															
Indiana University Medical Center	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Indiana University Hospitals	F. M. Wilson	11	410	1	...	9,768	...	5	5	5	0	0	15	...	P
Marion County General	M. D. Bartley	4	125	2	100	6,770	...	1	1	1	0	0	3	269-321	P
IOWA															
Iowa City															
State University of Iowa Hospitals	A. E. Braley	37	1,758	2	100	21,160	3	5	5	5	5	0	20†	200-285	...
KANSAS															
Kansas City															
University of Kansas Medical Center	A. Lemoine	10	615	0	...	5,347	3	1	1	1	0	0	3	125-175	P
KENTUCKY															
Louisville															
University of Louisville Medical Center	C. D. Townes	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Louisville General	...	8	284	0	0	6,720	...	1	1	1	0	0	1	194-347	F
Veterans Admin.	...	14	376	2	100	1,399	...	1	1	1	0	0	3	291-373	O
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana	...	9	653	1	100	8,065	3	...	...	...	...	...	7	125-175	F
Louisiana State University Division	G. M. Haik	12	488	0	0	7,298	3	...	...	...	...	...	5	125-175	F
Tulane University Division	J. H. Allen	32	1,731	0	0	19,190	3	0	5	4	0	0	9	150-175	F
Eye, Ear, Nose and Throat	J. H. Allen	3	118	0	0	4,894	3	1	1	1	0	0	3	225-275	P
Ochsner Foundation	R. Schimek	9	156	1	100	1,080	3	1	1	1	0	0	3	291-373	O
Veterans Admin. ¹⁶¹	J. H. Allen	3	118	0	0	4,894	3	1	1	1	0	0	3	225-275	P
Shreveport	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Confederate Memorial Medical Center	K. B. Jones	26	902	1	...	8,901	3	1	1	1	0	0	3	125-200	F
MARYLAND															
Baltimore															
Baltimore Eye, Ear and Throat	R. Smith	31	1,101	1	0	14,789	3	1	1	1	0	0	3	150-200	F
Johns Hopkins	A. E. Maumenee	53	2,236†	1	0	16,259	3	4	4	4	1	0	13†	233-708	P
University	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...
MASSACHUSETTS															
Boston															
Boston City	D. R. Alpert	22	472	0	...	18,969	3	3	3	3	1	0	10	178-296	F
Massachusetts Eye and Ear Infirmary	E. B. Dunphy	142	4,927	2	...	46,955	3	5	5	4	0	0	14	200	P
Massachusetts Memorial Hospitals	T. Gundersen	3	260	1	...	2,108	3	1	1	1	0	0	3	175-225	O
Veterans Admin. (Jamaica Plain)	T. Gundersen	11	233	...	...	2,099	...	...	...	...	...	...	...	...	...
MICHIGAN															
Ann Arbor															
University ²⁰⁶	F. B. Frölick	17	866	1	...	14,914	3	6	6	6	0	0	18	193-265	O
Detroit															
Harper	A. D. Ruedemann, Sr.	28	1,186†	4	50	4,650	3	2	2	2	0	0	6	275-325	P
Henry Ford	J. S. Guyton	23	727	0	0	24,185	3	4	4	4	4	0	16†	300-400	P
Sinai	S. Sugar	5	494	1	100	3,982	3	1	1	1	0	0	3	300-350	F
Wayne University Affiliated Hospitals	A. D. Ruedemann	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Veterans Admn. (Dearborn)	...	9	249	0	...	2,862	...	0	0	1	0	0	1	291-373	O
Receiving ³⁹⁴	...	20	684†	5	40	31,183	...	0	0	1	1	0	2	333-408	P
MINNESOTA															
Minneapolis															
Minneapolis General	K. E. Sandt	3	137	...	...	4,736	3	1	1	0	0	0	2	250	P
University of Minnesota Hospitals	J. Harris	7	214	1	100	6,813	3	4	4	2	0	0	14	250	O
Veterans Admin. ²¹⁷	J. P. Wendland	17	384	...	...	1,470	3	1	1	1	0	0	3	291-497	O
Rochester															
Maya Foundation ²²⁰	C. W. Rucker	16	756	1	100	27,440	3	6	6	6	0	0	18	200-333	P
St. Paul															
Ancker	J. McNeill	5	239	0	...	5,861	3	1	0	0	0	0	1	280	F
Charles T. Miller	E. P. Burch	15	788†	0	0	3,303	3	0	0	0	0	0	0	325-375	P
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...
University	S. B. Johnson	1	70	...	...	1,322	...	0	1	1	0	0	2	250-300	O
Veterans Admin.	L. L. Mayer	...	...	...	...	...	...	0	1	0	0	0	1	290-315	...
MISSOURI															
Columbia															
University of Missouri Medical Center	J. W. Buesseler	3	122	0	0	1,861	3	1	1	1	0	0	3	250-350	P
Kansas City															
Kansas City General	A. J. Baer	7	171	0	0	6,312	3	0	2	2	0	0	4	220-265	FP

Numerical and other references are listed on pages 265 through 268.

12. OPHTHALMOLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
			Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSOURI—Continued														
St. Louis														
Barnes	46	2,122	0	0	26,957	3	5	5	5	1	1	17†	125	F
Homer G. Phillips	7	206	...	...	8,224	3	3	2	1	0	0	6	246-314	...
St. Louis City	7	201	...	...	7,021	3	2	2	2	0	0	6	246-330	P
St. Mary's Group of Hospitals of St. Louis University	16	633	1	100	5,144	3	2	2	1	0	0	5	150-170	F
Veterans Admin.	9	149	0	0	...	3	1	1	1	0	0	3	291-373	...
NEBRASKA														
Omaha														
University of Nebraska ^{22†}	4	109	0	0	4,221	3	1	1	1	0	0	3	225-300	P
NEW JERSEY														
Jersey City														
Jersey City Medical Center	13	460	0	...	...	3	1	1	1	0	0	3	200-350	F
Newark														
United Hospitals of Newark	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Newark Eye and Ear Infirmary	22	1,300	2	50	7,589	3	0	3	0	0	0	3	275-300	P
NEW YORK														
Buffalo														
Edward J. Meyer Memorial	5	133	...	...	5,762	3	2	1	2	0	0	5	292-332	P
New York City														
Bellevue Hospital Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Div. IV -- New York University Postgraduate Medical School ²⁶²	60	1,155	0	...	25,821	3	5	5	5	0	0	15	215-265	F
Bronx Eye and Ear Infirmary	15	1,018	0	0	14,288	3	4	4	4	0	0	4	100-150	...
Bronx Municipal Hospital Center	12	275	3	33	12,100	3	2	2	2	0	0	6	215-165	F
Brooklyn Eye and Ear	39	3,188	4	0	46,168	2	4	4	0	0	0	8	100-125	F
City Hospital at Elmhurst	7	103	...	...	6,031	2	1	1	1	0	0	3†	215-265	F
Harlem Eye and Ear	7	654	0	...	13,885	2	1	1	0	0	0	2	150-300	F
Jewish Hospital of Brooklyn	6	258	0	...	3,924	3	1	1	1	0	0	3	115-150	F
Kings County Hospital Center	22	492	4	50	19,513	3	2	2	2	0	0	6	215-265	F
Lenox Hill	14	539	0	0	5,106	3	1	1	1	0	0	3	200-233	P
Manhattan Eye, Ear and Throat	68	3,234	1	0	48,854	2	6	6	0	0	0	12	100-150	F
Inc. In Surgery	...	...	Inc. In Surgery	...	...	...	...	...	...	...	...	...	...	...
Mantefiore	11	344	0	...	7,602	3	1	1	1	0	0	3	220-295	P
Maunt Sinai	94	4,195	1	...	8,944	3	1	1	1	0	0	3	100	F
New York Eye and Ear Infirmary	23	882	...	...	65,088	3	6	0	0	0	0	6	100-150	F
New York	...	...	...	...	11,973	3	2	2	1	1	0	6†	164-262	P
New York Medical College—Metropolitan Hospital Center	7	127	0	0	12,029	2	2	1	0	0	0	3	215-265	F
Metropolitan	...	...	...	...	...	...	...	...	...	...	...	...	...	...
New York Polyclinic Medical School and Hospital	3	143	...	...	5,577	2	1	1	0	0	0	2	150-175	F
Presbyterian (Institute of Ophthalmology)	75	3,463	0	0	29,008	3	3	3	3	0	0	9	250-308	P
Queens Hospital Center	11	172	2	0	3,860	3	1	1	1	0	0	3	215-265	F
St. Luke's	8	244	1	100	5,206	2	1	1	0	0	0	2	125-150	F
St. Vincent's	12	433	0	...	5,327	3	1	1	1	0	0	3	175-225	F
Veterans Admin. (Bronx)	16	207	0	0	250	3	1	1	1	0	0	3	291-372	O
Veterans Admin. (Brooklyn)	10	152	2	0	0	3	1	1	1	0	0	3	292-373	O
Rochester														
St. Mary's	8	463	0	0	Inc. in Surgery	2	1	1	0	0	0	1	250-275	P
Strong Memorial - Rochester Municipal Hospitals	11	387	...	...	2,844	3	1	1	1	0	0	3	166-291	O
Syracuse														
State University of New York Upstate Medical Center ²⁶⁵	10	373	0	...	4,636	3	1	1	1	0	0	3	250	O
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial—McPherson	...	...	...	...	...	3	...	...	...	...	...	...	...	...
North Carolina Memorial	2	159†	...	...	2,902	...	0	1	1	1	0	3	175-266	O
McPherson (Durham)	22	915	...	...	25,394	...	1	1	1	0	0	3	200-350	P
Durham														
Duke University Affiliated Hospitals	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Duke	18	676	0	...	12,010	...	3	3	3	0	0	9	125-175	P
Veterans Admin.	12	179	...	...	...	...	1	0	1	0	0	2	291-497	O
McPherson—North Carolina Memorial	...	...	...	...	...	3	...	...	...	...	...	...	...	...
McPherson	22	915	...	...	25,394	...	1	1	1	0	0	3	200-350	P
North Carolina Memorial (Chapel Hill)	2	159†	...	...	2,902	...	0	1	1	1	0	3	175-266	O
Winston-Salem														
North Carolina Baptist	7	419	...	...	3,972	3	1	1	1	0	0	3	166-208	P
OHIO														
Cincinnati														
University of Cincinnati College of Medicine Hospital Group ²⁶⁶	17	287	1	0	7,608	3	2	2	2	0	0	6†	100-200	F
Cincinnati General	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cleveland														
Cleveland Clinic ³⁰¹	11	427	0	0	17,970	3	3	2	2	0	0	7	275-350	O
Cleveland Metropolitan General	3	110	0	...	5,446	3	2	2	2	0	0	6	150-258	F
St. Luke's	11	506	1	...	4,747	...	0	1	0	0	0	1	255	F
Mount Sinai	...	...	...	...	...	3	...	...	...	...	...	...	...	...
University Hospitals of Cleveland	18	826†	0	0	9,082	3	3	3	3	0	0	9	162-262	P
Veterans Admin. ³⁰³	...	...	...	...	...	...	1	1	1	0	0	3	291-497	P

Numerical and other references are listed on pages 265 through 268.

12. OPHTHALMOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued															
Columbus															
Ohio State University Hospitals	W. Havener	10	544	0	0	8,825	3	4	0	4	4	0	12†	177-277	P
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center	J. R. Reed	7	320	0	0	4,543	3	2	2	0	0	0	4	200-225	P
University Hospitals															
Veterans Admin.															
OREGON															
Portland															
Good Samaritan	M. Reeh	16	872	1	100	266	3	0	1	0	0	0	1	275-315	P
University of Oregon Medical School Hospitals and Clinics ²⁴¹	K. C. Swan	31	733	1	100	11,933	3	2	2	2	0	0	6	165-215	F
PENNSYLVANIA															
Danville															
George F. Geisinger Memorial	A. W. Mahood	4	198	...	...	8,126	2	1	1	1	0	0	3†	175-265	FP
Philadelphia															
Graduate Hospital of the University of Pennsylvania	I. H. Leopold	23	720	1	0	3,917	3	2	2	2	0	0	6	100 ...	F
Hospital of the University of Pennsylvania Children's	H. Scheie	24	903	0	0	4,828	3	4	4	3	0	0	11	100-250	O
Philadelphia General															
Veterans Admin.															
Jefferson Medical College	C. R. Mullen	13	370	0	0	4,316	3	2	2	2	0	0	6	100-150	P
Philadelphia General	H. Scheie, G. Gibson	117	1,129	374	46	4,926	3	...	...	...	...	...	5	157-278	F
Temple University Service	G. Gibson														
University of Pennsylvania Service	H. Scheie														
Temple University ³²⁹	G. G. Gibson	20	434	0	0	3,915	3	3	3	2	0	0	8	175-225	P
Philadelphia General															
Wills Eye	I. H. Leopold	175	6,085	...	...	118,577	2	14	7	0	0	0	21	50-100	F
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh School of Medicine							3								
Eye and Ear	M. F. McCaslin	60	2,884	2	100	13,317	...	2	2	2	0	0	6	125-175	F
Montefiore	H. E. Thorpe	17	483	0	0	3,143	3	1	1	1	0	0	3	225-275	F
Veterans Admin.	R. N. Lehman	18	255	0	0	...	3	2	2	2	0	0	6	...	O
PUERTO RICO															
San Juan															
University of Puerto Rico Affiliated Hospitals							3								
University (Copper Heights)															
San Juan City	G. Pico	13	450	...	...	14,483	3	2	2	0	0	7	...	250-325	F
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals							3								
Medical College	P. G. Jenkins	7	317	1	100	2,540	...	1	1	1	0	0	3	137-162	FP
Roper															
TENNESSEE															
Chattanooga															
Baroness Erlanger	I. Lorig	...	...	...	...	...	3	1	1	1	0	0	3	325-375	F
Memphis															
City of Memphis Hospitals—Memphis Eye, Ear, Nose and Throat	P. M. Lewis	...	...	...	...	...	3	...	...	...	...	...	...	...	...
City of Memphis Hospitals		6	272	1	...	8,617	...	1	1	1	0	0	3	150-175	...
Memphis Eye, Ear, Nose and Throat		30	1,754	1	1	6,181	...	1	1	1	0	0	2	150-175	FP
Veterans Admin.	A. C. Krause	14	178	0	0	8,512	3	1	0	1	0	0	2	291-372	P
Nashville															
Vanderbilt University	G. W. Bounds	14	661	1	0	2,501	3	2	2	2	0	0	6	75-125	F
TEXAS															
Dallas															
Parkland Memorial	C. W. Browning	11	518	2	0	7,849	3	3	1	3	0	0	7	150-200	P
Veterans Admin. ³⁴⁸	S. B. Gostin	19	232	0	0	3,653	3	1	1	1	0	0	3	291-373	P
Galveston															
University of Texas Medical Branch Hospitals	W. D. Gingrich	13	412	2	0	5,490	3	1	1	1	0	0	3	160 ...	F
Houston															
Boylor University College of Medicine Affiliated Hospitals	L. J. Girard	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Jefferson Davis		7	300	0	0	11,004	...	2	2	2	0	0	6	125-137	F
Veterans Admin.		20	395	1	100	5,325	...	2	2	2	0	0	6	291-373	P
Hermann	T. L. Royce	15	1,089	1	100	3,504	3	1	1	1	0	0	3	150-200	F
San Antonio															
Robert B. Green Memorial	D. Russell	5	235	...	...	5,547	3	1	1	1	0	0	3	200-350	F
Temple															
Scott and White Memorial Hospitals	E. R. Veirs	7	383†	2	50	...	2	0	1	0	0	0	1	300 ...	O
VIRGINIA															
Charlottesville															
University of Virginia	E. W. Burton	11	374	0	...	3,182	3	1	1	1	0	0	3	90-180	F

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

12. OPHTHALMOLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance	
			Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year				
VIRGINIA—Continued															
Richmond															
Medical College of Virginia-Hospital Division	D. Guerry, III	13	488	2	100	7,442	3	3	2	2	0	0	7	100-150	F
Veterans Admin.	E. W. Perkins	8	178	0	0	2,375	3	1	1	1	0	0	3	291-497	P
Roanoke															
Gill Memorial Eye, Ear, and Throat	E. G. Gill	13	1,985	26,669	3	2	2	2	0	0	6	300-350	P
WASHINGTON															
Seattle															
King County	R. C. Loughlin	7	478†	2	100	4,702	2	0	1	1	0	0	2	225-375	F
WISCONSIN															
Madison															
University Hospitals ³⁶⁹	P. A. Duehr	19	647	0	...	2,551	3	2	2	2	0	0	6	100-200	F
Milwaukee															
Milwaukee County	E. F. Carl	...	291	1	100	12,746	3	2	2	2	0	0	6	234-339	O
Veterans Admin. (Wood) ³⁷⁷	R. H. Lehman	15	320	5	100	8,337	3	1	1	1	0	0	3	291-373	P

13. 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 176 and 177. 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 287; Residencies 1,330

Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance	
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE																
TEXAS																
U. S. Air Force, San Antonio	E. W. Brannon	ACF	133	1,935	2	100	16,698	2	2	2	2	0	8	
UNITED STATES ARMY																
CALIFORNIA																
Letterman General, San Francisco	K. H. Walker	AF	40	165	2,358	2	100	8,299	0	3	3	3	0	9
COLORADO																
Fitzsimons General, Denver	L. O. Travls	AF	65, 100	90	836	9,048	1	1	1	0	0	3
DISTRICT OF COLUMBIA																
Walter Reed General, Washington	J. D. Blair	ACF	...	280	1,390	19	74	19,680	3	3	3	0	0	9
HAWAII																
Tripler Army, Honolulu	R. D. Anderson	ACF	...	112	2,120	2	50	36,785	2	2	2	0	0	6
TEXAS																
William Beaumont General, El Paso	J. J. Brennan	AF	96	130	1,889	1	100	19,430	1	1	1	0	0	3	476-675	P
Brooke General, San Antonio	E. Dehne	ACF	...	156	1,856	9	100	8,934	3	3	3	0	0	9
UNITED STATES NAVY																
MARYLAND																
U. S. Naval, Bethesda	J. Cheffey	AF	20	117	903	6	83	7,588	2	2	1	0	0	5
PENNSYLVANIA																
U. S. Naval, Philadelphia	W. D. Bundens, Jr.	AF	62	153	1,237	12	33	6,881	2	1	1	0	0	4
UNITED STATES PUBLIC HEALTH SERVICE																
CALIFORNIA																
U. S. Public Health Service, San Francisco	S. E. Dohlstom	AF	87	70	1,075	1	100	9,441	1	1	1	1*	0	4
OTHER FEDERAL																
CANAL ZONE																
Gorgos, Balboa Heights	...	ACF

Numerical and other references are listed on pages 265 through 268.

13. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O. P.
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION																
ALABAMA																
Birmingham																
University of Alabama Medical Center																
Crippled Children's	J. D. Sherrill	C	44, 68, 75	68	584	1	0	4,961	0	0	0	4	0	4	200-325	P
University Hospital and Hillman Clinic	J. D. Sherrill, Sr.	ACF	44	149	2,578	23	42	5,765	3	3	3	3	0	12	190-250	F
Veterans Admin.	J. M. Higginbotham	AF	44	33	426	4	50	472	1	1	1	0	0	3	291-497	O
Fairfield																
Lloyd Noland ⁷⁶	C. L. Yelton	AF	68	29	1,054	1	0	15,790	1	1	1	1	0	4	300-400	FP
Mobile																
Mobile General	A. Earl	ACF		1	503	13	54	2,542	1	1	1	1	0	4	250-525	F
ARIZONA																
Phoenix																
Crippled Children's		C	40, 96													
ARKANSAS																
Little Rock																
University of Arkansas Medical Center																
Arkansas Children's	J. D. Christian	C	94	19	412			2,002	0	0	0	2	0	2	425	P
University	D. M. Street	AF	94	14	457	20	55	2,489	2	2	2	1	0	7	233-333	O
Veterans Admin.	D. M. Street	AF	94	44	644	3	67	1,144	0	1	0	1	0	2	291-443	O
CALIFORNIA																
Long Beach																
Veterans Admin.	R. H. Hutchinsan	AF	64	47	358	6	100	1,890	1	1	1	1	0	4	291-497	O
Los Angeles																
Children's	S. Mathews	C	64	17	789	0	0	5,082	0	1	0	0	0	1	275	P
Los Angeles County General	A. Neufeld	ACF		279	5,904	296	42	53,870	6	6	6	6	0	24	275-400	P
Orthopaedic	J. V. Luck	ACF	4, 79, 90	99	3,761	1	0	45,146	0	2	2	6	0	10	225-275	P
Shriners Hospital for Crippled Children	G. W. Westin	C	1, 3, 90	60	338	0	0	2,314	3	0	0	0	0	3	225	F
University of California	C. O. Bechtol	A	90	15	488	4	25	5,401	0	1	1	1	0	3	261-340	O
Veterans Admin. Center-General Medical and Surgical	R. Mazet, Jr.	AF	90	84	1,323	27	79	6,509	3	3	3	0	0	9	315-497	P
White Memorial	T. G. Reynolds	ACF		18	714	3	33	4,756	2	2	2	0	0	6	265-285	P
Oakland																
Children's Hospital of the East Bay	B. Smart	C	2	7	326	0	0	837	1	0	0	0	0	1	250-300	F
Highland-Alameda County	D. D. Dickson	AF	1, 3	54	1,106	84	11	8,502	2	2	0	0	0	4	220-255	FP
Samuel Merritt	D. D. Toffelmier	AF	2	38	1,625	3	33	3,774							220-268	F
Palo Alto																
Palo Alto-Stanford Hospital Center	C. H. Hatcher	AF		28	1,689	0		1,235	2	2	2	2	0	4	100-175	F
San Francisco																
Children's	L. J. Larsen	C	2		880	6	50	1,121	0	0	2	0	0	2	250-300	FP
Franklin	E. R. Schottstoedt	A	2	49	1,546	3	100	7,293								
Presbyterian Medical Center	D. King	AF	1	24	813	4	50	1,080	1	1	1	0	0	3	175-300	P
St. Mary's	J. J. Loutzenheiser	AF	79	34	984	5	100	2,921	1	1	1	0	0	3	200-300	FP
San Francisco General	R. M. Jameson	AF	2	80	1,313	13	46		2	0	1	0	0	3	243-425	O
University of California Service																
Shriners Hospital for Crippled Children	E. R. Schottstoedt	C	2, 40	60	331	1	100	3,673	0	0	2	0	0	2	300	P
University of California Hospitals	V. T. Inman	ACF	2	27	693	1	100	5,875	2	2	2	1	0	7	261-460	O
Veterans Admin.	F. H. Jorgesen	AF	2, 3	33	326	9	100	780	0	1	1	0	0	2	291-497	O
Torrance																
Los Angeles County Harbor General	J. R. Glessner	AF	90	44	651	77	57	10,135	1	1	2	1	0	5	275-400	F
COLORADO																
Denver																
Children's	A. R. Glassburn, Jr.	C	4, 65, 100	15	725			3,869								
Denver General	D. H. Watkins	AF	100	45	696	19	68	4,886	1	1	1	1	0	4	179-224	P
University of Colorado Medical Center																
Colorado General	J. S. Miles	AF	4	22	508	9	100	3,289	1	1	1	0	0	3	180-205	O
Veterans Admin.	M. E. Gibbens	AF	4	30	726	2	100	1,564	1	0	1	1	0	3	291-443	O
CONNECTICUT																
New Haven																
Yale-New Haven Medical Center																
Grace-New Haven Community	W. O. Southwick	AF	5	44	1,144	23	65	5,207	0	3	0	1	0	4	50-125	FP
Hospital of St. Raphael	W. S. Perham	AF	43	17	311	14	64	6,756	1	1	1	0	0	3	300-335	F
Newington																
Newington Hospital for Crippled Children	B. H. Curtis	C	5, 82	91	388			4,956	0	0	1	0	0	1	200	O
West Haven																
Veterans Admin.	W. D. Southwick	AF	5	22	218	2	100	304	0	1	1	0	0	2	291-443	O
DELAWARE																
Wilmington																
Alfred I. Du Pont Institute of the Nemours Foundation	A. R. Shands	C	20, 62	57	279	0	0	3,853	3	0	0	0	0	3	100-250	F

Numerical and other references are listed on pages 265 through 268.

13. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance	
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
DISTRICT OF COLUMBIA																
Washington																
Children's.....	C	54	...	...	...	...	...	...	...	...	...	...	...	...	...
District of Columbia General.....	F. Fowler.....	ACF	45	659	...	...	5,572	2	3	1	0	0	6	258-308	O
George Washington University.....	AF	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Washington Hospital Center.....	J. Neviser.....	AF	54	65	1,566	12	87	3,834	2	1	1	0	0	4	215-245	F
FLORIDA																
Gainesville																
University of Florida Teaching Hospital and Clinics.....	AF	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Miami																
Jackson Memorial.....	W. E. Miller.....	AF	76	...	1,791	41	37	6,144	1	3	3	3	0	10†	200-335	P
Vority Children's.....	R. Keiser.....	C	76	13	375	0	0	3,625	0	0	3	0	0	3	...	P
Orlando																
Orange Memorial.....	N. C. McCollough.....	ACF	...	44	2,163	37	56	...	1	1	1	1	0	4	325-400	O
St. Petersburg																
American Legion Hospital for Crippled Children.....	C. L. Farrington.....	C	7, 78	34	582	3	33	5,597	0	0	1	0	0	1	150 ...	F
Tampa																
Tampa General.....	A. Wilson.....	ACF	78	...	1,433	16	37	1,528	1	1	1	0	0	3	250-300	FP
GEORGIA																
Atlanta																
Emory University.....	R. P. Kelly.....	A	39	18	6,726†	6	33	...	0	0	1	0	0	1	255 ...	P
Georgia Baptist.....	W. W. Lovell.....	AF	86	37	1,493	9	33	157	0	1	0	0	0	1	355 ...	P
Grady Memorial.....	R. P. Kelly.....	ACF	39	50	899	44	20	12,680	3	3	3	0	0	9	125-200	F
Augusta																
Medical College of Georgia Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eugene Talmadge Memorial University.....	F. Bliven.....	AF	86	21	460	0	...	1,607	1	1	1	1	0	4	333-583	O
...	J. L. Chandler.....	ACF	86	24	868†	14	29	1,143	1	1	1	1	0	4	250-350	O
HAWAII																
Honolulu																
Shriners Hospital for Crippled Children.....	I. J. Larsen.....	C	50	30	133	0	0	3,040	0	0	1	0	0	1
ILLINOIS																
Chicago																
Michael Reese.....	J. Finder.....	ACF	42	60	1,892	2	100	3,850	2	2	2	0	0	6	135-210	FP
Northwestern University Medical Center-Cook County Hospital.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicago Wesley Memorial.....	E. L. Compere.....	ACF	7	53	1,649	5	20	...	1	1	1	1	0	4	250-325	P
Cook County.....	F. Shapiro.....	ACF	7	60	790	8	20	12,757	2	2	2	0	0	6	150 ...	F
Passavant Memorial.....	J. K. Stack.....	A	7	31	1,107	3	67	...	0	0	0	0	0	1	225-275	P
St. Anne's.....	J. J. Callahan.....	AF	7	46	1,020	13	31	1,255	1	0	0	0	0	1	300-400	F
Veterans Admin. Research.....	E. L. Compere.....	AF	7	20	344	3	66	...	0	1	1	0	0	2	291-497	O
Evanston (Evanston).....	N. C. Mead.....	AF	7	38	1,160	11	36	720	1	1	0	0	0	2	250-300	P
St. Francis (Evanston).....	J. J. Fahy.....	AF	7	43	1,079	6	0	4,067	2	1	0	0	0	3	260-270	F
Presbyterian-St. Luke's.....	R. D. Ray.....	AF	47	30	680	4	25	1,776	1	1	1	0	0	3	125-200	F
St. Elizabeth's.....	C. S. Scuderi.....	F	42	30	1,145	8	100	10,268	1	0	0	0	0	1	200 ...	F
Shriners Hospital for Crippled Children.....	H. A. Sofield.....	C	50	64	284	0	0	3,777	0	0	0	4	0	4	...	P
University of Chicago Clinics.....	R. D. Moore.....	ACF	...	30	625	4	50	5,848	3	0	0	0	0	3	225-305	...
University of Illinois Research & Educational Hospitals 149.....	R. D. Ray.....	ACF	47	86	1,419	15	53	15,077	3	3	3	3	0	12	170-255	P
Evanston																
Evanston Hospital.....	See Northwestern University Medical Center, Chicago.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Francis Hospital.....	See Northwestern University Medical Center, Chicago.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hines																
Veterans Admin.	H. A. Sofield.....	AF	50	117	1,211	15	80	2,955	4	4	4	4	0	16	291-442	O
Oak Park																
West Suburban.....	H. A. Sofield.....	AF	50	30	999	9	33	3,924	1	0	0	0	0	1	225-250	FP
Peoria																
St. Francis.....	H. E. Cooper.....	ACF	...	70	1,982	23	63	185	1	1	1	0	0	3	235-290	F
INDIANA																
Fort Wayne																
Lutheran.....	...	ACF	...	...	...	...	...	...	...	...	...	...	...	...	...
Indianapolis																
Indiana University Medical Center.....	G. J. Garceau.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Indiana University Hospitals.....	...	ACF	8	36	815	12	42	6,089	4	4	4	0	0	12	225-300	P
Veterans Admin.	AF	8	Inc. in Surgery	0	2	0	0	0	2	291-373	O
Marion County General.....	H. L. Williams.....	AF	8	48	503	11	28	5,725	1	1	1	1	0	4	269-348	P
St. Vincent's.....	G. J. Garceau.....	AF	8	40	1,149	12	42	2,901	1	1	0	0	0	2	275-300	F
IOWA																
Des Moines																
Veterans Admin.	D. N. Gibson.....	AF	55	43	1,360	7	43	596	1	0	0	0	0	1	291-443	P
Iowa City																
State University of Iowa Hospitals..	C. B. Larson.....	ACF	55	73	2,310	20	40	12,005	0	4	4	4	0	12	200-255	...
KANSAS																
Kansas City																
University of Kansas Medical Center	L. Peltier.....	ACF	...	24	701	14	43	6,459	1	1	1	0	0	3	175-225	P
Wichita																
St. Francis.....	H. O. Morsh.....	ACF	...	60	1,503	11	0	2,009	1	2	1	1	0	5	275-350	FP

Numerical and other references are listed on pages 265 through 268.

13. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY																
Lexington																
Good Samaritan.....	K. R. Thompson.....	ACF	59	26	1,517±	29	10	...	0	1	1	0	0	2	230-250	FP
St. Josephs.....	T. D. Yocum.....	ACF	59	22	1,047	11	18	224	1	1	1	0	0	3	220-240	FP
Shriners Hospital for Crippled Children.....	T. D. Yocum.....	C	7	50	241	1	100	1,700	0	0	0	2	0	2	... 225	P
Louisville																
Kosair Crippled Children.....	K. A. Fischer															
	C. F. Wood.....	C	9	79	652	0	0	2,069	2	1	1	0	0	4	200 ...	F
Louisville General.....	K. A. Fischer.....	AF	9	28	658	33	27	6,783	2	2	2	2	0	8	141-200	F
Veterans Admin.....	K. A. Fischer.....	AF	9	33	784	9	56	1,746	1	1	0	0	0	2	291-373	O
LOUISIANA																
New Orleans																
Charity Hospital of Louisiana																
Louisiana State University Division.....	I. Cahen.....	ACF	...	30	953	23	40	11,091	..	..	..	..	0	11	125-200	F
Tulane University Division.....	J. K. Wickstrom.....	ACF	10	34	1,094	26	42	11,074	..	..	..	..	0	11	125-200	F
Ochsner Foundation ¹⁷⁶	H. D. Morris.....	ACF	56	24	536	2	50	8,467	1	1	1	1	0	4	225 ...	P
Toussaint Infirmary.....	G. Berkett.....	ACF	10, 56	...	1,258	3	67	1,623	1	1	1	0	0	3	150-200	FP
Veterans Admin.....	R. H. Alldredge.....	AF	10	31	470	6	50	2,000	1	1	1	0	0	3	291-373	O
Shreveport																
Confederate Memorial Medical Center.....	C. R. Reed.....	ACF	70	52	1,602	17	6	5,370	2	2	2	2	0	8	125-300	F
Shriners Hospital for Crippled Children.....	B. H. Young.....	C	10, 70	58	226	0	0	1,303	0	0	0	0	2	2	... 225	O
MARYLAND																
Baltimore																
Childrens.....	G. O. Eaton.....	C	57	57	756	...	...	1,384	..	..	..	..	..	..	...	...
James Lawrence Kernan.....	A. F. Voshell.....	C	88	49	654	1	0	3,193	0	0	1	1	0	2	250 ...	P
Johns Hopkins.....	R. A. Robinson.....	AF	57	38	921±	12	42	7,532	3	3	3	0	0	9	167-250	P
Baltimore City Hospitals.....	R. A. Robinson.....	AF	57	29	494	16	33	3,871	..	..	..	..	..	..	...	...
University.....	A. F. Voshell.....	AF	88	17	322	8	67	4,545	0	2	2	2	2	8†	220-350	P
MASSACHUSETTS																
Boston																
Boston City.....	A. P. Aitken.....	AF	13, 66	120	1,944	43	9	7,872	0	0	0	0	4	4	178-208	F
Children's Hospital Medical Center	W. T. Green.....	C	11, 93	47	1,138	0	...	19,174	10	0	5	1	0	16	...	F
Lahey Clinic.....	G. Hammond.....	A	66	23	696	1	100	5,899	4	...	...	0	0	12	225-300	O
Massachusetts General ¹⁹⁶	J. S. Barr.....	ACF	11	133	2,674	30	33	7,842	0	0	0	8	2	10	108-167	F
Peter Bent Brigham.....	W. T. Green.....	AF	93	Inc.	In Surgery	...	...	...	0	0	0	2	0	2	166 ...	P
Veterans Admin. (Jamaica Plain).....	A. Thibodeau.....	AF	13	50	877	13	77	2,184	2	2	2	0	0	6	315-443	O
Canton																
Massachusetts Hospital School.....	P. L. Norton.....	C	13, 66	121	182	0	0	0	0	0	0	2	0	2	... 724	F
Middleboro																
Lakeville State Sanatorium.....	P. L. Norton.....	C	13, 66	...	262	...	...	222	0	1	1	0	0	2	556-706	O
Springfield																
Shriners Hospital for Crippled Children.....	G. de N. Hough, Jr.	C	66	58	266	0	0	3,523	0	2	0	0	0	2	150-200	F
MICHIGAN																
Ann Arbor																
University ²⁰⁶	C. E. Badgley.....	ACF	74	62	1,469	20	90	8,584	6	6	6	0	0	18	230-265	O
Dearborn																
Veterans Admin.....	A. Goetz.....	AF	12	38	655	15	60	892	0	0	1	0	0	1	291-373	O
Detroit																
Children's.....	F. Fischer.....	C	12	...	276	...	...	3,347	0	2	1	0	0	3	250-300	F
Harper ²⁰⁹	F. J. Fischer.....	A	12	33	875±	13	30	761	2	0	0	0	0	2	275 ...	P
Henry Ford.....	C. L. Mitchell.....	ACF	...	40	1,590	7	29	23,419	4	4	4	0	0	12	320-400	P
Receiving.....	A. Goetz.....	F	12	21	606±	24	35	9,780	0	1	1	1	0	3	333-408	P
Eloise																
Wayne County General.....		F	74	...	...	...	...	...	...	...	...	...	...	...	...	...
Grand Rapids																
Blodgett Memorial.....	C. H. Frantz.....	ACF	...	29	1,029	17	59	2,039	1	0	1	1	0	3	325-350	F
St. Mary's.....	G. T. Aitken.....	ACF	...	48	1,383	32	63	1,599	2	1	1	0	0	4	300-345	FP
Kalamazoo																
Borgess.....	H. Stryker.....	ACF	...	31	1,065	5	20	2,152	0	1	1	1	0	3	275-305	F
MINNESOTA																
Minneapolis																
Minneapolis General.....	M. S. Nydahl.....	AF	89	8	184	1	100	2,760	0	1	0	0	0	1	250 ...	P
Shriners Hospital for Crippled Children.....	D. R. Lannin.....	C	16	55	298	0	0	1,475	..	..	..	..	..	..	175-200	...
University of Minnesota Hospitals.....	J. H. Moe.....	ACF	89	20	391	4	75	2,407	1	1	5	1	0	8	250 ...	P
Veterans Admin.....	R. F. Premer.....	AF	16	55	881	8	38	2,340	1	4	3	3	0	11	291-497	O
Rochester																
Maya Foundation ²²⁰	H. H. Young.....	ACF	...	138	6,225	37	70	20,080	12	12	12	12	0	48	200-333	P
St. Paul																
Gillette State Hospital for Crippled Children.....	S. H. Moe.....	C	16, 89	121	904	4	100	15,984	..	..	..	..	..	..	280 ...	F
MISSISSIPPI																
Jackson																
Mississippi Baptist.....	T. C. Turner.....	ACF	73	40	1,398	13	39	4,068	1	1	1	1	0	4	250 ...	P
University of Mississippi Medical Center.....																
University.....	P. S. Derian.....	AF	73	12	296±	7	43	2,086	1	1	1	1	0	4	250-300	O
Veterans Admin.....	M. Z. Neel.....	AF	73	...	...	...	...	...	1	0	0	0	0	1	290-373	...

Numerical and other references are listed on pages 265 through 268.

13. 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 1962-1963					Total All Yrs.	Stipend per Month		O P F
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.	
MISSOURI																	
Columbia																	
University of Missouri Medical Center	J. Modlin	ACF	61	25	330	7	29	2,437	1	1	1	0	0	3	250-350		P
Kansas City																	
Children's Mercy	R.H. Kiene	C	18	...	212	1	100	2,710	0	1	0	0	0	1	225	...	F
Kansas City General	R.H. Kiene	AF	18	37	600	43	40	8,689	...	...	...	...	...	3	220-320		FP
St. Luke's	R.H. Kiene	ACF	18	55	1,483	18	61	4,452	2	1	1	0	0	4	250-325		FP
Veterans Admin.	R.L. Diveley	AF	18	22	480	4	75	700	...	...	...	...	...	2	292-443		...
St. Louis																	
Barnes ²²⁴	F. Reynolds	ACF	60	50	1,388	5	75	4,505	4	4	4	0	0	12	50-150		F
St. Louis City	H.C. Morgan																
	R. Lord	F	46, 60	44	989	56	75	5,567	...	...	...	...	...	...	246-330		P
St. Mary's Group of Hospitals of St. Louis University	R. O'Brien	ACF	46	50	1,509	6	50	3,966	2	2	2	0	0	6	150-170		F
Shriner's Hospital for Crippled Children	G.E. Scheer	C	60	87	481	0	...	4,979	0	0	0	3	0	3	...		F
Veterans Admin.	O.P. Hampton, Jr.	AF	61	36	351	8	13	...	1	1	1	0	0	3	291-443		...
NEBRASKA																	
Lincoln																	
Nebraska Orthopedic	F. Teal	C	33	64	733	2	2	3,125	0	1	0	0	0	1	250	...	F
Veterans Admin.	S.P. Brown	AF	33	35	469	2	100	1,120	1	1	1	1	0	4	...		O
NEW HAMPSHIRE																	
Hanover																	
Dartmouth Medical School Affiliated Hospitals	O.S. Staples	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mary Hitchcock Memorial		AF	82	52	725	4	100	4,171	1	1	1	0	0	3	218-273		...
Veterans Admin. (White River Jct., Vt.)		F	82	52	725	4	100	4,171	1	1	1	0	0	3	218-273		...
NEW JERSEY																	
Lang Branch																	
Monmouth Medical Center	B. Halbstein	ACF	...	42	1,041	3	67	1,449	1	1	1	0	0	3	225-275		F
Newark																	
Martland Medical Center	D. Eisenberg	F	97	43	590	33	15	...	1	0	0	0	0	1	300-350		F
United Hospitals of Newark	H. Kessler																
Hospital for Crippled Children	D. Eisenberg	AC	67, 97	70	1,759	8	25	7,496	1	1	1	1	0	4	275-350		...
Orange																	
Hospital Center at Orange	J.M. Smith	ACF	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
New Jersey Orthopaedic				33	1,484	14	25	14,991	2	2	1	0	0	5	225-275		F
Orange Memorial				28	691	10	10	577	1	0	0	0	0	1	225-275		FP
Paterson																	
St. Joseph	R.R. Galdenberg	ACF	...	45	974	16	33	1,439	1	1	2	...	...	4	200-300		FP
NEW YORK																	
Albany																	
Albany Medical Center	C.J. Campbell	AF	45	...	...	...	...	...	1	1	1	1*	1*	...	210-290		P
Buffalo																	
Buffalo General ²⁴⁸	B.E. Obletz	AF	24	...	946†	19	21	801	2	2	2	2	0	8	175-200		F
Children's	J.D. Godfrey	C	24	15	470	0	0	1,067	0	0	3	0	0	3	...		F
Edward J. Meyer Memorial	J.P. Cole	AF	83	30	279	14	57	1,651	1	1	1	0	0	3	292-300		P
Veterans Admin.	W.M. Chardack	AF	24	71	440	3	0	...	1	1	1	1	0	4	291-443		O
Hempstead																	
Meadowbrook	W.P. Bartels	F	38	75	2,126	88	10	2,504	4	0	0	0	0	4	275	...	F
Mineola																	
Nassau	C.F. Freese	AF	38	33	1,569	12	25	3,926	1	1	1	0	0	3	325-375		...
New York City																	
Bellevue Hospital Center																	
Div. IV-New York University Post-Graduate Medical School ²⁵³	W.A.L. Thompson	ACF	51	66	455	1	...	6,023	4	4	4	0	0	12	215-265		F
Bronx Municipal Hospital Center	A. Schildhaus	ACF	...	45	600	23	39	8,000	2	2	2	0	0	6	215-265		F
Hospital for Joint Diseases	J.E. Milgram	ACF	...	158	3,305	23	24	19,016	6	6	6	0	0	18	140-180		P
Hospital for Special Surgery ²⁶⁹	T.C. Thompson	ACF	22	151	2,403	22	55	52,120	4	4	4	2	0	14	192-312		P
House of St. Giles the Cripple	D.M. Bosworth	C	26, 41	25	115	0	...	5,749	0	0	3	0	0	3	...		F
Jewish Chronic Disease	M. Schneider	C	84	19	177	4	1	1,215	0	1	1	0	0	2	200-250		F
Jewish Hospital of Brooklyn	A. Kenin	AF	84	18	514	9	11	3,345	2	2	2	0	0	6	115-150		F
Kings County Hospital Center ²⁷¹	R. Warren	ACF	...	69	851	56	55	10,226	2	2	2	0	0	6	215-265		F
Metropolitan	M.J. Wilson	ACF	67	54	334	17	25	9,311	2	2	1	0	0	5	215-265		F
Mount Sinai	R.S. Siffert	ACF	...	42	613	21	43	4,595	1	1	1	1	0	4	100	...	F
New York Polyclinic Medical School and Hospital²⁷⁷																	
School and Hospital	D.M. Bosworth	F	26	13	384	4	0	2,322	0	1	1	0	0	3	150-200		F
Presbyterian	F.E. Stinchfield	ACF	...	127	3,224	13	8	40,906	6	6	10	2	0	24	266-300		P
St. Charles	D.J. Magilligan	C	52	30	386	1	100	14,739	4	0	0	0	0	4	225	...	P
St. Luke's	F.R. Thompson	ACF	41	44	748	14	43	5,913	2	1	1	0	0	4	125-175		F
St. Vincent's Hospital of the Borough of Richmond	D.M. Bosworth	F	26	18	533	13	50	562	1	0	0	0	0	1	240	...	P
Veterans Admin. (Bronx)	T.C. Thompson	AF	22	61	732	12	17	708	2	0	2	0	0	4	315-497		O
Veterans Admin. (Brooklyn) ²⁸⁶	J.B. Manly	AF	52	80	345	14	36	0	2	2	2	0	0	6	315-443		O
Veterans Admin. (Manhattan) ²⁸⁶	G. Truchly	AF	80	71	703	9	22	946	3	2	2	0	0	7	291-372		O
Part Jefferson																	
St. Charles	J.C. Felicetti	C	5, 38, 43	...	449	3	0	19,574	0	0	3	0	0	3	225	...	F
Rochester																	
Rochester General	M.L. Rowe	A	31	22	738	4	75	712	0	0	1	0	0	1	225	...	FP
Strong Memorial-Rochester Municipal	R.B. Duthie	ACF	31	50	1,112	10	60	5,007	3	3	3	1	0	10	166-291		O

Numerical and other references are listed on pages 265 through 268.

13. 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 1962-1963					Total Att. Yrs.	Stipend per Month Min.-Max.	Main-tenance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued																
Schenectady																
Ellis	W. Dunham	ACF		45	1,613	13	46	2,577	1	1	1	0	0	3	325-400	FP
Syracuse																
State University of New York																
Upstate Medical Center	J. B. Wray	ACF	48	87	2,048	16	38	1,955	0	1	1	1	0	3	250	O
Hospital of the Good Shepherd		CF	48													
Syracuse Memorial		C	48													
Veterans Admin.	R. O. Becker	A	48	37	289	2	50		0	0	1	0	0	1	373	
West Haverstraw																
New York State Rehabilitation	J. C. McCauley	C	51, 80	179	553	2	60	1,978	0	4	0	0	0	4	266	P
NORTH CAROLINA																
Chapel Hill																
North Carolina Memorial	R. B. Raney	ACF	81	15	417†	3	67	4,284	1	2	1	0	0	4	175-266	O
Charlotte																
Charlotte Memorial	J. Powers	ACF		66	1,905†	21	24	6,111	1	1	1	1	0	4	295-345	P
Durham																
Duke University Affiliated Hospitals																
Duke, 293	L. D. Baker	ACF	19	23	1,034	2	50	4,692	5	5	4	3	2	19†	79-333	P
Veterans Admin.	F. W. Clippinger	AF	19	33	501				0	1	1	1	0	3	291-497	O
Gastonia																
North Carolina Orthopedic	W. M. Roberts	C	19, 81	139	369	1	0	7,079	0	0	3	0	0	3	180	P
Winston-Salem																
North Carolina Baptist	H. F. Forsyth	AF	77	22	810	7	29	6,007	3	3	3	0	0	9	166-208	P
OHIO																
Akron																
Akron City	W.A. Hoyt, Jr.	AF	15	64	1,459	16	31	738	2	2	2	0	0	6	300-375	FP
Akron General	F.B. Roberts	AF	58	46	988	13	38	9,233		2	2	2	0	6	325-400	FP
Mory Day Nursery and Children's	D. I. Minnig	C	15, 58	27	1,032	0		2,725						3	325	FP
Cincinnati																
Jewish	R. Perlman	AF	17	34	816†	10	30	897	0	1	0	0	0	1	250	FP
University of Cincinnati																
Hospital Group	J. A. Freiberg															
Children's		C	17													
Cincinnati General		AF	17	16	216	6	50	3,530	2	2	2	0	0	6	196-250	F
Veterans Admin.		A	17	22	299	5	100								291-497	O
Cleveland																
Cleveland Clinic ²⁴⁹	J.I. Kendrick	ACF		21	716	3	33	8,072	2	2	2	0	0	6	300-350	O
Cleveland Metropolitan General		F														
Mount Sinai	A. Tramer	AF	101	28	873	15	40	2,228	1	1	0	0	0	2	215-225	FP
St. Luke's	W. H. McGaw	ACF		50	1,284	17	24	1,823	1	1	1	1	0	4	220-325	F
University Hospitals of Cleveland ³⁹³	C.H. Herndon	ACF	27	39	1,055†	12	25	6,099	0	3	3	3	0	9	195-262	P
Veterans Admin.	C.H. Herndon	A	27		Inc. in Surgery				1	1	1	0	0	3	291-497	P
Columbus																
Children's	H.B. Lacey	C	25, 98, 99	18	693	0	0	4,728	0	0	3	0	0	3	175-275	P
Mount Carmel	H. B. Lacey	AF	25	50	1,288	14	36	293	1	1	0	0	0	2	275-300	F
Ohio State University Hospitals ³⁰⁷	W. S. Smith	AF	99	Inc. in Surgery	833	3	100	1,332	0	2	2	1	0	5	282-277	P
Riverside Methodist—White Cross	J. Q. Brown	AF	98	49	1,943	7	56	1,102	1	1	1	1	0	4†	296-340	P
Elyria																
Elyria Memorial	J. Strong	ACF		9	107	0	0	2,013	1	1	1	0	0	3	300-350	F
Toledo																
St. Vincent's	A. L. Bershan	ACF		36	1,305	19	42	5,768	1	1	1	0	0	3	300-350	FP
Youngstown																
Youngstown	W. D. McElroy	AF	71	64	1,641	30	33	759	1	1	0	0	0	2	300-325	F
OKLAHOMA																
Oklahoma City																
St. Anthony	W. K. West	AF	53	43	1,780	26	23	1,160	0	1	1	0	0	2	300-375	P
University of Oklahoma																
Medical Center	D. H. O'Donoghue	ACF							4	4	4	4	1	17†		
Bone and Joint	E. Margo	AF	53	62	2,239	13	31	27,768							300-350	P
University Hospitals		ACF	53	51	1,190	6	17	7,304							200-300	P
Veterans Admin.	W. K. West	AF	53	33	480	0	0	3,088								
OREGON																
Portland																
Emanuel	P. Campbell	AF	28	88	2,586	11	45	123	0	2	0	0	0	2	275-285	P
Shriners Hospital for Crippled Children																
	E. G. Chuinard	C	28	81	348	0	0	3,405	0	0	2	0	0	2	200	O
University of Oregon Medical School Hospitals and Clinics																
	W. E. Snell	AF	28	211	3,776	45	53	10,147	2	2	2	2	0	8	165-215	F
Veterans Admin. ³²²	R.C. Merrifield	AF	91	53	767	12	84	1,186	1	1	2	0	0	4	291-414	P
PENNSYLVANIA																
Danville																
George F. Geisinger Memorial	L.F. Bush	AF	6	16	784	8	50	15,528	1	1	1	0	0	2	175-265	FP
Elixabethtown																
State Hospital for Crippled Children	T. Outland	C	21, 92	157	214	0	0	3,621	0	0	3	0	0	3	438	FP
Erie																
Hamot	C.W. Fortune	ACF		49	1,723	13	31	329	1	1	1	1	0	4	250-300	F
Philadelphia																
Albert Einstein Medical Center																
	A.M. Rechtman	ACF		54	1,581	35	38	6,334	2	2	2	2	0	8	125-200	F
	I. Stein	C	23, 72	12	234			3,562						3	100	F
Children's	J.T. Nicholson															
Graduate Hospital of the University of Pennsylvania	J.T. Nicholson	A	23	13	291	2	50	2,297	2*	2	2	2	0	6	100	F

Numerical and other references are listed on pages 265 through 268.

13. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA, Philadelphia—Continued																
Hahnemann Medical College and Hospital	E. O. Geckeler	AF	92	4	802	8	45	4,189	2	2	1	0	0	5	75-115	P
Hospital of the University of Pennsylvania	E. Ralston	ACF	...	39	893	6	67	5,514	3	2	2	0	0	7	175-250	P
Jefferson Medical College	A. F. DePalma	ACF	21	70	1,040	8	80	4,700	3	2	3	4	3	15†	100-150	P
Pennsylvania Philadelphia General	J. T. Nicholson	F	23	...	248	9	55	1,389	...	...	...	...	...	...	170	O
	A. DePalma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	A. Seifer	ACF	...	50	1,026	75	74	8,077	2	2	2	2	0	8	157-278	F
Shriners Hospital for Crippled Children	J. R. Moore	C	29	5†	362	0	0	3,395	0	0	4	0	0	4	...	F
Temple University	J. R. Moore	AF	29	80	1,561	21	52	5,518	4	4	0	0	0	8	175-225	P
Pittsburgh																
Allegheny General	P. B. Steele	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	J. A. Heberling	ACF	69,71,83	...	2,086†	23	39	2,496	1	1	1	1	0	4	200-250	F
Health Center Hospitals of the University of Pittsburgh																
Children's	A. B. Ferguson, Jr.	C	6, 30, 45	...	794	2	100	4,552	0	4	1	0	0	5	150-175	F
Presbyterian-Woman's	A. B. Ferguson	AF	30	39	951	16	63	...	5	4	4	0	0	13	125-175	F
Veterans Admin.	A. B. Ferguson	AF	30	90	877	13	54	...	...	...	...	...	...	3	...	O
St. Francis General Hospital and Rehabilitation Institute	M. S. DeRoy	A	69	12	330	3	67	449	1	1	0	0	0	2	240-355	FP
Soyre																
Robert Packer	D. R. Baker	ACF	...	29	1,061	6	50	8,672	1	1	1	0	0	3	235-325	P
West Reading																
Reading	E. J. Morrissey	AF	72	40	1,055	23	30	6,432	1	1	1	1	..	3	225-300	F
RHODE ISLAND																
Providence																
Rhode Island	K. G. Burton	ACF	...	78	1,841	20	0	17,123	2	2	2	2	0	8	125-250	F
SOUTH CAROLINA																
Charleston																
Medical Center Hospitals	J. Siegling	ACF	...	17	718	3	33	4,370	1	1	1	1	0	4	137-162	FP
Medical College	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Roper	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Columbia																
Columbia Hospital of Richland County	W. A. Boyd	ACF	...	78	2,262	14	22	4,894	0	1	1	1	0	3	320-360	P
Greenville																
Greenville General	L. C. Meyer	AF	77	72	2,157	17	29	2,867	0	1	1	0	0	2	325-350	O
Shriners Hospital for Crippled Children	F. H. Stelling	C	19, 77	60	452	1	0	4,806	0	0	0	3	0	3	200-250	O
TENNESSEE																
Chattanooga																
Baroness Erlanger	J. J. Killeffer	ACF	...	61	2,293	21	57	1,933	2	2	1	0	0	5	350-400	F
Knoxville																
East Tennessee Baptist	G. Inge	AF	85	30	1,258	6	33	...	2	2	2	0	0	6	300-350	F
East Tennessee Crippled Children's	G. L. Inge	C	85	...	390	...	...	4,390	...	...	...	...	...	...	310-340	F
St. Mary's Memorial	R. G. Brashear	AF	85	64	2,277	4	25	102	...	...	...	...	...	...	275	FP
University of Tennessee Memorial Research Center and Hospital	G. L. Inge	AF	85	20	875	9	56	1,474	2	2	2	0	0	6	320-340	F
Memphis																
Campbell Clinic	T. L. Worling	ACF	...	63	2,266	7	0	26,972	...	...	...	...	...	14	75-125	P
Nashville																
Vanderbilt University	J. W. Hillmon	ACF	...	29	1,087	10	50	2,534	3	3	3	0	0	9	75-125	F
TEXAS																
Dallas																
Baylor University	M. Knight	A	32	89	3,091†	19	37	578	1	1	1	0	0	3	210-230	P
Parkland Memorial	C. F. Gregory	AF	32	45	1,039	27	26	6,748	0	2	2	1	0	5	150-225	P
Texas Scottish Rite Hospital for Crippled Children	B. Carroll	C	32	46	684	0	0	4,817	1	1	1	0	0	3	225-250	...
Veterans Admin. ³⁴⁷	V. M. Bryant	AF	75	54	688	7	57	2,400	2	2	1	0	0	5	291-443	P
El Paso																
Hotel Dieu Sisters'	L. W. Breck	AF	95	22	1,042	6	...	852	2	1	1	0	0	4	250	F
Galveston																
University of Texas Medical Branch Hospitals	G. W. N. Eggers, Sr.	ACF	...	46	976	18	28	5,140	2	2	2	2	0	8	160	F
Houston																
Boylor University Affiliated Hospitals																
Jefferson Davis	R. Eppright	ACF	49	37	800	15	38	8,722	0	2	1	1	0	4	125-165	F
Veterans Admin.	R. W. Leong	AF	49	76	951	7	71	1,828	0	2	2	1	0	5	291-443	P
Hermann ³⁵²	E. T. Smith	ACF	...	78	1,985	11	36	5,434	1	2	2	1	0	6	150-225	F
Methodist	...	AF	49	...	...	...	...	...	...	...	...	...	...	...	...	...
Temple																
Scott and White Memorial	R. A. Murray	ACF	...	23	902†	1	0	10,484	1	1	1	0	0	3	300	O
UTAH																
Salt Lake City																
Dr. W. H. Groves Latter-Day Saints	A. M. Okelberry	AF	63	41	1,754†	15	60	414	0	1	1	1	0	3	250-325	FP

Numerical and other references are listed on pages 265 through 268.

13. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UTAH, Salt Lake City—Continued																
Primary Children's University of Utah Affiliated Hospitals	B.M. Snow	C	7, 63	22	364	0	0	2,394	0	0	2	0	0	2	250...	0
Salt Lake County General	S.S. Coleman	ACF	34	inc.	In Surgery			2,725	1	1	1	2	0	5	230-462	0
Shriners Hospital for Crippled Children	S.S. Coleman	ACF	34, 87	46	287	0		1,920	0	0	0	2	0	2	...	...
Veterans Admin.	R. E. Morrow	ACF	34	20	262	2	50	760	1	1	1	2	0	5	291-497	0
VERMONT																
White River Junction																
Veterans Admin.	See Dartmouth, Hanover, New Hampshire															
VIRGINIA																
Arlington																
National Orthopedic and Rehabilitation	F.W. Rook	ACF		85	1,795	7		32,506	1	1	1	1	0	4	250-400	F
Charlottesville																
University of Virginia	J.H. Allan	ACF		29	760	0		5,555	2	2	2	2	0	8	90-180	F
Richmond																
Crippled Children's	J. T. Tucker	C	35	82	476	1	0	800	0	2	0	0	0	2	200...	F
Medical College of Virginia Hospital Division	M. J. Hoover, Jr.	AF	35	59	1,483	23	26	5,291	3	3	3	3	0	12	100-175	F
Veterans Admin.	R. D. Butterworth	AF	35	37	387	4	50	295	1	1	1	0	0	3	291-497	P
WASHINGTON																
Seattle																
Children's Orthopedic	W. Duncan	C	36, 91	15	594	1	1	2,890	0	0	2	0	0	2	280...	P
King County	D.K. Clowson	AF	36	35	947	37	48	4,985	0	0	0	2	1	3	375-425	F
Providence	R. Romano	A	36	44	1,601	4	25	146	3	3	3	3	0	12	300-400	FP
Veterans Admin.	D.K. Clowson	A	36	inc.	In Surgery										291-497	...
WISCONSIN																
Madison																
University Hospitals	R.E. Burns	ACF		49	1,088	11	45	4,304	1	3	0	0	0	4	100-250	F
Milwaukee																
Columbia	A.C. Schmidt	AF	37	16	403	0	0	1,353	3	3	3	3	0	12	350-425	P
Milwaukee Children's	B.J. Brewer	C	37		518			2,531							...	...
Milwaukee County	J.R. Regan	AF	37	34	774	72	39	6,233	1	1	1	0	0	3	234-339	O
Veterans Admin. (Wood)	P.L. Carnesale	AF	37	72	1,312	30	83	4,087						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 affording 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, 11; Residencies, 30

UNITED STATES NAVY

CALIFORNIA

U.S. Naval, Oakland..... J.R. Dineen..... AF 151 1,597 14,320 1 2 2 0 0 5

MASSACHUSETTS

U.S. Naval, Chelsea..... D.D. Goldthwaite..... AF 76 831 0 0 6,338 1 1 1 0 0 3

VIRGINIA

U.S. Naval, Portsmouth..... C.A. Stevenson..... AF 259 1,857 2 50 20,814 2 2 1 0 0 5

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

DISTRICT OF COLUMBIA

Freedmen's, Washington..... J.R. Gladden..... AF 16 400 1 0 3,952 0 0 0 1 0 1 367-475 P

NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA

San Diego San Diego County General..... F.B. Kimball..... AF 35 487 33 100 2,545 1 1 0 0 0 2 250-300 F

San Francisco

St. Joseph's..... R. Soto-Holl..... AF 26 1,023 2 100 3,077 1 1 1 0 0 3 250-400 F

INDIANA

Indianapolis Methodist..... D. Hodley..... AF 74 1,736 26 40 486 1 1 1 0 0 3 360-450 P

MASSACHUSETTS

Worcester Worcester City..... W. Eddy..... AF 51 1,615 8 62 1,881 1 1 1 0 0 3 250-275 F

NEW YORK

New York City Queens Hospital Center..... A.H. Lewert..... AF 25 339 26 54 4,221 1 1 1 0 0 3 215-265 F

Numerical and other references are listed on pages 265 through 268.

13. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA																
Philadelphia																
Veterans Admin.....	J. E. Nixon.....	AF	...	36	507	3	33	...	1	1	1	0	0	3	315-443	O
TENNESSEE																
Memphis																
Veterans Admin.....	W. L. Moffatt, Jr.....	AF	...	72	776	9	89	2,850	2	2	1	0	0	5	291-442	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 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 168 through 175
Hospitals, 11; Residencies, 17

NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA																
Las Angeles																
Children's.....	S. Mathews.....	C	...	17	789	0	0	5,082	0	1	0	0	0	1	275 ...	P
Oakland																
Children's Hospital of the East																
Bay.....	B. Smart.....	C	...	7	326	0	0	837	1	0	0	0	0	1	250-300	F
CONNECTICUT																
Newington																
Newington Hospital for Crippled Children.....	B. H. Curtis.....	C	...	91	388	...	...	4,956	0	0	1	0	0	1	...200	P
FLORIDA																
Jacksonville																
Hope Haven.....	F. L. Fort.....	C	...	32	323	0	0	6,071	0	0	2	0	0	2	225 ...	F
St. Petersburg																
American Legion Hospital for Crippled Children.....	C. L. Farrington.....	C	...	34	582	3	33	...	0	0	1	0	0	1	150 ...	F
GEORGIA																
Decatur																
Scattish Rite Hospital for Crippled Children.....	J. H. Kite.....	C	...	33	206	0	0	3,012	1	0	0	0	0	1	200 ...	P
ILLINOIS																
Chicago																
Childrens Memorial.....	C. N. Pease.....	C	...	20	706	0	0	4,501	2	0	0	0	0	2	250-300	P
MISSOURI																
Kansas City																
Children's Mercy.....	R. H. Kiene.....	C	...	...	212	1	100	2,710	0	1	0	0	0	1	225 ...	F
St. Louis																
Shriners' Hospital for Crippled Children.....	G. E. Scheer.....	C	...	87	481	0	...	4,979	0	0	0	3	0	3	...	F
UTAH																
Salt Lake City																
Primary Children's.....	B. M. Snow.....	C	...	22	364	0	0	2,394	0	0	2	0	0	2	250 ...	O
WASHINGTON																
Spokane																
Shriners' Hospital for Crippled Children.....	N. R. Brown.....	C	...	40	230	0	100	1,694	..	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	28.	Emanuel Hospital	Portland, Ore.
	Highland-Alameda County Hospital	Oakland, Calif.		Shriners Hospital for Crippled Children	Portland, Ore.
	Presbyterian Medical Center	San Francisco		University of Oregon Medical School	
2.	Children's Hospital of the East Bay	Oakland, Calif.		Hospitals and Clinics	Portland, Ore.
	Samuel Merritt Hospital	Oakland, Calif.	29.	Shriners Hospital for Crippled Children	Philadelphia
	Veterans Admin. Hospital	San Francisco		Temple University Hospital	Philadelphia
	Children's Hospital	San Francisco	30.	Children's Hospital	Pittsburgh
	Franklin Hospital	San Francisco		Presbyterian Hospital	Pittsburgh
	San Francisco General Hospital	San Francisco		Veterans Admin. Hospital	Pittsburgh
	Shriners Hospital for Crippled Children	San Francisco	31.	Rochester General Hospital	Rochester, N. Y.
	University of California Hospitals	San Francisco		Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
3.	Shriners Hospital for Crippled Children	Los Angeles	32.	Baylor University Hospital	Dallas, Texas
	Highland-Alameda County Hospital	Oakland, Calif.		Parkland Memorial Hospital	Dallas, Texas
	Veterans Admin. Hospital	San Francisco		Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
4.	Children's Hospital	Denver	33.	Nebraska Orthopedic Hospital	Lincoln, Neb.
	Colorado General Hospital	Denver		Veterans Admin. Hospital	Lincoln, Neb.
	Veterans Admin. Hospital	Denver	34.	Veterans Admin. Hospital	Salt Lake City
5.	Grace-New Haven Community Hospital	New Haven, Conn.		Salt Lake County General Hospital	Salt Lake City
	Newington Hospital for Crippled Children	Newington, Conn.		Shriners Hospital for Crippled Children	Salt Lake City
	Veterans Admin. Hospital	West Haven, Conn.	35.	Veterans Admin. Hospital	Richmond, Va.
	St. Charles Hospital	Port Jefferson, N. Y.		Crippled Children's Hospital	Richmond, Va.
6.	George F. Geisinger Memorial Hospital	Danville, Pa.		Medical College of Virginia-Hospital Division	Richmond, Va.
	Children's Hospital	Pittsburgh	36.	Children's Orthopedic Hospital	Seattle
7.	American Legion Hospital for Crippled Children	St. Petersburg, Fla.		King County Hospital	Seattle
	Chicago Wesley Memorial Hospital	Chicago		Providence Hospital	Seattle
	Cook County Hospital	Chicago		Veterans Admin. Hospital	Seattle
	Passavant Memorial Hospital	Chicago	37.	Columbia Hospital	Milwaukee
	St. Anne's Hospital	Chicago		Milwaukee Children's Hospital	Milwaukee
	Veterans Admin. Research Hospital	Chicago		Milwaukee County Hospital	Milwaukee
	Evanston Hospital	Evanston, Ill.		Veterans Admin. Hospital (Wood)	Milwaukee
	St. Francis Hospital	Evanston, Ill.	38.	Meadowbrook Hospital	Hempstead, N. Y.
	Shriners Hospital for Crippled Children	Lexington, Ky.		Nassau Hospital	Mineola, N. Y.
	Primary Children's Hospital	Salt Lake City		St. Charles Hospital	Port Jefferson, N. Y.
8.	Veterans Admin. Hospital	Indianapolis	39.	Emory University Hospital	Atlanta, Ga.
	Marion County General Hospital	Indianapolis		Grady Memorial Hospital	Atlanta, Ga.
	Indiana University Medical Center	Indianapolis	40.	Crippled Children's Hospital	Phoenix, Ariz.
	St. Vincent's Hospital	Indianapolis		Letterman General Hospital	San Francisco
9.	Veterans Admin. Hospital	Louisville, Ky.		Shriners Hospital for Crippled Children	San Francisco
	Kosair Crippled Children Hospital	Louisville, Ky.	41.	House of St. Giles the Cripple	Brooklyn
	Louisville General Hospital	Louisville, Ky.		St. Luke's Hospital	New York City
10.	Veterans Admin. Hospital	New Orleans	42.	Michael Reese Hospital	Chicago
	Charity Hospital of Louisiana	New Orleans		St. Elizabeth's Hospital	Chicago
	Tulane University Unit	New Orleans	43.	Hospital of St. Raphael	New Haven, Conn.
	Touro Infirmary	New Orleans		St. Charles Hospital	Port Jefferson, N. Y.
	Shriner's Hospital for Crippled Children	Shreveport	44.	Veterans Admin. Hospital	Birmingham, Ala.
11.	Children's Hospital	Boston		Crippled Children's Hospital	Birmingham, Ala.
	Massachusetts General Hospital	Boston		University Hospital and Hillman Clinic	Birmingham, Ala.
12.	Children's Hospital	Detroit	45.	Albany Medical Center Hospital	Albany, N. Y.
	Harper Hospital	Detroit		Children's Hospital	Pittsburgh
	Receiving Hospital	Detroit	46.	St. Louis City Hospital	St. Louis
	Veterans Admin. Hospital	Dearborn, Mich.		St. Mary's Group of Hospitals of St. Louis University	St. Louis
13.	Veterans Admin. Hospital (Jamaica Plain)	Boston	47.	Presbyterian-St. Luke's Hospital	Chicago
	Boston City Hospital	Boston		University of Illinois Research and Educational Hospitals	Chicago
	Massachusetts Hospital School	Canton, Mass.	48.	State Univ. of New York Upstate Medical Center	Syracuse, N. Y.
	Lakeville State Sanatorium	Middleboro, Mass.		Hospital of the Good Shepherd	Syracuse, N. Y.
14.	George Washington University Hospital	Washington, D. C.		Syracuse Memorial Hospital	Syracuse, N. Y.
	District of Columbia General Hospital	Washington, D. C.		Veterans Admin. Hospital	Syracuse, N. Y.
15.	Mary Day Nursery and Children's Hospital	Akron, Ohio	49.	Methodist Hospital	Houston, Texas
	Akron City Hospital	Akron, Ohio		Jefferson Davis Hospital	Houston, Texas
16.	Veterans Admin. Hospital	Minneapolis		Veterans Admin. Hospital	Houston, Texas
	Shriners Hospital for Crippled Children	Minneapolis	50.	Veterans Admin. Hospital	Hines, Ill.
	Gillette State Hospital for Crippled Children	St. Paul		Shriners Hospital for Crippled Children	Chicago
17.	Children's Hospital	Cincinnati		Shriners Hospital for Crippled Children	Honolulu
	Cincinnati General Hospital	Cincinnati		West Suburban Hospital	Oak Park, Ill.
	Jewish Hospital	Cincinnati	51.	Bellevue Hospital Center, Division IV—	
	Veterans Admin. Hospital	Cincinnati		New York University Postgraduate Med. School	New York City
18.	Children's Mercy Hospital	Kansas City, Mo.		Rehabilitation Hospital	West Haverstraw, N. Y.
	Kansas City General Hospital	Kansas City, Mo.	52.	Veterans Admin. Hospital	Brooklyn
	St. Luke's Hospital	Kansas City, Mo.		St. Charles Hospital Orthopedic Clinic	Brooklyn
	Veterans Admin. Hospital	Kansas City, Mo.	53.	Veterans Admin. Hospital	Oklahoma City
19.	Duke Hospital	Durham, N. C.		Bone and Joint Hospital	Oklahoma City
	Veterans Admin. Hospital	Durham, N. C.		St. Anthony Hospital	Oklahoma City
	North Carolina Orthopaedic Hospital	Gastonia, N. C.		University Hospitals	Oklahoma City
	Shriners Hospital for Crippled Children	Greenville, S. C.	54.	Washington Hospital Center	Washington, D. C.
20.	Alfred I. du Pont Institute of the Nemours Foundation	Wilmington, Del.		Children's Hospital	Washington, D. C.
	U. S. Naval Hospital	Bethesda, Md.	55.	Veterans Admin. Hospital	Des Moines, Ia.
21.	State Hospital for Crippled Children	Elizabethtown, Pa.		University Hospitals	Iowa City, Ia.
	Jefferson Medical College Hospital	Philadelphia	56.	Ochsner Foundation Hospital	New Orleans
22.	Veterans Admin. Hospital (Bronx)	New York City		Touro Infirmary	New Orleans
	Hospital for Special Surgery	New York City	57.	Children's Hospital School	Baltimore
23.	Children's Hospital	Philadelphia		Johns Hopkins Hospital	Baltimore
	Graduate Hospital of the University of Pennsylvania	Philadelphia		Baltimore City Hospitals	Baltimore
	Pennsylvania Hospital	Philadelphia	58.	Akron General Hospital	Akron, Ohio
24.	Veterans Admin. Hospital	Buffalo		Mary Day Nursery and Children's Hospital	Akron, Ohio
	Buffalo General Hospital	Buffalo		Elyria Memorial Hospital	Elyria, Ohio
	Children's Hospital	Buffalo	59.	Good Samaritan Hospital	Lexington, Ky.
25.	Children's Hospital	Columbus, Ohio		St. Joseph's Hospital	Lexington, Ky.
	Mount Carmel Hospital	Columbus, Ohio	60.	Barnes Hospital	St. Louis
26.	House of St. Giles the Cripple	Brooklyn		St. Louis City Hospital	St. Louis
	New York Polyclinic Medical School and Hospital	New York City		Shriners Hospital for Crippled Children	St. Louis
	St. Vincent's Hospital	Staten Island, N. Y.	61.	University of Missouri Medical Center	Columbia, Mo.
	Seaview Hospital	Staten Island, N. Y.		Veterans Admin. Hospital	St. Louis
27.	University Hospitals	Cleveland	62.	Alfred I. du Pont Institute of the Nemours Foundation	Wilmington, Del.
	Veterans Admin. Hospital	Cleveland		U. S. Naval Hospital	Philadelphia

Program Number	Hospital	Location	Program Number	Hospital	Location
63.	Dr. W. H. Groves Latter-Day Saints Hospital	Salt Lake City	84.	Jewish Chronic Disease Hospital	New York City
	Primary Children's Hospital	Salt Lake City		Jewish Hospital of Brooklyn	New York City
64.	Veterans Admin. Hospital	Long Beach, Calif.	85.	East Tennessee Baptist Hospital	Knoxville, Tenn.
	Children's Hospital Center	Los Angeles, Calif.		East Tennessee Crippled Children's Hospital	Knoxville, Tenn.
65.	Children's Hospital	Denver		St. Mary's Memorial Hospital	Knoxville, Tenn.
	Fitzsimons General Hospital	Denver		University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.
66.	Boston City Hospital	Boston	86.	Georgia Baptist Hospital	Atlanta, Ga.
	Lahey Clinic	Boston		Eugene Talmadge Memorial Hospital	Augusta, Ga.
	Massachusetts Hospital School	Canton, Mass.		University Hospital	Augusta, Ga.
	Shriners Hospital for Crippled Children	Springfield, Mass.	87.	U. S. Public Health Service Hospital	San Francisco
	Lakeville State Sanatorium	Middleboro, Mass.		Shriners Hospital for Crippled Children	Salt Lake City
67.	Hospital for Crippled Children	Newark, N. J.	88.	University Hospital	Baltimore
	Metropolitan Hospital	New York City		James Lawrence Kernan Hospital for Crippled Children	Baltimore
68.	Crippled Children's Clinic and Hospital	Birmingham, Ala.	89.	Minneapolis General Hospital	Minneapolis
	Lloyd Noland Hospital	Fairfield, Ala.		University of Minnesota Hospitals	Minneapolis
69.	Allegheny General Hospital	Pittsburgh		Gillette State Hospital for Crippled Children	St. Paul
	St. Francis General and Rehabilitation Institute	Pittsburgh	90.	Shriners Hospital for Crippled Children	Los Angeles
70.	Confederate Memorial Medical Center	Shreveport, La.		Veterans Admin. Center—General Medical and Surgical Hospital	Los Angeles
	Shriners Hospital for Crippled Children	Shreveport, La.		University of California Hospital	Los Angeles
71.	Allegheny General Hospital	Pittsburgh		Orthopedic Hospital	Los Angeles
	Youngstown Hospital	Youngstown, Ohio		Los Angeles County Harbor General Hospital	Torrance, Calif.
72.	Children's Hospital	Philadelphia	91.	Veterans Admin. Hospital	Portland, Ore.
	Reading Hospital	West Reading, Pa.		Children's Orthopedic Hospital	Seattle, Wash.
73.	Mississippi Baptist Hospital	Jackson, Miss.	92.	State Hospital for Crippled Children	Ellizabethtown, Pa.
	University Hospital	Jackson, Miss.		Hahnemann Medical College Hospital	Philadelphia
	Veterans Admin. Hospital	Jackson, Miss.	93.	Children's Medical Center	Boston
74.	University Hospital	Ann Arbor, Mich.		Peter Bent Brigham Hospital	Boston
	Wayne County General Hospital	Eloise, Mich.	94.	Arkansas Children's Home and Hospital	Little Rock, Ark.
75.	Crippled Children's Hospital	Birmingham, Ala.		University Hospital	Little Rock, Ark.
	Veterans Admin. Hospital	Dallas, Texas		Veterans Admin. Hospital	Little Rock, Ark.
76.	Jackson Memorial Hospital	Miami, Fla.	95.	Hotel Dieu Sisters Hospital	El Paso, Texas
	Variety Children's Hospital	Miami, Fla.	96.	William Beaumont General Hospital	El Paso, Texas
77.	North Carolina Baptist Hospital	Winston-Salem, N. C.		Crippled Children's Hospital	Phoenix, Ariz.
	Shriners Hospital for Crippled Children	Greenville, S. C.	97.	Harrison S. Martland Medical Center	Newark, N. J.
	Greenville General Hospital	Greenville, S. C.		Hospital for Crippled Children	Newark, N. J.
78.	Tampa General Hospital	Tampa, Fla.	98.	Children's Hospital	Columbus, Ohio
	American Legion Hospital for Crippled Children	St. Petersburg, Fla.		Riverside Methodist—White Cross Hospital	Columbus, Ohio
79.	Orthopaedic Hospital	Los Angeles	99.	Children's Hospital	Columbus, Ohio
	St. Mary's Hospital	San Francisco		University Hospitals	Columbus, Ohio
80.	Veterans Administration Hospital (Manhattan)	New York City	100.	Children's Hospital	Denver
	Rehabilitation Hospital	West Haverstraw, N. Y.		Denver General Hospital	Denver
81.	North Carolina Memorial Hospital	Chapel Hill, N. C.		Fitzsimons General Hospital	Denver
	North Carolina Orthopedic Hospital	Gastonia, N. C.	101.	Indiana University Medical Center	Indianapolis
82.	Newington Home and Hospital	Newington, Conn.		Mount Sinai Hospital	Cleveland
	Mary Hitchcock Memorial Hospital	Hanover, N. H.	102.	Maumee Valley Hospital	Toledo, Ohio
	Veterans Adm. Hospital	White River Jct., Vt.		St. Vincent's Hospital	Toledo, Ohio
83.	Edward J. Meyer Memorial Hospital	Buffalo, N. Y.			
	Allegheny General Hospital	Pittsburgh			

14. 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, 131; Residencies, 591

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P F O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
COLORADO														
Fitzsimons General, Denver														
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	H. S. Murphey	72	1,197	5	80	15,469	2	2	2	0	0	6		
TÉXAS														
Brooke General, San Antonio	F. L. Spohn	20	715	6	100	9,432	2	2	2	0	0	6		
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland	M. Schiff	36	1,093	1	100	10,006	1	1	1	1	0	4†		
U. S. Naval, San Diego	L. E. Wible	35	1,365	6	66	15,384	1	2	2	1	0	6†		
MARYLAND														
U. S. Naval, Bethesda	W. Patterson	32	1,486	4	75	12,527	1	1	2	1	0	5†		
PENNSYLVANIA														
U. S. Naval, Philadelphia	W. C. Livingood	51	765	6	50	11,228	1	1	1	1	0	4†		
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center, University Hospital and Hillman Clinic	F. S. Moody	25	1,199	1	0	2,984	1	1	1	1	0	4†	171-199	F
Veterans Admin.		12	324			421	0	1	1	0	0	2	291-497	O
CALIFORNIA														
Los Angeles														
Los Angeles County General	A. Miller	28	1,580	35	31	18,303	2	3	3	3	0	11†	275-400	P
Los Angeles Eye and Ear	A. H. Miller	6	1,261	1	0	3,154	1	1	1	0	0	1	210...	P
University of California, Veterans Admin. Center ⁹⁹ (General Medical and Surgical)	J. J. Pressman	6	484	1	0	5,011	0	1	1	1	0	3†	261-340	O
White Memorial	C. S. Mumma	24	778	29	83	8,069	1	1	1	0	0	3	292-373	P
	G. C. Gay	10	1,134	4	75	5,424	1	1	1	0	0	3	265-285	P
Palo Alto														
Stanford Medical Center and Affiliated Hospitals		7	422	0		1,268	2	2	1	1*	0	6	100-175	F
Palo Alto—Stanford Hospital Center	F. W. Baxter													
Veterans Admin.														
Community (San Mateo)														
Santo Clara County (San Jose)														
San Francisco														
University of California Hospitals	F. A. Saay	8	575	0	0	5,998	2	2	2	2	0	8	261-340	O
San Francisco General	W. W. Deatsch	11	147	7	57		0	1	0	0	0	1	243-295	O
Veterans Admin.	W. P. Work	20	234	5	40	1,332	1	1	1	0	0	3	291-497	O
COLORADO														
Denver														
University of Colorado Medical Center		3	368	0	0	4,259	1	1	1	0	0	3	180-205	O
Colorado General	V. H. Hildyard													
Veterans Admin.														
CONNECTICUT														
New Haven														
Yale—New Haven Medical Center		14	1,124	4	25	6,803	1	1	1	0	0	3	50-125	FP
Grace—New Haven Community	J. A. Kitchner													
DISTRICT OF COLUMBIA														
Washington														
Washington Hospital Center	I. E. Feldman	22	3,863	3	67	17,090	3	2	2	0	0	7	215-245	F
FLORIDA														
Miami														
Jackson Memorial	J. R. Chandler	13	784	2	100	3,999	1	1	2	0	0	4	200-275	P
Tampa														
Tampa General	J. B. Farrior		1,297	9	33	2,809	1	1	1	0	0	3	250-300	FP
ILLINOIS														
Chicago														
Northwestern University Medical Center		17	2,071	4	100		1	1	1	1	0	2†	250-325	P
Chicago Wesley Memorial	G. Shambaugh	19	718	21	12	19,005	2	1	1	0	0	4	150...	F
Cook County	J. A. Weiss	13	1,766	1	0	1,834	1	0	0	0	0	1	160-210	FP
Michael Reese	N. Leshin	19	279	0	0		0	1	0	0	0	1	291-497	O
Veterans Admin. Research	G. E. Shambaugh	20	714	13	69	12,547	1	2	3	0	0	6	225-305	
University of Chicago Clinics	J. R. Lindsay													

Numerical and other references are listed on pages 265 through 268.

14. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Includes transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS, Chicago—Continued														
University of Illinois														
Affiliated Hospitals.....	F. L. Lederer.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Illinois Eye and Ear Infirmary.....	.....	39	1,095	8	50	26,692	6	3	3	0	0	12	170-255	P
Presbyterian—St. Luke's.....	.....	20	953	8	75	5,432	1	1	1	0	0	3	125-175	F
Research and Educational Hospitals.....	.....	11	619	5	60	10,789	0	2	2	0	0	4	170-255	P
Hines														
Veterans Admin.—153—155.....	F. Lederer.....	23	524	10	60	653	2	0	2	2	0	6†	291-442	O
INDIANA														
Indianapolis														
Indiana University Medical Center. ¹⁶³														
Indiana University Hospitals.....	M. W. Manion.....	11	566	8	38	2,575	2	2	2	0	0	6	225-300	P
Marion County General.....	D. E. Brown.....	9	394	9	56	4,536	1	1	1	1	0	4†	269-348	P
IOWA														
Iowa City														
State University of Iowa Hospitals.....	D. M. Lierle.....	60	2,971	13	69	21,122	0	4	4	4	0	12†	200-255	...
Veterans Admin.....	E. L. Grandon.....	20	...	..	..	...	0	0	1	0	0	1	373...	P
KANSAS														
Kansas City														
University of Kansas Medical Center...	G. O. Proud.....	10	731	2	50	11,928	1	1	1	0	0	3	175-225	P
Veterans Admin. (Kansas City, Mo.)	H. A. Knuff.....	14	225	4	50	400	..	..	..	0	0	1	292-373	...
KENTUCKY														
Louisville														
University of Louisville														
Affiliated Hospitals.....	.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Louisville General.....	W. C. Wolfe.....	14	1,347	3	33	4,011	1	1	1	0	0	3	141-167	F
Veterans Admin.....	H. Oppenheim.....	8	297	1	..	562	1	1	0	0	0	2	291-373	O
LOUISIANA														
New Orleans														
Chority Hospital of Louisiana														
Louisiana State University Division	V. H. Fuchs.....	7	823	7	29	7,128	..	..	..	0	0	8†	125-200	F
Tulane University Division.....	H. G. Tabb.....	12	845	10	30	7,154	..	..	..	0	0	8†	125-200	F
Eye, Ear, Nose and Throat.....	H. G. Tabb.....	78	1,848	1	0	11,831	2	3	2	0	0	7	125-175	F
MARYLAND														
Baltimore														
Baltimore Eye, Ear and Throat.....	F. Dwyer.....	10	3,776	1	0	6,462	1	1	1	0	0	3	150-200	F
Johns Hopkins.....	J. E. Bardley.....	..	1,579†	1	100	21,225	3	3	3	3	0	12†	167-358	P
Mercy.....	T. A. Schwartz.....	10	1,978	3	33	3,092	1	1	1	0	0	3	300...	P
University.....	C. L. Blanchard.....	9	489	5	60	4,790	0	2	2	2	0	6†	220-350	P
MASSACHUSETTS														
Boston														
Boston City.....	A. J. Gorney.....	23	1,523	20	15	17,266	2	2	2	2	0	8†	158-248	F
Massachusetts Eye and Ear Infirmary..	P. E. Meltzer.....	..	4,426	10	30	24,334	5	5	5	0	0	15	200...	P
Veterans Admin. (Jamaica Plain).....	P. Mysel.....	10	273	5	80	1,960	1	1	1	0	0	3	291-373	O
Beth Israel.....	B. Zondermon.....	Inc.	In Surgery	..	..	In Surgery	0	1	1	0	0	1	192-275	O
MICHIGAN														
Ann Arbor														
University ²⁰⁶	A. C. Furstenberg.....	13	683	2	100	10,094	3	3	3	3	0	12†	193-295	O
Detroit														
Harper ²⁰⁶	A. E. Hammond.....	20	3,381†	9	77	1,410	2	2	2	0	0	6	275-325	P
Henry Ford.....	J. L. Dill.....	16	1,843	1	100	29,478	2	2	2	2	0	8†	320-400	P
Receiving.....	J. Croushore.....	9	457†	6	57	9,950	2	1	1	0	0	4	333-408	P
MINNESOTA														
Minneapolis														
University of Minnesota Hospitals ²¹⁴ ...	L. R. Boies.....	8	484	3	67	5,644	3	3	3	3	0	12†	250...	O
Minneapolis General.....	J. H. Glaeser.....	8	377	6	83	2,668	0	1	1	0	0	2	250...	P
Ancker (St. Paul).....	J. J. Hochfilzer.....	6	451	3	100	2,986	0	0	1	0	0	1	280...	F
Veterans Admin. ²¹⁹	L. R. Boies.....	14	310	..	..	...	0	1	1	1	0	3†	291-497	O
Rochester														
Mayo Foundation ²²⁰	K. M. Simonton.....	12	1,249	2	50	50,941	3	3	3	3	0	12†	200-333	P
MISSOURI														
Kansas City														
Kansas City General.....	W. P. Bunting.....	8	270	0	0	5,397	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.....	10	387	19	11	7,680	1	1	1	1	0	4†	246-314	...
St. Mary's Group of Hospitals of St. Louis University.....	W. Harkins.....	16	1,911	1	0	2,337	1	1	1	0	0	3	150-170	F
Washington University Hospitals ²²⁷...	.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Bornes.....	T. W. Walsh.....	33	3,076	11	30	7,337	5	5	4	4	0	18†	75-175	F
McMillan.....	.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin.....	E. H. Lyman.....	8	158	4	50	...	1	0	0	0	0	1	291-443	...
NEW JERSEY														
Newark														
United Hospitals of Newark.....	.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Newark Eye and Ear Infirmary.....	.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Mortland Medical Center.....	E. P. Cordwell.....	29	2,336	37	27	4,970	2	3	2	0	0	7	275-350	FO

Numerical and other references are listed on pages 265 through 268.

14. OTOLARYNGOLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend 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	10	784	6	67	1,450	1	1	1	1	0	4†	210-290	P
Buffalo														
Buffalo General ²⁴⁹	M. Y. Soldineer	..	820†	1	100	1,160	2	1	1	0	0	4	175-200	F
New York City														
Bellevue Hospital Center Div. IV—New York University Postgraduate Medical School ²⁵²	J. F. Daly	82	3,205	30	33	28,575	4	4	4	4	0	16†	175-347	F
Brooklyn Eye and Ear	J. P. Baker	42	6,452	5	0	29,515	2	2	2	0	0	6	100-150	F
City Hospital at Elmhurst	C. A. Seelig	10	440	10	50	3,394	1	1	1	0	0	3	215-265	F
Harlem Eye and Ear	E. Grabscheld	15	2,679	1	..	21,720	1	1	1	0	0	4	150-300	F
Kings County Hospital Center	I. Pollisar	28	1,134	23	37	10,964	2	2	2	2	0	8†	215-265	F
Long Island College	I. A. Pollisar	8	745	..	..	1,767	1	1	1	0	0	3	170-200	P
Manhattan Eye, Ear and Throat	R. J. Bellucci	52	6,480	7	29	29,385	4	4	4	0	0	12	100-150	F
Mount Sinai	J. L. Goldman	18	1,675	4	50	7,617	0	2	2	2	0	6†	100 ...	F
New York Eye and Ear Infirmary	J. S. Hanley	27	2,890	3	..	30,929	3	0	0	0	0	3	100-150	F
New York New York Polyclinic Medical School and Hospital	J. W. Bell	7	1,179	..	..	6,399	1	1	1	1	0	4†	150-200	P
Presbyterian	E. P. Fowler	28	1,988	1	0	18,961	3	3	3	0	0	9	250-308	F
Roosevelt	R. C. Grove	6	670	0	..	3,994	1	1	1	0	0	3	158-316	P
St. Luke's	D. R. McCuag	15	1,058	0	..	8,156	1	1	1	0	0	3	125-175	F
Veterans Admin. (Bronx)	H. Kolsan	19	369	10	60	406	1	1	1	1	0	4†	291-442	O
Syracuse														
State University of New York Upstate Medical Center	A. W. Doust	18	835	3	66	2,329	1	1	1	0	0	3	250 ...	O
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	N. D. Fischer	3	161†	1	..	2,599	1	1	1	1	0	4†	175-266	O
Durham														
Duke University Affiliated Hospitals	W. W. Eagla	..	..	..	..	..	..	..	..	..	..	..	..	..
Duke	..	9	811	0	..	6,833	2	2	2	2	0	8†	42-200	O
Veterans Admin.	..	12	190	3	33	..	1	0	1	0	0	2	291-497	O
McPherson	G. B. Ferguson	7	943	0	..	13,012	1	1	1	0	0	3	200-350	P
Winston-Salem														
North Carolina Baptist	J. A. Horrill	8	656	3	67	3,115	1	1	1	0	0	3	166-208	P
OHIO														
Cincinnati														
University of Cincinnati College of Medicine Hospital Group	V. W. Fischbach	..	..	..	..	..	..	..	..	..	..	..	..	..
Cincinnati General	..	21	656	6	100	3,828	2	1	1	1	0	5†	100-200	F
Cleveland														
Cleveland Clinic ²⁰⁴	H. E. Harris	14	1,014	9	44	13,457	2	2	2	0	0	6	275-350	O
St. Luke's	..	..	..	..	..	..	..	..	..	..	..	..	..	..
University Hospitals of Cleveland	W. H. Maloney	8	1,074†	1	100	3,969	0	1	1	1	0	0	195-262	P
Veterans Admin.	W. H. Maloney	..	..	..	..	..	0	0	1	0	0	1	291-497	P
Columbus														
Ohio State University Hospitals	E. W. Harris	..	..	..	..	..	..	..	..	..	..	..	..	..
Children's	..	10	2,016	0	0	2,117	0	0	3	0	0	3	.. 275	P
University	..	7	464	4	50	4,196	2	2	2	2	0	8†	177-277	P
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	L. K. Emenhiser	..	..	..	..	..	1	1	1	1	0	4†	..	..
University Hospitals	..	6	333	2	100	3,352	..	..	..	..	..	..	200-275	P
Veterans Admin.	..	8	88	0	0	1,037	..	..	..	..	..	..	..	..
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	D. D. DeWeese	18	983	2	50	5,585	2	2	2	2	0	8†	165-215	F
Veterans Admin.	T. G. TenEyck	7	148	0	0	756	0	1	0	0	0	1	291-414	P
PENNSYLVANIA														
Danville														
George F. Gelsinger Memorial	F. W. Davidson	10	1,193	..	..	10,257	1	1	1	1	0	4†	175-290	FP
Philadelphia														
Graduate Hospital of the University of Pennsylvania	B. J. Ronis	16	1,412	2	50	2,547	1*	1	1	1	0	4†	137-200	F
Hospital of the University of Pennsylvania	P. Marden	12	1,236	4	50	3,029	2	2	2	2	0	8	100 ...	P
Jefferson Medical College	F. Horbert	27	1,414	15	75	3,536	1	2	2	0	0	5	100-250	P
Temple University ²²⁹	D. Myers	45	3,488	6	67	4,043	2	2	2	2	0	8†	175-250	P
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh School of Medicine	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Eye and Ear	K. M. Day	44	5,270	7	57	9,120	2	2	2	2	0	8†	125-175	F
Veterans Admin.	R. Jordan	31	609	32	53	..	0	0	1	0	0	1	..	O
Mercy	J. A. Perrone	23	2,359	..	..	2,428	1	1	1	1	0	4	275-325	F
PUERTO RICO														
San Juan														
San Juan City	J. Pico	6	178	..	..	5,029	1	1	1	..	..	3	175-250	F

Numerical and other references are listed on pages 265 through 268.

14. OTOLARYNGOLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
RHODE ISLAND														
Providence														
Rhode Island	R. W. Pearson	18	2,354	10	60	5,745	1	1	1	1	0	4†	125-250	F
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Medical College.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Roper.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
TENNESSEE														
Memphis														
City of Memphis Hospitals ⁶⁷	S. Sanders	9	477	2	28	6,550	1	1	1	0	0	3	150-175	...
Veterans Admin.	T. C. Maguda	21	444	7	100	4,210	1	1	1	0	0	3	291-372	P
TEXAS														
Dallas														
Parkland Memorial.....	C. D. Winborn.....	3	146	5	0	2,676	1	1	0	0	0	2	150-175	P
Veterans Admin. ³⁴⁸	D. A. Corgill	30	501	23	78	4,192	2	2	0	0	0	4	291-373	P
Galveston														
University of Texas Medical Branch Hospitals	J. M. Rabison.....	9	418	3	33	6,091	1	1	1	0	0	3	160 ...	F
Houston														
Baylor University College of Medicine Affiliated Hospitals .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Jefferson Davis	H. H. Harris	6	272	1	...	7,468	0	1	1	1	0	3	125-165	F
Methodist	J. C. Dickson	7	1,106†	0	0	99	0	1	0	1	0	2†	100-175	F
Veterans Admin.	H. H. Harris	20	397	5	100	4,026	0	1	1	1	0	3	291-443	P
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
DeGoesbriand Memorial.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mary Fletcher.....	R. C. Morrow, Jr.	3	333	0	0	570	2	0	1	0	0	3	166-541	FP
VIRGINIA														
Charlottesville														
University of Virginia.....	G. S. Fitz-Hugh.....	16	925	2	50	4,798	2	1	2	0	0	5	90-180	F
Richmond														
Medical College of Virginia-Hospital Division	P. N. Pastare.....	13	1,649	4	25	6,237	2	2	2	1	0	7†	100-175	F
WISCONSIN														
Madison														
University Hospitals.....	M. Bennett.....	11	574	2	100	2,680	2	2	2	0	0	6	100-250	F
Milwaukee														
Veterans Admin. (Wood) ³⁷⁶	R. H. Lehman.....	19	438	15	93	5,021	1	1	1	1	0	4†	291-443	P

15. 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, 732; Residencies, 2, 969

	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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio.....	D. Auld.....	228	363,166	18,660	220	4P	1	2	1	2	0	6	.....	...
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco....	M. R. Beck.....	217	374,348	5,413	5,413	4P	2	2	2	2	0	8	.....	...
COLORADO														
Fitzsimons General, Denver ¹¹³	H. E. Shuey.....	173	476,070	5,393	5,393	4P	1	1	1	1	0	4	.....	...
DISTRICT OF COLUMBIA														
Amed Forces Institute of Pathology, Washington.....														
.....	E. B. Helwig.....	16,074	.....	41,179	41,179	1A	0	0	10	10	..	20†	.....	...
Walter Reed General, Washington.....	J. H. Draheim.....	370	1,172,397	7,238	7,238	4P	3	3	3	3	0	12	.....	...
HAWAII														
Tripler Army, Honolulu.....	H. B. Haeffler.....	166	718,347	7,360	7,360	4P	1	1	1	1	0	4	.....	...

Numerical and other references are listed on pages 265 through 268.

15. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	O or M ¹ Maintenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
TEXAS														
William Beaumont General, El Paso...	P. M. Child.....	218	980,023	9,675	8,878	4P	1	1	1	1	0	4	476-675	P
Brooke General, San Antonio.....	M. W. Bayliss.....	390	814,412	6,616	6,616	4P	2	2	2	2	0	8	.....	...
WASHINGTON														
Madigan General, Tacoma.....	P. W. Palmer.....	217	836,761	5,248	5,248	4P	1	1	1	1	0	4	.....	...
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland.....	D. B. Rulon.....	179	421,636	6,752	6,252	4P	1	1	1	1	0	4	.....	...
U. S. Naval, San Diego.....	R. M. Dimmette....	611	849,628	12,652	12,302	4P	1	2	2	1	0	6	.....	...
MARYLAND														
U. S. Naval, Bethesda.....	J. Shaver.....	224	429,858	8,862	8,862	4P	2	2	2	1	0	7	.....	...
NEW YORK														
U. S. Naval, St. Albans.....	S. S. Sarkisian....	182	494,175	13,339	13,339	4P	1	1	2	0	0	4	.....	...
PENNSYLVANIA														
U. S. Naval, Philadelphia.....	B. H. Smith, Jr....	240	271,460	4,280	4,280	4P	1	2	1	0	0	4	.....	...
UNITED STATES PUBLIC HEALTH SERVICE														
LOUISIANA														
U. S. Public Health Service, New Orleans.....	A. L. Steplack.....	257	205,328	6,822	6,822	4P	2	2	2	2	0	8	.....	...
MARYLAND														
U. S. Public Health Service, Baltimore National Institutes of Health—Clinical Center, Bethesda.....	J. A. Smith.....	74	174,891	2,963	2,759	4P	1	0	2	1	0	4	723	...
	G. Williams													
	H. Stewart.....	286	387,342	2,532	2,532	4P	3	2	1	0	0	6†	.....	...
NEW YORK														
U. S. Public Health Service, New York City.....	T. L. Perrin.....	134	361,132	4,861	4,484	4P	1	1	1	1	0	4	.....	...
WASHINGTON														
U. S. Public Health Service, Seattle...	B. S. Eggertsen....	215	121,672	3,959	3,551	2P	1	1	0	0	0	2	.....	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington.....	M. A. Jackson.....	195	201,817	4,276	4,276	4P	4	..	..	..	0	4	367-475	P
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights.....	H. Mondragon.....	116	374,584	2,615	2,615	4P	1	1	1	1	0	4	458-593	O
DISTRICT OF COLUMBIA														
St. Elizabeth's, Washington.....	P. A. Athanasiadou	201	180,417	1,209	1,209	2A	2	2	0	0	0	4	400-433	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Birmingham Baptist.....	A. E. Casey.....	256	536,200	10,579	10,579	4P	1	0	0	0	0	1	300-600	P
Carraway Methodist.....	J. A. Cunningham													
	B. Bishop.....	191	213,792	3,415	3,415	4P	2	2	0	0	0	4	275-325	FP
University of Alabama Medical Center University Hospital and Hillman Clinic.....	J. McManus.....	580	680,037	8,795	8,795	..	3	3	2	1	0	9	150-170	F
Veterans Admin.....	B. M. Hathaway....	195	305,661	2,783	2,783	..	1	0	0	1	0	2	291-497	O
Fairfield														
Lloyd Noland.....	H. G. Davis, Jr....	99	151,147	4,417	3,089	1A	1	0	0	0	0	1	300	FP
Mobile														
Mobile General.....	E. L. Brown.....	604	170,008	7,412	7,412	2A	2	2	0	0	0	4	300-450	P
ARIZONA														
Phoenix														
Good Samaritan.....	J. Barger.....	223	213,838	10,088	6,488	4P	1	1	1	1	..	4	350-400	P
MariCopa County General.....	N. P. Grenfell.....	262	350,529	3,291	3,216	2A	2	1	0	0	0	3	373-397	P
St. Joseph's.....	L. A. Stapley.....	320	213,114	7,287	5,119	4P	1	1	1	1	0	4	300-425	FP
ARKANSAS														
Little Rock														
Arkansas Baptist.....	E. L. Wilbur.....	105	171,793	6,613	4,800	2A	0	1	0	0	0	1	325-400	F
University.....	T. D. Naman.....	431	146,527	5,306	5,306	4P	2	2	1	1	0	6	233-333	O
Veterans Admin. Hospitals.....						3P								
Veterans Admin.....	C. F. Shukers.....	260	316,158	1,820	1,800	..	1	0	0	0	0	1	291	O
Veterans Admin. (North Little Rock)	T. T. Frost.....	300	334,000	2,650	2,385	..	1	1	1	1	0	4	291-373	...
CALIFORNIA														
Bakersfield														
Kern County General.....	R. W. Huntington, Jr.	576	256,712	8,684	3,554	4P	1	1	1	1	0	4	375-450	O
Berkeley														
Herrick Memorial.....	H. R. Fishback.....	150	111,178	4,462	4,022	4P	1	1	1	1	0	4	175-225	F

Numerical and other references are listed on pages 265 through 268.

15. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance	
							1st Year	2nd Year	3rd Year	4th Year	5th Year				
CALIFORNIA—Continued															
Burbank															
St. Joseph.....	R. Strous.....	118	83,493	5,658	4,146	4P	1	1	1	1	0	4	400-550	O	
Duarte															
City of Hope Medical Center.....	G. D. Amromin.....	199	107,280	5,624	5,624	1P	1	1	0	0	0	2	400	O	
Glendale															
Glendale Sanitarium and Hospital.....	A. F. Brown.....	233	139,500	5,810	4,196	4P	1	1	1	1	0	4	355-380	P	
Inglewood															
Daniel Freeman Memorial.....	W. B. Dublin.....	213	138,445	6,006	3,196	2P	0	0	0	1	0	1	.....	.....
Loma Linda															
Loma Linda Sanitarium and Hospital ⁸¹	C. S. Small.....	315	258,000	5,096	4,457	4P	3*	1	1	1	0	6	315-380	O	
Long Beach															
Memorial Hospital of Long Beach.....	E. R. Jennings.....	147	174,844	6,574	5,908	4P	1	1	1	1	0	4	325-475	P	
St. Mary's Long Beach.....	T. Kiddie.....	179	202,722	7,097	4,095	3P	1	1	1	0	0	2	400-510	F	
Veterans Admin. ⁸⁴	B. E. Konwaler.....	696	500,352	3,845	3,821	4P	2	2	2	2	0	8	291-497	O	
Los Angeles															
California.....	A. Wright.....	161	172,126	5,853	4,514	3A	1	1	1	0	0	3	500-500	F	
Cedars of Lebanon.....	N. B. Friedman.....	302	222,827	8,183	8,016	4P	2	2	2	2	1	9†	275-430	FP	
Childrens.....	R. Cleland.....	272	165,187	1,336	1,150	1A	1	1	0	0	0	2	275	.....
Hospital of the Good Samaritan.....	L. J. Trogerman.....	186	165,424	5,836	4,454	4P	2	0	0	0	0	2	325-375	FP	
Los Angeles County General.....	E. Butt.....	2,164	1,298,532	18,469	.....	4P	4	4	4	4	0	16	275-400	P
Mount Sinai.....	L. Koplan.....	109	132,924	3,506	2,923	1P	1	1	1	1	1	1	.....	.....
Queen of Angels.....	J. H. Cremin.....	219	164,308	5,925	4,565	4P	1	1	1	0	0	3	275-325	F	
University of California.....	S. C. Modden.....	378	183,843	4,551	4,157	4P	2	2	2	2	0	8	261-460	O	
Veterans Admin.—General Medical and Surgical.....	B. G. Fishkin.....	936	754,590	5,731	5,731	4P	5	4	3	3	0	15	292-497	P	
White Memorial.....	O. B. Pratt.....	294	370,728	5,635	5,635	4P	1	1	0	2	0	4	265-330	P	
Oakland															
Children's Hospital of the East Bay.....	A. J. McAdams.....	118	90,447	2,627	450	1A	1	0	0	0	0	1	300-350	F	
Highland-Alameda County.....	R. J. Parsons.....	390	205,816	4,545	4,409	3A	2	1	1	0	0	4	220-268	FP	
Kaiser Foundation.....	M. Friedman.....	508	430,235	16,589	14,157	4P	2	1	1	1	0	5	315-520	FP	
Samuel Merritt.....	C. P. Baker.....	306	144,877	6,289	5,368	4P	1	1	1	1	0	4	220-268	F	
Veterans Admin.....	B. Gerstl.....	394	253,807	3,177	3,177	4P	1	1	2	2	0	6	291-443	.....
Orange															
Orange County General.....	E. B. Reilly.....	373	234,875	2,201	2,161	4P	1	1	1	1	0	4	355-417	O	
Palo Alto															
Stanford Medical Center and Affiliated Hospitals.....						4P	.....	.....	.....	.....	.....	.....	.....	.....
Palo Alto—Stanford Hospital Center	A. J. Cox, Jr.....	277	120,408	4,549	3,730	.....	2	2	1	1	0	6	100-175	F
Veterans Admin.....						.....	.....	.....	.....	.....	.....	.....	.....	.....
Pasadena															
Huntington Memorial.....	D. Shillam.....	241	283,974	5,691	4,037	4P	2*	1	1	1	0	5	300	FP
Redwood City															
Sequoia.....	S. Lindsay.....	106	122,056	6,722	2,833	4P	.....	.....	.....	.....	.....	1	350-450	P
Sacramento															
Mercy.....	S. Friedlander.....	126	272,561	9,864	6,246	4P	1	1	1	1	0	4	400-600	O	
Sacramento County.....	R. Hordre.....	539	244,635	2,507	2,357	4P	1	1	1	1	0	4	420-510	F	
San Bernardino															
San Bernardino County Charity.....	C. H. Lee.....	267	166,670	2,718	2,379	2A	2	0	0	0	0	2	350-350	F	
San Diego															
Danald N. Shorp Memorial Community.....	H. R. Irwin.....	187	156,532	8,178	5,552	4P	.....	.....	.....	.....	.....	2	321-471	.....
Mercy.....	D. A. DeSanto.....	272	211,364	17,717	15,270	4P	1	1	1	1	0	4	250-400	F	
San Diego County General.....	L. A. Palmer.....	394	148,443	2,102	1,759	4P	1	1	1	1	0	4	250-400	F	
San Francisco															
Children's.....	S. T. Nerenberg.....	92	122,335	3,756	1,895	2P	1	1	0	0	0	2	250-300	FP	
French.....	G. Watson.....	76	84,047	2,445	2,445	1A	1	0	0	0	0	1	300	.....
Kaiser Foundation.....	M. L. Bassis.....	310	345,294	9,482	6,956	3A	2	2	2	0	0	2	315-415	FP	
Mount Zion.....	G. R. Biskind.....	282	297,545	5,226	4,830	4P	0	1	1	2	0	4	175-325	F	
Presbyterian Medical Center.....	R. J. Kleinhenz.....	112	83,247	3,400	3,332	4P	1	1	1	1	0	4	175-300	P	
St. Francis Memorial.....	J. L. Zundell.....	124	93,233	6,880	5,127	4P	1	1	1	1	0	4	300-350	P	
St. Joseph's.....	C. M. McCandless.....	109	89,322	3,128	2,809	2P	1	.....	.....	.....	.....	1	250-400	F
St. Luke's.....	M. B. Black.....	156	140,456	3,999	2,827	2P	1	1	0	0	0	2	325-350	FP	
St. Mary's.....	R. A. Jeffrey.....	173	221,189	10,189	6,247	4P	1	0	0	0	0	1	200-300	FP	
San Francisco General.....	J. L. Carr.....	724	1,364	3,784	3,780	3A	4	4	1	0	0	9	243-425	O	
University of California Service.....						.....	.....	.....	.....	.....	.....	.....	.....	.....
Southern Pacific General.....	V. L. Cull.....	195	130,967	3,610	2,612	4P	1	1	1	1	0	4	300-400	F	
University of California Hospitals ¹⁰⁷	H. D. Moon.....	361	141,300	6,740	6,560	4P	8	6	6	4	0	24	261-460	O	
Veterans Admin.....	T. V. Feichtmeir.....					.....	.....	.....	.....	.....	.....	.....	.....	.....
San Jose															
O'Connor.....	L. R. Grams.....	216	181,765	7,049	4,192	4P	1	1	1	1	0	4	400-600	P	
Santa Clara County.....	D. L. Alcott.....	407	394,747	2,350	2,350	4P	4	2	1	1	0	7	270-320	P	
San Mateo															
Community Hospital of San Mateo County.....	A. Lack.....	820	142,962	2,497	2,247	2A	1	1	0	0	0	1	300-400	F	
San Pablo															
Brookside.....	G. H. DeMay.....	115	82,673	3,748	3,075	2P	1	0	0	0	0	1	500	O	
Santa Barbara															
Santa Barbara Cottage.....	D. R. Dickson.....	138	117,601	6,162	5,363	4P	1	0	0	1	0	2	250-400	FP	
Santa Monica															
St. John's.....	G. J. Hummer.....	127	201,720	7,030	7,030	2A	2	0	0	0	0	2	225-250	P	
Stockton															
San Joaquin General.....	H. J. Schneider.....	359	152,514	2,903	2,903	3A	1	0	0	0	0	1	275-340	P	
Torrance															
Los Angeles County Harbor General.....	C. Johnston.....	535	370,501	3,348	3,006	4P	2	2	2	2	0	8	275-400	F	

Numerical and other references are listed on pages 265 through 268.

15. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance F P O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO														
Colorado Springs														
Penrose.....	M. Berthrong													
Denver														
Children's.....	E. C. Beatty, Jr....	100	153,477	3,459	817	2P	1	1	0	0	0	1	225-250	O
Denver General.....	W. C. White.....	880	458,109	3,321	3,265	4P	2	2	2	2	0	8	245-320	P
General Rose Memorial.....	J. Minckler.....	171	143,028	6,047	5,249	2A	1	1	0	0	0	2	265-280	F
Mercy.....	E. Hildebrand.....	141	133,725	7,109	6,706	4P	..	..	..	..	0	4	330-395	P
Porter Sanitarium and Hospital.....	W. T. Winkle.....	115	121,939	4,908	4,824	2P	1	1	0	0	0	2	300-600	P
Presbyterian.....	A. E. Lubchenco.....	202	148,677	5,554	4,180	4P	1	1	1	1	0	4	275-300	P
St. Anthony.....	S. K. Kurland.....	208	147,648	5,908	3,168	2A	2	2	0	0	0	4	300-350	FP
St. Joseph's.....	S.M.P. Ashe.....	235	352,699	10,844	9,146	4P	1	1	1	1	0	4	200-275	F
St. Luke's.....	W. C. Black.....	304	214,370	10,882	9,150	4P	2	2	1	1	0	6	275-300	P
University of Colorado Medical Center ..	..	..	..	..	..	4P	..	..	..	..	..	..	..	..
Colorado General.....	M. Berthrong.....	392	208,977	3,558	3,558	..	5	3	4	0	0	11	250-300	O
Veterans Admin. ¹⁴⁸	J. Holmes.....	291	246,279	2,540	2,500	4P	2	2	2	1	0	7	291-443	O
Pueblo														
Colorado State ¹⁴⁸	M. Gallavan.....	340	130,174	1,202	1,171	4P	4*	2*	2	2	0	10	540-700	O
CONNECTICUT														
Bridgeport														
Bridgeport.....	R. Pope.....	179	321,442	5,153	3,554	4P	1	1	1	1	0	4	240-315	F
St. Vincents.....	H.G. Schmidt, Jr. ..	234	219,758	4,820	4,230	4P	1	1	1	1	0	4	350-450	P
Donbury														
Danbury.....	E. Woll.....	116	133,552	4,189	2,693	1A	2	0	0	0	0	2	275...	FP
Derby														
Griffin.....	W.P. McNulty, Jr. ..	87	90,954	2,423	1,691	1A	1	0	0	0	0	1	225...	F
Greenwich														
Greenwich.....	J. Morris.....	162	107,060	3,294	2,344	2A	1	1	0	0	0	2	200-350	F
Hartford														
Hartford.....	R. Tennant.....	549	426,621	12,640	11,987	4P	2	2	2	2	0	8	235-385	P
St. Francis.....	L.P. Hastings.....	242	264,265	6,839	6,771	4P	1	1	1	1	0	4	200-300	FP
Manchester														
Manchester Memorial.....	F.P. Becker.....	150	98,603	3,760	2,700	2A	1	1	0	0	0	2	425...	...
Meriden														
Meriden.....	R. Katzenstein.....	138	156,274	3,706	2,879	2A	2	0	0	0	0	2	100-300	F
Middletown														
Middlesex Memorial.....	C. E. McLeod.....	185	110,927	3,645	2,396	2P	1	1	0	0	0	2	200...	F
New Britain														
New Britain General.....	P.D. Rosahn.....	224	199,252	6,744	4,903	4P	1	1	1	1	0	4	250-325	FP
New Haven														
Hospital of St. Raphael.....	R. R. Nesbit.....	283	181,138	5,840	5,327	4P	1	1	1	1	0	4	300-335	F
Yolo-New Haven Medical Center.....	..	..	..	..	..	4P	..	..	..	..	..	..	..	..
Groce-New Haven Community.....	D. Saligson.....	252	270,000	2,755	2,480	..	2	2	1	1	0	6	291-443	O
Veterans Admin. (West Haven).....	R. Yesner.....	799	375,249	9,587	9,188	..	2	0	1	0	0	3	50-125	FP
Newington														
Veteran's Admin.	R. G. Olivetti.....	106	118,135	1,196	1,080	1A	1	0	0	0	0	1	291-373	...
Norwalk														
Norwalk.....	R.N. Barnett.....	216	164,727	4,752	3,482	4P	1	1	1	1	0	4	195-300	F
Stamford														
Stamford.....	E.S. Breckell.....	239	153,734	4,653	3,872	4P	1	1	1	1	0	4	200-300	F
Waterbury														
St. Mary's.....	M. E. Cox.....	183	175,222	4,488	3,172	4P	1	1	1	1	0	4	225-300	F
Waterbury.....	J. O. Collins.....	200	211,519	4,878	4,878	4P	1	1	1	1	0	0	225-300	F
West Haven														
Veterans Admin.....	-See Yale New Haven Medical Center, New Haven, Conn.	..	..	..	..	..	..	..	..	..	..	..	..	..
DELAWARE														
Wilmington														
Delaware.....	J.W. Howard.....	269	350,331	16,073	9,187	4P	1	1	1	1	0	4	190-350	...
Memorial.....	J.W. Abbiss.....	298	161,958	8,534	8,534	4P	1	1	1	1	0	4	225-285	F
Wilmington General.....	J.V. Cosella.....	102	173,630	3,342	3,342	1P	1	0	0	0	0	1	220-355	FP
DISTRICT OF COLUMBIA														
Washington														
Children's.....	G. H. Guin.....	116	138,834	697	692	2P	2	0	0	0	0	2	200-320	P
District of Columbia General.....	D. L. Weiss.....	904	785,023	6,892	6,892	4P	4	3	2	2	0	11	258-358	O
Doctors.....	O. B. Hunter.....	183	233,137	5,715	5,150	4P	1	1	0	1	1	4†	200-400	F
Georgetown University.....	C. F. Geschickter.....	298	329,643	8,380	8,370	4P	4	4	3	1	0	12	175-245	FP
George Washington University.....	T.M. Peery.....	341	264,936	8,443	8,000	4P	2	1	1	1	0	5	210-285	...
Providence.....	K. L. McCoy.....	261	240,361	6,140	6,081	4P	1	1	1	1	0	4	350-425	P
Sibley Memorial.....	O. B. Hunter.....	148	196,375	4,881	4,381	4P	1	1	1	1	0	4	347-390	F
Veterans Admin. ¹³⁴	J.S. Howe.....	299	208,000	1,959	1,959	4P	1	1	1	1	0	4	291-497	O
Washington Hospital Center.....	V. E. Martens.....	476	393,238	11,218	10,839	4P	2	2	2	2	0	8	215-260	F
FLORIDA														
Coral Gables														
Veterans Admin.....	R. V. Thomson.....	402	293,993	3,782	3,782	4P	1	1	1	3	0	6	291-443	O
Ft. Lauderdale														
Broward General.....	R. J. Poppiti.....	250	250,000	7,000	6,500	4P	2	..	..	..	0	2	450-525	F
Gainesville														
University of Florida Teaching Hospital and Clinics.....	J.L. Edwards.....	225	102,938	4,400	4,400	4P	1	1	1	1	1	5†	217-450	...
Hollywood														
Memorial.....	J. Mickley.....	143	149,077	3,500	3,300	2P	1	0	0	0	0	..	400...	F

Numerical and other references are listed on pages 265 through 268.

15. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
FLORIDA—Continued														
Jacksonville														
Baptist Memorial	A. G. Foraker	222	148,642	5,913	4,896	4P	1	1	1	0	4	325-400	O	
Duval Medical Center	J. W. Eversole	286	203,188	5,912	5,595	2A	1	1	0	0	2	225-250	F	
St. Vincent's	C. M. Whorton	198	199,407	5,364	3,862	4P	1	1	1	0	4	325-400	P	
Miami														
Jackson Memorial	W. A. D. Anderson	955	962,826	16,769	13,634	4P	5	5	5	5	20	200-335	P	
Miami Beach														
Mount Sinai Hospital of Greater Miami	J. Benson	241	233,041	3,914	3,455	4P	1	1	1	0	4	250-300	F	
Orlando														
Orange Memorial	C. G. Butt	218	313,472	5,939	5,371	4P	1	1	1	0	4	325-400	O	
Pensacola														
Baptist	G. V. Squires	123	109,144	4,316	2,679	4P	2	2	2	0	2	425-450	O	
Tampa														
Tampa General	R. Neale, Sr.	237	240,805	9,170	7,502	4P	1	1	1	0	4	350-400	FP	
GEORGIA														
Atlanta														
Crowford W. Lang Memorial	D. Ayer	256	257,248	13,358	12,350	4P	3	2	1	0	7	285-300	O	
Emory University ¹⁴⁰	A. Golden	308	185,531	9,393	8,537	4P	5	3	0	0	8	235-245	P	
Georgia Baptist	G. L. Forbes	178	185,618	14,946	13,074	2P	1	1	0	0	2	330-355	P	
Grady Memorial	T. D. Raegen	552	537,824	7,873	7,873	4P	5	4	1	0	10	100-200	F	
St. Joseph's Infirmary	J. T. Godwin	176	282,683	20,342	20,332	4P	1	1	1	0	4	330-400	P	
Veterans Admin.	J. Mendeloff	170	195,053	2,418	2,294	3P	1	1	1	0	3	291-497	P	
Augusta														
Medical College of Georgia Hospitals	L. Stoddard	211	352,931	3,295	3,295	4P	2	2	2	2	10†	250-583	O	
Eugene Talmadge Memorial University	M. Ihnen	127	178,235	4,919	4,138	3A	1	1	1	0	3	250-300	O	
Savannah														
Memorial Hospital of Chatham County	L. Howard, Jr.	173	109,573	2,588	2,055	2A	1	1	0	0	2	350...	F	
HAWAII														
Honolulu														
Kuakini	G. N. Stemmerman	117	77,274	4,200	3,500	2A	1	1	0	0	2	300-350	F	
Queen's	H. Civin	260	223,052	6,686	5,871	4P	1	1	1	0	4	225-400	F	
St. Francis	R. Choppell	171	69,647	4,289	2,936	2A	1	1	0	0	2	250-275	F	
ILLINOIS														
Chicago														
Alexian Brothers-St. Joseph	G. F. Stevenson	...	...	...	...	4P	1	1	1	0	4	...	...
Alexian Brothers	...	95	102,715	1,963	1,852	..	1	1	0	0	2	300-375	F	
St. Joseph	...	127	112,752	4,677	4,287	..	0	0	1	0	2	300-350	F	
American	W. Eisenstaedt	81	59,476	1,788	1,652	1P	2	0	0	0	2	90-130	F	
Augustano	G. Milles	156	103,870	2,994	2,722	4P	1	1	0	0	2	400-500	P	
Children's Memorial	J. Baggs	192	149,836	2,186	2,186	2P	2	0	0	0	2	250-325	P	
Columbus	E. F. Hirsch	...	...	...	...	...	...	...	...	...	...	...	...
E. Nara	...	223	303,562	8,670	5,565	4P	0	0	0	0	0	275-325	F	
P. D. Szonto	...	2,649	960,997	17,573	17,573	4P	4	3	3	2	12	150...	F	
L. G. Gamba	...	160	137,079	5,282	5,181	4P	2	0	1	1	4	250-450	FP	
M. Swerdlow	...	97	72,703	2,069	1,754	2P	1	0	0	0	1	400...	F	
J. C. Sherrick	...	159	121,052	3,923	3,480	4P	1	1	1	0	4	225-300	F	
W. P. Mavrelis	...	136	103,329	3,476	2,701	2A	1	1	0	0	2	317-347	FP	
L. King	...	212	318,252	4,070	3,644	4P	1	0	0	0	1	175-235	F	
G. W. Changus	...	145	179,657	3,559	3,439	4P	1	1	1	0	4	225-300	F	
O. Saphir	...	512	737,028	12,319	10,494	4P	3	3	2	2	10	160-260	FP	
I. Davidsohn	...	266	486,547	7,024	6,402	4P	2	2	2	0	8	225-300	P	
Chicago Wesley Memorial	T. C. Laipply	288	318,423	9,269	9,239	4P	2	1	1	0	5	250-325	P	
Passavant Memorial	W. B. Wortman	128	198,764	3,390	3,390	4P	0	0	0	0	4	225-275	P	
Veterans Admin. Research	D. R. Brock	300	240,000	3,000	3,000	4P	2	1	2	1	6	291-497	O	
Evanston (Evanston)	C. B. Taylor	277	288,174	1,196	1,196	4P	2	2	1	0	6	250-300	P	
A. Learner	...	81	81,505	4,334	3,329	1A	1	0	0	0	1	350-400	F	
G. M. Hoss	...	571	593,022	12,434	11,986	4P	2	2	2	2	10†	125-200	F	
H. Hetz	...	192	144,923	3,397	3,134	1A	1	0	0	0	1	300...	F	
J. B. Hartney	...	314	196,215	4,663	2,708	4P	1	1	1	0	4	300-400	F	
M. C. Godwin	...	164	323,063	4,477	3,521	1A	1	0	0	0	1	275...	FP	
J. B. McCormick	...	170	144,377	2,674	1,993	4P	1	1	1	0	4	240-475	F	
R. W. Wissler	...	417	671,145	6,932	6,653	4P	2	0	1	0	3	225-305	...	
C. A. Krakower	...	358	883,722	11,677	11,677	4P	3	3	2	2	10	200-275	P	
B. Chamet	...	236	340,503	2,980	2,716	4P	1	2	1	0	4	291-443	O	
Decatur														
Decatur and Macon County	O. C. Brosius	179	182,394	4,657	4,657	4P	2	2	0	0	4	425-575	F	
Evanston														
Evanston Hospital	See Northwestern University, Chicago	...	...	...	...	..	..	..	..	..	..	...	...
St. Francis	J. W. Henry	237	...	6,099	4,568	4P	1	1	1	0	3	260-290	F	
Hines														
Veterans Admin. ¹⁵⁶	M. E. Rubnitz	705	671,573	5,340	5,135	4P	1	1	1	0	4	291-442	O	
Oak Park														
West Suburban	G. Kent	222	169,415	6,956	6,142	4P	1	1	1	0	4	225-325	FP	
Peoria														
Methodist Hospital of Central Illinois	H. I. Brown	202	119,614	7,559	6,355	4P	4	0	0	0	4	250-375	FP	
St. Francis	D. D. Mark	313	183,650	5,851	5,851	4P	1	1	1	0	4	235-315	F	
Rockford														
Rockford Memorial	M. O. Alexander	211	186,461	4,107	3,407	4P	..	..	..	0	2	300-400	F
St. Anthony's	A. R. K. Matthews	144	130,278	3,468	3,239	4P	1	1	1	0	4	200-350	F	
Urbana														
Carle Memorial	H. P. Friedman	70	128,606	2,905	2,651	1A	1	0	0	0	1	150...	O	

Numerical and other references are listed on pages 265 through 268.

15. 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 1962-1963					Total All Yrs.	Stipend Per Month Min.-Max.	Main-tenance	
							1st Year	2nd Year	3rd Year	4th Year	5th Year				
INDIANA															
Fort Wayne															
Gary	St. Joseph's	L. A. Schneider	216	190,987	8,771	7,418	4P	2	1	0	1	0	4	250-500	P
	Methodist	R. A. Burger													
		W. P. Lah	258	171,695	5,161	4,956	4P	1	1	1	1	0	4	350-500	FP
Indianapolis															
	Indiana University Medical Center														
	Indiana University Hospitals	E. B. Smith	444	327,768	13,027	12,977	4P	3	3	3	3	0	12	300-416	P
	Marion County General	T. A. Stump	453	238,342	3,078	3,033	4P	2	2	2	2	0	8	269-348	P
	Methodist	L. H. Hoyt	347	971,817	14,804	10,806	4P	1	1	1	1	0	4	360-450	P
	St. Vincent's	L. N. Foster	147	232,731	4,921	3,705	4P	1	1	1	1	0	4	275-425	P
	Veterans Admin.	D. Rosenbaum	299	265,066	3,959	3,959	3P							291-373	O
Lafayette															
	St. Elizabeth	G. B. Stansell	86	136,691	3,828	3,598	2A	0	0	0	0	0	0	310-330	F
Muncie															
	Bail Memorial	L. G. Montgomery	273	327,667	7,120	5,049	4P	1	1	1	1	1	5†	275-425	F
South Bend															
	South Bend Medical Foundation Hospitals	C. S. Culbertson	451	397,700	15,433	11,040	4P	2	2	1	1	0	6	325...	P
	Elkhart General (Elkhart)														
	St. Joseph (Mishawaka)														
	Memorial														
	St. Joseph's														
Vincennes															
	Good Samaritan	B. K. Black	110	126,319	3,549	2,551	1A	0	0	0	1	0	1	...	O
IOWA															
Cedar Rapids															
	St. Luke's Methodist	R. F. Looker	247	240,420	6,194	4,221	3A	1	1	1	0	0	3	275-350	F
Des Moines															
	Iowa Methodist	J. Green, Jr.	219	225,829	5,753	4,845	4P	1	1	0	0	0	2	200-250	F
	Mercy	F. C. Coleman	265	170,370	5,425	5,425	4P	1	1	1	1	0	4	350-450	...
	Veterans Admin.	T. E. Corcoran	195	171,076	2,745	2,745	3A	1	1	1	1	0	4†	291-443	P
Iowa City															
	Mercy	K. Cross	57	78,385	1,690	238	1P							...	...
	State University of Iowa Hospitals	E. D. Warner	558	432,495	6,755	6,755	4P	3	3	3	3	0	12	345-416	O
	Veterans Admin.	K. R. Cross	214	199,652	1,993	1,884	4P	1	1	1	1	0	4	291-497	P
KANSAS															
Halstead															
	Halstead	C. A. Hellwig	61	171,000	2,620	2,300	1P	1	0	0	0	0	1	300-350	O
Kansas City															
	University of Kansas Medical Center	J. Carter	420	677,852	9,330	6,650	4P	3	3	3	3	0	12	125-200	P
	Veterans Admin. (Kansas City, Mo.)	S. H. Choy	307	253,551	1,949	1,793	2P						4	292-443	...
Wichita															
	St. Francis	W. P. Callahan, Jr.	366	629,829	13,766	9,419	3A	1	1	1	0	0	3	275-325	FP
	Wesley	B. E. Stofer	124	173,264	11,710	7,441	4P	2	2	1	1	0	6	295-370	FP
	Wichita-St. Joseph	W. J. Reels	175	142,806	11,470	10,700	4P	1	1	1	0	0	3	300-350	P
KENTUCKY															
Covington															
	St. Elizabeth	R. J. Ritterhoff	180	95,088	3,481	3,055	2A	2	0	0	0	0	2	225-250	F
Harlan															
	Harlan Memorial	D. M. Kuhns	200	105,418	5,660	5,104	4P							400-500	P
Louisville															
	Childrens	D. Stowens	69	46,907	976	636	1P	2					2	...	...
	Louisville General	W. M. Christopherson	605	269,107	4,737	4,390	4P	2	2	2	2	0	8	117-175	F
	Veterans Admin.	E. L. Foote	225	219,131	5,822	5,822	4P	1	1	1	0	0	3	291-373	O
LOUISIANA															
New Orleans															
	Charity Hospital of Louisiana	E. Moss													
		C. E. Dunlap													
		H. C. McGill	2,171	1,160,384	18,176	18,176	4P						15	125-200	F
	Hotel Dieu	R. M. Hortwell	122	226,265	8,111	8,111	3P	1	1	1	0	0	3	275-400	FP
	Ochsner Foundation	G. M. Carrera	160	181,927	5,386	5,386	4P	1	1	1	1	0	4	225...	P
	Ochsner Foundation	M. F. Beeler					3C								
	Southern Baptist	E. H. Lawson	211	451,403	12,818	12,818	4P	1	1	1	1	0	4	225-400	P
	Touro Infirmary	A. Hertzog	274	297,536	8,181	8,181	4P	1	1	1	1	0	4	150-225	FP
	Veterans Admin.	J. Ziskind	343	241,344	2,622	2,597	4P	1	1	1	0	0	3	291-442	O
Shreveport															
	Confederate Memorial Medical Center	W. R. Mathews	347	357,203	5,461	5,461	4P	1	1	1	1	0	4	125-300	F
MAINE															
Bangor															
	Eastern Maine General	R. C. Wadsworth	171	205,674	8,820	7,797	3A	1	1	1	0	0	3	125-250	F
Lewiston															
	Central Maine General	C. F. Branch	251	113,865	5,386	5,356	4P	1	0	0	0	0	1	225-360	FP
Portland															
	Maine Medical Center	J. E. Porter	226	242,680	7,048	5,391	4P	1	1	1	1	0	4	175-250	FP
MARYLAND															
Baltimore															
	Baltimore City Hospitals	A. D. Pollack	478	310,000	3,883	3,883	3A	3	2	1	0	0	6	200-250	FP
	Franklin Square	P. A. Guerin	113	134,504	2,378	2,378	2A	1	1	0	0	0	2	225-250	F
	Johns Hopkins	I. L. Bennett, Jr.	682	442,821	7,865	7,865	3A	4	3	2	1	0	10†	200-417	P
	Maryland General	R. S. Fisher													
		C. S. Petty	177	213,288	5,905	5,900	4P						3	225-300	F
	Mercy	C. G. Warner	157	589,377	5,702	3,910	2A	1	1	0	0	0	2	300...	P

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15. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
MARYLAND, Baltimore—Continued													
President	H. L. Tseng	123	157,994	3,539	2,052	1A	1	..	..	0	1	250-275	F
St. Josephs	W. B. VandeGrift	190	183,373	3,391	3,356	2A	1	1	0	0	2	225-250	F
Sinai	T. Weinberg	234	379,492	11,991	11,991	4P	3	2	1	1	7	250-400	FP
Union Memorial	W. C. Merkel	238	230,721	8,882	8,477	4P	1	1	1	1	4	260-350	FP
University	H. Firminger	516	392,255	9,197	9,000	4P	2	2	2	2	8	300-450	P
Bethesda													
Suburban	J. E. Ash	220	300,584	4,117	3,639	4P	1	1	1	0	3	310-360	F
Cheverly													
Prince George's General	C. J. Burns	283	226,891	3,776	3,411	2P	2	0	0	0	2	225-250	FP
MASSACHUSETTS													
Beverly													
Beverly	R. Fienberg	130	109,786	1,911	1,911	4P	1	1	1	1	4	225-350	F
Boston													
Beth Israel	D. Freiman	231	231,712	5,186	5,186	3A	3	3	..	0	6	192-275	O
Boston City	G. K. Mallory	1,006	74,987	6,992	6,942	4P	6	6	3	3	18	158-248	F
Boston Lying-In—Free Hospital for Women													
	J. M. Craig	..	..	..	..	1A	..	..	..	..	..	..	..
Boston Lying-In ³⁰	..	155	83,983	4,638	4,638	..	4	0	0	0	4	75-150	F
Free Hospital for Women	..	16	42,893	4,956	4,956	..	1	1	0	0	2	75-150	F
Carney	H. J. Christian	161	211,486	5,300	4,488	4P	1	1	1	1	4	200-275	FP
Children's Hospital Medical Center	S. Farber	326	130,000	2,259	2,254	2P	1	1	0	0	2	..	F
Faulkner	P. M. LeCompte	108	67,516	3,382	3,000	1P	1	1	1	1	3	200-225	FP
Lemuel Shattuck	G. W. Curtis	215	165,926	770	770	2A	2	1	0	0	3	290-335	P
Massachusetts General	B. Castleman	1,051	12,254	46,833	46,833	4P	4	4	2	0	10	108-185	F
Massachusetts Memorial	S. C. Sammers	193	1	3,986	3,946	4P	2	1	1	0	4	175-225	O
New England Center	H. E. MacMahon	199	195,681	3,789	..	2A	0	2	2	0	4	237-304	O
New England Deaconess	S. Warren	..	..	..	..	..	..	..	..	..	..	..	..
Peter Bent Brigham	W. Meissner	335	306,475	7,554	7,554	4P	4	4	4	3	15	200-305	P
St. Elizabeth's	G. J. Dammin	382	218,784	3,313	3,313	4P	3	2	2	0	7	142-208	P
Veterans Admin. (Jamaica Plain)	J. H. Graham	239	170,053	7,344	7,344	3A	1	1	0	0	2	175-200	F
	J. D. Houghton	465	548,780	4,250	4,245	3A	3	2	1	0	6	291-373	O
Brockton													
Brockton	..	..	..	..	..	2A	..	..	..	..	..	..	..
Cambridge													
Cambridge City	S. Burgess	131	50,790	2,337	2,337	2A	1	1	0	0	3	195-220	F
Mount Auburn	H. E. MacMahon	188	146,308	3,605	3,096	2A	..	..	0	0	3	200-250	F
Fall River													
Truesdale	W. Freeman	116	102,413	2,937	2,308	1A	1	0	0	0	1	175-200	F
Fitchburg													
Burbank	H. J. Sparling, Jr.	139	146,940	3,634	3,634	3P	1	1	1	1	3	200-700	F
Framingham													
Framingham Union	C. G. Tedeschi	242	119,094	6,296	3,421	2A	1	1	0	0	2	200-275	F
Holyoke													
Holyoke	H. P. Wakefield	145	81,173	3,212	2,591	1A	1	0	0	0	1	250 ...	F
Lawrence													
Lawrence General	L. S. Jolliffe	118	117,702	1,998	1,998	4P	0	0	0	0	4	300-350	FP
Lynn													
Lynn	H. G. Olken	225	152,501	5,775	5,775	2P	2	0	0	0	2	175 ...	F
Malden													
Malden	M. V. MacKenzie	128	78,956	2,957	2,806	2P	1	1	0	0	2	225-275	FP
New Bedford													
St. Luke's	V. Kiarsis	228	259,109	5,644	3,069	2A	1	0	0	0	1	250 ...	F
Newton Lower Falls													
Newton-Wellesley	D. Skinner	153	178,716	6,470	4,501	4P	1	1	1	0	3	200-270	F
Pittsfield													
Pittsfield General	W. Beautyman	78	75,694	3,615	2,078	2P	1	1	0	0	2	325-350	F
Quincy													
Quincy City	R. B. Street	171	118,189	3,788	3,788	4P	..	..	..	0	3	197-350	F
Salem													
Salem	D. A. Nickerson	129	140,784	10,557	8,815	4P	2	1	1	0	4	200-350	FP
Springfield													
Springfield	W. Kaufmann	258	261,614	7,835	7,835	3A	2	1	1	0	4	175-225	FO
Walpole													
Pandville	S. Warren	140	62,503	1,688	1,688	2P	0	0	1	1	2	556 ...	..
West Roxbury													
Veterans Admin.	I. Gore	122	147,414	1,274	1,274	2P	2	1	0	0	3	291-497	O
Worcester													
Memorial	R. C. Sniffen	176	113,196	3,459	3,001	2A	1	1	0	0	2	250-325	FP
St. Vincent	W. Casale	301	335,421	5,451	4,584	4P	1	1	1	1	4	200-275	FP
Worcester City	W. MacGillivray	262	223,604	3,014	3,014	4P	1	1	1	1	4	250-335	F
MICHIGAN													
Ann Arbor													
St. Joseph Mercy	H. Bryant	225	230,000	6,303	6,303	3A	1	1	1	0	3	310-385	F
University ²⁰⁶	A. J. French	543	175,598	10,823	..	4P	5	5	5	6	21	193-295	O
Dearborn													
Oakwood Hospital	See Wayne University, Detroit	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin.	See Wayne University, Detroit	..	..	..	..	..	..	..	..	..	..	..	..
Detroit													
Childrens	W. W. Zuelzer	201	16,581	1,381	542	1A	1	1	0	0	2	200-250	F
Grace	C. I. Owen	417	409,390	16,361	16,361	4P	1	1	1	1	4	275-350	FP
Harper	J. R. McDonald	339	456,707	10,084	9,756	4P	2	2	2	2	8	275-350	P
Henry Ford	R. C. Horn	664	728,536	12,493	12,493	4P	4	4	4	4	16	900-400	P
Mount Carmel Mercy	L. W. Gardner	319	374,366	8,163	6,712	4P	1	2	1	0	4	450-525	P
Providance	D. H. Kaump	229	210,780	6,429	5,080	4P	1	1	1	1	4	410-465	P

Numerical and other references are listed on pages 265 through 268.

15. 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 1962-1963					Total All Yrs.	Slipend per Month		Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.	
MICHIGAN, Detroit—Continued															
Wayne University Affiliated Hospitals...															
Oakwood (Dearborn).....	R. L. Mainwaring.....	153	186,943	5,579	5,327	4P	1	1	1	1	0	4	250-375	F	
Veterans Admin. (Dearborn).....	J. Shrager.....	377	381,987	3,104	3,104	4P	1	1	1	1	0	4	291-443	O	
Detroit Memorial.....	J. D. Langston.....	165	247,276	4,354	3,946	4P	..	..	..	..	0	1	475-550	...
Herman Kiefer.....	P. C. Martineau.....	190	669,470	2,520	2,520	2P	1	0	0	0	0	1	593-813	...	
Receiving.....	L. Berman.....	626	735,343	7,016	7,016	4P	0	1	2	1	0	4	333-408	P	
Sinai.....	S. D. Kobernick.....	179	226,225	7,988	6,553	4P	1	1	1	1	0	4	300-375	F	
Waman's.....	E. E. Multhead.....	140	242,560	11,855	11,855	4P	0	0	0	1	1	..	500-525	O	
Eloise															
Wayne County General Hospital and Infirmary.....	S. E. Gould.....	417	416,467	6,659	6,587	4P	2	2	2	1	0	7	411-499	F	
Flint															
Hurley.....	E. M. Knights.....	347	471,972	5,891	5,302	4P	2	1	1	1	0	5	325-450	F	
McLaren General.....	E. G. Murphy.....	134	261,800	5,428	4,486	4P	1	1	1	1	0	4	400-450	P	
St. Joseph.....	W. L. Eaton.....	202	280,968	6,072	5,500	4P	1	1	0	0	0	2	450-500	P	
Grand Rapids															
Bloodett Memorial.....	C. A. Payne.....	489	212,401	9,852	9,556	4P	1	..	..	..	0	1	325-350	F
Butterworth.....	J. D. Mann.....	290	187,607	6,575	5,337	4P	1	1	1	1	0	4	325-400	O	
St. Mary's.....	H. E. Bowman.....	205	286,413	11,503	10,905	2A	1	1	0	0	0	2	300-345	FP	
Kalamazoo															
Borgess.....	P. S. Rutherford.....	158	136,765	4,066	3,123	2P	1	1	0	0	0	..	275-285	F	
Lansing															
Edward W. Sparrow.....	J. Dunkel.....	152	171,778	7,757	6,767	3A	2	2	2	2	0	3†	550-650	P	
St. Lawrence.....	L. W. Wolker.....	180	154,253	5,915	5,915	2A	2	0	0	0	0	2	333...	P	
Pontiac															
Pontiac General.....	J. J. Marra.....	176	194,093	5,440	4,188	4P	1	1	1	1	0	4	350-425	FP	
St. Joseph Mercy.....	R. E. Olsen.....	175	132,901	4,210	4,127	4P	1	1	1	1	0	4	375-435	P	
St. Joseph Mercy.....	J. Rutzky.....	175	132,901	4,210	4,127	4P	1	1	1	1	0	4	375-435	P	
Saginaw															
Saginaw General.....	R. Bucklin.....	258	128,341	4,730	4,564	4P	1	1	1	1	0	4	365-440	P	
MINNESOTA															
Duluth															
St. Luke's.....	A. H. Wells.....	493	293,255	10,039	9,739	4P	2	0	0	0	0	2	300-375	F	
St. Mary's.....	A. C. Auferderheide.....	237	257,708	4,984	4,399	4P	2	2	0	0	0	4	225...	F	
Minneapolis															
Minneapolis General.....	J. I. Coe.....	758	587,652	4,630	4,243	3A	2	1	0	0	0	3	250...	P	
Mount Sinai.....	S. S. Barron.....	123	178,746	3,969	2,856	2A	2	0	0	0	0	2	238-238	FP	
Northwestern.....	F. H. Lott.....	189	175,606	4,796	4,127	4P	1	1	0	0	0	2	225-275	F	
St. Barnabas.....	N. K. Lufkin.....	252	126,210	6,524	1,070	2A	1	1	..	..	..	..	200-250	F
St. Mary's.....	..	..	..	..	..	2A	..	..	..	..	..	..	..	..
Swedish.....	A. R. Jay.....	..	..	..	..	..	..	..	..	..	..	..	..	..
University of Minnesota Hospitals.....	D. P. Reynolds.....	379	259,447	11,293	8,415	2A	2	2	0	0	0	4	200-250	F	
University of Minnesota Hospitals.....	G. T. Evans.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin. 219	J. R. Dawson, Jr.....	17,474	769,502	4,851	4,851	4P	4	2	2	2	0	18	250...	P	
Veterans Admin. 219	D. F. Gleason.....	519	497,703	6,770	6,461	4P	2	1	1	1	0	5	291-497	O	
Rochester															
Mayo Foundation 220	D. R. Mathieson.....	898	1,285,557	25,172	25,172	4P	6	6	6	6	0	24	200-333	P	
Mayo Foundation 220	A. E. Baggenstoss.....	898	1,285,557	25,172	25,172	4P	6	6	6	6	0	24	200-333	P	
St. Paul															
Ancker.....	J. F. Noble.....	437	285,973	1,772	1,772	2A	1	0	0	0	0	1	280...	F	
Charles T. Miller.....	J. E. Edwards.....	168	240,798	6,286	4,667	4P	1	1	1	1	0	4	325-375	P	
St. Josephs.....	E. James.....	119	134,671	3,190	2,763	2A	..	..	..	..	..	..	..	..
MISSISSIPPI															
Jackson															
Mississippi Baptist.....	K. M. Heard.....	149	171,131	5,297	4,834	4P	1	0	0	0	0	1	350-400	P	
University.....	W. N. Bell.....	..	..	..	..	..	..	..	..	..	..	..	..	..
University.....	J. G. Brunson.....	364	400,472	4,642	4,642	4P	3	0	2	2	0	9	250-325	O	
MISSOURI															
Clayton															
St. Louis County.....	J. P. Wyatt.....	245	226,250	1,470	1,111	1A	4	..	..	..	..	4	.....	...
Columbia															
University of Missouri Medical Center.....	F. V. Lucas.....	220	147,404	9,413	9,191	4P	2	2	2	2	0	8	400-525	P	
Kansas City															
Kansas City General.....	C. B. Wheeler.....	401	439,611	5,618	4,981	4P	2	2	2	2	0	8	220-320	FP	
Menorah Medical Center.....	H. Cohen.....	154	1,722	7,711	3,800	4P	1	1	1	1	0	4	300-450	F	
Research.....	H. K. B. Allebach.....	133	183,943	5,076	3,922	4P	1	1	1	1	0	4	275-350	F	
St. Joseph.....	R. W. Kerr.....	273	362,654	8,493	7,177	4P	1	1	1	1	0	4	300-450	F	
St. Lukes.....	F. C. Helwig.....	333	324,632	22,464	20,217	4P	2	2	1	1	0	6	250-325	FP	
St. Marys.....	A. Lapi.....	188	364,708	8,267	6,968	4P	0	1	1	0	0	2	350-500	P	
Veterans Admin.....	See University of Kansas Medical Center, Kansas City, Kansas	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Louis															
Barnes.....	W. S. Hartruff.....	579	693,401	16,498	14,848	3A	3	3	3	0	0	9	50-175	F	
De Paul.....	J. Bauer.....	238	227,174	7,499	7,499	4P	1	1	2	1	0	5	200-250	F	
Homer G. Phillips.....	O. Blache.....	245	463,966	5,047	4,547	3A	1	1	1	0	0	3	246-314	...	
Jewish.....	J. Hasson.....	259	217,456	5,511	5,511	4P	1	1	1	1	0	4	200-350	P	
Missouri Baptist.....	W. R. Plott.....	150	112,057	4,139	3,932	4P	1	1	1	0	0	3	200-300	F	
St. Jahn's.....	H. N. Allen.....	232	149,384	4,414	3,328	4P	0	1	0	0	0	1	250-350	F	
St. Louis City.....	R. D. Johnson.....	530	276,143	3,960	3,960	4P	..	..	..	..	..	..	246-330	P
St. Luke's.....	D. W. Ogilvie.....	229	197,953	5,436	4,686	2A	1	1	0	0	0	1	300...	F	
St. Mary's Group of Hospitals of St. Louis University.....	H. Pinkerton.....	489	979,833	13,825	10,667	4P	2	2	2	2	0	8	200-400	P	
Veterans Admin.....	R. F. Schaefer.....	235	235,683	3,491	13,307	3A	1	1	1	0	0	3	291-373	...	

Numerical and other references are listed on pages 265 through 268.

15. 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 1962-1963					Total All Yrs.	Slipend per Month Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEBRASKA														
Lincoln														
Lincoln General	H. L. Papenfuss	95	109,233	5,697	4,955	1A	1	..	..	..	1	350 ...	F
Omaha														
Bishop Clarkson Memorial	M. Foster	150	248,129	6,195	4,449	4P	1	1	1	0	3	350-450	O	
Creighton Memorial St. Joseph	V. Moragues	208	250,000	8,052	7,850	3A	2	1	1	0	4	210-310	O	
Immanuel	H. K. Giffen	90	86,292	8,000	3,950	1A	1	0	0	0	1	... 350	P	
Nebraska Methodist	J. R. Schenken	211	138,230	8,011	8,000	4P	1	..	..	..	6	325-400	P
University of Nebraska	J. R. Schenken	119	176,489	1,939	2,107	4P	0	2	1	2	5	225-333	P	
Veterans Admin. 235	M. M. Fernanda	169	169,717	1,944	1,646	3A	1	1	1	0	3	291-373	O	
NEW HAMPSHIRE														
Honover														
Mary Hitchcock Memorial	R. House	203	204,614	4,192	3,833	4P	2	2	1	1	6	218-305	...	
NEW JERSEY														
Atlantic City														
Atlantic City	M. Ackerman	276	125,810	3,972	2,819	2A	1	1	0	0	2	225-250	F	
Camden														
Cooper	W. T. Read, Jr.	378	260,216	6,287	6,212	2P	2	0	0	0	2	200-250	F	
Our Lady of Lourdes	R. L. Breckenridge	129	179,505	3,779	2,733	4P	..	..	..	..	2	250-400	P
West Jersey	W. V. McDonnell	137	165,302	4,156	4,156	3A	1	1	1	0	3	225-275	FP	
East Orange														
East Orange General	H. L. Goodman	102	88,344	2,802	2,283	1P	..	..	..	..	1	200-250	F
Veterans Admin. 239	F. Pschibul	386	283,569	2,132	2,132	3A	2	..	..	..	2	291-497	P
Elizabeth														
Elizabeth General Hospital and Dispensary	J. P. Greeley	120	134,831	4,492	4,492	4P	1	..	..	..	1	325-400	F
St. Elizabeth	D. Dreizin	123	111,102	3,153	3,153	2A	1	1	0	0	2	300 ...	F	
Englewood														
Englewood	I. Gaspar	134	214,995	9,004	7,399	1A	1	0	0	0	1	295 ...	F	
Flemington														
Hunterdon Medical Center	E. V. Olmstead	158	80,000	1,800	1,500	1A	1	1	0	0	2	175-225	FP	
Hackensack														
Hackensack	D. E. Brown	180	185,750	4,164	4,164	4P	1	1	1	1	4	200-250	F	
Hoboken														
St. Marys	A. Ehrlich	112	72,082	3,316	2,560	1A	1	1	0	0	2	200-250	F	
Jersey City														
Christ	A. Gitlitz	133	134,084	9,427	7,675	2P	1	1	0	0	2	250-300	F	
Jersey City Medical Center	A. N. Gnossi	366	370,613	11,911	11,911	4P	2	1	0	0	3	250-350	F	
Long Branch														
Monmouth Medical Center	M. R. Rush	225	174,787	5,013	3,930	3A	1	1	0	0	2	225-275	F	
Montclair														
Mountainside	J. L. Work	200	212,080	6,163	5,922	3P	1	1	1	0	3	275-325	FP	
Morristown														
Morristown Memorial	H. F. Luddecke	208	206,325	5,569	5,569	4P	2	1	1	0	4	225-375	FP	
Mount Holly														
Burlington County	J. T. Bauer	144	112,628	2,233	2,233	2A	2	0	0	0	2	200-300	F	
Neptune														
Fitkin Memorial	R. E. Conover	217	179,647	9,259	3,327	2A	1	1	0	0	2	250 ...	F	
Newark														
Martland Medical Center	E. H. Albano	367	385,348	2,505	2,505	3A	1	1	1	..	3	300-350	F	
Newark Beth Israel	L. Goldman	253	118,912	6,577	6,577	4P	1	1	1	1	4	250-300	F	
United Hospitals of Newark	M. Kannerstein	144	198,418	7,600	6,246	3A	1	1	1	0	3	300 ...	O	
Presbyterian	S. A. Goldberg	671	116,858	3,657	3,429	3P	1	1	1	0	3	175-225	F	
St. Barnabas Medical Center	W. G. Bernhard	209	227,414	3,373	3,323	4P	3	1	0	0	4	275-350	F	
St. Michael's	S. J. Rose	209	227,414	3,373	3,323	4P	3	1	0	0	4	275-350	F	
New Brunswick														
Middlesex General	S. E. Maolten	122	82,855	2,751	2,724	2P	1	1	0	0	2	275 ...	FP	
St. Peter's General	W. A. Jarrett	150	89,575	5,437	4,914	2A	2	2	2	0	4	250-275	F	
Orange														
Orange Memorial	A. R. Abel	221	141,960	4,268	4,057	4P	1	1	1	1	4	225-300	FP	
Paramus														
Bergen Pines County	D. Roth	271	135,783	789	789	2A	2	0	0	0	2	275-300	P	
Passaic														
Passaic General	J. R. Gannon	121	110,796	3,211	3,173	3P	1	1	1	0	3	250-350	F	
St. Mary's	R. Brill	106	72,694	2,880	2,828	2P	1	1	0	0	2	250-275	F	
Potomac														
Barnert Memorial	J. Churg	110	123,142	4,440	3,741	1A	1	0	0	0	1	250-300	P	
Paterson General	A. H. Davis	169	92,707	5,515	4,776	2A	1	1	0	0	2	225-250	F	
St. Joseph's	P. Steinlauf	330	245,136	7,252	6,129	4P	2	1	1	0	4	200-350	FP	
Perth Amboy														
Perth Amboy General	H. Y. Tyler	116	169,838	9,700	5,173	1A	2	0	0	0	2	300 ...	F	
Phillipsburg														
Warren	E. E. Ziegler	73	127,926	4,346	4,346	1A	1*	0	0	0	1	200-250	F	
Summit														
Overlook	G. L. Erdman	157	141,011	4,960	4,462	4P	1	1	1	1	4	250-400	F	
Trenton														
Mercer	T. K. Rathmell	135	163,389	2,787	2,787	3A	1	1	0	0	2	240 ...	F	
St. Francis	S. Weintraub	295	286,006	13,759	11,216	3A	1	1	0	0	2	250-325	F	
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist-Veterans Admin.	...	...	...	...	...	...	..	..	..	..	..	...	...
Bataan Memorial Methodist	T. L. Chiffelle	136	113,975	2,951	2,429	4P	1	1	1	0	3	300-400	F	
Veterans Admin.	W. Hentel	157	255,103	2,135	2,119	2A	0	1	0	0	1	291 ...	O	
Bernalillo County-Indian	N. Pand	130	161,158	2,136	1,800	4P	1	1	1	1	4	300-350	FP	

Numerical and other references are listed on pages 265 through 268.

15. PATHOLOGY—Continued

NEW YORK	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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
Albany														
Albany Medical Center	W. A. Thomas	540	524, 284	11,000	11,000	4P	4	2	1	1	0	8	200-350	O
Bender Laboratory Hospitals	J. J. Clemmer	333	610, 075	11,860	11,860	4P	2					6	350-450	O
A. N. Brady Maternity Home														O
Memorial														O
St. Peter's														O
Veterans Admin.	T. S. Beecher	294	273, 175	3,292	3,292	3P	1	1	1	0	0	3	291-372	O
Binghamton														
Binghamton General	N. Eltan	207	329, 934	3,511	2,974	4P	1	1	0	0	0	4	290-365	P
Bronxville														
Lawrence	A. A. Eggston	100	85, 911	2,522	1,538	1P	1	0	0	0	0	1	225 ...	F
Buffalo														
Buffalo General	D. N. Shaver	482	11,376	8,602	8,113	4P	1	1	1	1	0	4	175-200	F
Deaconess	B. Fisher													
	J. Sheffer	151	123, 677	7,389	7,293	4P	1	1	3	0	0	5	325-350	F
Edward J. Meyer Memorial	S. Sones	481	724, 959	5,077	5,077	3A	5	0	0	0	0	5	292-332	P
Millard Fillmore	A. V. Pastoloff	375	392, 463	8,053	7,953	3A	2	1	1	0	0	4	338-366	P
Roswell Park Memorial Institute	J. W. Pitkren	512	452, 768	11,465	11,460	2P	0	2	2	2	0	6	334-400	O
Sisters of Charity	C. F. Becker	243	173, 865	4,776	4,490	2A	1	1	0	0	0	2	335-440	F
Veterans Admin.	G. Fozekas	277	373, 980	2,144	2,034	3P	1	0	0	0	0	1	291-373	O
Cooperstown														
Mary Imogene Bassett	C. V. Z. Hawn	76	120, 093	1,469	1,465	2A	1	1	0	0	0	2	200-350	P
Elmira														
Arnot-Ogden Memorial	W. Kelly	99	150, 267	4,721	3,901	1A	1	0	0	0	0	1	250 ...	F
St. Joseph's	J. A. Mitchell	102	145, 573	3,877	1,794	2A	1	1	0	0	0	1	200-300	P
Glens Falls														
Community	T. Robertson	134	146, 886	3,850	2,822	4P	1	0	1	0	0	2	300 ...	FP
Glens Falls														
Glens Falls	R. Stokes	188	208, 565	4,557	4,557	4P	1	1	1	0	0	1	350-500	F
Hempstead														
Meadowbrook	V. S. Palladino	729	479, 965	5,922	5,908	4P	2	2	2	2	0	8	275 ...	F
Johnson City														
Charles S. Wilson Memorial	A. A. Kosinski	171	208, 153	6,115	3,976	4P	1	1	1	1	0	4	250-325	P
Kingston														
Kingston Laboratory Hospitals		190	269, 110	7,308	6,643	2P	1	0	0	1	0	2	280-500	...
Kingston														...
Benedictine														...
Manhasset														
North Shore	S. Gross	124	189, 740	3,563	2,989	1P					0	1	220-270	F
Mineola														
Nassau	L. R. Ferraro	148	131, 932	5,233	3,883	4P	1	1	1	1	0	4	325-425	...
Mount Kisco														
Northern Westchester	R. A. Fox	87	4, 510	3,124	2,172	1A	1	0	0	0	0	1	370 ...	F
Mount Vernon														
Mount Vernon	J. G. Sharnoff	152	104, 803	4,460	4,289	3P	1	1	1	0	0	3	225-300	F
Newburgh														
St. Luke's	T. P. B. Royno	100	91, 162	3,540	3,540	2A	1	1	0	0	0	2	300 ...	F
New Rochelle														
New Rochelle	W. C. Schraft	140	204, 655	3,235	3,235	3A	1	0	0	0	0	1	225-275	...
New York City														
Bellevue Hospital Center														
Div. III-New York University College of Medicine	M. Kuschner	975	908, 923	7,985	7,985	4P	8	6	4	2	0	20	215-265	F
Beth-El	D. M. Spain	223	366, 689	8,753	8,447	2A	1	0	0	0	0	1	150-200	F
Beth Israel	W. Antopp	138	225, 719	6,921	6,775	4P	2	1	1	1	0	5	300-335	P
Booth Memorial	A. Blaustein	143	100, 819	2,946	2,946	2A	1	0	0	0	0	1	175 ...	P
Bronx	L. Reiner	111	232, 003	3,709	3,674	4P	1	1	0	0	0	2†	184-251	F
Bronx Municipal Hospital Center	A. A. Angrist	556	903, 033	4,785	4,785	4P	4	4	4	4	0	16	215-265	F
Brooklyn	J. A. deYeer	159	185, 598	4,082	3,800	4P	1	1	1	1	0	4	175-205	F
City Hospital at Elmhurst	I. Chapman	692	424, 993	3,818	2,889	4P	2	2	1	1	0	6	215-265	F
Coney Island	H. Fink	373	284, 395	2,066	2,066	4P	2	1	1	0	0	4	215-265	F
Cumberland	S. H. Poloyes	249	166, 804	1,917	1,745	3P	1	1	0	0	0	2	215-265	F
Doctors	S. S. Trinidad	70	142, 257	3,771	3,722	1A	2	0	0	0	0	2	350 ...	F
Flushing Hospital and Dispensary	I. Garrow	110	140, 247	3,332	...	4P	1	1	1	0	0	3	200-275	F
Fordham	L. J. Millman	258	162, 249	1,603	1,589	3A	2	1	0	0	0	3	215-265	F
Francis Delafield	D. G. McKay	217	108, 487	3,700	2,700	3A	3	3	3	0	0	3	215-265	F
Goldwater Memorial	J. Rosenthal	100	66, 250	362	348	2P	2	1	0	0	0	3	215-265	F
Greenpoint Memorial	R. Aronoff	60	72, 632	420	420	3P	2	1	0	0	0	3	215-265	F
Harlem	V. B. Dologopol	499	320, 412	3,369	3,350	4P	3	2	0	0	0	5	215-265	F
Hospital for Joint Diseases	H. L. Jaffe	54	157, 590	2,848	...	1A	2	0	0	0	0	2	140-160	P
Jamaica	E. Khayat	331	228, 205	12,496	11,841	4P	1	2	1	0	0	4	300-500	F
Jewish Chronic Disease	B. W. Valk	142	394, 178	1,023	1,012	2C	1	0	1	0	0	...	200-250	F
Jewish Hospital of Brooklyn	D. Grayzel	287	450, 000	6,277	5,934	4P	2	2	1	0	0	5	115-200	F
Jewish Memorial	A. Schwarz	96	139, 429	2,000	1,699	4P	1	1	0	0	0	2	250-350	F
Kew Gardens General		66	60, 825	2,473	2,473	1A	...	...	...	...	...	...	250-300	F
Kings County Hospital Center	P. J. Fitzgerald	1,174	964, 039	15,177	15,177	4P	5	5	5	5	0	20	215-265	F
Knickerbocker	W. B. Ober	180	132, 332	1,702	1,680	2A	1	1	0	0	0	2	200-225	P
Lebanon	J. Ehrlich	153	148, 837	3,008	2,908	3P	1	1	1	0	0	3	200-250	F
Lenox Hill	S. R. Opler	176	271, 863	4,663	4,663	4P	1	1	1	1	0	4	240-300	P
Lincoln	H. Lepow	162	219, 489	2,942	2,942	4P	1	1	0	0	0	2	215-265	F
Long Island College	T. G. Marrione	165	193, 259	5,169	4,560	4P	3	1	0	0	0	4	170-200	P
Long Island Jewish	J. Berkman	229	417, 063	11,118	9,945	4P	1	1	1	1	0	4	100-165	F
Lutheran Medical Center	I. Diamond	73	62, 400	2,257	2,113	1A	1	0	0	0	0	1	225-275	F
Maimonides	A. R. Kontrawitz	336	488, 339	6,677	6,677	4P	2	2	1	1	0	6	160-225	P
Mary Immaculate	T. J. Hornett	124	115, 363	4,347	4,200	4P	1	1	1	1	0	4	185-225	F

Numerical and other references are listed on pages 265 through 268.

15. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P F O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued														
Memorial Hospital for Cancer—														
James Ewing	F. W. Faote, Jr.	517	15,696	11,309	11,309	3A	0	0	0	11	0	11	300-400	P
Methodist Hospital of Brooklyn	B. S. Herr, Jr.	169	177,258	4,239	4,239	3P	1	1	1	0	0	3	175-200	F
Montefiore	H. Zimmerman	468	362,879	5,492	5,492	3A	3	2	2	2	0	9†	220-295	F
Morrisania City	M. R. Dacso	254	165,499	2,339	2,324	4P	0	5	0	0	0	5	215-265	F
Mount Sinai	H. Popper	514	468,829	10,480	10,480	4P	2	2	2	2	0	8	100 ...	F
New York	J. G. Kidd	519	622,865	9,337	9,337	4P	6	1	1	1	0	9†	164-262	P
New York Medical College—														
Metropolitan Hospital Center						4P								
Flower and Fifth Avenue Hospitals	F. D. Speer	123	203,828	7,317	7,317	..	1	1	1	1	0	4	215-333	O
Metropolitan	B. M. Wagner	335	351,202	4,025	3,220	..	3	2	1	1	0	7	215-265	F
New York Polyclinic Medical School and Hospital	W. E. Finkelstein	114	117,376	4,978	4,478	3A	1	1	0	0	0	2	150-175	F
New York University Medical Center														
University	M. N. Richter	128	838,549	5,751	4,958	2A	2	1	1	1	0	5	300-500	F
Presbyterian	D. McKay	614	695,346	9,938	9,938	4P	5*	4	4	3	0	16†	250-308	F
Queens Hospital Center	G. Silverman	656	514,917	5,995	5,995	4P	4	2	1	1	0	8	215-265	P
Roosevelt	R. Garret	199	403,325	4,013	4,013	4P	0	0	0	0	0	4	158-316	P
St. Barnabas Hospital for Chronic Diseases	N. H. Bigelow	152	139,305	1,790	1,790	2P	2	1	1	0	0	4†	75-175	FP
St. Catherine's	M. Wachstein	111	127,034	2,040	2,040	3A	2	1	0	0	0	3	160-190	F
St. Clare's	J. M. Ravid	135	169,339	3,256	3,256	2P	1	1	0	0	0	2	225-250	P
St. Francis	T. Ehrenreich	102	234,609	3,109	3,074	4P	1	1	0	0	0	2	150-250	F
St. John's Episcopal	L. Fox	61	151,281	...	...	2P	1	0	0	0	0	1	195 ...	F
St. John's Long Island City	E. Santora	78	67,677	1,928	1,824	1P	1	0	0	0	0	1	200 ...	F
St. Luke's	C. F. Begg	234	325,354	4,374	4,374	4P	2	2	1	1	0	6	125-200	F
St. Mary's	W. Maitrier	78	164,252	4,550	4,550	2P	0	1	0	0	0	1	225-250	F
St. Vincent's Hospital of the Borough of Richmond	V. Kogan	120	141,569	3,050	2,994	1A	1	0	0	0	0	1	240 ...	P
St. Vincent's Hospital of the City of New York	A. Rottino	490	324,301	5,040	5,040	4P	3	3	3	1	0	10	200-275	F
Staten Island	V. Altmann	88	92,46†	2,655	2,655	1A	1	0	0	0	0	1	... 250	F
Veterans Admin. (Bronx) 382	B. S. Gordon	456	600,000	4,750	4,750	4P	2	2	1	1	0	6	291-886	O
Veterans Admin. (Brooklyn) 246	G. Kaufman	335	375,197	3,116	3,116	4P	1	0	0	0	0	1	292-443	O
Veterans Admin. (Manhattan)	S. L. Wilens	408	609,983	3,519	3,343	4P	3	2	2	2	0	9	291-442	O
Wyckoff Heights	A. L. Statsinger	192	149,190	3,044	2,884	2A	2	2	0	0	0	2	150-350	F
Niagara Falls														
Mount St. Mary's	T. T. Brank	98	122,837	5,613	4,844	1A	1	0	0	0	0	1	425 ...	P
Oceanside														
South Nassau Communities	L. Meyer	119	100,314	3,665	3,257	2A	1	1	0	0	0	2	300 ...	F
Port Chester														
United	T. E. Young	313	100,000	3,136	3,136	1P	1	0	0	0	0	1	235-250	P
Poughkeepsie														
St. Francis	J. Gioia	76	125,820	2,933	2,800	1A	1	0	0	0	0	1	250 ...	F
Vassar Brothers	M. L. Dreyfuss	186	139,180	5,610	5,100	2P	1	1	0	0	0	2	300-360	F
Rochester														
Genesee	J. Abbott	268	250,152	5,735	5,718	2A	1	1	0	0	0	2	175-325	FP
Highland	J. H. Peers	198	131,021	2,866	2,736	2A	1	...	...	...	...	2	175 ...	FP
Rochester General	M. Bohrad	457	287,348	12,414	9,931	4P	2	2	2	2	0	8	175-250	FP
St. Mary's	J. Adler	204	5,234	2,206	2,206	3A	1	1	1	1	0	4†	250-325	P
Strong Memorial-Rochester Municipal	J. L. Orban	700	437,968	7,000	7,000	4P	4	4	2	2	0	12	166-291	O
Schenectady														
Ellis	G. Porkhurst	328	297,411	6,645	6,645	4P	1	1	1	1	0	4	325-400	FP
Syracuse														
St. Joseph	H. J. Dick	131	174,304	4,073	4,073	2P	1	1	0	0	0	2	250-266	O
State University of New York														
Upstate Medical Center	J. H. Ferguson	539	...	7,992	7,992	3A	...	...	...	...	...	6	250 ...	O
Veterans Admin.	J. A. Schaefer	198	174,618	2,197	2,128	3P	...	...	...	...	...	...	...	...
Troy														
Samaritan	C. G. Burn	134	93,790	3,555	3,555	1A	1	0	0	0	0	1	350-400	F
Utica														
Utica State	M. Levine	102	44,918	175	175	4P	1	...	...	...	...	1	570-640	O
Valhalla														
Grosslands	V. A. Bradess	689	374,502	3,357	3,169	4P	1	1	1	1	0	4	250-300	F
Yonkers														
St. John's Riverside						1P	...	...	...	...	...	...	...	...
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	K. M. Brinkhous	302	353,840	11,857	11,857	4P	0	5	3	2	2	12	250 ...	O
Charlotte														
Charlotte Memorial	F. Gemuth, Jr.	164	198,060	6,395	6,360	3A	1	1	1	0	0	3	295-345	P
Presbyterian	H. L. Large	232	150,310	8,367	8,367	4P	1	1	0	0	0	4	250 ...	FP
Durham														
Duke University Affiliated Hospitals						4P								
Duke	T. D. Kinney	475	907,618	9,046	9,046	...	2	2	2	3	0	9	125-300	F
Veterans Admin.	R. D. Baker	249	239,381	3,222	3,222	...	2	2	0	2	0	6	291-497	O
Watts	J. U. Gunter	132	218,377	5,565	5,532	2P	1	1	0	0	0	2	250-300	F
Greensboro														
Moses H. Cone Memorial	H. Z. Lund	203	145,585	8,223	8,137	4P	...	...	...	...	...	1	350-500	O
Winston-Salem														
North Carolina Baptist	R. P. Morehead	386	425,264	45,986	45,986	4P	4	4	3	1	1	13†	250-416	P

Numerical and other references are listed on pages 265 through 268.

15. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance F P O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO														
Akron														
Akron City	L. Catron	391	389,956	9,339	9,339	4P	..	..	..	..	4	275-375	FP
Akron General	G. R. Dochot	240	343,627	7,471	.....	4P	1	1	1	0	4	300-400	FP
St. Thomas	G. G. Proskauer	166	224,161	7,304	6,366	4P	1	1	1	0	4	300-417	F	
Canton														
Aultman	F. B. Queen	228	275,952	12,040	11,977	4P	1	1	1	0	4	250-400	F	
Mercy	A. Raftery	184	264,189	6,704	4,122	4P	1	1	0	0	2	275-285	P	
Cincinnati														
Bethesda	J. Hamblet	100	95,822	4,860	4,296	3P	2	0	1	0	3	300-350	P	
Good Samaritan	L. Z. Gardon	254	317,414	16,333	6,495	4P	1	1	1	0	4	320-395	P	
Jewish	P. Wasserman	272	297,755	8,489	7,702	4P	1	1	1	0	3	230-270	FP	
University of Cincinnati Hospital Group														
Children's	B. H. Landing	126	4,261	4,261	2,417	2A	0	0	2	0	2	125-200	F	
Cincinnati General	E. A. Goll	679	221,318	7,837	7,837	4P	4	3	2	2	11†	100-300	F	
Cleveland														
Cleveland Clinic	J. B. Hazard	394	.....	8,945	8,945	4P	2	2	2	0	8	275-350	O
Cleveland Metropolitan General	J. B. Gibson	365	658,935	13,550	13,430	4P	4	2	2	0	10	150-258	F	
Evangelical Deaconess	F. M. Bayless	135	126,880	3,399	10,867	2A	1	1	0	0	2	291-316	P	
Fairview Park	H. F. McCorkle	171	161,369	5,807	4,028	1A	1	..	..	..	1	250 ...	FP
Huron Road	E. Goodsitt	269	340,357	13,030	11,727	4P	1	0	1	0	2	210-225	FP	
Lutheran	W. Sinclair	147	136,874	4,044	3,945	2P	2	1	0	0	3	275-300	P	
Mount Sinai	H. Goldblatt	248	502,014	8,677	8,677	4P	1	1	1	0	4	215-250	FP	
St. Alexis	P. D. DeWitt	206	148,464	4,525	4,525	1A	..	..	..	..	2	225 ...	F
St. Luke's	A. J. Segal	282	366,438	6,323	5,999	4P	1	1	1	0	4	220-325	F	
St. Vincent Charity	J. S. Mackrell	221	296,568	5,554	4,640	4P	1	1	1	0	4	235-275	FP	
University Hospitals of Cleveland	A. R. Moritz	519	785,916	9,299	9,299	4P	3	3	2	1	9	162-262	P	
Veterans Admin. ³⁰⁴	J. R. Kahn	346	38,361	4,113	4,113	4P	1	1	1	0	4	291-497	P	
Columbus														
Children's	W. A. Newton	279	163,356	3,390	3,350	1P	3	0	0	0	3	175-300	P	
Grant	B. H. Hurd	156	142,445	7,417	7,402	3P	1	1	1	0	3	325-375	F	
Ohio State University Hospitals														
University	E. von Haam	935	1,106,422	8,118	7,848	4P	4	4	4	0	16	177-277	P	
Riverside Methodist-White Cross	R. J. Johansmann	220	281,529	9,543	8,881	3A	1	1	1	0	3	290-340	P	
Dayton														
Miami Valley	M. Oosting	796	583,312	11,177	11,177	4P	2	2	2	0	8	250-300	FP	
Veterans Admin.	R. C. Metzger	377	240,076	1,810	1,720	2A	1	1	0	0	2	291-315	...	
Elyria														
Elyria Memorial	R. G. Thomas	220	177,144	6,667	4,685	4P	1	0	0	0	1	300-375	F	
Garfield Heights														
Marymount	E. E. Siegler	111	138,024	3,252	3,015	2A	1	1	0	0	2	250 ...	F	
Hamilton														
Mercy	K. Lande	142	143,110	2,888	2,398	3A	1	1	1	0	3†	300-400	F	
Lima														
St. Rita's	C. L. Blumstein	183	157,445	4,468	3,666	4P	1	1	1	0	4	400-475	P	
Lorain														
St. Joseph	C. Chesner	108	137,916	3,112	2,082	4P	1	0	1	0	2	300-375	F	
Springfield														
Springfield City	R. C. Wybel	172	150,176	7,363	6,610	2A	1	1	0	0	2	300 ...	F	
Toledo														
Maumee Valley	J. G. Snively	142	159,030	1,607	1,594	4P	1	1	1	0	4	285-350	F	
Mercy	E. L. Burns	204	199,124	6,471	5,133	4P	1	1	1	0	4	300-375	F	
St. Vincent's	M. F. Vidali	263	224,721	6,260	4,371	4P	1	1	1	0	4	300-350	FP	
Toledo	B. Steinberg	322	190,358	6,856	5,579	4P	1	1	1	0	4	275-325	F	
Worren														
Trumbull Memorial	R. J. Williams	167	194,216	4,088	95	2A	1	1	0	0	1	300-350	F	
Youngstown														
St. Elizabeth	B. Taylor	281	291,836	7,677	5,684	4P	1	1	1	0	4	350-425	FP	
Youngstown	A. E. Rappaport	517	457,803	8,374	8,374	4P	2	2	2	0	8	275-350	F	
OKLAHOMA														
Oklahoma City														
St. Anthony's	W. T. Snoddy	191	208,146	7,788	4,766	4P	1	0	0	0	2	300-375	P	
University of Oklahoma Medical Center	.....	.....	.....	.....	.....	4P	2	2	1	0	6	.....	...
University Hospitals	W. E. Jaques	350	498,155	6,276	5,589	..	..	..	..	..	..	200-275	P
Veterans Admin.	A. Lindner	260	220,555	2,377	1,658	..	..	..	..	..	..	.....	...
Wesley	H. T. Russell	116	141,822	10,903	5,079	2P	1	1	0	0	2	350-375	F	
Tulsa														
Hillcrest Medical Center	L. Lowbeer	260	227,121	8,189	6,223	4P	3	1	1	0	6	200-300	F	
St. John's	E. E. Palik	216	307,910	9,578	7,192	4P	2	2	2	0	8	200-275	FP	
OREGON														
Portland														
Emanuel	V. D. Sneed	214	213,147	10,200	8,547	3A	1	1	1	0	3	275-295	P	
Good Samaritan	M. Helmermann	219	298,243	6,348	4,876	4P	1	1	1	0	4	275-315	P	
St. Vincent's	J. E. Nohlgren	279	183,464	11,074	11,074	4P	1	1	1	3	8†	275-305	P	
University of Oregon Medical School														
Hospitals and Clinics ³²¹	J. T. Crane	506	412,941	5,894	5,894	4P	6	6	0	0	12	165-215	F	
Veterans Admin.	R. Grandahl	312	241,121	3,001	2,891	3A	1	1	0	0	2	291-414	P	
PENNSYLVANIA														
Abington														
Abington Memorial	J. W. Eiman	240	271,462	6,783	6,698	4P	1	1	1	0	4	350-450	F	
Allentown														
Allentown	G. Selin	295	225,110	6,703	6,200	3A	1	1	0	0	2	400 ...	P	
Sacred Heart	D. E. Stader	189	198,226	8,315	7,674	2A	1	1	0	0	2	225-250	FP	

Numerical and other references are listed on pages 265 through 268.

15. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
PENNSYLVANIA—Continued														
Altoona Altoona	G. J. Heid, Jr.	152	140,304	4,683	4,300	2A	1	1	0	0	0	2	325-350	F
Bethlehem St. Luke's	E. J. Benz	244	230,617	4,987	4,987	4P	1	0	0	0	0	2	260-290	FP
Bryn Mawr Bryn Mawr	M. M. Strumia	256	323,046	4,976	4,535	4P	1	1	1	1	0	4	200-275	F
Chester Chester	W. N. Campbell	280	170,000	3,500	3,500	2A	2	0	0	0	0	2	... 350	F
Danville George F. Geisinger Memorial	J. C. Sieracki	223	302,107	4,667	4,010	4P	2	2	1	1	0	6	175-265	FP
Darby Thomas M. Fitzgerald-Mercy	W. H. Miller	168	175,122	3,286	3,276	4P	1	1	1	1	0	4	250-400	F
Erie Hamel	E. L. Armstrong	181	336,927	8,680	7,866	4P	1	1	1	1	0	4	250-300	F
Erie St. Vincent's	R. B. Eisenberg	209	234,553	4,693	4,878	4P	1	1	1	1	0	4	275-325	FP
Harrisburg Harrisburg	F. W. Brason	413	441,627	12,894	12,894	4P	1	1	1	1	0	4	225-250	FP
Harrisburg Harrisburg Polyclinic	J. S. Forrester	278	330,101	6,401	6,061	2A	2	0	0	0	0	2	250-300	FP
Johnstown Conemaugh Valley Memorial	W. W. Ayres	163	248,506	4,320	3,228	4P	1	1	1	1	0	4	300-350	F
Lancaster Lancaster General	W. M. O'Donnell	234	216,069	5,473	5,473	2A	2	2	0	0	0	4	200 ...	F
Lancaster St. Joseph	W. Umiker	178	163,330	4,749	4,749	4P	1	1	0	0	0	2	300-500	F
Norristown Montgomery	H. T. Tamaki	74	97,826	2,446	2,326	2P	1	0	0	0	0	1	250 ...	P
Philadelphia Albert Einstein Medical Center						4P								
Philadelphia Northern Division	H. Brody	387	269,838	8,512	7,701		2	2	2	2	0	8	125-200	F
Philadelphia Southern Division	D. Meronze	182	223,696	3,932	3,477		1	1	1	1	0	4	125-200	F
Philadelphia Chestrnut Hill	S. B. Rose	93	81,624	2,257	2,061	4P	1	1	1	0	0	3	350 ...	F
Philadelphia Children's	W. C. Yokovac	132	132	1,650	1,650	1A	1	1	0	0	0	1	... 100	F
Philadelphia Episcopal	A. D. Wallis	222	184,968	3,145	2,076	4P						2	150 ...	F
Philadelphia Frankford	L. Rauer	143	157,863	3,837	3,837	3P						2	325-375	FP
Philadelphia Germantown Dispensary and Hospital	F. Fite	206	156,152	5,339	5,339	4P	1	1	1	1	0	4	200-225	F
Philadelphia Graduate Hospital of the University of Pennsylvania	A. Valdes-Dapena													
Philadelphia Hahnemann Medical College and Hospital	R. C. MacDuffee	143	206,193	4,645	4,425	3A	1	1	1	0	0	3	166-250	F
Philadelphia Hospital of the University of Pennsylvania	J. E. Imbriglio	306	333,145	5,613	5,613	4P	2	2	2	2	0	8	75-115	P
Philadelphia Hospital of the Women's Medical College of Pennsylvania	H. T. Enterline													
Philadelphia Hospital of the Women's Medical College of Pennsylvania	R. Norris	434	524,777	9,900	9,405	4P	2	2	3	3	0	10	150 ...	P
Philadelphia Jefferson Medical College	M. M. Porter													
Philadelphia Jefferson Medical College	J. N. Dubin	105	113,263	2,391	2,391	4P	1	1	1	1	0	4	300 ...	O
Philadelphia Jefferson Medical College	P. A. Herbut	381	522,914	11,906	11,906	4P	2	2	2	2	0	8	150-300	P
Philadelphia Lankau	C. E. Brown	222	226,495	4,081	4,081	4P	1	1	1	1	0	4	200-250	FP
Philadelphia Mercy-Douglass	W. Belk	44	91,012	1,640	1,797	1C	1	0	0	0	0	1	250 ...	F
Philadelphia Misericordia	H. E. Marx	216	170,139	4,396	3,532	2P	1	1	0	0	0	2	250-400	F
Philadelphia Pennsylvania	A. R. Crane	135	335,644	4,284	4,284	4P	1	1	2	2	0	6	170-200	O
Philadelphia Philadelphia General	W. E. Ehrlich	135	791,368	7,955	7,955	4P	3	3	2	2	0	10	157-278	F
Philadelphia Presbyterian	J. Butcher	211	175,240	5,126	4,796	4P	1	1	1	2	0	5†	235-290	F
Philadelphia St. Christopher's Hospital for Children	J. B. Grey	80	91,860	989	452	1A	0	0	1	0	0	1	75-100	F
Philadelphia Temple University	E. E. Aegerter	600†	800,000	10,000	10,000	4P	2	2	3	3	0	10	175-250	P
Philadelphia Veterans Admin.	S. Bornstein	317	224,939	2,589	2,527	4P	1	1	1	1	0	4	291-443	O
Pittsburgh Allegheny General	R. C. Grauer	276	234,006	5,007	5,007	4P	1	1	1	1	0	4	400-475	F
Pittsburgh Health Center Hospitals of the University of Pittsburgh														
Pittsburgh Children's	G. H. Fetterman	151	126,261	1,817	1,817	1P	3	1	0	0	0	4	200-250	F
Pittsburgh Presbyterian-Woman's	T. J. Moran	275	500,623	7,810	7,810	4P	3	3	2	2	0	10	125-175	F
Pittsburgh Mercy	M. M. Bracken	324	407,316	8,307	5,429	4P	1	1	1	0	0	3	275-325	F
Pittsburgh Montefiore	H. Mendelow	197	185,190	6,041	4,924	4P	1	1	1	1	0	4	225-300	F
Pittsburgh St. Francis General Hospital and Rehabilitation Institute	R. C. Hamilton	201	266,025	3,780	3,615	4P	1	1	1	1	0	4	240-355	FP
Pittsburgh St. Margaret Memorial	J. E. Kurtz	65	131,592	3,208	3,208	1P	1	0	0	0	0	1	325-375	FP
Pittsburgh Shadyside	E. L. Heller	200	130,000	4,000	3,000	4P	1	1	1	1	0	4	400-550	O
Pittsburgh South Side	L. Goodman	213	174,335	3,785	3,714	2A	1	1	0	0	0	2	350 ...	F
Pittsburgh Veterans Admin.	E. R. Fisher	460	324,675	3,738	2,647	4P	3	1	1	2	0	7	... ..	O
Pittsburgh Western Pennsylvania	R. G. McManus	334	327,145	8,509	6,745	4P	2	2	1	1	0	6	250-300	F
Reading St. Joseph's	G. P. Desjardins													
Reading St. Joseph's	J. G. Chen See	213	189,061	5,429	5,372	4P	1	0	0	0	0	4	250-350	F
Sayra Robert Packer	R. S. McCants	166	275,361	3,347	3,347	4P	1	1	1	1	0	4	235-375	P
Scranton Scranton State	J. J. O'Connor, Jr.	104	80,531	1,403	1,238	1A	1	0	0	0	0	1	440 ...	F
West Reading Reading	W. P. Jennings	336	204,620	4,660	4,610	4P	2	0	0	0	0	6	225-300	F
Wilkes-Barre Wilkes-Barre General	C. E. Rodriguez	174	137,810	11,673	10,506	2A	1	1	0	0	0	2	300 ...	F
Williamsport Williamsport	M. G. Colvin	107	157,852	4,995	3,950	4P	1	1	1	1	0	1	250-350	F
York York	T. J. Burkart	292	200,186	8,235	5,796	4P	1	1	1	1	0	4	325-425	F

Numerical and other references are listed on pages 265 through 268.

15. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Mox.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
PUERTO RICO														
Aguadilla														
Aguadilla District	D. A. Jutz	240	75,000	1,480	1,400	1A	1*	0	0	0	0	1†	325-450	F
Arecibo														
Arecibo District	J. A. Carra	339	117,832	2,568	2,568	1A	..	..	..	..	..	..	..	..
Caparra Heights														
University	R. Marcial	469	131,644	4,784	4,784	3A	1	1	1	1	0	..	..	..
Ponce														
Ponce District	E. Rivera	418	201,018	3,096	3,096	3A	2	2	1	0	0	5	250-350	F
San Juan														
Dr. I. Gonzalez Martinez Oncologic ⁴²	R. Marcial-Rojas	63	24,470	4,485	4,285	1A	1	0	1	0	0	1	300 ...	P
San Juan City	M. DeJesus	326	327,944	3,067	...	3A	1	1	1	0	0	3	250-425	F
Veterans Admin. (San Patricio)	F.M. Reyes	75	137,063	1,365	1,365	1A	..	..	..	..	..	1	325-419	O
RHODE ISLAND														
Newport														
Newport	T.R. Cox	83	127,389	2,883	2,349	1A	1	0	0	0	0	1	...	...
Pawtucket														
Memorial	G.P. Paparo	171	230,922	15,593	4,375	4P	1	0	0	0	0	1	...	F
Providence														
Rhode Island	H. Fanger	427	431,518	8,810	8,648	4P	2	2	2	2	0	8	125-250	F
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	H.R. Pratt-Thomas	511	380,463	24,769	22,169	4P	2	2	2	2	0	8	250-300	O
Medical College	...	...	...	...	...	..	..	..	..	..	..	..	..	..
Roper	...	...	...	...	...	..	..	..	..	..	..	..	..	..
Greenville														
Greenville General	E. A. Dreskin	277	237,013	7,981	7,740	4P	1	1	1	1	0	4	300-375	O
Spartanburg														
Spartanburg General	M.F. Patton	183	228,486	7,712	...	4P	1	0	0	0	0	1	375-525	O
SOUTH DAKOTA														
Sioux Falls														
Sioux Valley	C. B. Mitchell	154	109,009	...	...	4P	..	..	..	..	..	2	250-300	F
TENNESSEE														
Chattanooga														
Baroness Erlanger	J. W. Adams	445	385,078	19,788	19,788	4P	1	1	1	1	0	4	325-400	F
Knoxville														
East Tennessee Baptist	R. V. Leffler	124	120,669	5,779	5,171	2P	1	1	0	0	0	2	325-350	F
St. Mary's Memorial	G. S. Mahon	99	171,474	6,690	4,800	4P	2	1	1	1	0	5	250-350	FP
University of Tennessee Memorial Research Center and Hospital	F. S. Jones	178	270,984	3,071	2,821	4P	1	1	1	1	0	4	320-350	F
Memphis														
Baptist Memorial	M. L. Trumbull	414	420,416	16,477	14,282	4P	3	2	2	2	0	9	325-400	F
City of Memphis Hospitals	D. Sprunt	629	63,515	5,566	5,566	4P	5	4	3	0	0	12	150-175	...
Methodist	C. H. Steffee	154	231,309	10,874	9,579	3P	1	1	1	1	0	4	325-375	F
St. Joseph	L. C. Prieta	107	161,497	4,726	3,978	2A	1	1	0	0	0	2	325-350	F
Veterans Admin. ³⁴¹	J. M. Young	490	428,332	5,643	5,236	4P	2	1	1	0	0	4	291-372	P
Nashville														
Baptist	F. C. Womack, Jr.	152	225,831	7,600	5,427	4P	1	1	1	1	0	4	300 ...	P
George W. Hubbard	H. M. Frazier	199	131,035	2,100	2,100	2A	1	1	1	0	0	3	175-250	FP
St. Thomas	D. K. Gorwald	123	224,225	4,437	3,340	4P	1	1	1	1	0	5	300 ...	FP
Vanderbilt University Affiliated Hospitals Nashville General	W. A. DeMonbreum	115	183,512	2,626	2,432	2A	1	1	0	0	0	2†	325-400	FP
Vanderbilt University	J. L. Shapiro	307	256,043	3,301	3,225	4P	3	3	1	1	0	8	75-125	F
Veterans Admin.	N. Ende	180	267,911	3,266	3,179	4P	1	1	1	1	0	4	291-497	O
Oak Ridge														
Oak Ridge Institute of Nuclear Studies-Medical Division ³²	B. M. Nelson	30	508	68	68	1A	0	0	0	1	0	1	400 ...	O
TEXAS														
Austin														
Brockenridge	D. Queen	153	85,238	3,272	2,757	4P	1	1	1	1	0	4	250-350	F
Dallas														
Baylor University Medical Center	G. J. Race	383	480,830	14,728	12,314	4P	3	2	2	2	0	9	210-250	P
Methodist	A. B. Cairns	135	...	5,250	5,250	2P	1	1	0	0	0	2	275-350	F
Parkland Memorial	C. T. Ashworth	465	955,470	7,207	7,207	4P	2	1	5	2	0	10	225-275	P
St. Paul	J. H. Childers	221	428,631	6,895	6,489	4P	2	2	2	2	0	8	225-300	FP
Veterans Admin.	H. L. Reinhart	362	360,113	2,563	2,563	4P	0	0	1	0	0	1	291-443	P
Fort Worth														
Harris	J. B. White	145	163,762	6,709	5,780	2A	1	1	0	0	0	2	300-325	F
St. Joseph	O. J. Wollenman, Jr.	142	199,637	4,494	3,478	4P	1	1	1	1	0	4	300-400	P
Galveston														
University of Texas Medical Branch Hospitals	H. C. Hopps	398	864,639	9,366	9,336	4P	3	3	3	0	0	9	160 ...	F
Houston														
Baylor University Affiliated Hospitals	...	...	...	...	...	..	..	..	..	..	..	..	..	..
Jefferson Davis	S. A. Wallace	437	594,623	7,028	6,925	4P	2	2	2	2	0	8	125-165	F
Methodist	J. P. Abbott	234	615,701	17,655	7,810	4P	1	1	1	1	0	4	100-175	F
Texas Children's	H. S. Rosenberg	147	224,410	4,103	3,814	1A	1	0	0	0	0	1	200 ...	F
Veterans Admin.	B. Halper	517	522,521	3,541	3,367	4P	1	1	1	1	0	4	291-443	P
Hermann	W. G. Brown	340	644,323	15,522	14,864	4P	1	1	1	1	0	4	200-416	P
Memorial Baptist	F. Leidler	113	253,452	7,717	6,027	3P	1	1	0	0	0	2	220-450	P
St. Joseph's	P. M. Marcuse	156	325,335	6,057	5,387	4P	1	1	1	1	0	2	150-250	F
St. Luke's Episcopal	C. J. Lind	123	376,480	6,125	5,771	4P	1	1	1	1	0	4†	100-225	F
University of Texas M. D. Anderson Hospital and Tumor Institute	W. O. Russell	345	230,200	59,082	...	4P	5	0	0	0	0	5†	300 ...	...

Numerical and other references are listed on pages 265 through 268.

15. 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 1962-1963					Total All Yrs.	Stipend per Month		Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.	
TEXAS—Continued															
Lubbock															
Methodist	W. H. Long	175	160,000	8,500	8,000	4P	1	1	1	1	0	4	250-350	P	
McKinney															
Veterans Admin.	H. G. Losh	72	86,235	798	798	2A	1	1	1	..	..	1	291-373	O
San Antonio															
Baptist Memorial	A. O. Severance	180	230,187	6,202	5,792	4P	2	1	0	1	0	6	150-350	F	
Robert B. Green Memorial	D. L. Galindo	365	348,258	4,986	4,986	2A	2	2	0	0	0	4	200-300	F	
Santa Rosa	N. H. Jacob	323	311,846	6,874	6,389	4P	2	2	1	1	0	6	275-350	F	
Temple															
Scott and White Memorial	J. C. Stinson W. N. Powell	85	289,706	7,559	7,559	4P	1	0	0	0	0	1	300 ...	O	
UTAH															
Ogden															
Thomas D. Dee Memorial	W. A. Bennett	140	136,324	6,109	4,803	4P	2	0	0	0	0	2	....	...
Salt Lake City															
Dr. W. H. Groves Latter-Day Saints	J. H. Carlquist	309	486,939	10,961	7,851	4P	1	1	1	1	0	4	250-325	FP	
Holy Cross	C. McNeil	102	152,478	5,892	4,018	4P	1	0	1	0	0	2	275-425	P	
University of Utah Affiliated Hospitals	W. H. Carnes	...	...	...	...	4P	4	2	2	2	0	10†	....	...
Salt Lake County General	W. H. Carnes	300	107,406	1,700	1,428	..	..	..	..	..	..	..	250-375	O
Veterans Admin.	P. Schatzki	169	209,221	1,809	1,724	..	..	..	..	..	..	..	291-498	O
VERMONT															
Burlington															
University of Vermont Affiliated Hospitals	R. W. Coon	...	...	...	...	4P	..	..	..	..	..	..	....	...
DeGoesbriand Memorial	...	...	...	...	...	..	..	..	..	..	..	..	....	...
Mary Fletcher	...	244	124,285	4,305	3,782	..	3	2	2	2	0	9	200-300	FP	
VIRGINIA															
Charlottesville															
University of Virginia	O. B. Bobbitt D. E. Smith	392	355,966	11,217	11,217	4P	2	1	2	0	0	5	200-300	F	
Danville															
Memorial	L. W. Powell, Jr.	129	124,224	6,300	6,300	4P	1	1	1	1	0	4	....	O
Lynchburg															
Lynchburg General	S. M. Bouton, Jr.	99	70,446	4,190	3,851	4P	..	..	..	..	..	2	200-300	P
Newport News															
Riverside	F. Q. Wingfield	91	239,855	10,141	10,141	1A	..	..	..	..	..	1	250 ...	F
Norfolk															
De Paul	R. J. Faulconer A. Strauss R. Shuman E. D. Levy	247	232,328	6,792	6,792	4P	1	1	1	1	0	4	225-300	F	
Norfolk General	...	214	217,868	13,101	11,862	4P	1	1	1	1	0	4	250-450	F	
Portsmouth															
Maryview	...	...	...	...	...	2A	..	..	..	..	..	..	....	...
Richmond															
Johnston-Willis	J. L. Thornton	128	86,752	2,045	1,796	1A	1	0	0	0	0	1	300 ...	F	
Medical College of Virginia Hospital Division	G. Margolis H. G. Kupfer, S. Kay W. M. Monroe J. R. Kriz	606	698,142	9,488	8,618	4P	3	6	8	3	0	20	200-300	F	
Richmond Memorial	...	163	252,000	5,586	4,000	1P	2	..	..	..	..	2	350 ...	F
Veterans Admin.	...	262	268,593	3,404	3,394	4P	1	1	1	1	0	4	291-497	P	
Roanoke															
Roanoke Memorial	J. C. Gale	134	164,640	9,284	7,162	4P	1	1	1	1	0	4	350 ...	F	
WASHINGTON															
Seattle															
Doctors	R. C. Ellis	157	137,968	5,205	4,384	2A	1	1	0	0	0	2	450-500	F	
Providence	D. G. Mason	5,577	122,976	5,399	3,440	2A	1	1	0	0	0	2	300-350	FP	
St. Frances Xavier Cabrini	G. D. Lazerte P. C. Griffith P. K. Lund	104	40,379	3,294	2,570	2A	..	..	..	..	..	3	250-300	F
Swedish	...	290	280,520	11,362	10,468	4P	1	1	1	1	0	4	275-400	FP	
University of Washington Affiliated Hospitals	E. P. Benditt S. A. Creighton I. I. Shuldberg	181	179,887	1,637	655	..	..	..	..	..	..	7	....	...
Children's Orthopedic	...	576	215,581	4,110	3,773	..	..	..	..	..	..	..	330 ...	P
King County	...	...	...	...	...	..	..	..	..	..	..	..	150-425	F
University	...	...	...	...	...	..	..	..	..	..	..	..	....	...
Veterans Admin.	D. V. Brown	288	134,152	2,075	1,985	..	..	..	..	..	..	..	291-497	...
Virginia Mason	H. W. Jones	208	190,811	6,398	5,206	4P	1	1	1	1	0	4	200-375	FP	
Spokane															
Deaconess	T. E. Ludden	204	172,469	6,855	5,483	3A	..	..	..	..	..	1	300-300	F
Sacred Heart	J. E. Hill	268	129,335	8,667	8,527	3A	..	..	..	..	..	3	250-325	FP
Tacoma															
St. Joseph's	C. R. McColl R. T. Vimont C. P. Larson M. J. Wicks	97	11,684	5,961	5,591	2A	1	0	0	0	0	1	300 ...	F	
Tacoma General	...	415	180,606	14,258	11,768	4P	1	1	1	1	0	4	300-450	F	
WEST VIRGINIA															
Beckley															
Beckley Memorial	W. A. Laqueur	160	146,000	4,029	3,845	1A	1	0	0	0	0	1	400 ...	P	
Charleston															
Charleston General	P. Ladewig W. Gorrard	178	115,146	5,159	5,088	4P	1	1	1	1	0	3	275-350	FP	
Memorial	G. B. Swoyer	225	126,534	5,097	4,635	3A	1	1	0	0	0	2	250-275	FP	
Clarksburg															
St. Mary's	H. Fischer	129	114,117	3,414	2,166	2P	1	1	0	0	0	2	300-325	FP	

Numerical and other references are listed on pages 265 through 268.

15. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
WEST VIRGINIA—Continued														
Huntington														
Cabell Huntington.....	S. Werthammer.....	105	183,190	8,113	7,393	3A	1*	1*	1	0	0	3	275-350	F
St. Mary's.....	A. G. Carabia.....	100	243,328	4,374	3,704	3A	1	1	1	0	0	1	275-325	...
Martinsburg														
Veterans Admin.....	R. G. Gattschalk.....	148	192,315	1,441	1,348	2P	..	..	..	..	..	2	291-497	O
Wheeling														
Ohio Valley General.....	H. G. Little R. O. Bell.....	216	166,393	6,321	5,534	4P	1	1	1	1	0	4	325-400	P
WISCONSIN														
Fond Du Lac														
St. Agnes.....	R. W. Steube.....	181	122,767	7,086	3,635	2A	2	2	0	0	0	4	250 ...	FP
Madison														
Madison General.....	P. G. Piper.....	176	156,553	5,117	4,022	4P	1	1	1	1	0	4	200-275	FP
University Hospital ²⁶⁹	F. Larson D. Angevine.....	302	324,072	5,109	4,959	4P	3	0	0	0	0	3	100-250	F
Marshfield														
St. Joseph's.....	F. J. Glassy.....	160	121,851	3,346	3,174	3P	1	1	1	0	0	3	300-450	F
Milwaukee														
Columbia ²⁷⁷	G. Ritchie.....	182	133,080	5,108	3,624	4P	1	1	1	1	0	4	350-425	P
Evangelical Deaconess.....	R. S. Haukohl.....	135	146,628	4,833	3,833	4P	1	1	1	1	0	4	350-425	F
Milwaukee County.....	P. Kimmelstiel.....	624	530,811	4,718	4,438	4P	3	3	3	3	0	12	234-439	O
Milwaukee.....	E. A. Birge.....	138	204,261	7,043	6,111	4P	1	1	0	0	0	2	375-450	P
Mount Sinai.....	N. Enzer.....	191	205,340	4,411	4,411	4P	1	1	1	1	0	4	300 ...	F
St. Francis.....	J. Lubitz.....	138	123,246	3,712	2,925	4P	1	1	1	1	0	4	270-450	P
St. Joseph's.....	C. H. Altshuler.....	174	273,727	8,425	6,888	4P	1	1	1	1	0	4	300-375	F
St. Luke's.....	B. E. Clarke.....	141	154,364	3,955	3,380	4P	1	1	1	1	0	4	275-425	F
St. Mary's.....	S. B. Pessin R. K. Vaet.....	148	125,861	4,856	3,678	4P	1	1	1	1	0	2	375-450	P
Veterans Admin. (Wood).....	R. M. Maynard.....	464	363,930	3,205	2,759	4P	2	2	2	2	0	8	291-443	P

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.....	350	25	206	1
COLORADO					
Denver					
Denver General Hospital.....	G. I. Ogura, W. C. White.....	351	51	400	103
FLORIDA					
Miami					
Office of Medical Examiner, Dade County.....	J. H. Davis.....	1,784	108	1,427	300
OHIO					
Cleveland					
Cuyahoga County Coroner's Office.....	L. Adelsan, S. R. Gerber.....	1,446	100	1,041	200
Columbus					
Ohio State University Hospital.....	J. M. B. Bloodworth, Jr.....	178	27	140	0
PENNSYLVANIA					
Philadelphia					
Office of Medical Examiner, City of Philadelphia.....	J. W. Spelman.....	1,800	135	1,557	275
VIRGINIA					
Richmond					
Office of Chief Medical Examiner, Commonwealth of Virginia.....	G. T. Mann.....	1,125	325	1,125	689

16. 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 205.

Numerical and other references are listed on pages 265 through 268.

17. 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, 253; Residencies, 1,908

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio.....	T. M. Halcomb.....	42	1,224	40	85	19,243	3	3	0	0	0	6	.....	...
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco.....	E. C. Biehusen.....	23	830	24	92	16,157	3	3	0	0	0	6	.....	...
COLORADO														
Fitzsimons General, Denver.....	H. J. Umlauf, Jr.	40	2,425	51	96	28,060	3	3	0	0	0	6	.....	...
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	O. C. Bruton	21	488	41	80	24,448	3	3	0	0	0	6	.....	...
HAWAII														
Tripler Army, Honolulu	J. P. Fairchild.....	25	1,501	14	93	45,314	2	0	0	0	0	2	.....	...
TEXAS														
William Beaumont General, El Paso.....	D. C. Plunket.....	16	4,073	74	86	65,180	3	3	0	0	0	6	476-675	P
Brooke General, San Antonio.....	L. J. Geppert	17	664	19	85	33,346	3	3	0	0	0	6	.....	...
WASHINGTON														
Madigan General, Tacoma.....	R. B. Giffin, Jr.	23	1,470	17	100	38,947	2	2	0	0	0	4	.....	...
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland.....	M. Kuzrak.....	29	1,992	12	92	43,754	2	2	0	0	0	4	.....	...
U. S. Naval, San Diego.....	W. I. Neikirk.....	40	2,109	31	85	46,574	2	2	0	0	0	4	.....	...
MARYLAND														
U. S. Naval, Bethesda	T. E. Cone	30	2,309	54	98	8,796	2	2	0	0	0	4	.....	...
MASSACHUSETTS														
U. S. Naval, Chelsea	A. Margileth.....	17	748	38	80	15,590	2	2	0	0	0	4	.....	...
PENNSYLVANIA														
U. S. Naval, Philadelphia	C. L. Waite.....	8	487	7	86	22,568	2	2	0	0	0	4	.....	...
VIRGINIA														
U. S. Naval, Portsmouth	F. B. Becker	45	2,163	42	83	34,248	2	2	0	0	0	4	.....	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington	R. B. Scott	28	3,901	110	75	3,509	3	3	0	0	0	6	367-475	P
OTHER FEDERAL														
CANAL ZONE														
Gorgos, Balboa Heights	D. Hirschl	22	791	6	100	2,463	1	1	0	0	0	2	458-499	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center ...	.....	50	3,479	56	33	10,866	3	3	0	0	0	6	250-300	F
Children's	H. C. Shirkey	42	1,558	59	51	6,464	6	6	0	0	0	12	150-170	F
University Hospital and Hillman Clinic.....	W. K. Hare	28	1,309†	14	50	33,919	2	2	0	0	0	4	300-350	FP
Fairfield														
Lloyd Noland.....	G. C. McCullaugh....	3	1,388	47	74	6,418	1	0	0	0	0	1	250...	F
Mobile														
Mobile General	J. H. Baumhauer	30	844	29	72	5,366	1	1	0	0	0	2	373-392	P
ARIZONA														
Phoenix														
Maricopa County General	D. B. Manley	20	1,201	31	90	1,695	1	1	0	0	0	2	300-375	FP
St. Joseph's.....	H. W. Lipow	31	983†	62	69	3,768	5	5	2	0	0	12†	233-333	O
ARKANSAS														
Little Rock														
University of Arkansas Medical Center ...	T. C. Panos	48	1,516	23	83	18,876	2	1	0	0	0	3	375-450	O
CALIFORNIA														
Bakersfield														
Kern County General.....	R. Polson.....	46	1,814	58	67	7,049	2	2	0	0	0	4	300-325	P
Fresno														
General Hospital of Fresno County?	M. Cohen													

Numerical and other references are listed on pages 265 through 268.

17. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued														
Los Angeles														
California Babies' and Children's Medical Center	D. C. Shelby	13	1,013	3	100	17,370	2	1	0	0	0	3	250-325	F
Cedars of Lebanon	B. M. Kagan	30	1,954†	43	91	9,390	2	2	1	0	0	5†	275-340	FP
Children's	R. Ward	152	8,913	243	88	72,588	15	12	2	0	0	29†	150-400	P
Los Angeles County General	R. Chinnock	129	6,023	95	81	20,430	8	8	0	0	0	16	275-300	FP
Queen of Angels	D. Chambers	23	1,771	8	87	2,328	2	2	0	0	0	4	275-325	FP
University of California	J. M. Adams	36	1,777	71	83	10,360	5	2	2	1	0	10	261-460	O
White Memorial	R. F. Chinnock	13	740	21	90	12,807	1	1	0	0	0	2	265-275	P
Oakland														
Children's Hospital of the East Bay	H. Long	78	6,442	85	84	9,626	6	6	0	0	0	12	250-300	F
Highland-Alameda County	M. Schwartz	31	1,269	38	29	6,869	2	1	0	0	0	3	220-255	FP
Kaiser Foundation	A. King	11	654	12	75	65,454	2	2	0	0	0	4	315-340	FP
Palo Alto														
Stanford Medical Center Affiliated Hospitals		..	..	..	..	..	..	..	..	..	..	..	..	..
Palo Alto—Stanford Hospital Center	N. Kretchmer	29	2,892	36	94	3,370	6	2	2	2	0	12†	100-175	F
San Francisco														
Children's	H. E. Thelander	36	1,367‡	17	88	17,127	3	3	1	0	0	7†	250-300	FP
Kaiser Foundation	J. G. Smillie	17	838	12	92	67,063	2	2	0	0	0	4	315-390	FP
Presbyterian Medical Center	A. H. Jacobs	17	820	7	100	1,540	2	2	0	0	0	4	175-300	P
St. Luke's	D. Hoskin	17	593	21	76	5,777	1	1	0	0	0	2	325-350	FP
St. Mary's	R. Flood	21	1,901‡	6	83	3,640	1	1	0	0	0	2	200-300	FP
University of California Hospitals	E. B. Shaw	66	3,902	54	87	15,789	4	8	2	0	0	14	261-460	O
San Francisco General	M. Grossman	35	1,455	19	79	13,038	4	0	1	0	0	5†	243-425	O
San Jose														
Santa Clara County	H. Hardenbergh	23	643	32	84	4,283	3	1	0	0	0	4	270-320	P
Stockton														
San Joaquin General	F. Ruhstaller	26	1,033	16	94	4,327	1	1	0	0	0	2	275-340	P
Torrance														
Los Angeles County Harbor General	K. Z. Zike	45	1,360‡	35	69	11,040	3	3	0	0	0	6	275-300	F
COLORADO														
Denver														
Children's	S. E. Wheelock	95	4,999	58	90	23,544	6	3	1	0	0	10	225-275	O
University of Colorado Medical Center		..	..	..	..	..	..	..	..	..	..	..	..	..
Colorado General	C. H. Kempe	27	952	30	86	15,896	2	0	3	0	0	17†	180-205	O
CONNECTICUT														
Hartford														
Hartford	A. U. Peacock	42	6,909	95	72	600	1	1	0	0	0	2	235-285	P
St. Francis	N. Giorgio	40	2,830	11	91	10,641	1	2	0	0	0	3	200-225	FP
New Haven														
Yale—New Haven Medical Center		..	..	..	..	..	..	..	..	..	..	..	..	..
Grace—New Haven Community	N. K. Ordway	26	1,101	66	82	10,912	6	5	1	0	0	12†	50-200	FP
Hospital of St. Raphael	P. F. McAlenney	26	2,183	20	44	3,192	3	1	0	0	0	4	300-335	F
DELAWARE														
Wilmington														
Delaware	R. O. Y. Warren	44	2,401‡	37	70	3,102	2	2	0	0	0	4	190-350	..
DISTRICT OF COLUMBIA														
Washington														
Children's	R. H. Porrott	72	3,684	107	87	45,770	12	10	1	0	0	24†	200-400	P
District of Columbia General	T. Reichelderfer	71	2,051	64	82	40,054	5	6	1	0	0	12†	258-308	O
Georgetown University	F. Burke	22	1,369	33	73	3,734	5	3	2	0	0	10†	175-210	FP
FLORIDA														
Gainesville														
University of Florida Teaching Hospitals and Clinic	R. T. Smith	16	353	16	93	..	4	3	3	0	1	11†	217-450	..
Jacksonville														
Jacksonville Hospitals Educational Program		..	..	..	..	..	..	..	..	..	..	..	..	..
Baptist Memorial		..	..	..	..	..	..	..	..	..	..	..	325-350	..
Duval Medical Center	J. K. David, Jr.	19	706	68	57	9,809	4	2	0	0	0	6	225-250	F
St. Vincent's	H. A. Corithers	31	2,367	19	79	1,522	2	2	0	0	0	4	325-350	P
Miami														
Jackson Memorial	R. B. Lawson	..	1,771	73	68	23,574	6	5	1	0	0	12†	200-275	P
GEORGIA														
Atlanta														
Crawford W. Long Memorial	F. D. Jones	21	1,233‡	83	54	3,641	5	1	0	0	0	6	285-300	O
Georgia Baptist	J. Yampolsky	31	2,241	36	64	438	3	2	0	0	0	5	330-355	P
Grady Memorial	R. W. Blumberg	76	2,174	81	69	20,415	4	4	2	0	0	10†	100-200	F
St. Joseph's Infirmary	C. D. Fowler	16	1,531	12	87	1,392	1	1	0	0	0	2	330-355	P
Augusta														
Medical College of Georgia Hospitals		..	..	..	..	..	..	..	..	..	..	..	..	..
Eugene Talmadge	V. Vaughn	21	413	32	81	1,223	3	3	3	0	0	9†	250-416	O
University	W. A. Wilkes	48	4,134‡	72	32	3,842	2	1	1	1	0	3	250-275	O
HAWAII														
Honolulu														
Kouikealani Children's	C. K. Kobayashi	52	4,794	43	84	8,377	3	3	0	0	0	6	200-250	F

Numerical and other references are listed on pages 265 through 268.

17. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS														
Chicago														
Children's Memorial	J. A. Bigler	74	3,359	116	88	54,331	9	9	1	1	..	20†	250-400	P
Cook County	J. Greengard	342	9,933	577	74	4,655	13	13	0	0	0	26	150...	F
Loyola University (Stritch School of Medicine) Affiliated Hospitals**		..	..	..	..	..	..	..	..	..	..	..	..	..
Mercy	J. R. Christian	30	1,466	23	73	8,010	5	5	1	1	0	12†	225-300	F
Michael Reese	J. Metcalf	94	1,881	47	82	14,116	7	7	2	0	0	16†	135-185	FP
Mount Sinai	J. Hork	34	2,538	84	88	3,469	1	2	0	0	0	3	225-250	P
Provident	C. R. Tompkins	17	895	19	77	1,706	1	1	0	0	0	2	225-250	F
University of Chicago Clinics	F. H. Wright	39	1,452	55	93	14,386	6	6	1	0	0	13†	225-305	...
University of Illinois Research and Educational Hospitals	H. N. Sanford	68	1,714	70	82	12,717	4	4	0	0	0	8	170-195	P
Evanston														
St. Francis	J. B. Murphy	34	2,702	32	81	1,321	1	1	0	0	0	2	260-270	F
Evergreen Park														
Little Company of Mary	A. W. Fleming	75	4,284	17	58	921	4	4	0	0	0	8	225-275	F
INDIANA														
Indianapolis														
Indiana University Medical Center		..	..	..	..	..	..	..	..	..	..	..	..	..
Indiana University Hospitals	L. T. Meike	65	2,159	139	63	2,865	4	4	0	0	0	8	225-250	P
Marion County General	H. F. Call	32	912	41	57	17,980	2	2	0	0	0	4	269-295	P
Methodist	D. L. Rogers	22	1,011	26	42	2,563	1	1	0	0	0	2	360-450	P
St. Vincent's	I. W. Scott	27	2,252	7	71	1,762	1	1	0	0	0	2	275-300	F
IOWA														
Des Moines														
Raymond Blank Memorial	L. F. Hill	54	3,914	66	77	11,268	3	3	0	0	0	6	200-225	F
Iowa City														
State University of Iowa Hospitals	W. W. McCrory	48	2,041	66	84	11,722	6	4	1	0	0	11	200-255	...
KANSAS														
Kansas City														
University of Kansas Medical Center	H. Miller	32	1,375	73	80	24,465	4	4	0	0	0	8	175-200	P
KENTUCKY														
Louisville														
University of Louisville Medical Center		..	..	..	..	..	..	..	..	..	..	..	..	..
Children's	J. A. Little	42	3,192†	59	86	0	..	..	..	..	..	..	116	F
Louisville General	A. T. Steigman	20	1,110	23	70	14,914	10	5	2	0	0	17	117-192	F
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana		..	..	..	..	..	..	..	..	..	..	..	..	..
Louisiana State University Division	R. L. Fowler	100	1,769	82	83	9,144	..	..	..	..	0	16	125-150	F
Tulane University Division	R. Y. Platou	98	1,567	56	90	7,911	..	..	..	..	0	16	125-150	F
Shreveport														
Confederate Memorial Medical Center	C. H. Webb	91	3,270	182	38	2,987	2	2	0	0	0	4	125-150	F
MAINE														
Portland														
Maine Medical Center	P. G. Good	13	692	21	62	2,088	1	1	0	0	0	2	175-200	FP
MARYLAND														
Baltimore														
Baltimore City Hospitals	H. E. Harrison	83	1,845	154	98	28,251	3	4	2	0	0	9†	150-250	FP
Johns Hopkins	R. E. Cooke	78	1,771†	147	88	65,660	12	7	2	0	0	21†	167-347	P
Sinai	H. H. Gordon	27	1,158	20	55	11,412	3	4	1	0	0	8	235-285	P
University	J. E. Bradley	41	1,131	59	91	33,270	3	3	1	0	0	7†	220-350	P
MASSACHUSETTS														
Boston														
Boston City	S. S. Gellis	200	5,483	123	70	27,007	9	8	1	1	0	19†	158-248	F
Boston Floating	M. B. Kreidberg	76	3,288	112	87	0	6	6	0	0	0	12	238-263	O
Children's Hospital Medical Center ¹⁹³	C. A. Joneway	63	2,805	246	90	30,454	8	13	7	2	0	30	...	F
Massachusetts General	N. B. Talbot	22	1,190	33	85	6,090	7	6	1	0	0	14†	108-138	F
Worcester														
St. Vincent	P. Karpowich	37	1,496	23	87	1,649	1	1	0	0	0	2	200-225	FP
Worcester City	J. Cohen	51	3,311	6	66	2,407	1	1	0	0	0	2	250-275	F
MICHIGAN														
Ann Arbor														
University	J. L. Wilson	72	2,028	111	86	17,892	10	10	5	5	0	30	193-230	O
Detroit														
Children's	P. V. Wooley, Jr.	153	7,005	401	507	55,979	13	13	3	0	0	29†	200-300	F
Harper	E. E. Martner	31	1,398†	14	71	2,375	5	5	0	0	0	10	275-300	P
Henry Ford	J. A. Johnston	33	1,684	16	63	23,442	3	3	0	0	0	6	300-320	P
Flint														
Hurley	A. L. Turri	79	5,022†	49	71	3,026	2	2	0	0	0	4	325-350	F
Grand Rapids														
Butterworth	D. F. Waterman	40	2,953	43	76	1,345	1	1	0	0	0	2	325-350	O
Pontiac														
St. Joseph Mercy	F. M. Adams	47	3,896	28	35	2,549	1	1	0	0	0	2	375-435	P
Saginaw														
Saginaw General	R. Heavenrich	26	1,935	23	78	1,843	1	1	0	0	0	2	365-390	P

Numerical and other references are listed on pages 265 through 268.

17. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MINNESOTA														
Minneapolis														
Minneapolis General.....	R. B. Raile.....	32	1,323	25	92	8,134	3	1	0	0	0	4	250...	P
Northwestern.....	D. Olson.....	21	1,641	9	89	2,989	1	1	0	0	0	2	225-275	F
University of Minnesota Hospitals.....	J. A. Anderson.....	104	2,608	163	92	13,604	7	12	4	0	0	23†	250...	O
Rochester														
Mayo Foundation ²²⁰	J. W. Dushane.....	60	4,320	113	86	33,250	8	8	8	0	0	24†	200-333	P
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center University.....	B. Batson.....	20	729†	70	64	6,293	3	3	0	0	0	6	250-325	O
MISSOURI														
Columbia														
University of Missouri Medical Center..	R. Jackson.....	27	696	47	47	5,324	2	2	2	0	0	6†	250-350	P
Kansas City														
Children's Mercy.....	H. C. Miller.....	67	2,689	63	78	33,527	3	3	0	0	0	6	200-225	F
Kansas City General.....	C. W. Seely.....	30	1,460	27	60	13,796	2	2	0	0	0	4	220-240	FP
St. Louis														
Homer G. Phillips.....	P. J. White.....	72	3,133	30	73	16,433	12	10	3	0	0	25†	246-314	...
St. Louis Children's.....	A. F. Horman, Sr.....	131	5,135	156	81	40,828	14	14	2	...	...	30†	100-375	FP
St. Louis City ²⁸¹	J. T. Y. Shen.....	74	2,389	106	80	10,580	5	3	2	0	0	10†	246-330	P
St. Mary's Group of Hospitals of St. Louis University.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cardinal Glennon Memorial Hospital for Children.....	J. King.....	44	2,472	71	94	15,624	4	4	0	0	0	8	150-170	F
NEBRASKA														
Omaha														
Children's Memorial.....	C. R. Angle.....	59	4,125	35	94	5,714	4	4	0	0	0	8	275-425	P
Creighton Memorial—St. Joseph.....	T. R. Pfundt.....	32	1,715	14	57	2,515	2	2	1	0	0	5	210-285	F
Contagious Division of County Hospital.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Omaha Children's.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Riverview Home.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Joseph's Orphanage.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University of Nebraska ²³⁰	G. Gibbs.....	16	594	9	78	7,650	2	2	1	0	0	5†	225-300	P
NEW HAMPSHIRE														
Hanover														
Mary Hitchcock Memorial.....	R. Storrs.....	25	1,467	28	100	6,393	1	1	0	0	0	2	218...	...
NEW JERSEY														
Jersey City														
Jersey City Medical Center.....	S. S. Stevenson.....	46	1,576	35	46	10,334	6	3	1	0	0	10†	200-350	F
Neptune														
Fitkin Memorial.....	J. A. Raffetto.....	60	1,767	14	92	950	1	1	0	0	0	2	250...	F
Newark														
Newark Beth Israel.....	A. Finkelstein.....	18	476	17	59	545	1	1	0	0	0	2	250-300	F
St. Michael's.....	G. A. Magglo.....	50	2,769	35	71	3,665	4	3	0	0	0	7	275-300	F
United Hospitals of Newark.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	...
Babies.....	W. L. Mitchell, Jr.....	59	3,340	43	77	12,468	4	4	0	0	0	7	275-325	O
NEW MEXICO														
Albuquerque														
Bernalillo County—Indian.....	W. Woodard.....	23	707	23	54	2,499	1	1	0	0	0	2	300-333	FP
NEW YORK														
Albany														
Albany Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Buffalo														
Children's.....	M. I. Rubin.....	95	3,958	154	91	46,200	12	6	2	0	0	20†	160-300	F
Edward J. Meyer Memorial.....	T. S. Bumbalo.....	46	1,401	20	75	27,244	3	2	0	0	0	5	292-312	P
Cooperstown														
Mary Imogene Bassett.....	T. C. Goodwin.....	9	552	4	100	7,419	1	0	0	0	0	1	200-350	P
Hempstead														
Meadowbrook.....	E. A. Stanchi.....	78	1,767	32	84	2,788	3	3	0	0	0	6	275...	F
Manhasset														
North Shore.....	A. L. Florman.....	15	1,982†	26	64	770	2	1	0	0	0	3	220-270	F
New York City														
Bellevue Hospital Center	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Div. III—New York University College of Medicine ²⁶⁰	S. Krugman.....	120	3,015	110	79	75,000	10	7	2	0	0	19†	215-265	F
Beth-El.....	B. Schick.....	17	515	19	84	3,677	3	1	0	0	0	4	150-200	F
Beth Israel.....	H. Schneck.....	11	328	20	50	2,936	1	1	0	0	0	2	200-205	P
Bronx.....	M. Davidson.....	20	821	11	73	11,294	3	3	0	0	0	6†	184-251	F
Bronx Municipal Hospital Center.....	H. L. Barnett.....	100	2,200	45	80	45,000	12	6	2	0	0	20†	215-265	F
Brooklyn.....	G. F. Cunningham.....	28	1,312	24	86	12,167	3	3	3	0	0	9	175-205	F
City Hospital at Elmhurst.....	E. E. Amerman.....	43	1,509	18	56	5,319	3	2	0	0	0	5	215-265	F
Coney Island.....	J. Rosenblum.....	26	992	25	72	7,942	2	2	0	0	0	4	215-265	F
Cumberland.....	M. M. Maliner.....	..	1,291	24	58	14,928	3	1	0	0	0	4	215-265	F
Fordham.....	J. Turner.....	17	626	8	75	5,526	2	1	0	0	0	3	215-265	F
Harlem.....	H. J. Cohen.....	70	1,323	147	89	20,303	3	1	0	0	0	4	215-265	F
Jewish Hospital of Brooklyn.....	J. Pincus.....	35	1,694	42	71	12,318	6	6	0	0	0	12	115-150	F
Kings County Hospital Center.....	J. T. Lanman.....	133	3,115	313	43	19,740	10	12	0	0	0	22	215-265	F
Lenox Hill.....	C. H. O'Regan.....	19	926	21	76	5,069	1	1	0	0	0	2	200-216	P
Lincoln.....	H. L. Bomett.....	49	1,884	68	76	24,530	9	6	0	0	0	15	215-265	F

Numerical and other references are listed on pages 265 through 268.

17. PEDIATRICS — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O P F	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK, New York City—Continued														
Long Island College.....	C. A. Weymuller.....	15	627	56	64	5,673	3	1	0	0	0	4	170-200	P
Long Island Jewish.....	S. Karelitz.....	53	2,250	75	82	2,485	2	3	0	0	0	5	100-165	F
Lutheran Medical Center.....	J. A. Monfort.....	17	931	7	57	1,919	1	1	0	0	0	2	250-275	F
Maimonides.....	B. Kramer.....	32	1,084	21	62	2,583	4	3	0	0	0	7	160-225	F
Methodist Hospital of Brooklyn.....	W. R. Coles.....	27	1,547	12	50	2,178	1	1	0	0	0	2	175-200	F
Morrisania City.....	F. E. Chick.....	22	988	52	98	9,838	3	1	0	0	0	4	215-265	F
Mount Sinai.....	H. L. Hodes.....	106	2,939	114	96	54,093	5	4	1	0	0	10	100...	F
New York.....	S. Z. Levine.....	79	1,935	134	90	30,995	10	9	2	1	0	22†	164-262	F
New York Infirmary.....	B. Worcestet.....	22	379	3	100	2,139	2	1	0	0	0	3	200-225	F
New York Medical College—Metropolitan Hospital Center.....	L. B. Slobody.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Flower and Fifth Avenue Hospitals	.....	32	757	27	67	3,196	2	2	0	0	0	4	215-265	F
Metropolitan.....	.....	101	1,263	31	100	44,601	7	7	0	0	0	14	215-265	F
New York Polyclinic Medical School and Hospital.....	A. B. Susman.....	5	250	4	50	3,590	1	1	0	0	0	2	150-175	F
Presbyterian (Babies).....	E. Curnen.....	159	5,654	243	88	50,513	8	9	3	1	0	21†	250-416	P
Queens Hospital Center.....	M. Coe.....	59	1,390	97	74	9,953	4	3	0	0	0	7	215-265	F
Roosevelt.....	E. N. Joyner, III.....	19	700	5	75	5,555	4	1	0	0	0	5	158-316	F
St. Catherine's.....	J. P. Lombard.....	19	569	27	48	2,571	2	1	0	0	0	3	160-190	F
St. John's Episcopal.....	B. H. Shulman.....	13	486	11	55	3,712	1	1	0	0	0	2	195-245	F
St. Lukes.....	J. F. Eagle.....	53	1,871	31	69	9,866	4	4	0	0	0	8	125-150	F
St. Mary's.....	A. G. Strigliano.....	19	634	6	50	3,021	1	1	0	0	0	2	225-250	F
St. Vincent's.....	A. J. Vignec.....	32	1,085	20	82	11,952	3	2	0	0	0	5	175-200	F
Rochester														
Rochester General.....	E. Townsend.....	11	752	16	87	1,916	2	2	..	..	..	2	175-200	FP
Strong Memorial—Rochester Municipal Hospitals 287.....	W. L. Bradford.....	46	1,707	89	92	5,891	7	2	2	0	0	11†	166-291	O
Syracuse														
State University of New York Upstate Medical Center.....	J. Richmond.....	110	7,783	95	74	9,957	6	6	1	0	0	13†	250...	O
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial.....	E. C. Curnen.....	44	1,524†	86	71	5,471	3	3	2	0	0	8†	175-333	O
Charlotte														
Charlotte Memorial.....	C. G. Watkins.....	8	440†	7	57	6,590	1	1	0	0	0	2	295-345	P
Durham														
Duke.....	J. S. Harris.....	45	1,552	115	72	11,022	6	4	2	0	0	12†	41-79	F
Raleigh														
Rex.....	C. R. Bugg.....	37	3,075	12	58	1,518	1	1	0	0	0	2	... 350	O
Winston-Salem														
North Carolina Baptist.....	W. M. Kelsey.....	39	2,036	90	56	3,216	4	3	1	0	0	8†	166-208	P
OHIO														
Akron														
Mary Day Nursery and Children's.....	L. H. Walker.....	95	5,555	93	71	6,644	..	..	..	..	..	13	275-325	FP
Cincinnati														
University of Cincinnati College of Medicine Hospital Group.....	A. A. Weech.....	...	...	...	...	...	..	..	..	..	..	..	...	...
Children's.....	.....	175	9,405	145	87	11,434	12	12	1	0	0	25†	125-200	F
Cincinnati General.....	.....	...	...	...	...	...	..	..	..	..	..	..	...	...
Cleveland														
Cleveland Clinic.....	R. D. Mercer.....	26	1,538	11	80	6,108	2	2	0	0	0	4	275-300	O
Cleveland Metropolitan General 55-305.....	F. C. Robbins.....	25	922	22	91	33,107	6	7	2	0	0	15†	150-258	F
St. Luke's.....	R. G. Hodges.....	43	2,303	28	79	8,400	2	1	0	0	0	3	220-255	F
University Hospitals of Cleveland 304.....	W. M. Wallace.....	70	2,944†	147	62	18,783	6	6	3	0	0	15†	162-262	P
Columbus														
Children's.....	E. H. Baxter.....	96	5,116	173	75	23,444	0	0	1	0	0	1	250-275	P
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center ..	H. D. Riley.....	..	...	...	...	...	7	7	4	1	0	19†	...	...
University Hospitals 316.....	.....	88	1,865	125	70	14,780	..	..	..	..	..	..	200-350	P
Tulsa														
Hillcrest Medical Center.....	L. Horowitz.....	30	1,394†	23	65	2,607	..	..	..	..	..	3	200-250	F
St. John's.....	L. L. Kishner.....	65	4,280	44	55	1,237	2	2	0	0	0	4	200-225	FP
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics.....	A. J. Hill, Jr.....	53	1,318	92	93	21,450	4	4	0	0	0	8	165-215	F
PENNSYLVANIA														
Danville														
George F. Geisinger Memorial.....	S. S. Morrison.....	40	1,439	39	77	6,762	1	1	0	0	0	2	175-240	FP
Harrisburg														
Harrisburg.....	R. J. Tursky.....	51	2,611	23	56	2,000	1	1	0	0	0	2	225-250	FP
Harrisburg Polyclinic.....	M. D. Ames.....	49	2,806	24	100	2,892	1	..	..	..	..	3	250-300	FP
Philadelphia														
Albert Einstein Medical Center.....	A. Copper.....	35	164	59	56	4,274	2	2	0	0	0	4	125-150	F
Children's.....	J. Stokes, Jr.....	60	6,248	90	85	15,767	10	9	3	1	..	23†	50-200	F
Germantown Dispensary and Hospital... Hahnemann Medical College and Hospital 56.....	J. C. Williams.....	19	1,273	11	64	3,656	1	1	0	0	0	2	200-225	F
Hospital of the University of Pennsylvania.....	C. C. Fischer.....	35	1,142	24	63	6,133	4	4	0	0	0	8	75-150	P
Hospital of the Woman's Medical College of Pennsylvania.....	L. Barnes.....	13	522	21	67	10,481	3	3	1	0	0	7†	50-300	P
.....	E. E. Miller.....	20	1,283	4	100	3,286	3	0	0	0	0	3	125-175	F

Numerical and other references are listed on pages 265 through 268.

17. PEDIATRICS — Continued

	Chief of Service or Program-Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA, Philadelphia—Continued														
Jefferson Medical College.....	H. G. Kettel.....	70	3,700	227	45	12,000	5	4	0	0	0	9	100-200	F
Philadelphia General.....	P. Gyorgy.....	146	3,582	60	52	55,378	6	6	0	0	0	12	157-222	F
Temple University Hospitals, St. Christopher's Hospital for Children.....	W. E. Nelson.....	87	3,535	90	89	49,960	10	10	3	0	0	23	75-300	F
Temple University.....			22	0	0	6,928						23		
Pittsburgh														
Allegheny General.....	J. W. Leech.....		1,006†	14	57	3,845	1	1	0	0	0	2	200-250	F
Health Center Hospitals of the University of Pittsburgh School of Medicine Children's.....	R. L. Day.....		1,474	35	62	18,096	11	9	3	0	0	23	125-200	F
Sayre														
Robert Packer.....	D. S. Motsay.....	32	2,350	32	94	4,912	1	1	0	0	0	2	235-275	P
PUERTO RICO														
Caparra Heights														
University.....	A. Ortiz.....	32	1,183	209	39	2,410	3	3	1	0	0	7		
Fajardo														
Fajardo District.....	R. Alonso.....	59	1,451	108	60	1,899	1	1	0	0	0	2	350-450	F
Ponce														
Ponce District.....	R. Blasini.....	98	2,748	312	66	6,452	2	2	0	0	0	4	250-350	F
San Juan														
San Juan City.....	E. C. Rivera.....	76	1,773	156	65	10,322							175-325	
RHODE ISLAND														
Providence														
Rhode Island.....	B. Feinberg.....	18	1,644	20	65	5,893	3	2	0	0	0	5	125-225	F
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals.....														
Roper.....														
Medical College.....	J. R. Paul, Jr.....	64	3,182	75	68	9,290	4	3	0	0	0	7	137-162	FP
Columbia														
Columbia.....	B. O. Stonds.....	55	2,538	51	49	11,125	1	1	0	0	0	2	300-320	P
TENNESSEE														
Knoxville														
East Tennessee Affiliated Hospitals.....														
East Tennessee Children's.....	R. W. Meadows.....		2,315	26	17								310-330	F
University of Tennessee Memorial Research Center and Hospital.....	H. S. Christian.....	19	1,237	18	56	1,784	2	2	0	0	0	4	270-330	F
Memphis														
University of Tennessee Affiliated Hospitals.....														
City of Memphis Hospitals.....	J. Hughes.....	75	2,330	111	61	26,006	7	7	2	0	0	16†	150-175	
Le Bonheur Children's.....														
Nashville														
Baptist.....	J. Strayhorn.....	36	2,233	27	40	900	2	1	0	0	0	3	300...	F
George W. Hubbard 344.....	E. P. Crump.....	27	898	19	68	11,434	2	2	2	0	0	6†	175-250	FP
Vanderbilt University.....	A. Christie.....	31	1,024	51	73	12,864	7	4	1	0	0	11	75-125	F
TEXAS														
Corpus Christi														
Driscoll Foundation Children's.....	J. M. Sloan.....													
Dallas														
Children's Medical Center 346.....	E. L. Pratt.....	80	4,003	81	75	62,124	8	8	2	0	0	18†	175-225	F
St. Paul.....	A. G. Worsham.....	21	1,899†	30	73	4,571	2	2	0	0	0	4	225-250	FP
Galveston														
University of Texas Medical Branch Hospitals.....	C. W. Doeschner.....	77	1,993	96	77	18,583	7	5	2	0	0	14†	160...	F
Houston														
Baylor University College of Medicine Affiliated Hospitals.....	R. J. Blattner.....													
Hemann.....		18	752	44	61	8,965	2	2	0	0	0	4	150-175	F
Jefferson Davis.....		48	1,363	64	52	51,518	6	4	0	0	0	10†	125...	F
Methodist.....	E. B. Brandes.....	1	106†	1	100	0	1	1	0	0	0	2	100-125	F
Texas Children's.....		81	6,094	164	90	14,389						7	100-125	F
St. Joseph's.....	H. L. Ried.....	37	3,655	16	63	2,214	1	1	0	0	0	2	120-175	P
San Antonio														
University of Texas Post-Graduate Medical School Affiliated Hospitals.....														
Robert B. Green Memorial.....	H. Britton.....	39	833	82	52	11,735	2	2	2	0	0	6	200-300	F
Santa Rosa.....	M. L. Thornton.....	78	3,907†	167	63	10,634	1	1	0	0	0	2	275-300	F
UTAH														
Salt Lake City														
Salt Lake County General 357.....	M. E. Lahey.....	22	742	40	75	12,175	4	4	1	0	0	9†	230-300	O
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals.....														
DeGoesbriand Memorial.....	R. J. McKay, Jr.....													
Mary Fletcher.....		9	527	14	100	510	2	1	0	0	0	3	166...	FP

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

17. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	As a % of Total		1st Year	2nd Year	3rd Year	4th Year	5th Year			
VIRGINIA														
Alexandria														
Alexandria	R. H. Anderson	14	961†	8	63	....	1	1	0	0	0	2	275-350	P
Charlottesville														
University of Virginia	M. Birdsong	17	733	38	45	8,475	3	3	0	0	0	6	90-180	F
Richmond														
Medical College of Virginia-Hospital Division	C. M. McCue	79	1,931	128	58	10,802	8	10	0	0	0	18	100-150	F
WASHINGTON														
Seattle														
University of Washington		..	....	....	..	....	10	10	4	0	0	24	....	..
Affiliated Hospitals ^{3,65}		65	3,507†	107	102	5,328	4	4	2	0	0	10	180-380	FP
Children's Orthopedic	F. Moll	19	709†	10	90	3,294	..	..	..	..	..	..	150-375	F
King County	C. W. Bierman	..	356	15	86	3,173	..	..	..	..	..	..	200-400	P
University	R. A. Aldrich	..	..	..	..	..	..	..	..	..	..	..	..	..
WEST VIRGINIA														
Beckley														
Beckley Memorial	S. J. Winter	16	1,215	5	80	7,339	1	1	0	0	0	2	400-450	P
Charleston														
Memorial	T. G. Potterfield	22	1,049	13	61	2,410	1	1	0	0	0	2	250-275	FP
West Virginia University Medical Center	W. G. Klingberg	..	..	..	..	..	2	2	2	0	0	6	277-377	P
WISCONSIN														
Madison														
University Hospitals	N. J. Smith	43	1,327	41	78	5,744	4	4	4	4	0	16†	100-250	F
Milwaukee														
Milwaukee Children's	F. J. Mellencamp	75	4,038	72	92	14,519	6	6	0	0	0	12	270 ...	P
Milwaukee County	J. C. Peterson	55	2,614	71	42	12,777	3	3	0	0	0	6	234-286	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, 44; Residencies, 111

NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA														
Long Beach														
Memorial Hospital of Long Beach ⁸³	R. C. De Galia	15	1,501	14	34	3,402	1	0	0	0	0	1	325 ...	P
San Diego														
San Diego County General ¹⁰¹	J. B. Welsh	31	1,094†	31	74	389	1	1	0	0	0	2	250-300	F
San Mateo														
Community Hospital of San Mateo County		7	377	5	100	1,906	1	1	0	0	0	2	300-400	..
CONNECTICUT														
Waterbury														
Waterbury ¹²²	J. H. Root, Jr.	28	2,105	5	40	2,327	1	1	0	0	0	2†	225-250	F
FLORIDA														
Miami														
Variety Children's ¹³⁹	W. C. Adams	40	1,785	53	80	21,766	4	4	0	0	0	8†	200-265	P
GEORGIA														
Atlanta														
Henrietta Eggleston Hospital for Children	J. H. Patterson	34	2,398	68	78	..	4	2	1	0	0	7	115-250	F
ILLINOIS														
Chicago														
Grant ¹⁴⁹	D. H. Welker	23	1,121	22	62	1,557	1	1	0	0	0	2	225-250	F
Illinois Masonic	I. Richter	54	2,354	15	67	5,174	2	2	0	0	0	4	175-235	F
Evanston														
Evanston	A. L. Newcomb	22	1,732	8	75	1,587	2	0	0	0	0	2	250-300	P
Peoria														
St. Francis ¹⁶¹	R. S. Easton	110	6,893	43	75	2,383	1	1	0	0	0	2	235-260	F
LOUISIANA														
New Orleans														
Hotel Dieu	H. Talmas	22	2,275	6	50	1,268	..	..	..	..	..	..	275-300	FP
Ochsner Foundation	C. H. Snyder	4	356	8	88	8,805	1	1	..	..	0	2	225-250	P
Southern Baptist	E. L. Levert	24	2,423	11	91	561	1	1	0	0	0	2	225-275	P
Touro Infirmary	S. Schaefer	..	866	13	69	5,598	1	1	0	0	0	2	150-175	FP
MAINE														
Lewiston														
Central Maine General ¹⁸³	H. C. Thacher	13	699	17	71	704	1	0	0	0	0	1	225-260	FP
MARYLAND														
Baltimore														
Mercy ¹⁸⁵⁻¹⁸⁹	F. B. Smith	16	515	13	85	3,268	1	1	0	0	0	2	275-300	P
Provident ¹⁸⁹	C. Campbell	20	837	21	76	6,907	2	2	0	0	0	4	250-275	F
MASSACHUSETTS														
Springfield														
Springfield	H. H. Shuman	42	2,627†	11	64	2,596	2	1	0	0	0	3	175-200	FO

Numerical and other references are listed on pages 265 through 268.

17. PEDIATRICS — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P F O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN														
Detroit														
Receiving ²¹¹	C. Whitten	88	4,194†	46	56	5,085	1	0	1	0	0	2†	333-408	P
Kalamazoo														
Borgest ²¹¹		..	..	..	..	..	..	..	..	..	..	..	..	..
NEW JERSEY														
Camden														
Cooper ³²⁶	R.M. Bernardin	12	619	27	78	3,108	1	1	0	0	0	2	200-275	F
Long Branch														
Monmouth Medical Center ⁵²⁸	M. Quirk	29	1,009	7	43	1,246	1	1	0	0	0	2	225-250	F
Trenton														
St. Francis	H. Davis	64	4,944	51	37	..	1	1	0	0	0	2	250-300	F
NEW YORK														
New York City														
Flushing Hospital and Dispensary ²⁶⁸	H. T. Vogel	22	666	4	50	3,461	1	1	0	0	0	2	200-225	F
Jewish Memorial ²⁷⁵	W. Levy, N. Greenstein	14	886	10	70	2,083	1	1	..	..	..	2	250 ..	F
Mary Immaculate ²⁶⁸	V. G. Taati	19	1,329	16	50	2,275	1	1	0	0	0	2†	185-195	F
Misericordia ²⁷⁵	V. P. Casey	25	1,069	9	67	1,899	1	2	0	0	0	3†	200-275	F
Wyckoff Heights ²⁹⁵	A. N. Eden	11	492	6	50	489	2	2	0	0	0	4	150-200	F
Rochester														
Genesee	R. Meltzer	21	1,843	8	100	2,678	1	1	0	0	0	2	175-325	FP
NORTH CAROLINA														
Durham														
Watts	A. H. London	17	1,196	8	37	3,175	1	1	0	0	0	2	250-300	F
Wilmington														
Bobbie's ⁶⁵	J. B. Sidbury	25	2,079	13	7	4,924	..	1	1	..	..	5	.. 400	F
OHIO														
Cincinnati														
Good Samaritan ²⁹⁶⁻²⁹⁹		60	3,557†	28	64	371	2	1	0	0	0	3	320-345	P
Jewish ²⁹⁸	L. S. Friedman	28	2,431†	6	83	2,102	1	1	0	0	0	2	230-250	FP
Cleveland														
Mount Sinai ³⁰⁵	E. Smith	14	607	18	67	4,258	2	2	0	0	0	4	215-225	FP
Toledo														
Mercy ²¹¹	J. J. Tansey	45	2,721	16	50	5,860	1	..	..	..	..	1†	300 ..	F
Warren														
Trumbull Memorial	R. P. Ostergard	21	2,001	10	75	..	1	1	0	0	0	1	300-350	F
PUERTO RICO														
San Juan														
Presbyterian ³¹⁷	J. B. DeFillo	38	2,768	42	41	2,684	0	1	..	..	..	1	300 ..	F
RHODE ISLAND														
Providence														
Charles V. Chapin ²⁰⁴	M. Adelman	52	1,139	16	69	515	3	3	0	0	0	6	300 ..	F
SOUTH CAROLINA														
Greenville														
Greenville General	J. E. Furman	29	1,402	44	72	5,359	0	1	0	0	0	1	325 ..	O
TENNESSEE														
Chattanooga														
T. C. Thompson Children's	R. T. Miller	74	3,513	126	46	29,531	4	3	0	0	0	7	325-375	F
Memphis														
Baptist Memorial ³⁴⁴	F. S. Hill	42	2,813	30	40	582	1	1	0	0	0	2	325-350	F
Methodist	C. C. Stanford	..	2,094†	18	61	..	1	1	0	0	0	2	325-350	F
St. Joseph ³⁴¹	H. Jacobson	17	1,384	4	50	..	1	1	0	0	0	2	325-375	F
WISCONSIN														
La Crosse														
La Crosse Lutheran ⁷¹	R. K. Slungard	18	1,862	8	50	1,083	1	0	0	0	0	1	300 ..	F

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, 24; Residencies, 17

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P F O
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Los Angeles															
University of California		

Numerical and other references are listed on pages 265 through 268.

PEDIATRIC ALLERGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Includes transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued															
San Francisco															
University of California Hospitals	W. C. Deamer					2,978		0	0	0	0	0	0	300	O
COLORADO															
Denver															
University of Colorado Medical Center															
Colorado General															
DISTRICT OF COLUMBIA															
Washington															
Children's	R. H. Todd					2,516		0	0	2	0	0	2	350	O
ILLINOIS															
Chicago															
Michael Reese	M. Mosko					2,461		1	0	0	0	0	1	185	FP
*University of Illinois Research and Educational Hospitals	A. Matheson														
	J. Hyde					2,174		1	0	0	0	0	1	250	
KANSAS															
Kansas City															
*University of Kansas Medical Center—Children's Mercy	F. Speer					30							300		
MARYLAND															
Baltimore															
Johns Hopkins University	M. Rhyne					6,140							1	220-350	P
	R. L. London					1,500		1	1	0	0	0	2		
MASSACHUSETTS															
Boston															
Children's Hospital Medical Center															F
*Massachusetts General						9,583							108		F
MICHIGAN															
Detroit															
Children's	S. J. Levin					7,600		0	1	0	0	0	1	250-300	F
MINNESOTA															
Rochester															
*Mayo Foundation ²²⁰	G. B. Logan														
NEW YORK															
Buffalo															
*Children's	V. Cohen					1,112		0	0	0	1	0	1		F
New York City															
New York University Medical Center						2,083		1	0	0	0	0	1	175-265	F
University	S. Krugman					9,050		1	0	0	0	0	1	191-316	P
*Roosevelt	W. S. Sherman														
Rochester															
*Strong Memorial—Rochester Municipal															
NORTH CAROLINA															
Durham															
Duke	S. Oees					953							300-400	O	
OHIO															
Columbus															
Children's	I. Sivan					1,656		1	0	0	0	0	1	177-202	P
PENNSYLVANIA															
Philadelphia															
Children's	H. Lecks					2,426									
RHODE ISLAND															
Providence															
*Rhode Island	S. S. Freedman					1,085		1	0	0	0	0	1	225	F
TENNESSEE															
Memphis															
City of Memphis (Frank Tobey Memorial Children's)															
TEXAS															
Dallas															
Children's Medical Center	S. R. Halpern					3,401							417	O	
Houston															
Baylor University College of Medicine	J. P. McGovern					2,791		2	0	0	0	0	2	420	
Texas Children's															
VIRGINIA															
Charlottesville															
*University of Virginia	O. Swineford					4,000							3		

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.

18. PHYSICAL MEDICINE AND REHABILITATION

Residency programs in the following hospitals have been approved by the Council and the American Board of Physical Medicine and Rehabilitation, through the Residency Review Committee for Physical Medicine and Rehabilitation, as offering acceptable training in the specialty. Hospitals, 78; Residencies, 369

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY													
CALIFORNIA													
Letterman General, San Francisco	W. H. Moore	6,680	106,292	74,646	3	1	1	1	0	0	3
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA													
Tuskegee													
Veterans Admin.		3
CALIFORNIA													
Los Angeles													
Los Angeles County General	E. Austin	12,363	30,332	20,479	3	1	0	0	0	0	1	275-350	P
University of California	R. E. Worden	1,395	9,920	6,096	3	2	2	2	0	0	6	283-308	O
Veterans Admin. Center													
General Medical and Surgical	K. H. Haase	11,148	105,960	161,204	3	4	4	4	0	0	12	292-373	P
White Memorial	F. B. Moor	...	20,167	557	3	1	0	0	0	0	1	265-285	P
Palo Alto													
Stanford Medical Center and Affiliated Hospitals													
Palo Alto-Stanford Hospital Center	D. J. Feldman	1,208	21,848	8,020	...	2	2	2	0	0	6+	100-175	F
San Francisco													
University of California Hospitals	G. Bord	15,305	22,688	8,478	3	1	1	1	0	0	3	283-308	O
San Francisco General	
Foimont (San Leandro)	
Kaiser Foundation (California Rehabilitation Center) (Vallejo)		2,457	42,840	2,059	..	1	315-365	P
COLORADO													
Denver													
University of Colorado Medical Center		3
Colorado General	J. W. Gersten	3,691	33,967	2	2	2	0	0	6	180-205	O
Veterans Admin.	C. C. Hoffman	2,125	33,219	30	..	1	1	1	0	0	3	291-373	O
CONNECTICUT													
New Haven													
Yale-New Haven Medical Center													
Groce - New Haven Community	R. V. Jones	1,270	21,453	654	3
Rocky Hill													
Veteran's Home and Hospital	H. L. Komenetz	2,557	60,458	26,095	3	1	1	..	0	0	2	409
DISTRICT OF COLUMBIA													
Washington													
District of Columbia General	J. Buchanan	12,100	78,777	59,429	3	2	2	2	0	0	6	258-283	O
Georgetown University	C. D. Shields	2,556	11,750	1,522	3	1	1	1	0	0	3	250 ...	P
George Washington University	C. S. Wise	3,119	14,822	1,871	3	1	1	1	0	0	3	210-260	...
Veterans Admin.	I. T. Hill	78	153	19	3	2	2	2	0	0	6	291-497	...
FLORIDA													
Coral Gables													
Veterans Admin.	W. C. Fleming	3,467	43,624	882	3	1	1	1	0	0	2	291-372	O
GEORGIA													
Warm Springs													
Georgia Warm Springs Foundation-Emory University													
Georgia Warm Springs Foundation	E. D. Haak	548	98,520	2,504	..	4	4	4	0	0	12	300-400	O
Emory University (Atlanta)	R. L. Bennett	834	8,898	4,711	..	0	1	0	0	0	1	245 ...	P
ILLINOIS													
Chicago													
Northwestern University Medical Center													
Veterans Admin. Research	L. B. Newmon	958	45,856	2	2	2	0	0	6	291-497	O
University of Illinois													
Affiliated Hospitals													
Illinois Research and Educational Hospitals													
D. I. Abramson		1,780	44,075	25,659	..	1	1	1	0	0	3	170-225	P
Michael Reese	E. E. Gordon	6,645	35,607	1,393	..	1	0	0	0	0	1	135 ...	FP
Veterans Admin. (West Side)	R. Wasserman	1,613	98,923	4,106	..	1	1	1	0	0	3	291-373	O
Hines													
Veterans Admin.	W. T. Liberson	3,422	261,079	177	3	7	1	0	0	0	8	291-372	O
Peoria													
Institute of Physical Medicine and Rehabilitation ²⁴	R. O. McMorris	2,063	77,437	11,083	3	2	1	0	0	0	3	375-425	O
KANSAS													
Kansas City													
University of Kansas Medical Center	D. Rose	4,470	35,301	7,110	3	1	1	1	0	0	3	125-175	P
Veterans Admin. (Kansas City, Mo.)	R. R. Beatty	2,754	57,623	1	292-373	...
Wadsworth													
Veterans Admin. Consolidated Center ²⁶⁸	A. Gauger	6,000	174,000	48,000	3	1	1	1	0	0	3	295-500	P

Numerical and other references are listed on pages 265 through 268.

18. PHYSICAL MEDICINE AND REHABILITATION — Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P O
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY													
Louisville													
University of Louisville Medical Center					3								
Louisville General	L. Spamer	9,587	13,003	6,054	...	1	0	1	0	0	2	141-167	F
MASSACHUSETTS													
Boston													
Massachusetts General	A. L. Watkins	29,089	40,768	982	3						3	108-167	F
Veterans Admin. (Jamaica Plain)	F. Friedlund	3,034	142,940	0	3	1	1	1	0	0	3	291-497	...
MICHIGAN													
Ann Arbor													
University 206	J. W. Roe	...	31,638	...	3	2	2	2	0	0	6	193-265	O
Detroit													
Rehabilitation Institute		...	...	...	3						...	...	...
MINNESOTA													
Minneapolis													
Kenny Rehabilitation Institute	M. E. Knapp	414	63,147	2,948	3						3	283-308	O
University of Minnesota Affiliated Hospitals					3							...	...
University	F. J. Kottke	3,612	131,290	1,587	...	4	4	4	0	0	12	250 ...	P
Veterans Admin.	B. S. Troedsson	6,835	123,268	1,534	...	2	0	0	0	0	2	291-497	O
Rochester													
Maya Foundation 220	E. C. Elkins	13,289	108,282	108,282	3	3	3	3	0	0	9	283-337	P
MISSOURI													
Kansas City													
Veterans Admin.	See University of Kansas Medical Center, Kansas City, Kansas												
NEW HAMPSHIRE													
Hanover													
Mary Hitchcock Memorial	R. Krout	1,587	29,771	3,715	3	1	1	1	0	0	3	218-273	...
NEW JERSEY													
East Orange													
Veterans Admin. 240	C. R. Brooke	2,212	119,291	...	3	3	2	1	0	0	6	291-497	P
NEW YORK													
Albany													
Veterans Admin.	J. Ehrlich	1,752	101,378	710	3	1	0	0	0	0	1	291-372	O
Montrose													
Veterans Admin.	J. Meislin	...	...	...	3	1	1	1	0	0	3	291-373	...
New York City													
Bronx Municipal Hospital Center	A. S. Abramson	5,772	85,033	7,359	3	3	3	3	2	0	11†	215-265	F
Coney Island	S. Feuer	368	16,266	11,325	3	2	2	2	0	0	6	215-265	F
Jewish Chronic Disease					3							...	...
Kings County Hospital Center	J. Benton	1,971	69,710	42,000	3	2	1	1	0	0	4	215-265	F
Manhettore	K. Harpuder	1,538	28,045	4,801	3	1	1	1	0	0	3	220-295	P
Mount Sinai	L. H. Wisham	7,486	30,682	7,688	3	1	0	0	0	0	1	100 ...	F
New York Medical College—Metropolitan Hospital Center	J. Tabis	...	...	...	3							...	...
Bird S. Coler Memorial		769	89,986	...	...	2	7	0	0	0	9	215-265	F
Metropolitan		1,161	40,504	9,701	...	1	1	1	0	0	3	215-265	F
New York University Medical Center 60	H. A. Rusk	...	...	...	3						64	158-500	...
University Hospital (Institute of Physical Medicine and Rehabilitation)	H. A. Rusk	1,409	60,603	16,101	...							...	O
Belleuve	B. B. Grynbaum	2,533	38,070	20,270	...							...	F
Goldwater Memorial	M. Dacso	648	34,482	60	...	2	2	1	0	0	5	215-265	F
St. Vincent's	S. S. Sverdlik	1,834	19,794	10,770	...							...	F
Grasslands (Valhalla)	E. Moskowitz	590	51,195	2,880	...							...	...
Presbyterian	R. C. Darling	...	82,332	18,479	3	0	0	0	0	0	5	308 ...	P
Veterans Admin. (Bronx)	A. Ebel	4,544	340,361	1,816	3	4	2	1	0	0	7	291-497	O
Veterans Admin. (Brooklyn)	H. H. Samberg	1,379	95,702	0	3	0	0	0	0	0	0	292-373	O
Veterans Admin. (Manhattan)	B. Stall	493	304,042	2,023	3	2	2	2	0	0	6	291-372	O
NORTH CAROLINA													
Durham													
Veterans Admin.	H. T. Zankel	1607	38,119	...	3	1	1	0	0	0	2	291-497	O
OHIO													
Cleveland													
Cleveland Clinic	P. A. Nelson	5,190	25,310	30,220	3	1	1	1	0	0	1	275-350	O
Highland View	M. Peszczyński	2,421	102,087	...	3	4	2	1	0	0	7	240-295	P
Columbus													
Ohio State University Hospitals		...	...	...	3							...	...
University	E. W. Johnson	3,244	44,962	7,719	...	3	3	3	0	0	9	177-252	P
Dayton													
Veterans Admin.	L. Rosenberg	2,463	125,269	...	3	2	2	2	2	...	6	291-373	...
OREGON													
Portland													
Veterans Admin.	E. W. Foviks	4,108	150,722	394	3	2	1	1	0	0	4	585-886	P
PENNSYLVANIA													
Philadelphia													
Hospital of the University of Pennsylvania	W. Erdman	2,237	33,572	12,560	3	2	2	2	0	0	6	...	O

Numerical and other references are listed on pages 265 through 268.

18. PHYSICAL MEDICINE AND REHABILITATION — Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA, Philadelphia—Continued													
Philadelphia General	A. A. Martucci	11,453	142,513	16,655	3	1	1	1	0	0	3	334-408	F
Veterans Admin.	R. A. Schlesinger	2,234	44,422	286	3	1	1	1	0	0	3	291-373	O
Pittsburgh													
Veterans Admin.	M. D. Leckliter	2,094	128,328	1,036	3	1	1	1	0	0	3	...	O
PUERTO RICO													
San Juan													
Veterans Admin. (San Patricia) ²⁷²	H. J. Flax	812	28,374	5,488	3	..	..	..	..	..	3	325-419	O
TENNESSEE													
Memphis													
Veterans Admin.	B. B. Sutton	2,330	126,713	3,520	3	1	0	0	0	0	1	291-372	P
TEXAS													
Dallas													
Baylor University	E. Krusen	42,250	139,483	83,689	3	1	1	1	0	0	3	210-230	P
Houston													
Baylor University College of Medicine Affiliated Hospitals					3	..	..	..	..	..	..	..	..
Veterans Admin.	L. A. Leovitt	12,585	179,878	427	..	4	4	4	0	0	12	291-373	P
VIRGINIA													
Richmond													
Medical College of Virginia—Hospital Division	F. E. Vultee	4,656	100,486	2,025	3	2	2	2	0	0	6	100-150	F
Veterans Admin.	A. R. Dawson	6,132	118,000	300	3	2	2	2	0	0	6	291-497	P
WASHINGTON													
Seattle													
University of Washington Affiliated Hospitals	J. F. Lehmann	..	..	..	3	1	1	2	0	0	4	..	..
King County		1,119	39,794	4,711	..	..	..	..	..	..	..	150-325	F
University		414	19,060	2,877	..	..	..	..	..	..	..	200-400	P
WISCONSIN													
Milwaukee													
Veterans Admin. (Wood)	J. F. McDermatt	3,493	392,987	1,603	3	2	2	2	0	0	6	291-373	P

19. 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, 77; Residencies, 158

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY															
TEXAS															
Brooke General, San Antonio	J. G. Tenery	22	374	1	100	1,950	1	1	0	0	0	0	1	...	..
UNITED STATES NAVY															
MARYLAND															
U.S. Naval, Bethesda	J. Connelly	26	438	Inc. in Surgery		4,341	1	1	1	0	0	0	1	...	..
NEW YORK															
U.S. Naval, St. Albans ⁶⁴	H. G. Love	35	365	1	100	1,046	1	1	0	0	0	0	1	...	..
NON FEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Los Angeles															
University of California Medical Center		..	..	..	..	..	3	..	..	..	..	..	..	..	..
University of California	F. L. Ashley	5	339	0	0	1,446	..	0	0	0	1	1	3†	261-340	O
Veterans Admin. Center (General Med. & Surgical)	F. L. Ashley	15	230	..	..	432	..	0	0	0	0	1	1†	373-497	P
Huntington Memorial	G. V. Webster	4	505	0	0	2,484	..	1	0	0	0	0	1	300...	FP
San Francisco															
Franklin	H. M. Blackfield	Inc. in Surgery		325	..	..	2	0	1	0	0	0	1	200-300	P
St. Francis Memorial	G. W. Pierce	12	877	1	100	714	3	1	1	1	0	0	3	300-350	P
University of California Hospitals	L. Goldman	3	138	2	50	584	2	0	1	0	0	0	1	340...	O
H. C. Moffett		..	..	..	..	..	..	..	..	..	..	..	..	..	..
San Francisco General	H. M. Blackfield	..	180	0	..	480	..	2	0	0	0	0	2	340...	P

Numerical and other references are listed on pages 265 through 268.

19. PLASTIC SURGERY

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
DISTRICT OF COLUMBIA															
Washington															
George Washington University.....	G. S. Letterman.....	10	672	1	100	640	3	1	1	1	0	0	3	210-285	O
ILLINOIS															
Chicago															
Cook County.....	G. K. Lewis.....	37	617	26	14	1,240	3	0	2	0	0	0	2	150 ...	F
University of Illinois Affiliated Hospitals.....	P. W. Greeley.....	...	...	...	...	...	2	..	..	..	..	..	..	...	...
Illinois Research and Educational Hospitals.....	...	10	316	1	100	1,462	..	0	0	0	1	0	1	255 ...	P
Presbyterian-St. Luke's.....	...	19	737	2	50	132	..	0	0	0	0	1	1	200 ...	F
INDIANA															
Indianapolis															
Indiana University Medical Center.....	H. M. Trusler.....	...	...	...	...	...	3	..	..	..	..	..	..	...	...
Indiana University Hospitals.....	...	25	516	10	50	1,893	..	1	1	1	0	0	3	225-300	P
Veterans Admin.....	...	...	...	...	...	...	..	0	1	0	0	0	1	291-315	O
KANSAS															
Kansas City															
University of Kansas Medical Center...	D. Robinson.....	13	750	7	57	4,931	2	1	1	0	0	0	2	175-200	P
MARYLAND															
Baltimore															
Johns Hopkins.....	M. T. Edgerton.....	19	630	3	100	2,585	2	0	0	0	0	1	1†	... 250	P
MICHIGAN															
Ann Arbor															
St. Joseph's Mercy.....	R. O. Dingman.....	8	489	1	..	27	2	1	1	0	0	0	2	385-410	F
Detroit															
Henry Ford.....	A. P. Kelly, Jr.....	18	620	2	50	9,625	2	2	1	0	0	0	3	400 ...	P
Grand Rapids															
Blodgett Memorial.....	W. H. Steffensen.....	7	510	0	0	304	3	1	..	..	0	0	1	325 ...	F
MINNESOTA															
Rochester															
Mayo Foundation ²²⁰	J. B. Erich.....	23	2,760	9	89	22,284	3	4	4	4	0	0	12	200-333	P
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center.....	...	...	...	...	...	...	3	..	..	..	..	..	..	...	...
University.....	J. H. Hendrix.....	6	191†	6	17	882	..	..	..	..	..	..	1	250-300	O
Veterans Admin.....	J. H. Hendrix, Jr.....	...	...	...	...	...	..	0	0	1	0	0	1	290-373	...
MISSOURI															
Kansas City															
Kansas City General ²²³	F. J. McCoy.....	35	1,586	12	50	11,110	2	1	1	0	0	0	2	320-350	FP
St. Louis															
Barnes.....	J. B. Brown.....	27	1,239	9	75	2,023	3	5	3	..	..	..	8	... 150	F
St. Mary's Group of Hospitals of St. Louis University.....	F. X. Paletta.....	23	733	...	..	1,695	2	2	2	0	0	0	4	170-200	F
NEW JERSEY															
Camden															
Cooper ²⁰	A. W. VonDeilen.....	3	93	...	..	149	2	1	0	0	0	0	2	200-275	F
Newark															
St. Barnabas Medical Center.....	L. A. Peer.....	14	598	3	67	890	3	1	1	1	0	0	3†	225-250	F
NEW YORK															
Albany															
Albany Medical Center Hospital.....	W. B. Macomber.....	60	6	3	..	...	2	1	2	0	0	0	3	400-425	O
St. Peter's.....	...	...	...	...	...	...	..	..	..	..	..	..	..	...	...
Veterans Admin.....	...	...	...	...	...	...	..	..	..	..	..	..	..	...	...
Buffalo															
Roswell Park Memorial Institute ²⁹	F. S. Hoffmeister.....	28	330	19	100	1,697	1	0	0	0	0	2	2	334-400	O
Hempstead															
Meadowbrook.....	L. R. Rubin.....	36	427	5	20	418	2	1	1	0	0	0	2	275-...	F
New York City															
Both Israel.....	A. J. Borsky.....	4	283	0	..	111	2	1	1	0	0	0	2	200-215	P
Columbia-Presbyterian Medical Center.....	...	...	...	...	...	...	3	..	..	..	..	..	..	...	...
Francis Delafield.....	...	...	...	...	...	...	..	..	..	..	..	..	..	215-265	F
Presbyterian.....	G. F. Crikeloir.....	Inc In Surgery	...	...	...	...	..	2	2	0	0	0	4	283-308	P
Kings County Hospital Center.....	G. O'Brien.....	39	870	16	75	4,540	2	2	1	0	0	0	3	215-265	F
Metropolitan ⁶⁴	C. R. Straatsma.....	Inc. In Surgery	...	...	...	...	1	0	1	0	0	0	1	215-265	F
Montefiore.....	M. Lewin.....	Surgery	195	Inc. In Surgery	...	...	2	1	1	0	0	0	2	220-295	P
Mount Sinai.....	A. J. Barsky.....	14	396	0	..	1,089	3	0	0	1	0	0	1	100 ...	F
New York Hospital-Cornell Medical Center															
Center.....	H. Conway.....	14	563	2	100	1,959	2	0	0	1	1	0	2	205-262	P
Veterans Admin. (Bronx).....	H. Conway.....	25	325	1	100	330	..	2	2	0	0	0	4†	442-497	O
New York University Medical Center															
University (Institute of Reconstructive Plastic Surgery).....	...	...	...	...	...	...	3	..	..	..	..	..	..	...	...
Bellevue Hospital Center (Plastic Surgery Service, 3rd and 4th Surgical Divisions).....	...	...	...	...	...	...	..	..	..	..	..	..	..	...	...
Manhattan Eye, Ear and Throat (Department of Surgery).....	...	...	...	...	...	...	..	..	..	..	..	..	..	...	...
St. Luke's.....	R. B. Stark.....	Inc In Surgery	...	...	...	...	2	..	1	..	..	..	1	150-200	F

Numerical and other references are listed on pages 265 through 268.

19. PLASTIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P F O
				Number	Autopsy Percent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued															
Rochester															
Strong Memorial—Rochester	R. M. McCormack	19	447	7	71	555	2	0	0	0	1	1	2	166-291	O
Municipal Hospitals															
Syracuse															
State University of New York Upstate Medical Center	D. B. Stark	14	594	1	100	261	2	0	0	1	1	0	2	250 ...	O
NORTH CAROLINA															
Chapel Hill															
North Carolina Memorial	E. E. Peacock, Jr.	10	610	15	100	2,250	2	1	1	0	0	0	2	175-333	...
Durham															
Duke University Affiliated Hospitals	K. L. Pickrell	40	1,268	27	62	3,154	2	2	2	0	0	0	6	79-333	F
Duke		20	289	7	71	...	0	1	1	0	0	0	2	291-497	O
Veterans Admin.															
OHIO															
Cincinnati															
Christ	J. J. Longacre	11	199	3	33	...	2	1	1	0	0	0	2	300-325	P
Columbus															
Ohio State University Hospitals							2	..	..	..	..	..	..	..	..
University			Inc In Surg 246	0	0	370	..	0	1	1	1	0	3†	202-277	P
OKLAHOMA															
Oklahoma City															
St. Anthony	G. H. Kimball	10	465	...	..	533	3	1	0	0	0	0	1	300-350	P
PENNSYLVANIA															
Allentown															
Allentown	K. M. Marcks	18	646†	3	..	2,029	2	1	1	0	0	0	2	250-275	FP
Philadelphia															
Graduate Hospital of the University of Pennsylvania	H. P. Royster	2	160	...	..	186	2	1	1	0	0	0	2	100 ...	F
Hospital of the University of Pennsylvania	H. Royster	14	508	5	40	698	2	1	1	0	0	0	2	150 ...	P
Pittsburgh															
Health Center Hospitals of the University of Pittsburgh							2	..	..	..	..	..	..	..	..
Children's							..	..	..	..	..	..	..	..	..
Presbyterian-Woman's	W. White	23	943	6	66	...	..	3	3	0	0	0	6	125-175	F
Veterans Admin							..	..	..	..	..	..	..	..	..
Western Pennsylvania							..	..	..	..	..	..	..	..	..
TENNESSEE															
Memphis															
City of Memphis Hospitals	H. Wilson	18	377	7	..	...	3	1	1	1	0	0	3	...	...
TEXAS															
Dallas															
Baylor University Medical Center	J. T. Mills	10	948†	1	100	0	2	1	0	0	0	0	1	210 ...	P
Galveston															
University of Texas Medical Branch Hospitals	S. R. Lewis	47	1,018	40	63	5,056	3	2	2	2	0	0	6	160 ...	F
Houston															
Baylor University College of Medicine Affiliated Hospitals							2	..	..	..	..	..	..	..	..
Jefferson Davis	S. B. Hardy	10	209	6	67	2,398	..	1	1	0	0	0	2	165 ...	F
Methodist		2	154†	0	0	0	..	..	..	..	..	..	..	..	..
Texas Children's	T. D. Cronin						..	..	..	..	..	..	..	..	..
Veterans Admin	S. B. Hardy	10	288	3	100	1,088	..	1	1	0	0	0	2	443-497	P
San Antonio															
University of Texas Post-Graduate Medical School Affiliated Hospitals	C. W. Tension						3	..	..	..	..	..	..	..	..
Robert B. Green Memorial		3	33	...	...	1,207	..	1	1	1	0	0	3	200-350	F
Santa Rosa		4	387†	1	100	1,404	..	1	1	0	0	0	2	275-300	F
UTAH															
Salt Lake City															
Dr. W. H. Groves Latter-Day Saints	T. R. Braadbent	10	660†	0	0	64	2	0	0	0	1	1	2	325-350	FP
VIRGINIA															
Charlottesville															
University of Virginia	C. C. Coleman	16	461	1	100	1,121	2	0	0	0	1	1	2	90-180	F
WEST VIRGINIA															
Charleston															
Charleston General—Memorial	C. Litton						3	..	..	..	..	..	..	..	..
Charleston General		10	838	...	...	...	..	1	1	1	0	0	3	275-350	P
Memorial		12	846	1	100	3,300	..	1	1	1	0	0	3	300 ...	FP
WISCONSIN															
Madison															
University Hospitals	W. Slaughter	22	660	2	100	1,425	2	1	1	0	0	0	2	100-250	F

Numerical and other references are listed on pages 265 through 268.

20. PREVENTIVE MEDICINE

AVIATION MEDICINE

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

School	Location	Director	Length of Approved Program (Years)	Beginning Stipended (Month)
UNITED STATES AIR FORCE				
School of Aerospace Medicine.....	Brooks Air Force Base, Texas	R. H. Blount.....	For information regarding program, write to: Commandant, School of Aerospace Medicine Brooks Air Force Base, Texas	2 ...
UNITED STATES NAVY				
School of Aviation Medicine, Naval Aviation Medical Center.....	Pensacola, Fla.	R. B. Lautzenheiser.....	For information regarding program, write to: Director, Graduate Medical Training Bureau of Medicine and Surgery, U.S. Navy, Washington 25, D.C.	2 ...
NONFEDERAL				
Ohio State University Medical Center	Columbus, Ohio	W. F. Ashe.....		3 302

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

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 1962-1963		
		1st Year	2nd Year	Total All Yrs.
MASSACHUSETTS				
Boston				
Harvard University School of Public Health.....	J. L. Whittenberger.....	6	6	12
MICHIGAN				
Ann Arbor				
University of Michigan Institute of Industrial Health.....	S. E. Miller.....	4	4	8
NEW YORK				
Rochester				
University of Rochester School of Medicine and Dentistry.....	J. H. Stemer.....	2	2	4
OHIO				
Cincinnati				
University of Cincinnati Institute of Industrial Health, Graduate School of Arts and Sciences.....	R. A. Kehoe.....	4	4	8
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.....	A. G. Kammer.....	4	4	8

Numerical and other references are listed on pages 265 through 268.

20. PREVENTIVE MEDICINE — Continued

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 1962-1963	Total All Yrs.
UNITED STATES ARMY				
MARYLAND				
	U. S. Army Environmental Hygiene Agency, Edgewood.....	A. J. Rapalski.....	1	
UNITED STATES AIR FORCE				
OHIO				
	Hq., Air Materiel Command, U.S.A.F. Wright-Patterson Air Force Base	L.R. Broswell.....	1	
NONFEDERAL				
CALIFORNIA				
Oakland	Kaiser Aluminum and Chemical Corporation.....	J. P. Hughes		
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		
Detroit	General Motors Corporation	S. D. Steiner.....	2	
NEW YORK				
Endicott	International Business Machines Company.....	J. C. Duffy		
New York City	American Telephone and Telegraph Company and Subsidiaries.....	L. H. Whitney.....		
	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. Qulgley	1	
Columbus	Ohio State Department of Health, Division of Industrial Hygiene.....	T. F. Mancuso.....		
PENNSYLVANIA				
Harrisburg	Pennsylvania Department of Health, Division of Occupational Health.....	J. Lieben.....	1	
Pittsburgh	Jones and Laughlin Steel Corporation (Pittsburgh Works Division)	D. J. Lauer.....		
	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 Ap- proved Pre- gram (Years)	Stipend per Month Min.-Max.
U.S. Army	6th Army Hdqts., Fort Ord and Presidio of San Francisco, California.....	A. Peczenik.....	Military Posts of Fort Ord, Presidio of Monterey, Camp Roberts, Hunter Liggett Military Reservation, Calif.	112,000*	1	...
	1st Army Hdqts., Fort Dix, N. J., Governor's Island, N. Y.	A. W. Hill.....	Fort Dix Military Reservation	44,000*	1	...
		I. Markowitz.....	New England, New Jersey, New York.....	100,000*	....	...

Numerical and other references are listed on pages 265 through 268.

20. PREVENTIVE MEDICINE — Continued

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Stipend per Month	
						Min.	Max.
State of California	Berkeley	M. H. Merrill	Alameda County	776,700	2
			Berkeley City	109,000
			Contra Costa County	408,100
			Los Angeles City	2,480,200
			Orange County	723,700
			San Bernardino County	508,300
			San Diego County	1,048,800
			San Francisco City and County	730,500
			Santa Clara County	446,200
			Kent County and New Castle County (a)	373,165	2	500 (b)	
State of Delaware	Dover	M. H. Mires	Alachua-Gainesville	80,500*	2	690 (c)	
			Dade-Miami	846,800*	...	...
State of Florida	Jacksonville	W. T. Sowder	Hillsborough-Tampa	859,300*	...	...
			Palm Beach-West Palm Beach	214,300*	...	...
State of Georgia	Atlanta	J. H. Venable	Pinellas-St. Petersburg	296,100*	...	...
			Florida State Board of Health (d)	...	...	...
State of Illinois	Springfield	F. D. Yoder	Cook County (f)	1,484,300*	2	585	
			DuPage County	1,376,000*	2(a)	575	
State of Maryland	Baltimore	E. Davens	Peoria City and Peoria County (h)	313,000*	...	...
			Will County	189,000*	...	...
State of Massachusetts	Boston	A. L. Frechette	Washington County	192,000*	2	542	
			Anne Arundel County	208,000*	...	...
State of Michigan	Lansing	A. E. Heustis	Baltimore County	497,000*	...	...
			Baltimore City	938,000*	...	...
State of Minnesota	Minneapolis	R. N. Barr	Montgomery County	345,000*	...	...
			Prince George's County	361,000*	...	...
State of Mississippi	Jackson	J. A. Milne	Washington County	91,000*	2	...	
			Washington County	...	...	...
State of New York	Albany	F. B. Amos	(i)	...	2	400	
			Minneapolis City	482,872	2	400 (i)	
State of North Carolina	Raleigh	J. W. R. Norton	Olsted County, including Rochester City	65,532	...	...
			Mississippi State Board of Health	246,587	2	537.50	
State of Oklahoma	Oklahoma City	W. W. Schattstaedt	New York City	7,781,984	2	600	
			Charlotte-Mecklenburg County	270,951	2	658-878	
State of Oregon	Portland	R. H. Wilcox	(k)	...	...	...
			Forsyth County-Winston-Salem	188,229	...	...
State of Pennsylvania	Harrisburg	C. C. Kuehn	Halifax County	58,820	...	...
			Orange-Person-Chatham-Lee-Coswell Dist. Health Department	142,401	...	...
State of Tennessee	Nashville	R. H. Hutcheson	Pitt County	69,511	...	...
			Oklahoma University Medical Center	...	2	416	
State of Texas	Austin	J. E. Peavy	Pottawatomie-Pontotoc Counties	70,000*	...	...
			Tulsa City and County	350,000*	...	...
State of Virginia	Richmond	M. I. Stanholtz	Multnomah County	150,100	2 (1)	700-920 (1)	
			Clockomas County	113,000	...	...
State of Washington	Seattle	B. Bucave	Jackson County	74,000	...	...
			Lane County	163,000	2	824.50	
State of Wisconsin	Madison	J. E. Peavy	Hamilton County	237,905	...	720	
			Shelby County	627,019	...	...
State of Wyoming	Cheyenne	J. E. Peavy	Sullivan County	114,139	2	720	
			Arlington County* (n)	164,040	1	700	
State of Arizona	Phoenix	M. I. Stanholtz	Benton-Franklin	85,412	2 (0)	800-875	
			Bremerton-Kitsap	84,176	...	...
State of Colorado	Denver	M. I. Stanholtz	Clark-Skamania	99,016	...	...
			King-Seattle	935,014	...	...
State of Idaho	Boise	M. I. Stanholtz	Snohomish District	172,199	...	...
			Spokane City	181,608	...	...
State of Montana	Helena	M. I. Stanholtz	Tacoma-Pierce	321,590	...	...
			

* Estimated
 (a) Excludes the city of Wilmington
 (b) To those planning to work in state
 (c) For those without experience beyond the internship
 (d) Training in Fla. State Board of Health, Jacksonville, with field experience in local health departments, predominantly those approved for public health residencies.
 (e) State of Georgia with emphasis on 6 major districts
 (f) Excludes Chicago, Evanston, Oak Park, Stickney Township, and Winnetka (including Kenilworth, Glencoe, Northfield, and remainder of New Trier Township), all with full-time health officers.
 (g) Assistance can be arranged for securing the MPH degree during or immediately after the first residency year. Appointments can be effective the first of any month. Appointments are limited to those training for service in Illinois. Exceptions may be made in special cases. U.S. citizenship and Illinois Medical License required.
 (h) Training is given under one director in both the City and County Health Departments.
 (i) Program operates in a local area which will best meet the defined needs of the resident trainee.
 (j) Applications not accepted from aliens. Stipend of \$400 per month for the post-doctoral student plus \$30 per month for each dependent.
 (k) Program uses any one of 20 county health departments, 9 city health departments or 13 district offices; assignments are made on an individual basis. Stipends are for those who will be continuing to work in public health in New York State. Fellowship granted for attendance at school of public health during or after first year of residency.
 (l) All residencies under supervision of Oregon State Board of Health; only applicants planning to remain in Oregon will receive a stipend. Population of Multnomah County excludes City of Portland. Second year residencies may involve the whole state.
 (m) Assistance can be arranged for securing the MPH degree during or immediately after the first residency year.
 (n) Plus selected rural areas to supplement urban program.
 (o) Appointments for one or two years, dependent upon wishes of resident and resources available; \$800 a month for the first year, \$875, for the second year.

Numerical and other references are listed on pages 265 through 268.

21. PROCTOLOGY

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 Proctology, as offering acceptable training in the specialty.
Hospitals, 14; Residencies, 30

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 1962-1963					Total All Yrs.	Stipend 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. A. Gozzaniga	6	249	1	100	245	2	1	1	0	0	0	2	350-400	F
		White Memorial	M. R. Hill, Sr.	4	237	1	0	2,071	2	0	0	1	1	0	2	265-275	P
LOUISIANA																	
New Orleans																	
		Ochsner Foundation	M. O. Hines	10	354	0	0	7,130	2	1	1	2	225...	P
MICHIGAN																	
Grand Rapids																	
		Ferguson-Draste-Ferguson	J. A. Ferguson	65	2,135	36	67	11,144	2	2	2	0	0	0	4	275-375	...
MINNESOTA																	
Minneapolis																	
		University of Minnesota Hospitals	O. H. Wangenstein	Inc. in Surgery	1,075	2	0	0	0	0	0	0	0	250...	O
Rochester																	
		Mayo Foundation	R. J. Jackman	13	835	1	100	26,257	2	2	2	0	0	0	4	200-333	P
NEW YORK																	
Buffalo																	
		Buffalo General	L. S. Knapp	...	505	7	43	405	2	1	1	0	0	0	2	175-200	F
		Millard Fillmore	W. H. Bernhaft	5	247	4	0	103	2	1	1	0	0	0	1	338-366	P
OHIO																	
Youngstown																	
		Youngstown	H. A. Smith	21	604	22	36	46	2	1	1	0	0	0	2	325-350	F
PENNSYLVANIA																	
Allentown																	
		Allentown	G. L. Kratzer	22	853	10	50	59	2	1	1	0	0	0	2	250-275	FP
Philadelphia																	
		Temple University	H. E. Bacon	30	779	10	50	835	2	2	2	0	0	0	4	175-200	P
Pittsburgh																	
		Health Center Hospitals of the University of Pittsburgh	K. Zimmerman	11	483	4	25	...	2	0	0	0	1	1	2	125-175	F
TEXAS																	
Dallas																	
		Baylor University	C. Rosser	20	927	8	50	295	2	0	1	0	0	0	1	210-250	P
WISCONSIN																	
Milwaukee																	
		Milwaukee County	R. T. McCarty	...	193	7	43	1,439	2	0	0	1	1	0	2	339-439	O

22. 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, 234; Residencies, 3,778

State	City	Hospital	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend 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	T. Kiersch	136	137	1,026	2	50	10,782	5	5	5	0	0	15
DISTRICT OF COLUMBIA																	
		Walter Reed General, Washington	W. H. Anderson	138	199	1,336	1	100	19,500	6	6	6	0	0	18
UNITED STATES NAVY																	
CALIFORNIA																	
		U. S. Naval, Oakland	F. H. Ocko	10	225	1,781	1	100	6,926	2	3	2	0	0	7
MARYLAND																	
		U. S. Naval, Bethesda	S. Thompson	44	89	756	1	100	4,053	3	3	3	0	0	9

Numerical and other references are listed on pages 265 through 268.

22. PSYCHIATRY — Continued

Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	O P F M	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES PUBLIC HEALTH SERVICE															
KENTUCKY															
U. S. Public Health Service, Lexington	S. N. Kieffer	41	1,059	3,627	22	69	0	6	6	6	0	0	18	665-1,000	O
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE															
DISTRICT OF COLUMBIA															
Freedmen's, Washington	E. Y. Williams	22	20	258	7	57	4,672	2	1	0	0	0	3	367-475	P
St. Elizabeths, Washington	A. H. Kirocote, Jr.	24	7,691	1,874	504	41	...	10	10	10	0	0	30	400-465	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center, University Hospital and Hillman Clinic	J. N. Sussex	...	105	1,655	5	75	3,339	4	2	2	0	0	8	200-250	F
Veterans Admin.	J. R. Jarvis	...	76	685	3	100	9	2	1	0	0	0	3	291-497	O
ARKANSAS															
Little Rock															
Arkansas State ⁷⁸	H. B. Malholm	2	4,897	2,811	363	25	...	4	0	1	0	0	5	647-750	P
University of Arkansas Medical Center	W. G. Reese	...	17	267	15	67	3,576	2	2	2	2	0	81	233-333	O
North Little Rock															
Veterans Admin.	W. B. Hawkins	3	1,986	1,878	94	67	0	1	0	6	0	0	7	291-373	O
CALIFORNIA															
Camarillo															
Camarillo State	F. H. Garrett	4	6,304	4,267	361	51	...	5	5	5	0	0	15	481-862	O
Eldridge															
Sonoma State-Napa State	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Sonoma State	R. H. Fine	...	3,679	4,040	81	88	310	0	4	0	0	0	4	481-862	O
Napa State (Imala)	D. Wilson	...	5,277	23,827	669	45	...	1	3	0	0	0	4	1,020-1,300	O
Long Beach															
Veterans Admin.	E. G. Hiler	6	50	335	2	100	1,680	1	1	1	0	0	3	291-497	O
Los Angeles															
Los Angeles County General	E. Stainbrook	...	144	6,950	7	57	15,354	6	6	6	0	0	18	275-350	P
Mount Sinai	F. G. Alexander	7	16	144	0	0	2,549	2	2	2	0	0	6	200-300	P
University of California ⁸⁷	N. Q. Brill	...	7	55	0	0	15,001	12	12	10	2	0	36	261-782	O
Veterans Admin., Neuro Psychiatric Hospital	J. T. Ferguson	8	1,965	1,284	129	88	...	12	12	12	0	0	36	291-373	O
Norwalk															
Metropolitan State	R. E. Wyers	9	3,852	2,552	282	31	5,621	7	7	7	3	3	27	710-862	O
Palo Alto															
Stanford Medical Center and Affiliated Hospitals	...	...	10	521	0	...	9,304	14	12	12	4	4	46	100-175	F
Pala Alto-Stanford Hospital Center	D. Hamburg	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Community Hospital (San Mateo)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Patton															
Patton State	O. L. Gericke	11	4,311	3,555	450	25	3,228	3	3	3	2	1	12	481-862	O
San Francisco															
Langley Porter Neuropsychiatric Institute	A. Simon	12	86	199	0	0	22,622	14	19	13	5	1	52	200-821	O
San Jose															
Agnews State	J. L. Waters	...	4,012	4,920	421	25	996	2	2	1	0	0	5	479-503	...
San Mateo															
Community Hospital	See Stanford Medical Center, Palo Alto	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sepulveda															
Veterans Admin.	D. L. McCorquodale	13	736	902	53	81	0	6	6	6	0	0	18	291-373	P
Stockton															
Stockton State	R. C. Martin	14	3,944	6,026	362	42	2,736	6	4	4	0	0	14	481-862	O
Talmadge															
Mendocino State	R. C. Kennedy	15	2,360	1,265	116	78	...	4	4	4	0	0	12	436-782	O
COLORADO															
Denver															
University of Colorado Medical Center	...	...	83	849	1	0	19,502	15	18	18	4	0	55	216-300	O
Colorado Psychopathic	H. S. Gaskill	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin. ¹¹⁶	L. L. Woodfin	16	82	806	3	100	7,591	2	2	2	0	0	6	291-373	O
CONNECTICUT															
Hartford															
Institute of Living	F. J. Braceland	...	360	605	9	67	3,562	8	8	8	0	0	24	367-583	P
Middletown															
Connecticut State	H. S. Whiting	17	2,840	1,657	304	27	5,212	6	5	7	0	0	18	405-556	F
New Canaan															
Silver Hill Foundation	W. B. Terhune	18	58	...	0	0	...	1	1	1	0	0	3	500-700	...
New Haven															
Yale-New Haven Medical Center	...	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Grace-New Haven Community	T. Lidz	...	44	160	...	...	6,277	0	14	7	2	0	23	290-300	P
Veterans Admin. (West Haven)	L. B. Fierman	...	169	415	3	66	650	12	12	2	0	0	26	291-443	O
Newtown															
Fairfield State	J. E. Olman	137	2,723	1,993	482	31	5,628	10	6	6	0	0	22	440-580	...
Norwich															
Norwich State	W. W. Burns	20	2,684	1,655	276	36	5,733	8	8	8	0	0	24	455-605	F
West Haven															
Veterans Admin.	See Yale-New Haven Medical Center, New Haven	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Numerical and other references are listed on pages 265 through 268.

22. PSYCHIATRY — Continued

	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
DELAWARE															
Farnhurst															
Delaware State.....	M. A. Tarulianz.....	21	1,471	598	147	48	5,818	4	4	4	0	0	12	400-650	P
DISTRICT OF COLUMBIA															
Washington															
District of Columbia General.....	M. McIndoo.....	123	202	4,692	8	40	421	3	2	1	1	0	7†	258-283	O
Georgetown University.....	R. A. Steinbach.....	23	...	...	...	...	8,200	9	7	7	2	0	25†	280-500	PO
George Washington University ²⁰⁹	L. Yocheison.....	...	24	723	1	100	2,344	2	2	2	0	0	6	210-285	O
FLORIDA															
Gainesville															
University of Florida Teaching Hospital and Clinics.....	P. F. Regan.....	...	22	136	0	0	...	3	3	3	1	1	11†	350-450	...
Miami															
Jackson Memorial.....	J.M. Caldwell.....	25	110	1,408	3	...	11,863	10	8	7	0	0	25	250-350	P
GEORGIA															
Atlanta															
Emory University Affiliated Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Emory University.....	B. Holland.....	15	...	3,457‡	2	100	...	4	10	3	0	0	17	235-255	P
Grady Memorial.....	B. Holland.....	11	...	127	0	0	968	10	10	10	0	0	30	...	...
Milledgeville State (Milledgeville).....	J. B. Craig.....	11,872	...	3,772	...	941	900	4	4	4	4	4	20†	466-606	...
Augusta															
Medical College of Georgia Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eugene Tolmidge Memorial.....	J. McCranie.....	24	...	259	1	100	1,382	4	4	4	0	0	12	250-416	O
University.....	H.M. Cleckley.....	25	...	850‡	4	25	...	1	1	1	0	0	3	250-300	O
Veterans Admin.....	C. E. Jump.....	26	1,321	1,771	71	42	13	0	1	0	0	0	1	583-990	...
HAWAII															
Honolulu															
Hawaiian Psychiatric Training Program.....	...	27	...	...	...	...	...	...	...	...	...	...	...	...	...
Queen's.....	K. Ritsch.....	15	...	578	1	0	...	3	3	3	0	0	9	225-300	F
Hawaii State (Kaneohe).....	E. Furukawa.....	1,171	...	555	72	64	3,240	3	3	3	0	0	9	655-722	P
ILLINOIS															
Chicago															
Illinois State Psychiatric Institute.....	J. H. Masserman.....	28	93	339	2	50	3,069	20	20	20	0	0	60	...	P
Chicago State.....	...	...	4,573	2,619	728	10	0	...	...	...	...	...	...	...	...
Michael Reese.....	R. Grinker.....	29	78	750	2	100	11,638	7	7	7	0	0	21	200-300	P
Mount Sinai.....	H. H. Garner.....	30	26	478	0	0	3,091	4	5	2	0	0	11	225-275	P
Northwestern University Medical Center															
Chicago Wesley Memorial.....	B. Boshes.....	31	...	...	...	...	2,122	...	...	...	...	...	...	...	...
Passavant Memorial.....	J. R. Adams.....	12	...	286	2	50	...	0	0	0	0	0	1	...	...
Veterans Admin. Research.....	P. C. Agnew.....	35	...	245	2	0	...	0	4	0	0	0	4	291-497	O
Veterans Admin. (Downey).....	A. Pauncz.....	2,293	...	3,123	72	74	...	8	5	4	0	0	17	291-886	O
Evanston (Evanston).....	P. E. Nielson.....	32	52	535	1	0	770	2	2	2	0	0	6	125-175	F
St. Luke's School of Medicine Affiliated Hospitals¹⁴⁷															
Loretta.....	J. J. Madden.....	33	44	843	5	60	928	3	2	1	0	0	6	250-350	P
Mercy.....	...	...	25	244	...	...	1,405	3	3	3	0	0	9	225-300	F
University of Chicago Clinics.....	C. K. Aldrich.....	34	14	125	0	0	7,557	5	5	4	0	0	14	225-450	...
University of Illinois Research and Educational Hospitals															
Veterans Admin. (West Side).....	M. Sabshin.....	35	26	138	0	0	5,119	4	3	3	0	0	10	170-225	P
Veterans Admin. (West Side).....	L. Halperin.....	36	83	561	5	40	277	3	3	3	0	0	9	291-373	O
Evanston															
Evanston Hospital.....	See Northwestern University, Chicago.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hines															
Veterans Admin.....	L. Jensen.....	37	115	518	10	50	2,100	3	3	1	0	0	7	291-372	O
INDIANA															
Indianapolis															
Indiana University Medical Center.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Indiana University Hospitals.....	J. I. Nurnberger.....	...	...	...	...	...	3,007	13	13	13	0	0	39	400-500	O
Larue D. Carter Memorial.....	D. F. Moore.....	172	...	439	3	66	915	12	12	12	0	0	36	400-500	P
Marion County General.....	D. W. Schuster.....	81	...	562	19	21	994	1	1	1	0	0	3	269-321	P
Veterans Admin.....	T. N. Tausig.....	68	...	456	5	80	190	1	0	1	0	0	2	291-373	O
IOWA															
Cherokee															
Mental Health Institute.....	W. C. Brinegar.....	38	1,002	722	86	55	3,790	4	4	4	0	0	12	950-1,025	O
Independence															
Mental Health Institute.....	S. M. Korson.....	...	1,049	997	90	59	2,971	4	4	4	0	0	12	925-1,025	O
Iowa City															
Iowa State Psychopathic.....	P. E. Huston.....	...	53	372	0	0	6,744	6	6	6	4	2	24†	333-1,100	O
KANSAS															
Kansas City															
University of Kansas Medical Center.....	D. Groaves.....	...	30	172	0	...	1,550	4	4	4	1	0	13†	175-225	P
Veterans Admin. (Kansas City, Mo.).....	...	...	74	201	3	67	478	...	...	...	...	...	2	292-373	...
Topeka															
Menninger Memorial.....	K. A. Menninger.....	39	113	282	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. ¹⁶⁶	D. W. Hommersley.....	40	780	2,959	116	87	0	18	15	14	0	0	47	291-373	O

Numerical and other references are listed on pages 265 through 268.

22. PSYCHIATRY — Continued

State	City	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	O.P.M. Maintenance
						Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY																
Louisville																
	University of Louisville Medical Center	S. S. Ackerly	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Central State (Lakeland)	W. Fox	...	1,778	2,711	69	46	1,794	2	2	2	0	0	6	200-583	FO
	Louisville General	S. S. Ackerly	...	18	863	7	57	2,228	3	4	6	0	0	20	200-1,000	F
	Norton Memorial Infirmary	E. E. Landis	...	23	280	1	100	2,147	...	...	...	...	6	250-500	FP	
	Veterans Admin.	A. Guiglia	...	54	1,048	2	...	634	1	1	0	0	2	291-373	O	
LOUISIANA																
New Orleans																
	Charity Hospital of Louisiana	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Louisiana State University Division	C. Watkins	42	50	699	8	60	5,215	...	...	...	0	12	125-175	F	
	Tulane University Division	R. G. Heath	139	50	698	10	50	4,343	...	...	...	0	12	125-175	F	
	Veterans Admin.	R. L. Stone	...	42	210	1	100	225	1	1	1	0	3	886-925	O	
MARYLAND																
Baltimore																
	Johns Hopkins	J. D. Frank	...	63	205	1	0	8,006	7	7	5	2	0	21	250-500	P
	Seton Psychiatric Institute	L. H. Bartemeier	43	238	616	12	25	702	4	4	4	0	0	12	250-350	FP
	University	R. R. Monroe	...	55	420	0	0	9,665	5	5	3	1	1	15	275-450	O
Catonsville																
	Spring Grove State	B. Rodauskas	...	2,571	4,186	199	30	3,904	7	6	7	0	0	20	417-713	...
Perry Point																
	Veterans Admin.	W. M. Harris	45	1,383	1,863	72	88	17	3	3	3	0	0	9	291-886	O
Sykesville																
	Springfield State	I. L. Hitchman	125	3,229	1,402	322	40	3,790	5	5	5	0	0	15	416-583	O
Towson																
	Sheppard and Enach Pratt	H. M. Murdock	...	221	477	8	37	...	5	5	4	3	0	17	367-467	O
MASSACHUSETTS																
Boston																
	Massachusetts General	...	48	...	...	...	...	...	...	...	...	...	...	...	...	...
	General Hospital Division	E. Lindemann	...	17	619	3	67	4,738	4	0	0	0	0	4	108-167	F
	McLean Hospital (Belmont)	A. H. Stanton	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Massachusetts Memorial	M. J. Kohne	...	210	322	23	74	3,079	5	8	4	0	0	17	200-583	P
	Mossachusetts Mental Health Center	B. Bandler	49	14	132	...	...	4,430	4	4	3	0	0	11	200-300	O
	New England Center	J. R. Ewalt	50	196	833	2	0	25,250	20	17	15	0	0	52	300-385	O
	Boston State	J. M. Hope	51	4	104	0	...	1,334	1	1	1	0	0	3	237-262	O
	Peter Bent Brigham	J. M. MacKenzie	47	2,752	2,018	354	32	4,997	16	9	4	0	0	31	292-525	O
	Veterans Admin. Hospitals of Boston Area	H. M. Fox	52	...	Inc. in Int. Med.	...	...	...	1	1	1	0	0	3	200-300	O
	Veterans Admin. (Bedford)	B. Yoad	...	1,613	384	64	72	0	...	...	...	0	0	3	291-373	O
	Veterans Admin. (Jamaica Plain)	S. Tartakoff	...	181	475	...	...	25,068	10	14	14	0	0	38	291-373	O
	Veterans Admin. (Brockton)	A. S. Moson	...	936	1,750	35	63	1,791	6	0	0	0	0	6	291-886	O
Worcester																
	Worcester State	D. M. Moriarty	53	2,308	975	229	23	3,514	15	10	10	5	5	45	291-793	FP
MICHIGAN																
Ann Arbor																
	University ²⁰⁶	R. W. Waggoner	54	141	561	0	0	13,597	14	17	9	...	...	40	385-475	O
Detroit																
	Henry Ford	L. D. Proctor	55	26	468	4	25	8,829	1	1	1	0	0	3	368-460	P
	Lafayette Clinic	J. S. Gottlieb	56	135	507	0	0	17,721	12	12	12	0	0	36	540-710	O
	Receiving	J. Dorsey	57	100	5,737	31	45	2,904	2	0	0	0	0	2	333-408	P
Eloise																
	Wayne County General	J. A. Belisle	58	2,770	5,062	73	12	9,317	5	5	5	0	0	15	582-655	O
Northville																
	Northville State	C. H. Chen	...	2,122	637	137	21	5,274	6	6	6	0	0	18	579-656	O
Pontiac																
	Pontiac State	W. H. Obenaus	59	3,014	1,268	193	34	1,694	8	8	8	0	0	24	579	...
Traverse City																
	Traverse City	M. D. Sommerness	60	2,894	680	279	36	2,239	6	6	6	0	0	18	579-967	O
Ypsilanti																
	Ypsilanti State	O. R. Yoder	...	4,044	5,948	216	40	3,060	7	7	7	0	0	21	579-824	O
MINNESOTA																
Minneapolis																
	University of Minnesota Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Minneapolis General	W. W. Jepson	...	38	955	9	88	3,676	3	0	0	0	0	3	250	...
	University	D. W. Hastings	...	55	710	1	100	4,561	5	5	5	0	0	15	250	...
	Veterans Admin.	W. Simon	61	96	574	1	0	8,492	4	4	4	0	0	12	291-497	O
Rochester																
	Mayo Foundation ²²⁰	H. P. Rome	62	39	885	0	...	11,000	6	6	6	2	0	20	283-366	P
MISSISSIPPI																
Biloxi																
	Veterans Admin.—Gulfport Division	L. B. Lomm	63	868	975	29	76	...	5	3	2	0	0	10	291-373	...
Jackson																
	University of Mississippi Medical Center ²²¹	...	64	...	...	...	...	...	...	...	...	...	...	...	...	...
	Veterans Admin.—Gulfport Division (Biloxi)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	University	F. J. Moore	...	1	54	...	...	491	4	4	4	1	1	12	450-625	O
	Veterans Admin.	O. Hubbard	...	22	251	0	...	...	...	...	...	...	...	...	290-373	...
	Mississippi State (Whitfield)	J. J. Head	...	4,262	7,972	226	33	...	6	0	0	0	0	6	700-800	FP
	Mental Health Unit—Miss. State Board of Health	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Numerical and other references are listed on pages 265 through 268.

22. PSYCHIATRY — Continued

	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month		Maintenance
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.	
MISSOURI																
Kansas City																
Kansas City General	R. H. Barnes		53	295	0	0	1,583	6	6	6	2	0	20†	200-350	FP	
Veterans Admin.	—See University of Kansas, Kansas City, Kansas															
St. Louis																
Barnes	E. F. Gildea	65	86	1,221	4	25	3,793	14	12	14	3	0	43†	50-175	F	
Jewish																
St. Louis City (Malcolm Bliss Mental Health Center) ³⁸²	G. Ulett	66	185	1,462	8	38	7,079	6	6	3	1	0	16†	246-330	P	
Homer G. Phillips																
St. Louis State	L. H. Kohler	67	3,168	612	134	47	4,307	7	7	7	2	1	24†	350-540	F	
Veterans Admin.	B. A. Cruvant	68	82	328	0	0		5	5	5	0	0	15	291-373		
NEBRASKA																
Omaha																
Nebraska Psychiatric Institute	C. L. Wittson		83	440	1	0	9,019	10	10	10	4	0	34†	400-500		
Veterans Admin.	F. A. Majka	69	81	453	4	75	51	2	2	2	0	0	6	291-373	O	
NEW JERSEY																
Greystone Park																
New Jersey State	A. Crandell	70	5,063	1,830	507	29	2,921	4	4	4	0	0	12	540-625	O	
Hammononton																
New Jersey State Hospital at Ancora	H. W. Brunt, Jr.	71	2,129	2,001	439	53	1,470	4	4	4	0	0	12	542-625	P	
Jersey City																
Jersey City																
Lyons																
Veterans Admin.	L. Freeman	72	1,967	2,469	54	70		4	3	3	0	0	10	291-908	O	
Marlboro																
New Jersey State	J. B. Gordon	73	2,875	1,432	379	39	769	2	2	2	0	0	6	542-625	O	
Princeton																
New Jersey Neuropsychiatric Institute	R. E. Bennett	74	871	1,403	38	76	799	4	4	4	0	0	12	541-625	O	
Trenton																
New Jersey State	H. S. Magee	75	3,154	1,561	318	29	1,987	2	2	2			6	542-625		
NEW YORK																
Albany																
Albany Medical Center	W. L. Holt	76	50	1,670	19	60	7,000	3	3	2	0	0	8	300-500	P	
Veterans Admin.	T. A. Gilmore	77	311	674	20	70	3,364	2	2	2	0	0	6	291-372	O	
Buffalo																
Buffalo State	D. Whitehead	80	3,313	1,480	613	18	8,034	7	5	5	0	0	17	506-564		
Edward J. Meyer Memorial	S. M. Small		105	2,744	96	41	3,410	3	3	3	0	0	9	322-439	P	
Central Islip																
Central Islip State	F. J. O'Neill		9,996	2,732	980	35	2,950	14	14	12	0	0	40	506-564	O	
Kings Park																
Kings Park State	C. Buckman		8,247	1,928	577	27	2,466	6	3	3	0	0	12	505-564	O	
Marcy																
Marcy State	N. Bigelow		2,774	1,086	327	25		3	3	3	0	0	9	570-640		
Middletown																
Middletown State	H. Pleasure		3,345	921	318	31	12,203	5	5	5	0	0	15	505-758	P	
Montrose																
Veterans Admin. ²⁵⁶	G. Rosenberg		1,692	564	57	79	284	3	2	2	0	0	7	291-497	O	
New York City																
Bellevue Hospital Center																
Div. III—New York University																
College of Medicine ²⁶⁰	A. Zitrin		700	18,500	267	58	16,982	22	20	16	0	0	58	215-265	F	
Bronx Municipal Hospital Center	M. Rosenbaum		110	1,200	4	50	36,830	12	12	10	5	4	43†	265-500	F	
Brooklyn State	N. Beckenstein	78	3,744	1,716	601	6		7	9	4	0	0	20	487-544		
City Hospital at Elmhurst	L. Bellak		71	385	2	50	8,352	5	5	5	0	0	15†	215-265	F	
Columbia—Presbyterian Medical Center	L. C. Kolb	81														
New York State																
Psychiatric Institute			144	405	0		1,613	10	10	10	0	0	30	200-564	O	
Presbyterian			0	0	0	0	6,983	10	10	10	0	0	30	250	P	
Creedmoor State	H. A. LaBurt		6,391	3,083	651	21	760						22	505-564		
Hillside	L. L. Robbins		192	374	2	0	11,429	9	8	8	0	0	25	200-300	FP	
Kings County Hospital Center	I. C. Kaufman		424	10,197	135	8	38,791	16	15	15	0	0	46	215-265	F	
Manhattan State	N. E. Stein	82	3,127	4,430	263	20	0	7	3	3	0	0	13	505-564	P	
Mount Sinai	M. R. Kaufman	83	16	127	0		4,548	8	8	8	0	0	24	100	FP	
New York	O. Diethelm	84	80	280			10,932	4	5	4	1	1	15†	188-392	P	
St. Luke's	J. M. Colton	85	25	416	1	100	3,018	2	2	2	0	0	6	125	F	
St. Vincent's	H. J. Tompkins	86	82	577	3	67	6,105	8	8	7	2	0	25†	200-300	F	
St. Vincent's Hospital of Westchester County (Harrison)	R. D'Isernio		140	583	23	0	1,758	2	2	1	0	0	3	275-325	F	
Veterans Admin. (Bronx)	W. Brown	87	172	1,679	6	17	7,045	7	7	8	0	0	22	291-886	O	
Veterans Admin. (Brooklyn)	M. Paine	79	115	177	2	0	0	3	3	3	0	0	3	292-373	O	
Veterans Admin. (Manhattan)	M. Wiederlight	88	160	927	22	59	242	8	8	8	0	0	24	291-372	O	
Northport																
Veterans Admin.	I. J. Blumenthal	89	2,390	3,352	75	52		4	1	1	0	0	6	872	O	
Orangeburg																
Rockland State ²⁸⁶	A. M. Stanley		7,159	2,144	550	17	4,346	8	7	15	0	9	30	505-564	O	
Poughkeepsie																
Hudson River State	R. C. Hunt		5,438	1,667	625	4	1,697	5	5	5	0	0	21	506-564	O	
Rochester																
Rochester State	C. F. Terrence	90	3,234	1,180	410	42	15,250	3	2	2	0	0	7	505-564	P	
Strong Memorial—Rochester Municipal	J. Romano	143	81	1,130	3	0	15,426	10	10	10	5	0	35†	166-291	O	

Numerical and other references are listed on pages 265 through 268.

22. PSYCHIATRY — Continued

	Chief of Service or Program Director	Program Identifi- cation	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month		Main- tenance	
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.		
																	O	F	P
NEW YORK—Continued																	
Syracuse																	
State University of New York																	
Upstate Medical Center	M. H. Hollender		144	788	2	50	1,053	6	6	6	0	0	18	250	...	O	
Syracuse Psychiatric	M. Hollender												12	291-373	...		
Veterans Admin.	J. J. Danehy		87	382	1	...	...	3	6	3	0	0	12	291-373	...	
Utica																	
Utica State	M. Lazar	91	2,437	910	316	32	3,939	6	6	3	0	0	15	505-563	O		
Valhalla																	
Grasslands	F. V. Rockwell		50	1,523	14	50	1,183	4	4	4	2	..	14†	250-394	F		
West Brentwood																	
Pilgrim State	H. S. Barahal		13,800	3,287	1,219	21	2,325	..	..	..	..	..	33	506-564	FP	
White Plains																	
New York Hospital—Westchester Division	J. H. Wall		275	331	20	55	5,780	6	5	3	..	..	14	250-500	FP	
NORTH CAROLINA																	
Chapel Hill																	
North Carolina Memorial	G. C. Ham	92	44	564†	3	33	18,435	14	14	12	0	0	40	279-387	O		
Durham																	
Duke University Affiliated Hospitals		93
Duke	E. W. Busse		40	677	0	...	4,058	10	5	9	0	0	24	250-416	P		
Veterans Admin.	R. M. Meiller		74	522	1	100	...	4	2	2	2	0	10	291-497	O		
OHIO																	
Cincinnati																	
Rollman Receiving Hospital and State Institute of Psychiatry	C. O. Ranger	95	85	719	1	100	...	8	8	8	0	0	24	415-575	O		
University of Cincinnati																	
Hospital Group	M. Levine	94
Cincinnati General			46	1,053	1	100	24,659	14*	14	6	0	0	34†	270-583	F		
Veterans Admin.			62	469	2	50	...	..	..	..	..	..	..	291-497	O	
Cleveland																	
Cleveland Clinic	A. D. Weatherhead		1	21	4	75	8,495	2	2	2	0	0	6	275-350	O		
Cleveland Psychiatric Institute and Hospital																	
University Hospitals of Cleveland	E. N. Hinko	96	305	1,281	14	50	2,428	8	8	8	0	0	24	416-542	O		
	D. D. Bond		66	567†	2	100	18,972	6	6	6	1	0	19†	200-500	P		
Columbus																	
Columbus State	L. O. Dillon	97	2,549	1,113	322	44	13,159	15	15	15	0	0	45	575-660	O		
Ohio State University Hospitals and Hospital																	
Columbus Psychiatric Institute and Hospital	R. M. Patterson		120	1,050	0	0	10,500	10	10	10	..	..	24	417-542	...	
Worthington																	
Harding Sanitarium	H. S. Evans	99	98	528	9	0	4,037	2	2	1	0	0	5	.. 500	O		
OKLAHOMA																	
Norman																	
Central State Griffin Memorial	M. Wettstein	100	1,164	2,548	24	17	2,200	6	5	3	0	0	14	500-805	O		
Oklahoma City																	
University of Oklahoma Medical Center	L. J. West		6	6	6	2*	..	20†
University Hospitals			16	64	0	...	4,614	..	..	..	..	..	..	375-458	P	
Veterans Admin.	J. T. Shurley		64	328	0	0	2,037
OREGON																	
Portland																	
University of Oregon Medical School Hospitals and Clinics	G. Saslow	101	20	126	0	0	3,400	3	3	3	0	0	9	165-215	F		
Salem																	
Oregon State	M. Janes	141	3,211	3,712	453	29	4,964	5	5	4	0	0	14	845-915	...		
PENNSYLVANIA																	
Coatesville																	
Veterans Admin.	K. J. Wolff	102	1,537	694	80	73	...	3	3	3	0	0	9	280-458	O		
Norristown																	
Norristown State	W. P. Camp	103	4,395	5,226	374	20	1,854	..	..	..	..	..	30	487-547	F	
Philadelphia																	
Eastern Pennsylvania																	
Psychiatric Institute	W. A. Phillips	104	105	283	2	0	7,176	8	8	8	0	0	24	588-648	O		
Hahnemann Medical College and Hospital																	
Hospital of the University of Pennsylvania	V. B. Hammett	105	137	599	4	25	3,120	3	3	2	0	0	8	200-300	P		
	K. Appel	106	..	..	..	..	8,386	6	6	6	0	0	18	250-300	...	
	H. H. Morris		80	320	2	50	300	6	0	0	0	0	6	250	...	O	
	L. H. Smith		207	1,492	6	33	5,455	7	6	6	0	0	19	200-300	O		
Jefferson-Friends Hospitals																	
Jefferson Medical College	R. A. Matthews		20	416	0	0	4,213	3	2	2	0	0	7	200-400	FP		
	T. L. Dehne		129	311	15	24	803	4	2	0	0	0	6	400	...	P	
	J. Harris		208	1,442	27	56	13,500	5	5	5	0	0	15	425-601	F		
	P. Mechanick		111	1,054	2	0	3,712	8	8	8	0	0	24	233-350	F		
	E. L. Sietka		108	6,469	1,138	398	1	2,932	15	15	10	0	40	586-648	O		
	O. S. English		109	14	75	0	0	8,330	6	6	6	1	0	19†	175-225	P	
Pittsburgh																	
Western Psychiatric Institute and Clinic	H. W. Brosin		103	385	0	0	18,057	15	15	15	0	0	45	267-343	O		
Warren																	
Warren State	R. H. Israel	110	2,865	969	393	27	4,032	10	9	8	0	0	27	560-715	FP		

Numerical and other references are listed on pages 265 through 268.

22. PSYCHIATRY — Continued

	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	O P M Maintenance	
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
PUERTO RICO																
Bayamon																
	Puerto Rico Institute of Psychiatry ...	R. F. Marina	111	171	480	6	17	342	2	0	0	0	0	2	400-500	P
Rio Piedras																
	Psychiatric Center for Training and Research ...	J. A. Rossella	...	1,389	1,391	43	56	40,855	6	7	6	0	0	19	250-500	P
TENNESSEE																
Memphis																
	Gailar Memorial Psychiatric ...	T. S. Hill	142	51	338	2	0	4,736	5	5	1	0	0	11	250 ...	P
Nashville																
	Vanderbilt University ...	W. F. Orr	112	13	109	0	...	1,605	3	3	3	2	0	11†	75-125	F
TEXAS																
Austin																
	Austin State ...	S. Hoerster, Jr.	...	2,798	2,820	326	68	1,924	5	6	11	0	0	22	490-916	...
Dallas																
	Parkland Memorial ...	R. L. Stubblefield	113	25	282	0	0	3,458	8	8	2	2	0	20†	367-433	P
	Timberlawn Sanitarium ...	...	...	96	935	1	0	1,110	4	4	4	0	0	11	400-450	FP
Galveston																
	University of Texas Medical Branch Hospitals ...	T. H. Harris	...	231	2,732	37	41	7,370	10	10	10	0	0	30	160 ...	F
Houston																
	Baylor University Affiliated Hospitals	...	114	...	...	...	...	...	...	...	...	...	...	...	...	...
	Jefferson Davis ...	W. T. Lhamon	...	18	268	1	100	4,179	2	2	2	0	0	6	125-165	F
	Methodist ...	M. C. Battis	...	23	475†	0	0	287	0	2	2	0	0	4	100-125	F
	Veterans Admin. ...	A. D. Pokorny	...	374	2,245	10	70	3,476	6	6	6	0	0	18	291-373	P
UTAH																
Salt Lake City																
	University of Utah Affiliated Hospitals	C. H. H. Branch	115	...	...	...	...	...	...	...	...	...	...	...	...	...
	Salt Lake County General ...	...	...	20	426	2	100	9,540	5	6	8	0	0	19	350-475	O
	Veterans Admin. ...	J. L. Bennett	...	376	687	37	68	28	5	5	5	0	0	15	291-497	O
VIRGINIA																
Charlottesville																
	University of Virginia Medical Center	...	116	...	...	...	...	...	...	...	...	...	...	...	...	...
	University of Virginia ...	I. P. Stevenson	...	29	450	1	0	1,719	5	5	5	0	0	15	300-600	F
Richmond																
	Medical College of Virginia-Hospital Division	R. A. Senescu	117	41	689	6	33	3,300	3	3	3	0	0	9	250-350	F
	Veterans Admin. ...	A. Davis	118	109	1,366	5	60	904	2	2	2	0	0	6	291-497	P
WASHINGTON																
Seattle																
	University of Washington Affiliated Hospitals	H. S. Ripley	...	...	...	...	...	...	10	10	10	2	0	32	...	...
	King County ...	...	...	22	1,973†	5	100	1,560	...	...	...	...	...	...	150-375	F
	University ...	...	...	...	134	...	...	3,139	...	...	...	...	...	...	200-500	P
	Veterans Admin. ...	M. H. Johnson	...	71	402	0	...	1,500	...	...	...	...	...	...	291-497	...
Sedro Waaley																
	Northern State ...	L. C. Brown	119	1,691	790	150	31	0	2	2	2	0	0	6	612-909	P
WISCONSIN																
Madison																
	University Hospitals ...	R. Roessler	120	39	797	2	100	15,916	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	...	934	2,995	19	37	3,036	3	3	3	0	0	9	291-375	O
	Veterans Admin. (Wood)	M. J. Primakow	...	187	1,403	17	70	3,839	3	3	3	0	0	9	291-373	P
	Milwaukee Sanitarium Foundation (Wauwatosa)	E. S. Turrell	...	...	...	...	...	...	3	3	3	0	0	9	291-375	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, 27; Residencies, 233

UNITED STATES NAVY

PENNSYLVANIA

U. S. Naval, Philadelphia	J. G. Hebble, III	...	236	1,409	3	100	2,696	2	2	0	0	0	4
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NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA

Berkeley																
	Herrick Memorial ...	A. E. Bennett	...	36	770†	1	100	2,724	3	3	0	0	0	6	300-400	F
San Francisco																
	Mount Zion ...	C. R. Friedman	122	55	99†	...	...	13,938	..	..	..	..	..	..	175-325	F

Numerical and other references are listed on pages 265 through 268.

22. PSYCHIATRY — Continued

	Chief of Service or Program Director	Program Identification	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P O
					Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS															
Galesburg															
Galesburg State Research	T. T. Tourlentes		1,725	527	82	39	1,923	4	4	0	0	0	8	325-790	FP
KENTUCKY															
Lexington															
Veterans Admin.	E. W. Strauss		1,122	1,784	72	40	51	4	0	0	0	0	4	291-373	O
MASSACHUSETTS															
Boston															
Beth Israel	G. Bibring	126					6,840						9	192-275	O
Boston City	P. S. Solomon	127	10	76	0		2,019	0	3	3	0	0	6†	248...	F
Medfield															
Medfield State	D. P. Kenefick		1,350	542	121	40	671	6	6	4	0	0	16†	556-784	P
Waltham															
Metropolitan State	M. Asekoff		1,679	1,465	186	34	1,550	2	0	0	0	0	2	316-514	O
NEBRASKA															
Omaha															
Creighton Memorial—St. Joseph			23	739	2										
NEW JERSEY															
Cedar Grove															
Essex County Overbrook	H. A. Davidson		3,779	1,533	612	33	4,516	5	5	5	0	0	15†	460-572	O
NEW YORK															
Binghamton															
Binghamton State	U. Schutzer	128	2,981	4,038	323	7	2,794	3	3	0	0	0	6	505-563	O
Canandalgua															
Veterans Admin.	D. Davis	129	1,607	2,043	58	81	239	3	3	0	0	0	6	237-251	O
Helmuth															
Gowanda State Homeopathic	i. M. Rassman	140	2,918	840	304	23	785	2	12	0	0	0	14	505-564	F
New York City															
Gracie Square	S. M. Smith		120	1,500	20	10	1,500	3	2	2	0	0	7	416-833	...
Port Chester															
High Point	A. Gralnick		40	70	0	0	0	0	1	3	1	...	4	335-500	FO
Willard															
Willard State	K. Kelll		2,813	740	260	9	...	...	...	...	...	...	12	506-564	O
NORTH CAROLINA															
Raleigh															
Dorothea Dix	W. A. Sikes		2,431	5,438	233	42	509	4	4	0	0	0	8	834-917	O
PENNSYLVANIA															
Allentown															
Allentown State	H. T. Fiedler		1,784	394	111	41	1,365	6	6	0	0	0	12	460-532	O
Danville															
Danville State ³²⁴	L. R. Angus		2,444	961	177	21	3,763	8	6	4	4	3	25†	460-532	F
Mayview															
Mayview State			3,032	785	273	2	3,004	6	6	0	0	0	12	460-750	...
RHODE ISLAND															
Howard															
State Hospital for Mental Diseases	S. S. Goldstein		3,322	1,647	450	23	1,728	8	6	0	0	0	14	442...	O
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	J. J. Cleckley	130	20	784	0	0	763	4	4	4	0	0	12	300-580	P
Medical College															
Roper															
VIRGINIA															
Petersburg															
Central State	T. G. Denton	131	4,679	1,300	305	21	1,040	12	12	0	0	0	24†	670...	O
Williamsburg															
Eastern State	M. Hernandez		2,201	1,488	266	19	0	...	...	...	...	...	7	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, 42; Residencies, 213

UNITED STATES PUBLIC HEALTH SERVICE

MARYLAND

National Institutes of Health—Clinical Center, Bethesda

R. Cohen 50 119 ... 2,723 0 0 6 0 0 6 ...

NEW YORK

U. S. Public Health Service, New York City

E. W. Green 132 35 450 0 ... 1,674 0 0 1 0 0 1 ...

Numerical and other references are listed on pages 265 through 268.

22. PSYCHIATRY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Compton														
Compton Foundation	G. C. Burns	82	783	4	0	5,545	4	0	0	0	0	4	450-600	O
Pomona														
Pacific State	G. Tarjan	2,839	569	30	87	6,703	0	0	5	0	0	5	481-862	O
San Francisco														
Keiser Foundation*	B. I. Kahn	1	8	0	0	7,347	0	0	2	0	0	2	315-570	FP
Presbyterian Medical Center	J. P. Kahn	9	183	1	...	2,224	3	2	2	0	0	7†	175-300	P
St. Francis Memorial	J. A. Hamilton	19	596	4	50	1,919	2	0	0	0	0	2	300-450	P
St. Mary's	M. Khlentzos	9,375	1	0	0	0	0	1	200-300	FP
COLORADO														
Pueblo														
Colorado State	A. B. Adam	5,851	7,558	603	56	...	26	0	0	0	0	26	540-700	F
FLORIDA														
Jacksonville														
Duval Medical Center	W. H. McCullagh	55	913	6	50	3,761	2	1	1	0	0	4†	225-275	F
ILLINOIS														
Chicago														
Cook County	V. G. Urse	160	8,220	4	0	0	0	0	4	250 ...	F
Winnetka														
North Shore	M. A. Dushkin	59	451	8	13	709	0	0	2	0	0	2	300-600	FP
INDIANA														
Logansport														
Logansport State	J. F. Coffrey	2,342	1,235	277	15	...	4	0	0	0	0	4	675 ...	FP
MARYLAND														
Crownsville														
Crownsville State	L. W. Whit	1,848	1,261	149	31	2,880	5	6	4	0	0	15†	417-970	P
Rockville														
Chestnut Lodge Sanitarium	M. L. Adland	80	52	0	0	2,237	0	0	4	0	0	4	583-750	...
MASSACHUSETTS														
Foxborough														
Foxborough State	J. T. Shea	1,158	1,991	118	34	2,371	3	3	2	0	0	8†	597-753	O
Stockbridge														
Austen Riggs Center*	R. P. Knight	39	98	1	0	2,815	0	0	0	0	0	9†	575-633	O
Taunton														
Taunton State	W. E. Glass	1,724	2,801	214	31	768	4	4	6	0	0	14†	138-243	O
Waverly														
Walter E. Fernald State School	C. E. Benda	2,469	158	39	62	474	2	0	0	0	0	2	150-580	...
Westborough														
Westborough State	B. Simon	1,778	817	246	31	475	2	2	0	0	0	4	262 ...	O
MICHIGAN														
Northville														
Hawthorn Center
MISSISSIPPI														
Whitfield														
Mississippi State	J. J. Head	4,262	7,972	226	33	...	6	0	0	0	0	6	700-800	FP
NEBRASKA														
Ingliside														
Hastings State	J. C. Nielsen	1,396	1,051	166	9	0	6	0	0	0	0	6	400-500	O
NEW HAMPSHIRE														
Concord														
New Hampshire State	G. D. Niswander	2,518	1,117	267	13	3,531	2	2	2	0	0	6†	308 ...	P
NEW JERSEY														
Belle Mead														
Carrier Clinic	J. E. Caton	81	1,156	10	10	1,394	0	2	0	0	0	2	...	F
Paramus														
Bergen Pines County	W. H. Bristow, Jr.	66	2,201	17	35	7,206	2	0	0	0	0	2	275 ...	P
NEW YORK														
Hempstead														
Meadowbrook	R. R. Steen	25	1,621	25	66	3,106	4	0	0	0	0	4	275 ...	F
New York City														
Lenox Hill**	K. F. Woodward	144	...	0	0	2,338	0	0	1	0	0	1	500-750	P
New York University Medical Center	S. B. Wartis	133	3	53	1	2,294	175-265	F
University
Roosevelt	R. W. Laidlow	14	120	0	...	1,427	2	3	3	0	0	8†	158-316	P
Ogdensburg														
St. Lawrence State	H. B. Snow	1,781	792	219	23	872	12	0	0	0	0	12	505 ...	O
Rhinebeck														
Astor Home for Children
Thiells														
Letchworth Village	I. N. Wolfson	4,270	260	73	60	193	2	0	0	0	0	2	506 ...	O
Wingdale														
Harlem Valley State	L. P. O'Donnell	134	5,105	1,086	440	19	1,676	10	10	505-563	F

Numerical and other references are listed on pages 265 through 268.

22. PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
OHIO															
Cincinnati															
	Longview State	C. D. Feuss, Jr.	3,190	858	305	38	9,187	5	0	0	0	0	5	575...	O
Toledo															
	St. Charles.....	H. L. Hartman	135	57	1,014	1	1	0	0	0	..	450	F
PENNSYLVANIA															
Embreeville															
	Embreeville State	E. R. Wright.....	821	1,254	99	27	3,904	4	4	4	..	8	459-748	F	
Harrisburg															
	Harrisburg State.....	H. C. Eaton	2,624	595	184	15	213	6	6	0	0	0	6	460-483	...
Philadelphia															
	Albert Einstein Medical Center.....	P. Sloane.....	2,940	0	0	4	0	0	4	300...	F
Pittsburgh															
	St. Francis General Hospital and Rehabilitation Institute	J. Henninger	291	4,637	104	45	1,025	4	0	0	0	0	4	240-355	FP
RHODE ISLAND															
Providence															
	Charles V. Chapin	W. N. Hughes	59	1,212	12	42	933	3	0	0	0	0	3	562...	F
Riverside															
	Emmo Pandleton Brodley.....

PSYCHIATRY PROGRAM IDENTIFICATION

- Alabama State Hospital, Tuscaloosa, Ala.
- Six months psychiatry and six months neurology at University of Arkansas Medical Center, Little Rock, Ark.
- Six months OPD at University of Arkansas Medical Center, Little Rock, Ark.
- Six months psychosomatic medicine at Mount Sinai Hospital, Los Angeles.
- Twenty-four months at Napa State Hospital and twelve months at Sonoma State Hospital.
- Six months OPD at Veterans Administration Mental Hygiene Clinic, Los Angeles. Six months child psychiatry at Long Beach Child Guidance Clinic. Three months female service at Metropolitan State Hospital, Norwalk, Calif.
- Six months acute inpatient service at Los Angeles County General Hospital, Los Angeles.
- OPD: Mount Sinai Hospital, Los Angeles; Los Angeles Psychiatric Service; Los Angeles Harbor General Hospital; Veterans Administration Mental Hygiene Clinic, Los Angeles; Cedars of Lebanon Hospital, Los Angeles. Division of Child Psychiatry, UCLA Medical Center, Los Angeles; Child Guidance Clinic of Los Angeles; Reiss-Davis Clinic for Child Guidance, Los Angeles.
- Six months psychosomatic medicine at Los Angeles County General Hospital; six months mental retardation at Pacific State Hospital, Pomona, Calif. Twelve months, elective, at UCLA Medical Center, Los Angeles. Twelve months part-time at Pasadena Child Guidance Clinic, Pasadena.
- Nine months OPD at Berkeley State Mental Hygiene Clinic, Berkeley, Calif.; three months female service at Napa State Hospital, Imola, Calif.
- OPD at Pasadena Child Guidance Clinic, Pasadena, Calif.; psychosomatic medicine at Riverside County General Hospital, Riverside, Calif.; Riverside Mental Hygiene Clinic, Riverside, Calif.
- Three to twelve months at San Francisco General Hospital; six to twenty-four months at Child Guidance Clinic, San Francisco; OPD at Cowell Memorial Hospital, Berkeley, Calif.; six to twelve months OPD and Child Psychiatry at Berkeley State Mental Hygiene Clinic, Berkeley, Calif.
- Twelve months OPD at Mount Sinai Hospital, Los Angeles; twelve months child psychiatry at the University of California, Los Angeles; twelve months at Reiss-Davis Clinic for Child Guidance, Los Angeles; twelve months adult OPD at Los Angeles Psychiatric Service; and twelve months adult OPD at Los Angeles Harbor General Hospital.
- Six months at Langley Porter Clinic, San Francisco; six months adult OPD at San Joaquin General Hospital, Stockton, Calif.
- Twelve months at Langley Porter Clinic, San Francisco; six months at Children's Hospital, San Francisco; twelve months at Stanford Medical Center, Palo Alto, Calif.; three months children's inpatient service at Napa State Hospital, Imola, Calif.
- Six months child psychiatry and six months female service at Colorado Psychopathic Hospital, Denver; three months psychosomatic medicine at Colorado General Hospital, Denver.
- Six months psychosomatic medicine at Grace-New Haven Community Hospital, New Haven, Conn.; three months neurology at Veterans Administration Hospital, West Haven, Conn.; six months adult and child OPD at Connecticut State Hospital, Middletown, Conn.
- Twelve months at Columbia-Presbyterian Medical Center, New York City.
- Twelve months at Yale Psychiatric Institute, New Haven, Conn.
- Six months at Hartford Hospital, Hartford, Conn.; six months child OPD at the Institute of Living, Hartford, Conn.
- Three months at Governor Bacon Mental Health Clinic, Delaware City, Del.
- Two months forensic service at St. Elizabeth's Hospital, Washington, D. C.
- Twelve months at D. C. General Hospital, Washington, D. C.; three months inpatient service at Mt. Alto Veterans Administration Hospital, Washington, D. C.
- Two months psychosomatic medicine at George Washington University Hospital, Washington, D. C.
- Three months at Dade County Child Guidance Clinic, Miami, Fla.; three months at South Florida State Hospital, Hollywood, Fla.
- Twelve months at Eugene Talmadge Memorial Hospital, Augusta, Ga.
- Six months OPD at State of Hawaii, Division of Mental Health, Honolulu, Hawaii.
- Six months at Institute for Juvenile Research, Chicago; twelve months at Galesburg State Hospital, Galesburg, Ill.; six months at Elgin State Hospital, Elgin, Ill.
- Three months inpatient service at Illinois State Psychiatric Institute, Chicago.
- Three to nine months inpatient service at Illinois State Psychiatric Institute, Chicago; three to six months service at Veterans Administration (West Side) Hospital, Chicago.
- Six months at Children's Memorial Hospital, Chicago.
- Three months at Institute for Juvenile Research, Chicago.
- Six months neurology at Cook County Hospital, Chicago; twelve months at Illinois State Psychiatric Institute, Chicago; twelve months at Institute for Juvenile Research, Chicago.
- Three months at Illinois State Psychiatric Institute, Chicago.
- Three months at Institute for Juvenile Research, Chicago.
- Six months at Institute for Juvenile Research, Chicago; three months female inpatient service at Chicago State Hospital.
- Six months at University of Illinois Neuropsychiatric Institute, Chicago; three months at Institute for Juvenile Research, Chicago; three months, elective, at Veterans Administration Hospital, Downey, Illinois; four and one-half months OPD at Veterans Administration (West Side) Hospital, Chicago.
- 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.
- Six to twelve months at Topeka State Hospital; six to twelve months at Veterans Administration Hospital, Topeka; twelve months OPD at Family Service & Guidance Center, Topeka; six months at Boys' Industrial School, Topeka; six months at University of Kansas Student Health Service, Lawrence, Kans.
- Six to twelve months, elective, at C. F. Menninger Memorial Hospital, Topeka; six to twelve months, elective, at Topeka State Hospital, Topeka; twelve months, elective, at Family Service & Guidance Center, Topeka; six months, elective, OPD at the University of Kansas Student Health Service, Lawrence, Kans.; six months, elective, at Boys' Industrial School, Topeka.
- Third year assigned to an approved university psychiatric training program.
- Louisiana State University affiliated with South East Louisiana State Hospital, Mandeville, and Central Louisiana State Hospital, Pineville.

Numerical and other references are listed on pages 265 through 268.

PSYCHIATRY PROGRAM IDENTIFICATION—Continued

43. Six months adult and child OPD at University Hospital, Baltimore.
44. Three months child psychiatry at D. C. General Hospital, Washington, D. C.
45. Six months child OPD at University Hospital, Baltimore, or Johns Hopkins Hospital, Baltimore.
46. Six months OPD at Veterans Administration Mental Hygiene Clinic, Boston; six months OPD at Douglas A. Thom Clinic for Children, Boston; James Jackson Putnam Children's Center, Roxbury, Mass.; or Massachusetts General Hospital Child Psychiatry Clinic, Boston; six months at Harvard University Health Service, Boston.
47. Twelve to twenty-four months at Massachusetts Memorial Hospital, Boston; six months neurology at Massachusetts General Hospital, Boston; twelve months child psychiatry at Judge Baker Guidance Center, Boston, Douglas A. Thom Clinic, Boston, or Boston Floating Hospital.
48. Twelve months at Beth Israel Hospital, Boston; twelve months at Peter Bent Brigham Hospital, Boston; six months neurology at Veterans Administration Hospital, Boston.
49. Twelve months at Boston State Hospital, Boston; four months at Boston City Child Guidance Clinic or Douglas A. Thom Clinic, Boston.
50. Six months, elective, psychosomatic medicine at Peter Bent Brigham Hospital, Boston; six months, elective, child psychiatry at Judge Baker Guidance Center; four months, elective, chronic service at Metropolitan State Hospital, Waltham, Mass.
51. Twelve months at Boston State Hospital, Boston; three to four months at Boston Floating Hospital, Boston.
52. Twelve months at Massachusetts Mental Health Center, Boston.
53. Six months at Worcester Youth Guidance Center, Worcester, Mass.
54. Six months, elective, at Ypsilanti State Hospital, Ypsilanti, Mich.; six months, elective, penal problems at Southern Michigan Prison Psychiatric Hospital, Ypsilanti, Mich.
55. Three months child psychiatry at Hawthorn Center, Northville, Mich.
56. Three months neurology at Receiving Hospital, Detroit; three months at Pontiac State Hospital, Pontiac, Mich.; three months psychosomatic medicine at Detroit Memorial Hospital, Detroit, or at Harper Hospital, Detroit.
57. Three months neurology at Detroit Memorial Hospital, Detroit; three months at Ypsilanti State Hospital, Ypsilanti, Mich.; six months psychosomatic medicine and child OPD at McGregor Center, Detroit; four months penal problems at Detroit House of Correction, Detroit; six months OPD at Harper Adult Psychiatric Clinic, Detroit.
58. Six months OPD at Wayne County Clinic for Child Study, Detroit.
59. Three months child psychiatry at LaFayette Clinic, Detroit; three months neurology at Wayne State University, Detroit.
60. Three to six months neurology and child psychiatry at LaFayette Clinic, Detroit.
61. Six months female service and six months child psychiatry at University Hospital, Minneapolis; nine months OPD at Veterans Administration Mental Hygiene Clinic, Minneapolis.
62. Three months, elective, at Rochester State Hospital, Rochester; twelve months at Amherst-Wilder Child Guidance Clinic, St. Paul, Minn.
63. Twelve months at Charity Hospital, New Orleans.
64. Twelve months, elective, at Veterans Administration Hospital (Gulfport Division), Biloxi, Miss.; inpatient service at Veterans Administration Hospital, Jackson; three months child OPD at Mental Health Unit, State Department of Health, Jackson, Miss.
65. Affiliated with Malcolm Bliss Mental Health Clinic and Veterans Administration Hospital, St. Louis.
66. Affiliated with Homer G. Phillips Hospital, St. Louis; six to twelve months at Community Child Guidance Clinic, St. Louis.
67. Affiliated with St. Louis City Hospital (Malcolm Bliss Mental Health Clinic), and St. Mary's Group of Hospitals of St. Louis University; six to twelve months at St. Louis Mental Health Clinic.
68. Affiliated with Barnes Hospital, St. Louis, and St. Louis State Hospital; William Greenleaf Eliot Division of Child Psychiatry, Washington University School of Medicine, St. Louis; OPD at Veterans Administration Mental Hygiene Clinic, St. Louis.
69. Affiliated with Nebraska Psychiatric Institute, Omaha.
70. Three months child psychiatry at New Jersey Neuro-Psychiatric Institute, Skillman, N. J.; four and one-half months psychosomatic medicine at Morristown Memorial Hospital, Morristown, N. J.
71. Eight months at Jefferson Medical College Hospital, Philadelphia; two months forensic problems at New Jersey State Hospital, Trenton; two months child psychiatry at New Jersey Neuro-Psychiatric Institute, Princeton, N. J.
72. Three months female service at New Jersey State Hospital, Grey-stone Park, N. J.; two months child psychiatry at New Jersey State Diagnostic Center, Menlo Park, N. J.
73. Three months child psychiatry at New Jersey Neuro-Psychiatric Institute, Princeton, N. J.
74. Two months forensic problems at Trenton State Hospital; one month mental deficiency at Vineland State School, Vineland, N. J.; five months adult and child OPD at Union County Psychiatric Clinic, Plainfield, N. J.; three months psychosomatic medicine and OPD neurology at Muhlenberg Hospital, Plainfield, N. J.
75. Four months psychosomatic medicine at Mercer Hospital, Trenton; four months basic and clinical neurology at Jefferson Medical College Hospital, Philadelphia; four months at the Child Guidance Center of Mercer County, Trenton; six months of child and adult OPD at Mental Health Center, Trenton.
76. Three months chronic service at Veterans Administration Hospital, Albany, N. Y.; one month child psychiatry at Rockland State Hospital, Orangeburg, N. Y. Also affiliated with Albany Child Guidance Clinic, Albany, N. Y., 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. Y., 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.
79. Affiliated with Kings County Hospital, Brooklyn.
80. Affiliated with E. J. Meyer Memorial Hospital, Buffalo.
81. Three months at Manhattan State Hospital, New York City; three months at Rockland State Hospital, Orangeburg, N. Y.
82. Five months psychosomatic medicine and adult and child psychiatry at Mount Sinai Hospital, New York City.
83. Six to twelve months at Manhattan State Hospital or Brooklyn State Hospital; ten months child psychiatry at Godmothers League, New York City.
84. During the first two years, two-thirds of the time is spent at the Veterans Administration Hospital, Montrose, N. Y.
85. Six months chronic service at Manhattan State Hospital, New York City; two and one-half months basic and clinical neurology at Columbia University College of Physicians and Surgeons, New York City.
86. Six months, elective, at Astor Home for Children or Catholic Charities Guidance Institute, New York City.
87. Twelve months female and child psychiatry at New York State Psychiatric Institute, New York City.
88. Twelve months at Bellevue Medical Center, New York City.
89. Six months child psychiatry and OPD at Kings County Hospital, Brooklyn; six months family service at Veterans Administration Hospital, Montrose, N. Y.; six months neurology and psychosomatic medicine at Veterans Administration Hospital, Brooklyn.
90. Four months at Strong Memorial Hospital, Rochester.
91. Four months acute service at Syracuse Psychiatric Hospital, Syracuse, N. Y.; six months child psychiatry at Marcy State Hospital, Marcy, N. Y.; two months epilepsy service at Craig Colony, Sonysa, N. Y.
92. Four months at Dorothea Dix Hospital, Raleigh, N. C.; John Umstead Hospital, Butner, N. C.; Cherry Hospital, Goldsboro, N. C., or Broughton Hospital, Morganton, N. C.; two months mental deficiency at Murdock School, Butner, N. C.
93. Six months at Durham Child Guidance Clinic, Durham, N. C.
94. Three months each at Longview State Hospital and Jewish Hospital, Cincinnati.
95. Three months at Longview State Hospital; six months at Dayton Children's Psychiatric Hospital; psychosomatic medicine and child psychiatry at the University of Cincinnati College of Medicine Hospital Group.
96. Psychosomatic medicine and basic and clinical neurology at Cleveland Metropolitan General Hospital, Cleveland; six months at Cleveland Guidance Center, Cleveland, or Dayton Children's Psychiatric Hospital, Dayton.
97. Three months psychosomatic medicine at White Cross Hospital, Columbus; three months at Columbus Receiving Hospital for Children, Columbus; three months OPD at the Children's Mental Health Center, Columbus.
98. Three to six months at Juvenile Diagnostic Center, Columbus.
99. Affiliated with University Hospital, Columbus, for neurology.
100. Three months neurology at Veterans Administration Hospital, Oklahoma City; twelve months adult and child OPD at Community Guidance Center, Oklahoma City.
101. Four months chronic service at Oregon State Hospital, Salem, Oregon; four months neurology at Veterans Administration Hospital, Portland, Oregon.
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 Lanckenau Child Guidance Clinic, Overbrook; or Haverford Mental Health Clinic, Haverford; or Montgomery Mental Health Clinic, Norristown; or Bucks County Mental Health Clinic.
104. Six months inpatient service at Temple University Hospital, Philadelphia; twelve months OPD at Danville State Hospital, Danville, Pennsylvania.
105. Twelve months inpatient service at Institute of Pennsylvania Hospital, Philadelphia; two months research in basic sciences at Eastern Pennsylvania Psychiatric Institute, Philadelphia.
106. Three months at Child Study Center, Philadelphia.
107. Three months psychosomatic medicine at Temple Hospital, Philadelphia; three months neurology at Jefferson Medical College Hospital, Philadelphia.
108. Three months child psychiatry at Eastern Pennsylvania Psychiatric Institute, Philadelphia.
109. Six months inpatient service at Eastern Pennsylvania Psychiatric Institute, Philadelphia; six months inpatient service at Carrier Clinic, Belle Mead, New Jersey.
110. Three months at Eastern Pennsylvania Psychiatric Institute, Philadelphia.
111. 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.

PSYCHIATRY PROGRAM IDENTIFICATION—Continued

- 114. Eighteen months child psychiatry and adult OPD, three months, elective, inpatient service at Houston State Psychiatric Institute, Houston; three months, elective, inpatient and outpatient child psychiatry at Texas Children's Hospital, Houston.
- 115. Six months chronic service at Utah State Hospital, Provo, Utah.
- 116. Three to six months at Children's Service Center, Charlottesville, Virginia; two months mental deficiency and epilepsy at Lynchburg Hospital and Training School, Lynchburg, Virginia.
- 117. Affiliated with Eastern State Hospital, Williamsburg, Virginia.
- 118. Twelve months psychosomatic medicine and OPD at Medical College of Virginia, Richmond, Virginia.
- 119. Twelve months at University of Washington Medical School Hospital and Clinics, Seattle.
- 120. Six months chronic service at Mendota State Hospital, Madison; three months child OPD at Dade County Guidance Center, Madison; three months child inpatient service at Wisconsin Diagnostic Center, Madison.
- 121. Twelve months child and adult OPD at John A. Andrew Memorial Hospital, Tuskegee Institute, Alabama.
- 122. Twelve months at San Francisco General Hospital (Univ. Calif. Service), San Francisco.
- 123. Affiliated with Georgetown University Medical Center, Washington, D. C.
- 124. Affiliated with Illinois State Psychiatric Institute, Chicago; Institute for Juvenile Research, Chicago; Cook County Criminal Court Behavior Clinic, Chicago; and Community Mental Health Clinic, Peoria, Illinois.
- 125. Two months psychosomatic medicine, child psychiatry and OPD at University of Maryland Psychiatric Institute, Baltimore.
- 126. Affiliated with McLean Hospital, Belmont, Massachusetts.
- 127. Affiliated with Department of Psychiatry, Harvard Medical School, Boston.
- 128. Six months adult and child OPD at Broome County Mental Health Clinic, Binghamton, New York.
- 129. Twelve months at Strong Memorial Hospital, Rochester, New York.
- 130. Six months chronic service at South Carolina State Hospital, Columbia, South Carolina.
- 131. Six months adult and children's inpatient and OPD at Medical College of Virginia, Richmond.
- 132. Affiliated with Staten Island Mental Health Clinic, Staten Island, New York.
- 133. Integrated program with service at Bellevue Hospital Center and University Hospital, New York City.
- 134. Three months mental deficiency at Wassaic State School, Wassaic, New York.
- 135. Affiliated with Lucas Connty 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.
- 38. Six months at Children's Hospital, Washington, D. C.
- 39. Twelve months at Charity Hospital (Tulane Unit), New Orleans.
- 40. Three months epilepsy at Craig Colony and Hospital, Sonyea, N. Y.
- 41. Four months psychosomatic medicine at University of Oregon Hospital, Salem.
- 42. Six months acute psychosomatic medicine and OPD; six months neurology at John Gaston Hospital; six months child psychiatry at Memphis and Shelby County Mental Health Clinic; twelve months at Adult Psychiatric Clinic; three months at Alcoholic Rehabilitation Center; three months cerebral palsy at Les Passes; three months Western State Hospital, Western State, Tenn.
- 43. Includes assignments in Rochester State Hospital, the nursery school of the Child Study Center and the Rochester Child Guidance Center.
- 144. Three months part-time inpatient service at Kings County Hospital; two months part-time inpatient service at Bellevue Hospital.

CHILD PSYCHIATRY

The following residency training programs in Child Psychiatry are approved for TWO years of training in the sub-specialty of Child Psychiatry by the Council, the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology. (Institutions identified with an asterisk () hold dual approvals: 1) for one year of training in Child Psychiatry offered as an affiliated year in a program in general psychiatry; 2) for two years of training in Child Psychiatry offered independently. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology should refer to the information for applicant published by the American Board of Psychiatry and Neurology. Hospitals, 62; Residencies, 248

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	O P F	Main-tenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES ARMY													
CALIFORNIA													
Letterman General, San Francisco*	T. Kiersch		Inc. In Psychiatry	...	1	1	0	0	0	2	...	...	...
NONFEDERAL AND VETERANS ADMINISTRATION													
CALIFORNIA													
Los Angeles													
Mount Sinai*	G. J. Mohr	35	217	5,586	0	0	2	1	1	4†	300-580	P	
University of California*													
Palo Alto													
Stanford Medical Center Child Psychiatry Clinic*	H. Shirley	0	0	2,085	4	4	0	0	0	8	150-175	F	
San Francisco													
Children's Hospital, Child Guidance Clinic*	J. F. Ryan			5,038	0	0	1	0	0	1	710-782	FP	
Langley Porter Neuropsychiatric Institute*	S. A. Szurek	9	2	3,014	0	0	1	3	1	4†	500-583	O	
Mount Zion Psychiatric Clinic*	E. Weinschel				2	3	3	2	0	10	175-325	F	
COLORADO													
Danver													
University of Colorado Medical Center*	G. E. Blom										283-500		
CONNECTICUT													
Hartford													
Institute of Living-Children's Clinic	F. G. Bucknom		144	1,564	1	1	0	0	0	2	417-583	O	
New Haven													
Yale University Child Study Center*	S. Ritvo				1	1	0	0	0	2	300-1000		
DISTRICT OF COLUMBIA													
Washington													
Children's*	R. S. Lourie	0	0	2,563	0	0	3	2	0	5	333-500	O	
Georgetown University Medical Center*	E. S. Kessler			1,200	1	1	0	0	0	2	300-500	O	
ILLINOIS													
Chicago													
Institute for Juvenile Research	R. E. Robertson										500		
Michael Reese*	J. Spurlock	12	37	1,733	0	0	2	2	0	4	320-500	F	
University of Chicago Child Psychiatry Clinic*	J. F. Kenward		53	2,027	0	0	2	2	0	4	305-500		

Numerical and other references are listed on pages 265 through 268.

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
INDIANA												
Indianapolis												
Indiana University Medical Center*	J. E. Simmons	...	...	...	...	...	...	...	...	...	...	...
Indiana University Hospitals	...	...	...	5,723	2	2	0	0	0	4	400-500	O
Larue D. Carter Memorial	...	30	17	...	0	0	0	2	2	4	500-600	P
KANSAS												
Topeka												
Menninger Clinic*	K. A. Menninger	24	6	2,237	0	0	0	2	3	5	708-791	O
LOUISIANA												
New Orleans												
Guidance Center of the Institute of Mental Hygiene	J. E. Chappuis	...	...	3,800	1	1	0	0	0	2	500-667	O
Tulane University School of Medicine*	C. Phillips	...	...	...	...	...	...	...	...	...	300-600	...
MARYLAND												
Baltimore												
Johns Hopkins*	L. Eisenberg	...	...	1,193	...	...	...	...	...	...	416	...
MASSACHUSETTS												
Boston												
Beth Israel*	G. Blasing	...	...	...	...	...	...	...	...	3	192-275	O
Boston University-Boston City Hospital Child Guidance Center*	...	...	...	...	...	...	...	...	...	...	...	...
Boston University	E. Pavenstedt	13	...	...	0	0	2	3	1	6†	275-700	...
Boston City Hospital Child Guidance Center	F. H. Cummer, Jr.	...	Inc. In Pediatrics	...	...	...	...	...	...	...	300-1000	...
Children's Hospital Medical Center	G. E. Gardner	...	...	8,535	4	15	0	0	0	19	...	...
Douglas A. Thom Clinic for Children*	E. N. Rexford	19	4	4,872	0	0	2	2	0	4	300-500	...
Judge Baker Guidance Center	...	...	...	...	...	...	...	...	...	...	...	...
Massachusetts Mental Health Center*	G. Rochlin	...	10	3,964	3	7	0	0	0	7	335-385	O
New England Medical Center*	...	...	...	...	...	...	...	...	...	...	...	...
Worcester												
Worcester Youth Guidance Center*	J. Weinreb	...	...	9,197	6	6	0	0	0	12	500-583	O
MICHIGAN												
Ann Arbor												
Children's Psychiatric Hospital, University of Michigan Medical Center*	S. M. Finch	...	...	...	...	...	...	...	...	...	475	...
Detroit												
Lafayette Clinic*	C. B. Simson	35	75	4,126	4	4	0	0	0	8	710-880	O
Northville												
Hawthorn Center*	R. D. Rabinovitch	61	148	4,855	3	0	2	2	2	9†	579-967	O
MINNESOTA												
Minneapolis												
University of Minnesota Medical School*	R. A. Jensen	...	...	...	...	...	...	...	...	...	500	...
Saint Paul												
Amherst H. Wilder Child Guidance Clinic*	H. S. Lippman	...	...	11,386	0	2	0	0	0	2	300	O
MISSOURI												
Kansas City												
Greater Kansas City Mental Health Foundation*	G. Lytton	...	...	4,474	0	0	1	2	2	5†	600-700	...
St. Louis												
William Greenleaf Eliot Division of Child Psychiatry, Washington University School of Medicine*	E. J. Anthony	20	...	400	0	0	0	3	3	6	500-583	...
NEW JERSEY												
Plainfield												
Union County Psychiatric Clinic	W. E. Gosse	...	...	11,399	0	0	0	2	2	4	625-666	O
Trenton												
Child Guidance Center of Mercer County*	C. R. Swift	...	...	3,348	0	0	2	2	0	4	500-625	O
NEW YORK												
Albany												
Albany Child Guidance Center*	L. M. Sportsman	...	360	13	...	...	1	1	1	2	583-750	...
New York City												
Albert Einstein College of Medicine and Bronx Municipal Hospital Center*	J. B. Cramer	25	150	10,000	0	0	3	3	1	7†	300-575	O
Catholic Charities Guidance Institute ³⁸⁵	T. W. Brockbank	700	1,750	16,098	0	0	3	3	0	6	300-600	...
Mount Sinai*	M. R. Kaufman	1	4	2,542	0	0	5	5	0	10	300-583	P
New York State Psychiatric Institute and Presbyterian Hospital*	W. S. Langford	...	...	...	...	...	...	...	...	...	564	...
New York University Medical Center*	...	...	...	...	...	...	...	...	...	...	...	...
NORTH CAROLINA												
Chapel Hill												
North Carolina Memorial*	G. C. Ham	...	...	...	0	0	3	4	0	7	387-500	O
Durham												
Durham Child Guidance Clinic, Duke University Medical Center*	J. A. Fowler	50	534	5,679	0	0	2	2	2	6†	417-583	O

Numerical and other references are listed on pages 265 through 268.

CHILD PSYCHIATRY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO												
Cincinnati												
Central Clinic (Child Guidance Home), Cincinnati General*	O.M. Krug	15	6	1,983	0	0	6	6	0	12†	300-500	F
Cleveland												
Western Reserve University Medical School	W.D. Boaz	2	Inc. In Psych.	9,004	2	1	1	0	0	4†	200-500	...
Dayton												
Dayton Children's Psychiatric Hospital and Child Guidance Center for Dayton and Montgomery County	J.M. Cunningham	75	67	50	0	0	2	2	0	4	750-792	O
OKLAHOMA												
Tulsa												
Children's Medical Center Child Guidance Clinic	P.C. Benton	34	256	...	0	0	0	1	1	2	... 667	...
PENNSYLVANIA												
Philadelphia												
Child Study Center of Philadelphia*	H.G. Gianakon	31	373	8,913	0	0	3	3	0	6	417-583	...
Eastern Pennsylvania Psychiatric Institute*	R.C. Prall	26	4	9,450	3	3	0	0	0	6	626-691	O
Philadelphia Child Guidance Clinic	J.H. Rose	40	750	7,966	5	5	0	0	0	10	640-800	...
St. Christopher's Hospital for Children*	W.E. Nelson, W.F. Char	...	...	3,929	..	..	..	..	..	..	300-500	P
Pittsburgh												
Western Psychiatric Institute	W.F. Finzer	14	3	192	..	..	4	4	..	8	343-500	O
Wilkes-Barre												
Children's Service Center of Wyoming Valley*	J.F. Robinson	...	...	...	..	..	..	..	..	..	350-583	...
RHODE ISLAND												
Providence												
Providence Child Guidance Clinic*	H.C. Jaso	...	...	2,593	..	..	2	2	..	2	300-583	O
Riverside												
Emma Pendleton Bradley*	M.W. Laufer	57	79	636	0	0	1	2	2	5	300-583	P
TEXAS												
Dallas												
University of Texas Southwestern Medical School*	R.L. Stubblefield	...	...	1,500	0	0	2	2	0	4	500-600	...
Houston												
Houston State Psychiatric Institute*	I.A. Kraft	125	1,500	7,500	2	2	0	0	0	4	583-666	...
UTAH												
Salt Lake City												
University of Utah Affiliated Hospitals* 25a	C.H.H. Branch	...	...	...	..	..	..	..	..	..	...	...
Salt Lake County General	...	...	...	...	0	0	2	2	0	4	350-475	O

23. 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 213.

24. RADIOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in all phases of Radiology. All programs listed offer three years of training intramurally, or on an integrated basis, or through affiliation with another approved institution. Hospitals listed with the following symbol (#) are approved and offer training of three years intramurally, in addition to participating in an integrated residency program. Hospitals, 354; Residencies, 1,938

	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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE													
TEXAS													
U.S. Air Force, San Antonio 354	W.H. Ellswood	100,137	21	2,905	247	3	3	3	0	0	9	...	...
UNITED STATES ARMY													
CALIFORNIA													
Letterman General, San Francisco	F.Y. Leaver	47,602	42	5,139	109	1	1	1	0	0	6	...	...
COLORADO													
Fitzsimons General, Denver	P.A. Poden	53,475	45	2,055	144	2	2	2	0	0	6	...	...

Numerical and other references are listed on pages 265 through 268.

24. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O	
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
DISTRICT OF COLUMBIA													
Walter Reed General, Washington.....	J. A. Isherwood.....	72,105	281	12,029	240	4	4	5	0	0	13	.....	...
HAWAII													
Tripler Army, Honolulu.....	H. C. Harrell.....	59,096	11	1,562	246	1	1	0	0	0	2	.....	...
TEXAS													
Brooke General, San Antonio.....	P. Zanca.....	73,851	89	4,899	150	4	4	4	0	0	12	.....	...
UNITED STATES NAVY													
CALIFORNIA													
U. S. Naval, Oakland ⁹³	L. E. Watters.....	41,568	16	2,606	1,326	1	2	0	0	0	3	.....	...
U. S. Naval, San Diego.....	G. E. F. Stocker.....	152,891	55	13,633	74	1	2	2	0	0	5	.....	...
MARYLAND													
U. S. Naval, Bethesda.....	E. King.....	43,474	44	4,970	55	2	2	0	0	0	4	.....	...
MASSACHUSETTS													
U. S. Naval, Chelsea ²⁰⁴	W. A. Wulfman.....	61,007	1	683	15	1	1	1	0	0	3	.....	...
NEW YORK													
U. S. Naval, St. Albans.....	B. P. Sammans.....	44,604	21	2,675	20	2	1	1	0	0	4	.....	...
PENNSYLVANIA													
U. S. Naval, Philadelphia.....	N. L. Yood.....	70,015	19	1,931	138	2	2	1	0	0	5	.....	...
UNITED STATES PUBLIC HEALTH SERVICE													
LOUISIANA													
U. S. Public Health Service, New Orleans.....	D. MacKillop.....	23,464	0	0	0	1	1	1	0	0	3	.....	...
MARYLAND													
U. S. Public Health Service, Baltimore.....	W. M. Sennott.....	17,352	28	5,757	291	1	1	1	0	0	3	723	...
National Institutes of Health—Clinical Center, Bethesda.....	T. Hilbish.....	37,259	5	2,291	62	1	1	1	1	0	41	.....	...
U. S. Public Health Service, Bethesda.....	J. R. Andrews.....	37,259	5	2,291	62	1	1	1	1	0	41	.....	...
NEW YORK													
U. S. Public Health Service, New York City.....	G. A. Shlman.....	44,554	...	1,467	430	2	2	2	0	0	6	.....	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE													
DISTRICT OF COLUMBIA													
Freedmen's, Washington.....	T. W. Davis.....	79,857	12	3,693	9	3	..	..	0	0	3	367-475	P
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA													
Birmingham													
Birmingham Baptist.....	J. W. Underwood.....	18,780	87	7,521	120	1	1	1	0	0	3	300-375	F
University of Alabama Medical Center.....	R. E. Rath.....	...	...	...	...	..	..	..	..	..	..	...	...
University Hospital and Hillman Clinic.....	...	85,530	205	11,077	638	3	3	3	2	0	11	190-250	F
Veterans Admin.....	...	37,712	35	830	22	1	1	1	0	0	3	291-497	O
ARKANSAS													
Little Rock													
University of Arkansas Medical Center.....	H. J. Barnhard.....	32,681	56	4,155	380	3	3	3	0	0	9	233-333	O
CALIFORNIA													
Long Beach													
Memorial Hospital of Long Beach.....	H. Prichard.....	18,709	35	575	105	1	0	0	1	..	2	.....	...
Veterans Admin.....	B. H. Feder.....	57,328	12	6,583	710	3	3	3	0	0	9	291-497	O
Los Angeles													
California.....	W. Hiemstra.....	8,582	89	...	1,576	1	1	1	0	0	3	250-300	FP
Los Angeles Tumor Institute.....	...	...	...	...	...	..	..	..	..	..	..	...	...
Cedars of Lebanon.....	D. Zion.....	...	...	...	...	..	..	..	..	..	..	...	...
Hospital of the Good Samaritan.....	H. Jaffe.....	27,883	39	1,184	784	2	2	2	2	0	81	275-380	FP
Los Angeles County General.....	J. D. Camp.....	27,753	6	4,148	117	2	0	0	0	0	2	325-375	FP
Queen of Angels.....	G. Jacobson.....	142,772	4,009	10,871	728	4	4	4	4	0	161	275-400	P
University of California.....	S. Wilk.....	15,697	26	1,488	...	1	1	1	0	0	3	275-325	F
Veterans Admin. Center (General Med. and Surgical).....	A. H. Dowdy.....	40,549	96	15,198	342	3	3	3	3	0	121	261-570	O
White Memorial.....	J. G. Davis.....	126,536	63	9,262	1,052	4	4	3	0	0	11	292-373	P
Oakland.....	W. L. Stillson.....	16,467	103	2,856	132	2	0	4	0	0	6	265-285	P
Highland—Alameda County.....	H. H. Jensen.....	34,755	42	2,539	...	1	1	1	0	0	3	220-268	FP
Palo Alto													
Stanford Medical Center and Affiliated Hospitals.....	...	...	...	...	...	..	..	..	..	..	..	...	...
Palo Alto—Stanford Hospital Center ⁹⁸	H. S. Kaplan.....	9,700	24	8,048	247	4	4	4	0	0	121	100-665	F
Veterans Admin.....	...	...	...	...	...	..	..	..	..	..	..	...	...
Sacramento													
Sutter Community.....	R. C. Ripple.....	22,794	75	12,431	2,060	1	0	0	0	0	3	245-375	P

Numerical and other references are listed on pages 265 through 268.

24. 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 1962-1963					Total All Yrs.	Salary per Month Min.-Max.	Main-tenance P F O	
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
CALIFORNIA—Continued													
San Francisco													
Children's	G. King	12,002	18	2,448	54	1	1	0	0	0	2	250-300	FP
Kaiser Foundation	H. Nussbaum	62,150	40	2,500	110	1	1	1	0	0	1	315-415	FP
St. Mary's	J. C. Bennett	18,633	18	2,065	52	0	0	1	0	0	1	200-300	FP
University of California Hospitals	R. S. Stone	61,972	82	11,394	168	..	..	..	..	..	15†	261-460	..
San Francisco General	L. H. Garland	55,379	19	3,067	43	1	3	1	0	0	5	243-425	O
Veterans Admin.													
San Jose													
Santa Clara County	J. J. McCort	14,673	0	110	30	2	1	1	0	0	4	270-320	P
Torrance													
Los Angeles County Harbor General	J. M. Woodruff	37,488	31	2,967	435	3	3	3	3	0	12†	275-400	F
COLORADO													
Colorado Springs													
Penrose	J. W. McMullen												
	J. A. del Regato	25,758	7	12,516	2,269	..	..	..	0	0	6	250 ...	F
Denver													
Denver General	E. Salzman	36,702	30	866	91	2	2	2	0	0	6	179-205	P
General Rose Memorial	M. H. Levine												
	J. H. Weiss	17,465	16	1,558	0	1	1	1	1	0	4†	265-310	F
Presbyterian	K. D. A. Allen	12,808	55	7,643	4	1	1	1	0	0	3	275-300	P
St. Joseph's	E. J. Melster	18,180	27	1,580	0	1	1	1	0	0	3	200-250	F
St. Luke's	W. P. Stampfli	20,563	19	4,000	122	1	1	1	1	0	4†	275-300	P
University of Colorado Medical Center													
Colorado General	D. M. Gould	31,002	39	2,411	201	3	3	3	3	0	9	180-205	O
Veterans Admin.	A. L. Daywitt	37,274	8	1,762	89	3	2	2	0	0	7	291-373	O
CONNECTICUT													
Bridgeport													
Bridgeport	J. Esposito	22,914	52	3,398	0	1	1	1	0	0	3	240-290	F
St. Vincent's	R. D. Russo	22,465	21	905	103	1	1	1	0	0	3	350-400	P
Hartford													
Hartford	R. T. Ogden	47,000	62	16,524	690	1	2	1	0	0	4	235-335	P
New Haven													
Hospital of St. Raphael	R. Shapiro	24,000	40	10,700	250	2	2	2	0	0	6	300-335	F
Yale-New Haven Medical Center													
Grace-New Haven Community	M. M. Kligerman	45,374	76	8,888	324	4	4	4	0	0	12	50-125	FP
Veterans Admin. (West Haven)													
Waterbury													
St. Mary's	K. R. Kaess	22,454	18	2,475	71	1	1	1	0	0	3	225-275	F
Waterbury	J. M. James	23,923	32	1,921	..	1	1	1	0	0	3	225-275	F
DELAWARE													
Wilmington													
Delaware	W. W. Lottomus	26,988	152	..	..	1	1	1	0	0	3	90-350	..
DISTRICT OF COLUMBIA													
Washington													
Doctors	C. E. Bickham	24,892	87	7,864	865	3	0	1	0	0	4	330 ...	O
Georgetown University	W. E. Baensch	28,498	63	5,158	117	3	4	3	0	0	10	210-245	P
George Washington University ¹⁹¹	W. W. Stanbra	28,071	27	4,171	24	2	2	1	1	0	6	210-260	O
Veterans Admin. ¹⁹⁵	S. R. Bersack	16,011	0	1,773	18	1	1	1	0	0	3	291-373	O
Washington Hospital Center	R. Caulk	42,146	28	10,140	573	2	2	2	0	0	6	215-245	F
FLORIDA													
Gainesville													
University of Florida Teaching Hospital and Clinics	J. D. Reeves	14,142	..	..	..	3	3	3	3	0	12†	217-450	..
Miami													
Jackson Memorial	R. E. Parks	110,000	90	10,473	500	4	3	3	1	0	11†	200-275	P
GEORGIA													
Atlanta													
Emory University ¹⁴¹	T. F. Leigh	26,307	84	4,862	2,350	2	2	2	0	0	6	235-255	P
Grady Memorial	H. S. Weens	62,303	107	4,640	349	3	3	3	0	0	9	100-200	F
Piedmont													
Veterans Admin. ¹⁴²	S. Krantz	16,633	..	2,722	241	1	1	1	0	0	3	291-497	P
Augusta													
Medical College of Georgia													
Eugene Tolmidge Memorial	R. Wigh	23,069	53	4,066	16	2	2	2	0	0	6	250-416	O
University	J. Levy	24,205	12	930	173	1	1	1	0	0	3	250-300	O
HAWAII													
Honolulu													
Queen's	L. Buzaid	9,790	21	1,834	145	1	1	1	0	0	3	225-300	F
ILLINOIS													
Chicago													
Augustana	D. S. Beilin	16,341	0	790	0	1	1	0	0	0	2	400-500	P
Columbus	F. D. Lake												
	D. J. Lochman	25,479	72	11,927	772	2	2	2	0	0	7	275-325	FP
Cook County	I. F. Hummon	134,113	116	23,427	1,056	6	6	6	3	0	21†	200 ...	F
Illinois Central	R. R. Lough												
	R. C. Crain	20,840	10	2,619	215	1	1	1	0	0	3	317-337	FP
Illinois Masonic	J. Gilmore	33,093	18	3,062	37	1	1	1	0	0	3	175-235	F
Mercy	G. B. Cahill	24,991	150	6,720	1,067	1	1	1	0	0	3	225-300	F
Michael Reese	B. Levin												
	E. Uhlmann	50,808	2,526	11,792	130	4	4	4	0	0	43	135-185	FP

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24. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS, Chicago—Continued													
Mount Sinai ¹⁴⁶	J. Nodelhaft	29,841	29	9,053	817	2	2	2	0	0	6	225-275	P
Northwestern University Medical Center													
# Chicago Wesley Memorial	A. H. Cannon	48,199	19	6,694	212	3	1	1	0	0	5	250-300	P
Children's Memorial	H. White	18,198	0	385	2	0	0	0	0	0	2	250-300	P
# Passavant Memorial	R. B. Lewis	19,713	19	6,994	212	1	1	1	0	0	3	225-275	P
# Veterans Admin. Research	E. C. Warnick												
	W. T. Moss	26,512	5	5,355	53	1	1	1	0	0	3	291-497	O
# Evanston (Evanston)	H. C. Burkhead	38,812	16	5,707	...	2	1	1	0	0	4	250-300	P
Presbyterian-St. Luke's	F. H. Squire	68,023	33	8,226	603	3	3	3	0	0	9	125-175	F
University of Chicago Clinics	R. D. Moseley	70,216	135	15,166	414	4	4	4	0	0	12	225-305	...
University of Illinois Research and Educational Hospitals	R. A. Harvey	60,263	148	11,674	1,086	2	2	3	0	0	7	170-225	P
Veterans Admin. (West Side) ¹⁵³	S. A. Leoder	21,541	3	2,883	29	2	1	1	0	0	4	291-373	O
Evanston													
Evanston	See Northwestern University Medical Center, Chicago												
St. Francis	A. C. Ledoux	31,061	25	1,952	195	1	1	1	0	0	2	260-280	F
Evergreen Park													
Little Company of Mary	J. M. Brosnan	48,122	25	2,904	116	1	1	1	0	0	3	225-275	F
Hines													
Veterans Admin.	F. L. Hussey	68,256	28	10,161	236	7	0	5	0	0	12	291-372	O
Peoria													
St. Francis	P. R. Dirkse	29,254	13	2,964	281	1	1	1	0	0	3	235-290	F
Rockford													
Rockford Memorial	B. Roseberg	21,318	11	4,107	797	1	1	1	0	0	3	300-400	F
Urbana													
Carle Memorial ¹⁴⁹	C. Gianturco	26,144	17	2,151	363	1	0	0	0	0	1	150 ...	O
INDIANA													
Bluffton													
Clinic	R. E. Bishop	21,807	6	737	43	1	1	1	0	0	3	300-400	P
Indianapolis													
Indiana University Medical Center													
# Indiana University Hospitals	J. A. Campbell	33,148	232	7,616	846	6	6	6	0	0	18	225-275	P
Marion County General	W. A. Tosick	52,460	40	2,491	11	1	1	1	0	0	3	269-321	P
Veterans Admin.	J. A. Campbell	26,298	2	3,427	221	1	1	1	0	0	3	291-373	O
IOWA													
Des Moines													
Iowa Methodist ¹⁶⁵	A. Phillips	18,605	29	997	0	1	1	0	0	0	2	200-250	F
Veterans Admin.	P. J. Trier	30,816	11	2,062	1	1	1	1	0	0	3	291-443	P
Iowa City													
State University of Iowa Hospitals	E. F. Van Epps	66,137	152	20,212	...	3	3	3	0	0	9	200-255	...
Veterans Admin.	J. G. Baron	22,832	4	2,803	17	3	2	0	0	0	5	291-315	P
KANSAS													
Kansas City													
University of Kansas Medical Center	G. Tice	32,278	57	8,277	416	1	1	2	0	0	4	250-350	P
Veterans Admin. (Kansas City, Mo.)	M. F. Westfall	34,800	1	1,763	70	...	...	...	...	...	2	292-373	...
Wichita													
St. Francis	J. R. Kline	28,999	49	4,294	247	1	1	1	0	0	3	275-325	FP
KENTUCKY													
Louisville													
St. Joseph Infirmary	S. E. Johnson	25,262	110	9,000	3,000	1	1	2	0	0	4	220-245	F
University of Louisville Medical Center													
Louisville General	E. L. Pirkey	43,774	19	7,477	661	3	3	3	0	0	9	117-175	F
Veterans Admin.	R. H. Akers	17,889	3	486	89	1	1	1	0	0	3	291-373	O
LOUISIANA													
New Orleans													
Charity Hospital of Louisiana	M. Garcia												
	C. M. Nice	177,411	266	44,815	2,147	...	...	...	...	0	18	125-175	F
Hotel Dieu Sisters'	H. M. Duhe	20,256	17	3,496	578	1	1	1	0	0	3	275-325	FP
Ochsner Foundation ¹⁷⁷	E. H. Little	60,446	56	3,444	53	1	1	1	0	0	3	225-275	P
Southern Baptist ¹⁸⁰	L. J. Bristow, Jr.	34,973	...	4,801	62	1	1	1	0	0	3	225-275	FP
Touro Infirmary	A. Payzant	40,052	23	...	...	1	1	1	0	0	3	150-200	FP
Shreveport													
Confederate Memorial Medical Center	P. Riley	40,711	51	6,768	238	2	2	2	0	0	6	125-200	F
MAINE													
Bangor													
Eastern Maine General	H. A. Smith	24,740	50	2,307	45	1	1	1	0	0	3	125-250	F
Portland													
Maine Medical Center	J. F. Gibbons	31,745	53	3,156	169	1	1	1	0	0	3	175-225	FP
MARYLAND													
Baltimore													
Baltimore City Hospitals	J. DeCarlo	41,919	12	621	139	1	2	1	0	0	4	150-250	FP
Johns Hopkins	R. H. Morgan	81,664	217	18,226	18,226	5	5	5	0	0	15	167-250	P
Sinai ¹⁸⁶	J. O. Solik	28,667	20	1,846	27	2	2	2	0	0	6	250-375	P
University	J. M. Dennis	75,692	191	12,511	182	3	2	2	0	0	7	250-350	P
Hagerstown													
Washington County	S. H. Macht	19,335	77	2,068	309	0	1	1	0	0	2	250-400	F

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24. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS													
Boston													
Beth Israel	M. Simon	25,454	18	982	10	1	3	1	0	0	5	192-275	O
Boston City	M. Ritvo	128,417	63	5,018	239	4	4	4	1	0	13†	178-248	F
Lahey Clinic ¹⁹⁵	M. I. Smedal	34,497	18	8,300	887	2	..	..	0	0	5	225-300	O
Massachusetts General	L.L. Robbins	107,488	172	13,908	3,387	4	4	4	0	0	12	108-167	F
Massachusetts Memorial	G. Levene	14,394	..	2,614	26	1	2	1	0	0	4	175-225	O
New England Center	A. Ettinger	27,480	7	817	127	1	1	1	0	0	3	237-287	O
New England Deaconess	J. Marks	24,164	40	5,676	57	1	1	1	0	0	3	200-305	P
Peter Bent Brigham ²⁰⁰	J.B. Dealy, Jr.	30,772	29	3,094	37	4	4	4	1	0	13†	142-208	P
Children's Medical Center	..	..	..	..	..	..	..	..	..	..	..	..	..
Mount Auburn - Faulkner													
Shattuck Associated Hospitals	..	..	..	..	..	..	..	..	..	..	..	..	..
Mount Auburn (Cambridge)	R. Schatzki	22,046	8	2,044	98	..	..	..	..	..	3	200-250	F
Faulkner	L.E. Hawes	12,763	0	617	15	1	1	1	0	0	3	225...	FP
Lemuel Shattuck	H.S. Sear	11,905	9	8,004	13	0	2	0	0	0	2	290-335	P
MICHIGAN													
Ann Arbor													
St. Joseph Mercy	S.W. Donaldson	35,229	19	2,769	157	1	1	1	0	0	3	310-385	F
University ²⁰⁵	F.J. Hodges	59,121	89	11,981	320	6	6	6	0	0	18	193-265	O
Dearborn													
Veterans Admin.	—See Wayne State University, Detroit ...												
Detroit													
Grace	F.K. Wietersen	41,058	107	5,964	306	2	2	2	0	0	6	275-325	FP
Harper	L. Reynolds	30,729	187	20,235	24	3	3	3	0	0	9	275-325	P
Henry Ford	W.R. Eyles	96,936	137	14,259	111	5	5	5	1*	0	16†	300-350	P
Mount Carmel Mercy	J.M. Grace	56,968	21	2,360	67	1	1	1	0	0	3	450-500	P
Sinal	H.H. Feigelson	24,173	19	2,940	83	1	1	1	0	0	3	300-350	F
Wayne State University Affiliated Hospitals													
Veterans Admin. (Dearborn) ²⁰⁸	R.S. Pakusch	29,643	0	3,379	103	2	2	2	0	0	6	291-373	Ø
Detroit Memorial	J.L. Lofstrom	15,144	84	9,497	165	1	1	1	0	0	3	475-525	...
Herman Kiefer	E.H. Harkaway	209,045	0	0	0	1	0	0	0	0	1	592-813	...
Receiving	J. Lofstrom	99,188	52	4,019	170	0	6	2	0	0	8	333-408	P
Eloise													
Wayne County General Hospital and Infirmary	J. Zbikowski	51,817	3	977	22	2	2	2	0	0	6	411-472	F
Flint													
Hurley	D.R. Limbach	31,232	33	5,246	242	2	2	2	0	0	6†	325-450	F
McLaren General	P.W. Dorsey	57,621	7	773	35	1	1	1	0	0	3	400-475	P
St. Joseph	E.P. Griffin	27,504	18	506	2	0	1	1	0	0	2	450-500	P
Grand Rapids													
Blodgett Memorial	J.A. Gunn	20,825	17	3,069	39	1	..	..	0	0	1	325...	F
Butterworth	E.F. Wahby	25,443	14	5,421	139	1	1	1	0	0	3	325-375	O
Pontiac													
St. Joseph Mercy	E. Keefe	29,083	35	2,937	...	1	1	1	0	0	3	375-435	P
MINNESOTA													
Minneapolis													
Swedish	L. Gidstrom	35,617	4,335	1,095	1,095	2	0	0	0	0	2	200-300	F
University of Minnesota Hospitals	H.O. Peterson	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin. ²¹⁰	D.G. Mosser	66,851	101	20,840	1,055	4	4	4	0	0	14	25...	O
..	J. Jorgens	83,179	29	3,940	401	5	5	5	4	0	19†	291-497	O
Rochester													
Mayo Foundation ²²⁰	C.A. Good	..	..	..	..	..	..	..	..	..	..	..	..
..	D.S. Childs, Jr.	265,454	602	30,889	300	10	10	10	0	0	30	200-333	P
St. Paul													
Charles T. Miller	J.B. Coleman	18,544	72,680	4,984	...	1	1	1	0	0	3	325-375	P
MISSISSIPPI													
Jackson													
University	R.D. Sloan	37,096	66	5,425	35	2	2	2	0	0	6	250-300	O
MISSOURI													
Columbia													
University of Missouri Medical Center	G. Lodwick	20,095	16	4,868	102	3	2	2	1	0	8†	400-525	P
Kansas City													
Menorah Medical Center	D.S. Dann	22,929	20	1,698	430	1	1	1	1	0	3	300-400	F
Research and Affiliated Hospitals	..	..	..	..	..	..	..	..	..	..	..	..	..
Children's Mercy	..	..	..	..	..	..	..	..	..	..	..	..	..
Kansas City General	J.W. Barry	38,709	52	2,258	143	..	..	..	..	..	..	..	..
Research	J.W. Walker	19,751	23	119	0	1	1	1	0	0	3	200-500	O*
St. Luke's	L.A. Scarpellino	19,328	24	2,708	43	1	1	1	0	0	3	250-300	FP
Veterans Admin.	See University of Kansas Medical Center, Kansas City, Kansas	..	..	..	..	..	..	..	..	..	..	..	..
St. Louis													
Barnes	H. Wilson	63,463	168	10,270	152	5	5	5	3	0	18†	250-350	P
De Poul	E. Ernst, Sr.	27,022	41	1,178	..	1	1	1	0	0	3	200-250	F
Hamer G. Phillips	W. Allen	38,552	65	1,550	60	2	2	1	0	0	5	246-314	P
Jewish	H. Senturia	25,458	57	3,919	503	1	1	1	1	0	4†	200-350	P
St. Louis City ²⁰³	D.C. Weir	48,531	40	2,167	..	3	3	3	2	0	11†	246-330	P
St. Mary's Group of Hospitals of St. Louis University	L. Sonte	52,100	77	3,096	188	1	1	1	0	0	3	150-170	P
Veterans Admin.	S. Kamberg	20,577	37	2,250	32	2	2	2	0	0	6	291-373	...
NEBRASKA													
Omaha													
Croighton Memorial-St. Joseph	J.F. Kelly, Sr.	20,667	20	2,442	75	1	1	1	0	0	3	210-310	F
Nebraska Methodist	H.B. Hunt	14,475	92	7,301	463	1	..	0	0	0	2	325-400	P
University of Nebraska ²²¹	H.B. Hunt	14,243	69	1,764	175	2	1	2	0	0	5	225-300	P
Veterans Admin. ²²⁴	..	25,551	1	1,723	20	1	1	1	0	0	3	...	...

Numerical and other references are listed on pages 265 through 268.

24. RADIOLOGY — Continued

Hospital	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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	O.P.M. Maintenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW HAMPSHIRE													
Hanover													
Mary Hitchcock Memorial	W. MacCarty	33,250	111	4,870	683	1	1	1	0	0	3	218-273	...
NEW JERSEY													
Camden													
Our Lady of Lourdes	B. P. Widmann	24,084	27	1,375	93	..	..	..	0	0	3	250-350	P
East Orange													
Veterans Admin. ²⁴⁴	J. R. Nahon	26,796	2	5,259	80	2	..	..	..	0	2	291-497	P
Morristown													
Morristown Memorial	See Memorial Hospital for Cancer, New York City												
Newark													
Newark Beth Israel	C. Berman L. Levinson	14,351	28	4,515	56	1	1	1	0	0	3	250-300	F
NEW MEXICO													
Albuquerque													
Bataan Memorial Methodist	J. W. Grossman	29,831	28	4,460	512	1	1	1	0	0	3	300-400	F
NEW YORK													
Albany													
Albany Medical Center	J. F. Roach	42,492	39	10,953	45	0	0	0	0	0	4	210-290	P
Veterans Admin.	H. Thomas	34,377	1	1,909	44	1	1	1	0	0	3	291-442	O
Buffalo													
Buffalo General	G. J. Culver	29,165	53	4,000	456	2	1	1	0	0	4	175-200	F
Deaconess	R. E. Seibel	16,000	14	5,065	470	0	2	1	0	0	3	325-350	F
Edward J. Meyer Memorial	E. G. Eschner	40,417	14	1,734	142	2	2	2	1	0	7†	292-380	P
Millard Fillmore	E. H. Schnap	29,534	58	1,792	100	1	1	1	0	0	3	338-366	P
Roswell Park Memorial	F. P. Lessmann	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin.	W. T. Murphy	33,269	247	40,017	3,085	7	3	3	0	0	13	334-400	O
Veterans Admin.	K. Flachs	34,195	1	3,698	33	1	1	1	0	0	3	291-473	O
Hempstead													
Meadowbrook	H. R. Zatzkin	37,302	32	6,731	112	3	3	3	0	0	9	275 ...	F
Johnson City													
Charles S. Wilson Memorial ²⁵⁵	B. D. Jay	20,792	13	1,375	453	1	1	0	0	0	2	250-300	P
Mineola													
Nassau	N. H. Robin	16,678	24	4,034	299	1	1	1	0	0	3	325-375	...
New York City													
Bellevue Hospital Center	..	..	..	..	..	..	..	..	..	..	..	..	..
Div. III—New York University College of Medicine	M. H. Poppel	224,398	191	9,928	264	2	2	7	1	0	12†	215-265	F
Beth-El ²⁶⁴	I. Bluth	26,350	..	..	..	2	2	2	0	0	6	150-200	F
Beth Israel ²⁶⁵	A. Geffen	18,755	15	1,609	..	3	1	1	0	0	5	300-335	P
Bronx	A. J. Bernstein	27,078	17	2,398	131	1	1	1	0	0	3	184-251	F
Bronx Municipal Hospital Center	M. Etkin	87,101	45	6,825	464	4	4	4	1	1	14†	215-265	F
Brooklyn	P. J. Lampros	24,047	29	1,854	57	1	1	1	1	0	3†	200-250	F
City Hospital at Elmhurst	P. Strax	41,234	2,074	3,621	175	2	2	2	0	0	6	215-265	F
Flushing Hospital and Dispensary ²⁶⁶	M. Pomeranz	20,362	1	357	0	1	1	1	0	0	3	200-250	F
Francis Delafield	W. Seaman	15,832	33	17,161	1,237	6	1	1	0	0	8	215-265	F
Jewish	S. Schwartz	29,788	58	2,938	85	2	2	1	0	0	5	115-200	F
Kings County Hospital Center ²⁷³	H. Z. Mellins	170,135	102	11,465	584	5	5	5	0	0	15	215-265	F
Lenox Hill	F. H. Ghiselin	33,443	15	4,174	41	1	0	1	0	0	2	240-300	P
Long Island College	R. L. Pinck	29,062	23	5,473	128	2	1	1	0	0	4	170-200	P
Long Island Jewish ²⁷⁴	B. Epstein	19,557	4	998	26	1	1	1	0	0	3	125-190	F
Maimonides	E. J. Levin	30,519	20	1,552	249	1	1	1	0	0	3	160-225	P
Memorial Hospital for Cancer—James Ewing	J. J. Nickson	64,000	40	45,265	..	6	6	6	1	0	19	215-400	F
Morristown Memorial (Morristown, N. J.)	R. S. Sherman	..	..	..	..	..	..	..	..	..	..	..	..
Methodist	F. Reed	17,287	2	1,764	288	0	0	0	0	0	1	225-300	FP
Montefiore	N. F. Bartone	29,451	24	2,131	97	1	1	1	0	0	3	175-200	F
Mount Sinai	H. G. Jacobson	56,908	42	15,528	1,036	5	5	4	0	0	14	220-295	P
New York ²⁷⁶	B. S. Wolf	46,408	61	8,042	..	2	2	3	0	0	7	100 ...	F
New York Medical College—Metropolitan Hospital Center	J. A. Evans	94,341	95	9,911	522	7	7	6	3	0	23†	164-287	P
#Flower and Fifth Avenue Hospitals	F. J. Borrelli	37,766	62	896	48	2	2	2	0	0	6	215-265	F
#Metropolitan	..	79,075	9	3,873	430	2	2	2	0	0	6	215-265	F
New York Polyclinic Medical School and Hospital													
New York University Medical Center	W. H. Shehadi	18,627	19	1,072	20	1	1	1	0	0	3	150-200	F
University	M. H. Poppel	16,943	52	2,868	1,850	2	2	2	1	0	7†	175-265	F
Presbyterian	W. B. Seaman	127,705	70	16,876	..	5	5	5	0	0	15	250-308	P
Queens Hospital Center													
L. Goldman	A. V. Shapiro	57,823	80	5,406	733	2	2	3*	0	0	7	215-265	F
Roosevelt	A. A. Dunn	44,657	23	4,534	51	2	2	2	0	0	6	158-316	P
St. Luke's	N. Finby	46,003	30	4,124	292	2	2	2	0	0	6	125-175	F
St. Vincent's	F. F. Ruzicka, Jr.	43,735	18	7,319	294	3	3	3	1	0	10†	175-250	F
Veterans Admin. (Bronx)	S. M. Unger	62,000	16	11,196	320	3	3	4	0	0	10	291-886	O
Veterans Admin. (Brooklyn) ²⁶⁶	J. Dubawy	28,577	3	6,349	222	0	3	0	0	0	3	292-373	O
Veterans Admin. (Manhattan) ²⁶⁷	L. R. Lawrence	47,484	112	5,710	207	3	2	1	0	1	7†	291-372	O
Rochester													
Genesee	G. J. Baron	28,044	133	2,170	150	1	1	..	0	0	2	175-325	FP
Rochester General	E. F. Merrill	34,238	15	5,404	877	1	1	1	0	0	3	175-225	FP
Strong Memorial—Rochester Municipal ²⁸⁷	S. M. Rogoff	34,975	38	5,420	284	4	4	4	2	0	14†	166-291	O

Numerical and other references are listed on pages 265 through 268.

24. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued													
Syracuse													
State University of New York													
Upstate Medical Center	C. H. Hale	53,899	68	9,900	279	3	3	3	0	0	9	250...	O
Veterans Admin.	W. A. Ventimiglio	20,471	...	789	...	1	1	0	0	0	2	291-315	...
Valhalla													
Grasslands	H. Lubetsky	19,223	3	1,359	181	1	1	1	0	0	3	250-300	F
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial	E. H. Wood	33,885	115	1,928	66	2	2	2	0	0	6	175-333	O
Durham													
Duke University Affiliated Hospitals													
#Duke	R. J. Reeves	69,210	122	5,299	184	2	6	3	0	0	11	200-250	F
Veterans Admin.	G. H. Brown	30,470	0	1,780	5	1	1	1	0	0	3	291-497	O
Winston-Salem													
North Carolina Baptist	I. Meschan	46,055	42	5,965	190	3	3	3	0	0	9	166-208	P
NORTH DAKOTA													
Bismarck													
Bismarck Affiliated Hospitals	H. M. Berg												
Bismarck		33,982	64	3,594	511	1	1	1	0	0	3	325...	O
St. Alexius													
OHIO													
Akron													
Akron City	F. T. Moore	54,499	36	6,750	261	1	1	1	0	0	4	275-375	FP
Akron General	C. J. Miller	31,016	22	3,686	146	1	1	1	0	0	3	300-350	FP
Canton													
Aultman	S. Larson	34,900	25	3,000	300	1	1	1	0	0	3	250-400	F
Cincinnati													
Good Samaritan	J. McCarthy	5,089	36	5,089	1	1	1	1	0	0	3	320-370	P
Jewish	L. S. Rosenberg	28,242	63	2,579	105	1	1	1	0	0	3	230-270	FP
University of Cincinnati Hospital Group	B. Felson												
Children's	F. N. Silverman												
	E. L. Saenger	16,907	24	42	8	0	0	1	0	0	1	250...	P
Cincinnati General		59,441	8,062	3,206	164	7	7	5	0	0	19	100-140	F
Cleveland													
Cleveland Clinic	C. R. Hughes	89,803	35	7,287	64	4	3	3	0	0	10	275-350	O
Cleveland Metropolitan General	H. Hauser	42,847	29	3,650	1,445	3	4	2	1	0	10	150-258	F
Huron Road	W. Heinrich	37,314	40	3,159	261	1	1	1	0	0	3	210-220	FP
Mount Sinai	G. Krause												
	M. Lubert	32,060	19	4,858	76	1	1	1	0	0	3	215-235	FP
St. Luke's	D. D. Brannan	40,304	23	3,685	410	1	1	1	0	0	3	220-290	F
St. Vincent Charity	E. J. O'Malley	37,442	21	1,711	0	1	1	1	0	9	3	235-260	FP
University Hospitals of Cleveland	H. L. Friedell	62,266	52	2,268	214	3	3	3	0	0	9	162-262	P
Veterans Admin.	M. D. Sachs	37,396	6	2,311	70	2	2	2	2	0	8	291-497	P
Columbus													
Ohio State University Hospitals													
University	S. W. Nelson	46,864	107	13,262	132	5	5	0	5	0	15	177-277	P
Dayton													
Miami Valley	G. Nicoll	38,530	57	3,361	3,361	1	1	1	0	0	3	250-300	FP
Veterans Admin.	H. F. Plaut	27,769	1	2,520	45	2	2	2	2	...	6	291-373	...
Elyria													
Elyria Memorial	D. Russell	9,665	17	805	0	1	0	0	0	0	1	300-375	F
Lorain													
St. Joseph	D. A. Russell	20,044	15	2,525	300	1	1	1	1	...	2	300-375	F
Youngstown													
St. Elizabeth's	S. J. Tamarkin	44,436	48	2,527	871	1	1	1	0	0	3	350-400	FP
Youngstown	E. C. Baker	33,093	75	1,537	5,427	2	2	2	0	0	6	275-325	F
OKLAHOMA													
Oklahoma City													
University of Oklahoma Medical Center													
University Hospitals	G. R. Ridings	25,383	110	6,972	1,556	3	3	3	1	0	10	200-275	P
Veterans Admin.	S. M. Glasser	38,050	0	2,889	180	1	1	0	0	0	2	291-372	O
Wesley	E. H. Kolman	19,450	15	3,110	74	1	0	0	0	0	1	350-425	F
Tulsa													
St. John's	L. M. Pascucci	30,628	23	3,372	975	2	2	2	0	0	6	200-250	FP
OREGON													
Portland													
Providence	G. Nichols	20,020	...	1,563	...	1	1	0	0	0	2	275-295	P
St. Vincent's	J. A. Schneider	33,692	25	2,533	29	0	2	2	0	0	4	275-305	P
University of Oregon Medical School Hospitals and Clinics	C. T. Dotter	48,930	46	4,285	1	3	3	2	0	0	8	165-215	F
PENNSYLVANIA													
Abington													
Abington Memorial	C. H. Sillars	31,020	43	3,586	...	1	1	1	0	0	3	275-450	F
Bryn Mawr													
Bryn Mawr	R. M. Harvey	25,791	38	3,193	480	1	1	1	0	0	3	200-275	F
Danville													
George F. Geisinger Memorial	J. L. Williams	27,016	55	2,824	...	2	2	2	0	0	6	175-265	FP
Darby													
Thomas M. Fitzgerald Mercy	B. P. Widmann	21,728	40	2,027	143	1	1	1	0	0	3	100-350	F
Erie													
Hamol	R. D. Bacon	21,912	50	1,440	89	1	1	0	0	0	2	250-275	F

Numerical and other references are listed on pages 265 through 268.

24. RADIOLOGY

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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P F O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA—Continued												
Philadelphia												
Albert Einstein Medical Center.....	...	...	...	...	...	...	...	...	...	...	...	...
Northern Division.....	J. Gershon-Cohen.....	36,882	21	10,169	783	3	2	2	0	0	7	125-175 F
Southern Division.....	H. J. Isard.....	24,164	18	...	3,005	1	1	1	0	0	3	125-175 F
Episcopal.....	H. Fisher.....	24,591	34	1,661	21	...	...	...	...	...	2	150... F
Germantown Dispensary and Hospital.....	B. R. Young.....	26,844	49	4,472	403	1	1	1	0	0	3	200-225 F
Graduate Hospital of the University of Pennsylvania.....	A. Finkelstein.....	20,596	31	2,260	145	3	3	3	2	0	11†	100-125 F
Hahnemann Medical College and Hospital.....	J. S. Lehman.....	38,386	154	3,052	247	4	0	0	2	0	6†	200... P
Hospital of the University of Pennsylvania.....	E. Pendergrass.....	150,888	93	20,310	3,751	6	6	6	6	0	24†	... 458 P
Children's.....	J. W. Hope.....	11,751	0	322	10	1	1	0	0	0	1	... 250 F
Hospital of the Woman's Medical College of Pennsylvania.....	J. H. Vostine.....	10,690	11	1,552	...	1	1	1	0	0	3	125-175 F
Jefferson Medical College.....	P. J. Hodes.....	43,791	86	10,306	158	6	6	6	6	0	24†	120-400 P
Misericordia.....	...	...	...	...	...	...	...	...	...	...	...	...
Pennsylvania.....	P. A. Bishop.....	21,190	47	1,570	62	2	0	0	0	0	2	170-180 O
Philadelphia General.....	G. T. Wahl.....	75,210	84	6,676	157	6	6	6	0	0	18	157-278 F
Presbyterian.....	E. L. Lame.....	15,474	31	2,324	26	1	1	1	0	0	3	235-265 F
Temple University.....	H. M. Stauffer.....	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.....	R. Robbins.....	54,119	29	8,508	316	5	5	5	0	0	15	175-225 P
...	A. T. Shackman.....	31,291	8	2,413	191	2	2	3	0	0	7	291-373 O
Pittsburgh												
Allegheny General.....	T. B. Childs.....	35,403	61	8,557	142	2	2	2	0	0	6	200-250 F
Health Center Hospitals of the University of Pittsburgh.....	...	...	...	...	...	...	...	...	...	...	...	...
Children's.....	B. R. Girdany.....	20,985	...	777	...	...	...	...	...	...	...	...
Elizabeth Steel Magee.....	C. N. Chasler.....	13,867	104	1,105	...	...	...	...	...	...	...	...
Presbyterian-Woman's.....	E. C. Lasser.....	27,890	45	6,967	126	5	5	5	0	0	15	125-175 F
Veterans Admin.....	S. Poller.....	27,424	16	4,575	159	2	2	2	0	0	6	... O
Mercy.....	C. R. Perryman.....	40,067	62	233	...	2	2	2	0	0	6	275-325 F
Mantelmore ³³³	H. W. Friedman.....	26,820	35	3,202	107	1	1	1	0	0	3	225-275 F
St. Francis General Hospital and Rehabilitation Institute.....	G. Alexander.....	26,702	36	2,198	2,198	1	1	1	0	0	3	240-355 FP
Western Pennsylvania.....	W. S. Mellon.....	34,211	76	3,067	...	1	1	1	0	0	3	250-300 F
Sayre												
Robert Packer.....	J. T. Littleton.....	27,692	36	185	43	2	1	1	0	0	4	235-325 P
West Reading												
Reading.....	G. W. Chamberlin.....	19,240	36	5,740	...	1	1	1	1	1	4	225-300 F
PUERTO RICO												
San Juan												
Veterans Admin. (San Patricio) ³³⁰	L. Ehrlich.....	15,753	0	...	...	...	...	...	...	...	1	325-419 O
Dr. I. Gonzalez Martinez Oncologic.....	V. Marcial.....	3,606	240	27,343	407	3	3	3	1	0	10	250-500 P
RHODE ISLAND												
Providence												
Rhode Island.....	L. A. Martineau.....	37,757	71	6,367	198	1	1	1	0	0	3	125-225 F
Roger Williams General.....	R. R. Hunt.....	19,706	32	1,146	286	1	1	1	0	0	1	300-350 F
SOUTH CAROLINA												
Charleston												
Medical Center Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...
Medical College.....	H. S. Pettit.....	51,951	65	6,634	48	2	2	2	0	0	6	137-162 FP
Roper.....	...	...	...	...	...	...	...	...	...	...	...	...
TENNESSEE												
Chattanooga												
Baraness Erlanger.....	C. W. Reavis.....	45,667	52	3,990	353	1	1	1	0	0	3	325-375 F
Knoxville												
University of Tennessee Memorial Research Center and Hospital.....	W. F. Kraemer.....	15,406	53	2,295	56	1	1	1	0	0	3	320-340 F
Memphis												
Baptist Memorial.....	J. E. Whiteleather.....	44,901	40	5,982	170	2	2	2	0	0	6	325-400 F
City of Memphis Hospitals.....	D. Carroll.....	37,343	43	...	...	2	2	2	0	0	6	150-175...
Methodist.....	J. C. King.....	45,501	42	3,947	351	3	2	2	0	0	7	325-375 F
Veterans Admin. ³⁴³	B. E. Greenberg.....	63,408	5	5,009	606	2	2	2	0	0	6	291-372 P
Nashville												
Vanderbilt University.....	H. C. Francis.....	32,244	128	1,357	109	2	2	2	1	0	7†	75-125 F
Veterans Admin.....	D. E. Sherman.....	25,892	3	1,406	96	...	...	...	...	...	...	291-497 O
TEXAS												
Austin												
Brackenridge.....	J. C. Rude.....	20,600	67	2,498	20	1	1	1	0	0	3	250-350 F
Dallas												
Baylor University.....	J. E. Miller.....	41,000	163	11,213	151	2	2	2	2*	0	8†	210-250 P
St. Paul.....	M. J. Healy.....	17,833	30	1,482	54	1	1	1	1	0	4†	225-300 FP
University of Texas Southwestern Medical School Affiliated Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...
Parkland Memorial.....	F. J. Bonte.....	61,468	63	1,726	1,606	2	3	3	0	0	8	150-200 P
Veterans Admin. ³⁴⁹	D. Markovin.....	53,691	72	3,690	83	2	1	3	0	0	6	291-373 P
Galveston												
University of Texas Medical Branch Hospitals.....	R. N. Cooley.....	72,918	154	8,066	231	4	4	4	0	0	12	160... F

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24. 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 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P F O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS—Continued												
Houston												
Baylor University Affiliated Hospitals.....	...	51	1,849	112	2	2	2	0	0	6	125-137	F
Jefferson Davis..... V. P. Collins.....	62,959	3	2,010	...	0	2	0	0	0	2	100-125	F
Methodist..... C. H. Burge.....	30,798	21	6,253	130	2	0	2	0	0	4	291-373	P
Veterans Admin..... H. L. Barton.....	64,497	76	3,847	134	1	1	1	0	0	3	200-300	P
Hermann ³⁵⁴ L. M. Vaughan.....	52,496	7	1,414	3	1	1	1	0	0	1	120-200	P
St. Joseph's..... C. W. Yates.....	28,771	...	...	...	...	...	...	...	...	...	...	...
University of Texas M. D. Anderson Hospital and Tumor Institute..... G. H. Fletcher.....	34,994	659	39,587	748	4	0	0	0	0	41	250-300	...
San Antonio												
University of Texas Post-Graduate Medical School Affiliated Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...
Baptist Memorial..... H. F. Elmendorf, Jr.....	15,876	55	923	32	0	1	1	0	0	3	200-350	F
Robert B. Green Memorial..... B. King.....	28,644	33	1,482	221	1	1	1	0	0	3	200-350	F
Santa Rosa..... A. Thaggard.....	...	...	...	...	...	...	...	...	...	...	...	...
F. E. O'Neill.....	33,317	67	1,306	23	1	1	1	0	0	3	275-325	F
Temple												
Scott and White Memorial..... A. W. Sommer.....	48,927	76	4,765	614	1	1	1	0	0	3	300	O
UTAH												
Salt Lake City												
Dr. W. H. Groves Latter-Day Saints..... E. R. Crowder.....	17,886	42	1,130	35	1	0	0	0	0	1	250-300	FP
University of Utah Affiliated Hospitals..... W. R. Christensen.....	...	...	...	...	...	...	...	...	...	...	...	...
Holy Cross..... R. R. Meyer.....	11,799	8	2,668	...	...	...	...	...	...	...	...	...
St. Mark's..... H. P. Plenk.....	10,310	19	2,701	53	1	1	1	0	0	3	275-350	P
Salt Lake County General ³⁵⁶ W. R. Christensen.....	20,694	29	4,166	69	2	2	2	0	0	6	255-295	O
Veterans Admin..... D. W. Stowell.....	24,808	0	...	...	2	2	2	0	0	6	291-497	O
VERMONT												
Burlington												
University of Vermont Affiliated Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...
DeGoesbriand Memorial.....	...	...	...	...	...	...	...	...	...	...	...	...
Mary Fletcher ³⁵⁴ A. B. Soule, Jr.....	21,798	99	4,681	52	2	2	2	0	0	6	250	FP
VIRGINIA												
Charlottesville												
University of Virginia..... V. W. Archer.....	44,616	47	11,020	637	3	3	3	0	0	9	90-180	F
Norfolk												
Norfolk General..... C. P. Wisoff.....	31,898	62	3,235	132	1	1	1	1	0	41	200-400	F
Richmond												
Medical College of Virginia—Hospital Division..... R. G. Lester.....	52,374	96	2,719	302	1	3	1	0	0	5	225-275	F
Veterans Admin ²⁶⁴ W. H. Mendel.....	38,970	1	1,998	10	2	1	1	0	0	4	291-497	P
WASHINGTON												
Seattle												
Providence ²⁴⁵ E. A. Addington.....	12,242	...	851	97	1	1	1	0	0	3	300-350	FP
University of Washington Affiliated Hospitals ³⁶⁵.....	...	...	...	...	3	3	3	2	0	11	...	...
King County..... M. M. Figley.....	31,628	28	1,731	...	...	...	...	...	...	...	150-325	F
University..... M. M. Figley.....	7,468	66	1,286	...	...	...	...	...	...	...	200-500	P
Veterans Admin..... R. S. Leighton.....	11,221	0	1,506	0	...	...	...	...	...	...	291-497	...
Virginia Mason..... T. Carlile.....	36,277	45	7,171	574	1	1	1	0	0	3	250-325	FP
Spokane												
Sacred Heart..... C. Stevenson.....	19,888	20	1,093	0	1	1	1	0	0	3	250-325	FP
WISCONSIN												
Madison												
University Hospitals ³⁶⁹ L. W. Paul.....	45,358	161	11,922	437	5	3	4	0	0	12	100-200	F
Milwaukee												
Columbia ³⁷⁰ S. A. Morton.....	24,685	43	4,437	1,109	0	1	0	0	0	1	350-400	P
Evangelical Deaconess..... A. Melamed.....	39,943	19	4,121	101	1	1	1	0	0	3	350-400	F
Milwaukee ¹⁴⁹ J. L. Armbruster.....	...	...	...	...	...	...	...	...	...	...	...	...
H. W. Hefke.....	30,988	182	6,362	380	1	1	1	0	0	3	375-425	P
Mount Sinai..... M. Moel.....	19,144	34	...	1,802	1	1	1	0	0	3	300	F
St. Joseph's..... G. W. Sengpiel.....	31,616	30	4,709	223	1	1	1	0	0	3	300-350	F
St. Luke's..... H. H. Wright.....	18,234	15	2,044	300	1	1	1	0	0	3	275-375	F

25. 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, 374; Residencies, 4, 945

Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P F O	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio..... O. K. Park.....	177	3,595	41	97	19,743	3	3	3	3	0	12	...	...	...

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
CALIFORNIA														
Letteman General, San Francisco.....	M. L. Smith.....	185	6,236	51	73	20,851	2	2	2	2	0	8	.....	...
COLORADO														
Fitzsimons General, Denver.....	P. A. Bergman.....	38	1,195	37	89	3,329	2	2	2	2	0	8	.....	...
DISTRICT OF COLUMBIA														
Walter Reed General, Washington.....	J. F. Patton.....	124	1,323	53	77	11,263	3	3	3	3	0	12	.....	...
HAWAII														
Tripler Army, Honolulu.....	W. F. Bowers.....	210	5,915	27	63	43,377	2	2	2	2	0	8	.....	...
TEXAS														
William Beaumont General, El Paso.....	R. L. Rhea, Jr.....	39	2,720	26	96	11,304	2	2	2	2	0	8	476-675	P
Brooke General, San Antonio.....	W. W. Nichol.....	168	3,212	122	93	7,071	4	4	4	4	0	16	.....	...
UNITED STATES NAVY														
CALIFORNIA														
U. S. Naval, Oakland.....	M. L. Gerber.....	160	3,003	49	98	12,308	2	2	3	1	0	8	.....	...
U. S. Naval, San Diego.....	V. C. Stratton.....	650	7,870	138	84	34,953	2	3	3	3	0	11	.....	...
ILLINOIS														
U. S. Naval, Great Lakes.....	F. P. Ballenger.....	142	2,008	14	78	6,292	2*	1	1	1	0	5	.....	...
MARYLAND														
U. S. Naval, Bethesda.....	D. Osborne.....	119	2,456	61	95	4,777	2	2	2	2	0	8	.....	...
MASSACHUSETTS														
U. S. Naval, Chelsea.....	W. C. Turville.....	164	2,866	31	96	5,168	1	2	2	1	0	6	.....	...
NEW YORK														
U. S. Naval, St. Albans.....	J. J. Timmes.....	180	2,264	40	58	4,972	2	2	3	2	0	9	.....	...
PENNSYLVANIA														
U. S. Naval, Philadelphia.....	H. D. Warden.....	152	2,554	70	67	5,128	2	2	2	2	0	8	.....	...
VIRGINIA														
U. S. Naval, Portsmouth.....	H. F. Lenhardt.....	346	4,611	50	80	44,638	4*	2	2	2	0	10	.....	...
UNITED STATES PUBLIC HEALTH SERVICE														
CALIFORNIA														
U. S. Public Health Service, San Francisco	W. A. Williamson.....	107	2,284	17	71	7,324	1	1	1	1	0	4	.....	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington ¹²³	B. Syphax.....	45	1,544	52	46	9,486	4	2	2	1	0	9	367-475	P
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Affiliated Hospitals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University Hospital and Hillman Clinic	C. Lyons.....	175	4,946	167	54	10,817	10	10	6	4	0	30	210-288	F
Veterans Admin.	M. B. Sullivan, Jr.	97	1,649	49	67	2,203	6	2	2	2	0	12	291-497	O
Fairfield														
Lloyd Noland.....	J. M. Slaughter.....	57	2,542	34	47	25,284	2	2	1	1	0	6	300-400	FP
Mobile														
Mobile General.....	J. Donald.....	2	1,157	47	66	4,470	2	2	2	2	0	8	250...	F
ARIZONA														
Phoenix														
Maricopa County General.....	R. B. Leonard.....	66	1,677	35	71	1,764	4	2	2	1	0	9	373-433	P
ARKANSAS														
Little Rock														
University.....	J. H. Growdon.....	56	1,320	72	40	7,040	4	4	2	2	2	14	233-417	O
Veterans Admin. ⁷⁷	R. J. Lipin.....	152	2,589	106	81	1,674	4	3	2	1	0	10	291-443	O
CALIFORNIA														
Bakersfield														
Kern County General.....	G. Paulsen.....	69	1,736	96	67	22,196	4	4	2	1	0	11	375-450	O
Fresno														
General Hospital of Fresno County ⁸⁰	M. Levin.....	70	2,010	122	66	16,179	2	3	1	2	0	8	300-400	P
Long Beach														
Veterans Admin. ⁸²	J. A. Weinberg.....	191	1,911	97	78	6,876	3	3	3	3	0	12	291-497	O
Los Angeles														
Cedars of Lebanon.....	L. Morgenstern.....	164	7,122	143	68	15,146	7*	2	1	1	1	12	275-430	FP
Los Angeles County General.....	L. Rosoff.....	215	6,963	588	45	18,406	4	5	4	3	0	16	275-400	P
University of California ⁸⁸	W. P. Longmire, Jr.....	30	1,103	61	90	4,309	6*	2	2	2	2	14	261-340	O
Veterans Admin.—General Medical and Surgical ⁹⁰	J. S. Clarke.....	217	3,766	207	71	6,501	11*	4	4	4	0	23	292-497	P
White Memorial.....	A. I. Kugel.....	34	1,621	49	65	6,998	2	3	2	2	2	11	265-420	P

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Includes transfers)	Deaths			Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued														
Oakland														
Highland-Alameda County ⁹²	A. Hunnicutt	62	1,741	138	42	9,363	9*	3	3	3	0	18	220-281	FP
Kaiser Foundation	A. L. Boritell	102	5,536	97	69	66,455	4	3	2	1	0	10	315-520	FP
Veterans Admin.	J. V. Smith	116	2,270	69	77	3,297	4	3	3	2	0	12	291-443	...
Orange														
Orange County General	S. Gendel L. F. Ellmore	30	1,128	70	88	6,168	1	1	1	1	0	4	355-417	O
Palo Alto														
Stanford Medical Center and Affiliated Hospitals	J. G. Allen	118	6,935	57	41	2,588	5*	4	4	4	0	17	100-175	F
Palo Alto-Stanford Hospital Center														
Veterans Admin														
Community Hospital of San Mateo County (San Mateo)														
San Diego														
San Diego County General	R. A. Jones	37	871†	87	74	3,595	4	2	2	2	0	10	250-400	F
San Francisco														
Kaiser Foundation	P. D. Smith	102	5,177	103	66	125,135	2	2	2	2	0	8	315-570	FP
Maunt Zion	L. D. Rosenman	136	2,339‡	85	71	10,626	4	3	1	1	0	9	175-325	F
Presbyterian Medical Center ⁹³	V. Richards	41	1,427	63	66	1,172	7	6	5	5	0	23	175-300	P
San Francisco General	C. G. Lyon	116	4,801	163	53	...	9	2	4	0	0	15	243-425	O
University of California Service														
Southern Pacific General	W. L. Newberg	Inc.	In Int. Med.	141	67	Inc. in Med.	3	3	2	1	0	9	200-325	F
University of California Hospitals ¹⁰⁰	L. Goldman	51	2,016	62	81	8,097	8*	7*	6	6	6	33†	261-460	O
Veterans Admin.	F. W. Blaisdell	90	1,127	68	68	1,965	6	3	2	2	0	13	291-497	O
San Jose														
Santa Clara County	G. B. Amonini	25	1,360	101	72	4,647	4	4	1	1	0	10	270-320	P
San Mateo														
Community Hospital	See Stanford Medical Center, Palo Alto, Calif.													
Santa Barbara														
Santa Barbara General-Santa Barbara Cottage														
Santa Barbara General													250-450	F
Santa Barbara Cottage	E. T. Smith	79	3,957	44	68	0	4*	2	2	1	0	9	250-400	FP
Stockton														
San Joaquin General	W. Brock	116	1,469	33	70	6,133	2	2	2	1	0	7	275-340	P
Torrance														
Los Angeles County Harbor General	B. D. Averbook	49	1,389‡	176	53	6,209	4	4	3	3	0	14	275-400	F
COLORADO														
Denver														
Denver General	D. H. Watkins	59	1,725	97	77	10,784	4	3	2	1	0	10	179-224	P
St. Joseph's	F. B. McGlone	160	7,221	96	55	3,539	4	3	2	1	0	10	200-300	F
University of Colorado Medical Center														
Colorado General	H. Swan	41	1,542	83	81	4,301	8	8	4	4	2	26†	180-472	O
Veterans Admin.	B. Eiseman	66	1,732	65	91	1,713	4	4	4	4	0	16	291-443	...
CONNECTICUT														
Bridgeport														
Bridgeport ²⁴⁵	J. Nolan	126	5,070	135	44	1,730	1	1	1	1	0	4	240-315	F
St. Vincent's	W. H. Curley	134	7,451	109	45	1,943	2	2	2	2	0	8	350-450	P
Hartford														
Hartford	W. Standish	230	11,759	156	61	4,800	9	4	4	4	0	21	235-385	P
Veteran's Admin. (Newington)	P. W. Fenney	85	1,344	32	75	1,464	3	2	2	1	0	8	291-443	...
St. Francis ¹²⁰	L. A. St. John	199	8,416	184	38	13,502	2	2	2	2	0	8	200-300	FP
New Britain														
New Britain General	B. B. Clark	115	5,924	85	60	541	2	1	1	1	0	5	250-325	FP
New Haven														
Yale-New Haven Medical Center														
Grace-New Haven Community	G. E. Lindskog	115	4,098	136	68	8,019	7	8	8	1	1	25†	50-200	FP
Veterans Admin. (West Haven)	W. W. Lindenmuth	87	1,408	63	76	2,234	3	3	1	2	0	9	291-443	O
Newington														
Veterans Admin.	See Hartford Hospital, Hartford, Conn.													
Waterbury														
Waterbury	C. H. Cole	116	4,532	117	45	2,960	1	1	1	1	0	4	225-300	F
West Haven														
Veterans Admin.	See Yale-New Haven Medical Center, New Haven, Conn.													
DELAWARE														
Wilmington														
Delaware	C. L. Munson	103	3,734†	...	...	11,613	1	1	1	1	0	4	190-350	...
Memorial	J. C. Pierson	94	4,179	81	63	9,113	2	1	1	1	0	5	225-285	F
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General		72	1,452	183	41	9,307	2	...	...	...	0	...	258-358	O
Georgetown University Service	R. J. Coffey	...	...	...	...	...	1	1	1	1	0	4	...	...
George Washington University Service	B. Blades	...	...	...	...	...	1	1	1	1	0	4	...	...
Howard University Service	B. Syphax	...	...	...	...	...	1	1	1	1	0	4	...	...
Georgetown University	R. J. Coffey	114	2,481	90	74	11,600	11	8	4	2	1	26†	175-210	FPO
George Washington University ¹³²	B. Blades	116	7,043	68	82	2,729	6	3	1	1	0	11	210-285	...
Providence	L. J. Goffredi	133	8,761	154	49	9,367	2	2	1	1	0	6	350-425	P
Veterans Admin. ¹³⁵	G. A. Higgins	95	1,345†	67	70	1,660	2	2	2	1	0	7	291-497	O
Washington Hospital Center ¹³⁸	E. A. Gould	174	6,853	166	65	24,465	8*	3	3	3	0	17	215-260	F
FLORIDA														
Coral Gables														
Veterans Admin.	M. W. Walcott	155	2,486	105	93	4,817	10*	3	3	3	0	19†	291-443	O

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P P P O	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
FLORIDA—Continued															
Gainesville															
University of Florida Teaching Hospital and Clinics ⁷⁴	E. R. Woodward	38	735	69	78	...	4*	2	2	2	0	10	217-450	...	
Jacksonville															
Duval Medical Center	K. A. Morris	74	2,881	123	42	22,000	4	2	2	2	0	10	225-300	F	
St. Vincent's	A. C. Williams	98	4,794	99	40	1,252	4	2	2	2	0	10	325-400	P	
Miami															
Jackson Memorial	J. J. Farrell	124	4,379	176	50	18,770	11	5	5	5	0	26	200-335	P	
GEORGIA															
Atlanta															
Emory University ¹⁴⁰	J. D. Martin, Jr.	78	28,611†	67	60	...	8*	0	0	2	0	10	235-315	P	
Georgia Baptist	W. S. Dorough	170	9,359	113	43	1,202	3	2	1	1	0	7	330-405	P	
Grady Memorial	I. A. Ferguson	111	3,590	182	52	26,503	12	8	6	4	0	30	100-200	F	
Piedmont	F. McRae	110	5,291	79	54	1,087	1	1	1	1	0	4	290-335	P	
St. Joseph's Infirmary	J. W. Veatch, Jr.	118	6,099	101	64	1,662	4	1	1	1	0	7	330-400	P	
Veterans Admin. ¹⁴²	J. C. Thoroughman	116	1,843	55	51	...	0	5	5	5	0	15	291-497	P	
Augusta															
Medical College of Georgia Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eugene Talmadge Memorial	W. Moretz	54	1,088	41	71	4,093	14	9	5	5	2	35†	250-583	O	
University	G. M. Kelly	53	2,655†	55	30	2,611	1	1	1	1	0	4	250-350	O	
Veterans Admin.	C. M. Rhode	122	1,181	37	29	2,487	4	0	2	1	0	7	291-497	...	
HAWAII															
Honolulu															
Queen's	J. E. Strobe	129	5,565	75	66	...	3	2	2	1	0	8	225-400	F	
ILLINOIS															
Chicago															
Cook County	M. E. Lichtenstein	561	17,450	1,190	42	34,262	7	7	7	7	7	35†	150 ...	F	
Illinois Central	C. C. Guy	...	...	61	54	...	1	1	1	1	0	4	317-347	FP
Mercy ¹⁴³	J. L. Keeley	94	2,505	89	54	4,597	4	3	2	1	0	10	225-300	F	
Michael Reese	N. Crohn	127	4,100	148	62	6,512	7	3	2	2	0	14	135-235	FP	
Mount Sinai ¹⁴⁴	M. M. Greene	88	3,298	64	45	9,251	3	2	2	2	0	9	225-300	P	
Northwestern University Medical Center															
Chicago Wesley Memorial	W. Maddock	110	3,525	79	63	...	5*	1	1	1	0	8	250-325	P	
Passavant Memorial	L. Davis	34	1,254	25	68	...	5	2	2	1	0	10	225-275	P	
Veterans Admin. Research	F. W. Preston	65	1,970	100	83	...	0	8	4	4	2	18	291-497	O	
Evanston (Evanston)	J. M. Dorsey	75	3,604	60	75	668	2	2	1	1	0	6	250-300	P	
Presbyterian-St. Luke's	E. J. Beattie, Jr.	175	10,378	187	77	4,263	10*	4	4	4	0	22	125-200	F	
University of Chicago Clinics	W. E. Adams	90	2,496	157	72	31,907	3	4	4	4	3	18†	225-305	...	
University of Illinois Research and Educational Hospitals															
Veterans Admin (West Side) ¹⁵²	W. H. Cole	85	3,027	128	70	17,747	3	3	3	3	0	12	170-255	P	
	M. I. Gibbel	179	2,498	107	74	5,278	4	3	3	3	0	13	291-443	O	
Evanston															
Evanston Hospital	See Northwestern University Medical Center, Chicago	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Francis	D. P. Slaughter	92	3,811	71	66	6,477	2	2	1	1	0	6	260-290	F	
Hines															
Veterans Admin ¹⁵⁷	C. B. Puestow	227	3,629	269	61	4,021	19*	9	9	8	0	45	291-442	O	
INDIANA															
Indianapolis															
Indiana University Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Indiana University Hospitals	H. B. Shumacker, Jr.	55	1,634	126	88	998	12*	3*	3*	2	2	22†	225-300	P	
Veterans Admin.	R. E. Lempeke	152	2,200	90	76	3,077	3	0	0	1	0	4	291-497	O	
Marion County General	W. Carson	78	1,896	179	44	9,014	3	3	3	3	0	12	269-382	P	
IOWA															
Des Moines															
Iowa Methodist ¹⁶⁵	J. B. Priestley	179	4,917	96	57	4,186	3	2	2	2	0	9	200-375	F	
Veterans Admin.	L. T. Palumbo	148	5,881	106	66	3,899	5*	3	3	2	0	13	291-443	P	
Iowa City															
State University of Iowa Hospitals	R. T. Tidrick	150	4,523	260	66	14,892	9*	4	4	4	0	21	200-285	...	
Veterans Admin.	E. S. Brintnall	145	1,792	...	...	1,750	5	3	2	2	2	14†	291-497	P
KANSAS															
Kansas City															
University of Kansas Medical Center	F. Allbritten	67	1,493	121	82	5,714	3	3	2	2	0	10	175-250	P	
Veterans Admin. (Kansas City, Mo.)	J. A. Zimmerman	67	980	103	74	1,663	...	...	...	...	...	6	292-497	...
Wadsworth															
Veterans Admin ¹⁵⁷	W. Brauer	110	990	69	65	1,256	6	2	2	2	0	12	291-497	P	
Wichita															
St. Francis—Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Francis ¹⁷⁰	J. H. Holt	103	4,586	70	34	4,103	5*	2	2	2	0	11	275-350	FP	
Veterans Admin.	E. M. Berkas	111	1,497	79	63	1,410	2	1	0	1	0	4	290-443	O	
KENTUCKY															
Harlan															
Harlan Memorial	W. Potter	67	1,969	28	39	10,990	3	3	3	3	0	12	400-550	P	
Lexington															
St. Joseph ¹⁷¹	C. C. Johnston	59	2,626	173	25	1,476	8*	4	4	1	0	17	220-250	FP	
Louisville															
University of Louisville Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Children's	H. B. Lynn	61	3,369†	47	...	237	150	F
Louisville General	R. J. Noer	79	2,928	153	50	26,767	7	5	5	5	0	22	117-200	F	
St. Joseph Infirmary	J. T. Giannini	154	7,377	59	27	1,387	4	3	2	1	0	10	220-260	F	
Veterans Admin.	J. E. Hamilton	99	2,654	87	71	4,334	4*	3	3	3	0	13	291-443	O	

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana														
Louisiana State University Division 7-173	J. D. Rives	102	3,222	178	56	23,047					0	24	125-200	F
Tulane University Division	O. Creech, Jr.	92	2,780	169	65	19,491					0	24	125-200	F
Ochsner Foundation 175	A. Ochsner	51	2,060	48	81	8,522	4	4	4	4	0	16	225	P
Veterans Admin. 203	E. L. Burke	119	1,946	119	68	3,310	6	2	2	2	0	12	291-442	O
Shreveport														
Confederate Memorial Medical Center	C. L. Black	140	5,391	201	30	15,249	5	4	4	4	0	17	125-300	F
MAINE														
Portland														
Maine Medical Center	E. H. Drake	65	2,506	92	53	5,711	2	2	2	2	0	8	175-250	FP
MARYLAND														
Baltimore														
Baltimore City Hospitals	M. M. Ravitch	61	1,535	108	50	18,443	6	4	3	1	1	15†	150-250	FP
Church Home and Hospital	O. C. Brantigan	98	3,584	67	55	5,011	6*	3*	2*	1	0	12	200-325	FP
Franklin Square	D. E. Hebb	56	2,468	67	65	5,010	3	1	1	1	0	6	225-250	F
Johns Hopkins	A. Blalock	107	4,096†	176	69	3,256	9	1	2	2	2	17†	167-458	P
Maryland General	C. T. Flotte													
	R. Z. Pierpont	133	4,750	100	38	1,566	5	2	2	2	0	11	225-300	F
Mercy	D. J. Passano	80	2,974	89	36	5,558	2	2	2	2	0	8	300-350	P
St. Joseph's	O. C. Brantigan	96	3,622	79	42	6,305	6	2	1	0	0	9	225-250	F
Sinai	A. M. Sellman	70	3,190	91	45	4,094	7	3	1	1	0	12	235-325	P
South Baltimore General	W. J. Sullivan	78	2,431	71	30	5,880	3	3	2	1	0	9	200-250	F
Union Memorial	H. E. Wittig	141	5,749†	111	35	11,236	7	3	1	1	0	12	260-350	FP
University	R. W. Buxton	89	2,628	158	57	12,670	15	7	5	5	0	32	220-350	P
Cheverly														
Prince George's General	S. Schwartzbach	105	5,546	71	66	2,896	2	2	2	2	0	8	225-300	FP
Farm Howard														
Veterans Admin.	J. M. Miller	101	898	48	56		2	1	2	0	0	5	291-497	O
Perry Point														
Veterans Admin.	R. T. Shackelford	51	1,152	19	95	1,275	2	1	1	1	0	5	291-446	O
MASSACHUSETTS														
Boston														
Beth Israel 190	J. Fine	126	5,631			22,982	5	5	4	4	0	18†	192-275	O
Boston City														
I Surgical Service (Tufts) 192	R. A. Deterling, Jr.	80	1,733	115	41	18,995	8*	6	3	2	0	19	158-248	F
III Surgical Service (Boston University)	J. J. Byrne	90	1,809	94	47	18,950	6*	3	3	3	0	15	158-248	F
V Surgical Service (Harvard)	C. C. Lund	70	1,704	93	61	20,001	6*	6*	5	5	0	22	158-248	F
Boston University Affiliated Hospitals														
Massachusetts Memorial 197	R. H. Smithwick	57	2,316	56	64	4,428	6	6	6	4	0	22	175-275	D
Veterans Admin. (Boston University Service)														
Veterans Admin. (Providence, R. I.) 208	H. W. Horrower	119	2,320	80	73	3,753	3	3	4	2	0	12	291-497	
Carney 192	C. J. Shea	143	6,541	122	46	6,390	4	3	2	2	0	11	200-275	FP
Massachusetts General	E. D. Churchill	258	9,041	342	67	13,953	10	10	10	10	0	40	108-185	F
New England Center	R. A. Deterling	62	2,122	44	73	5,718	6	5	3	2	0	16	237-304	D
Peter Bent Brigham 201	F. D. Moore	128	3,625	171	85	16,051	8	8	4	4	1	25†	142-233	P
St. Elizabeth's	J. W. Spellman	144	5,582	139	50	6,980	3	3	2	2	0	10	175-250	F
Veterans Admin. (Jamaica Plain) 203	H. H. Faxon	93	2,681	110	76	6,340	8	8	4	4	0	24	291-497	O
Cambridge														
Cambridge City	J. B. Vemaglio	50	1,614	109	41	5,095	1	1	1	1	0	4	195-260	F
Quincy														
Quincy City—Brockton														
Quincy City	M. Sargent	113	5,693	126	47	1,100	2	2	1	1	0	6	197-350	F
Brockton (Brockton)														
Springfield														
Springfield	J. V. Scola	85	3,183	109	40	6,972	6	4	2	2	0	14	175-250	FO
Worcester														
Memorial	G. R. Dunlop	122	5,472	91	46	1,668	3	2	1	1	0	7	250-325	FP
St. Vincent	J. C. McCann	135	8,053	153	57	2,913	3	3	2	1	0	9	200-275	FP
Worcester City	E. J. Croce	221	11,685	128	53	4,163	3	3	2	1	0	9	250-335	F
MICHIGAN														
Ann Arbor														
St. Joseph's Mercy	E. T. Thieme	56	2,022	41	58	36	4	2	2	2	0	10	310-410	F
University 206	C. G. Child, III	88	2,499	112	71	9,994	18	12	5	5	0	40	192-295	O
Dearborn														
Veterans Admin.	See Wayne State University, Detroit													
Detroit														
Detroit Memorial	J. Mark	76	2,826	34	44	103	1	1	1	1	0	4	475-550	
Grace	D. W. McLean	220	8,129	117	61	2,295	3	3	3	3	0	12	275-350	FP
Hopner	E. A. Osius	136	4,382†	142	52	2,018	12	4	3	3	0	22	275-350	P
Henry Ford	L. S. Fallis	231	6,891	167	70	69,246	22*	14*	10*	8	0	54	300-400	P
Mount Carmel Mercy	W. S. Carpenter	239	10,531	133	46	1,741	4	2	2	2	0	10	450-525	P
St. John	C. C. Eades	77	6,011	37	44		2*	1	1	1	0	5	325-400	F
Sinai	M. L. Sorock	92	4,461	74	73	4,020	4	2	2	2	0	8	300-375	F
Wayne State University														
Affiliated Hospitals	N. S. Gimbel													
Receiving		169	4,351†	258	35	28,165	5	7	6	0	0	18	333-408	P
Veterans Admin. (Dearborn)		193	4,511	168	58	4,609	4	4	3	2	1	14†	291-443	O
Etolso														
Wayne County General Hospital and Infirmary	W. W. Glas	187	3,695	336	37	8,803	4	4	3	3	0	14	411-499	F

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
MICHIGAN—Continued															
Flint															
Hurley	M. E. Dodds	136	4,926‡	94	50	10,925	3	2	2	2	0	9	325-450	F	
McLaren General	C. W. Colwell	132	6,502	73	45	...	2*	1*	0	1	...	4	400-475	F	
Grand Rapids															
Blodgett Memorial	D. S. MacIntyre	50	2,274	42	74	196	1	1	1	1	0	6	325-350	F	
Butterworth	W. McDougal	145	7,223	151	55	1,251	2	2	2	2	0	8	325-375	O	
Highland Park															
Highland Park General	J. A. Witter	101	4,656	92	41	...	3	2	2	1	0	7	416-492	P	
MINNESOTA															
Minneapolis															
Minneapolis General	C. R. Hitchcock	75	2,054	154	73	17,210	4	4	4	3	3	18†	250 ...	P	
University of Minnesota Hospitals 218	O. H. Wangenstein	92	2,082	206	86	4,074	17	15	12	10	6	60†	250 ...	O	
Veterans Admin. 219	W. Kelly	186	2,686	194	76	5,760	8	6	5	4	0	23	291-497	O	
Rochester															
Mayo Foundation 220	J. M. Waugh	183	11,098	281	75	54,486	20	20	20	20	5	85†	200-333	P	
Saint Paul															
Ancker	L. P. MacLean	109	3,755	194	62	12,278	2	2	2	2	0	8	280 ...	F	
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University	J. D. Hardy	39	1,478†	57	47	4,678	6	6	4	4	0	20	250-300	O	
Veterans Admin.	J. H. Conn	144	2,480	63	59	...	3	...	1	1	0	5	291-497	...	
Vicksburg															
Vicksburg	W. H. Parsons	42	2,657	65	32	3,125	1	1	1	1	0	4	100-300	F	
MISSOURI															
Clayton															
St. Louis County 222	D. Sauer	44	1,708	75	60	20,592	3	2	2	2	0	9	275-400	F	
Columbia															
University of Missouri Medical Center	J. Modlin	52	1,327	64	72	4,025	4	4	4	2	0	14	250-400	P	
Kansas City															
Kansas City General	R. A. Coffey	59	2,047	181	40	10,270	2	2	2	2	2	8	220-320	FP	
Veterans Admin.	See University of Kansas Medical Center, Kansas City, Kansas	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Louis															
Bornes 225	C. A. Moyer	111	3,191	127	62	7,819	15	10	3	4	0	32	50-175	F	
Homer G. Phillips	C. A. Mayer	110	3,263	192	41	10,127	12*	6	4	4	0	26	246-330	...	
Jewish	M. Pareira	57	2,261‡	49	53	1,048	4	2	2	2	0	10	200-350	FP	
Missouri Pacific Employes'	R. A. Weir	97	3,546	60	53	31,226	6	2	2	2	0	12	250-325	F	
St. Louis City 384	C. A. McAfee	...	...	...	...	...	...	...	...	...	...	...	...	...
	G. B. Starkloff	83	2,486	195	48	8,822	6	4	3	3	0	16	246-330	P	
	L. V. Mulligan	115	4,254	110	68	2,198	3	2	1	1	0	7	300-400	F	
St. Luke's	C. E. Lischer	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's Group of Hospitals of St. Louis University	C. R. Honlon	127	3,998	167	60	4,326	4	4	3	2	0	13	150-170	F	
Veterans Admin. (St. Louis University Service)	R. T. Mamiya	71	1,076	61	70	...	2	2	2	2	0	8	291-443	...	
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Washington University Service	W. T. Newton	67	1,207	72	69	...	2	2	2	2	0	8	291-443	...	
NEBRASKA															
Omaha															
Creighton Memorial St. Joseph	J. M. McKain	69	2,507	98	40	1,740	4	4	4	2	0	14	210-335	F	
University of Nebraska 232	M. Musselman	40	808	44	90	6,273	3	2	2	2	0	9	225-333	P	
Veterans Admin. 236	W. P. Kleitsch	108	2,064	104	66	2,876	2	2	2	2	0	8	291-434	O	
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mary Hitchcock Memorial	R. Weismann	107	3,104	76	84	7,059	8	5	5	2	0	20	218-325	...	
Veterans Admin. (White River Jct., Vt.)	W. B. Crandell	107	3,104	76	84	7,059	8	5	5	2	0	20	218-325	...	
NEW JERSEY															
East Orange															
Veterans Admin. 242	A. H. Levy	220	1,875	115	70	980	5*	2	2	2	0	11	291-497	P	
Jersey City															
Jersey City Medical Center	E. J. Halligon	203	6,126	288	26	29,086	8	8	5	5	0	26	200-350	F	
Newark															
Newark Beth Israel	M. Kern	98	4,407	86	44	11,917	2	1	1	1	0	5	250-300	F	
Orange															
Orange Memorial	R. G. Hamilton	60	2,794	69	52	1,787	1*	1	1	1	0	4	225-300	FP	
Trenton															
St. Francis	G. N. J. Sommer, Jr.	124	5,209	96	49	...	2	2	1	0	0	5	250-325	F	
NEW MEXICO															
Albuquerque															
Veterans Admin.—Bernalillo County—Indian	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	R. L. Carlson	105	1,900	47	92	518	2	6	4	2	0	14	291-443	O	
Bernalillo County—Indian	G. D. Grady	...	782	23	52	1,970	1	1	1	1	...	4	...	...
NEW YORK															
Albany															
Albany Medical Center—Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Albany Medical Center	C. Eckert	80	...	141	62	...	8	6	5	2	4	25	210-290	P	
Veterans Admin.	J. A. Nelson	173	2,087	99	75	10,862	4	2	1	4	0	11	291-497	O	

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK—Continued														
Buffalo														
Buffalo General ²⁵⁰	J. R. Paine	3,342†	93	62	3,946	6*	3	3	2	0	14†	175-200	F	
Edward J. Meyer Memorial	J. D. Stewart	132	2,438	213	53	20,168	4	3	3	3	16†	292-380	FP	
Millard Fillmore	H. N. Kenwell	106	6,901†	138	55	300	4	3	3	3	11	338-366	FP	
Sisters of Charity ²⁵³	F. M. Zoepfel	169	6,244	127	35	1,048	2	2	2	0	8	335-440	FP	
Veterans Admin. ²⁴⁹	W. M. Chardack	138	1,468	91	67	5,529	3	3	3	3	12	291-443	O	
Cooperstown														
Mary Imogene Bassett ²⁵³	J. H. Powers	31	1,214	27	85	12,445	2	1	1	1	5	200-350	P	
Hempstead														
Meadowbrook	J. N. Shell	71	2,234	211	11	5,491	6	3	3	3	15	275...	F	
Mineola														
Nassau	E. T. Montgomery	103	4,841	66	55	1,305	2	2	2	2	8	325-425	...	
New York City														
Beekman-Downtown	S. Mage	70	2,033	27	33	7,785	3*	3	1	1	..	200-275	F	
Bellevue Hospital Center	...	...	...	...	...	...	..	..	..	..	..	..	...
Div. I—Columbia University ²⁵³	K. M. Lewis, Sr.	72	1,807	83	58	7,667	7	2	2	2	13	215-265	F	
Div. II—Cornell University ²⁵⁸	C. W. Holman	63	2,037	70	57	11,287	7	6	6	1	21†	215-265	F	
Div. III—New York University College of Medicine ²⁶⁰	J. H. Mulholland	185	4,780	232	48	13,610	18	7	7	7	39	215-265	F	
Div. IV—New York University Post-Graduate Medical School ²⁶⁰	Combined With Division III	...	...	...	...	...	..	..	..	..	..	215-265	FT
Beth-El	C. B. Ripstein	112	3,427	92	50	10,686	2	2	2	2	8	150-250	FP	
Beth Israel ²⁶⁵	L. Ginzburg	92	2,881	80	38	3,697	4*	1	1	1	7	200-250	FP	
Bronx	R. Friedlander	74	2,987	54	30	10,569	4	2	2	2	10	184-251	F	
Bronx Municipal Hospital Center	D. State	85	2,100	151	30	14,000	6*	6	4	4	23†	215-265	F	
Coney Island	K. MacGregor	117	5,741	93	34	20,839	3	2	2	2	7	175-205	F	
Flushing Hospital and Dispensary ²⁶⁷	J. E. Hammett	131	4,657	162	33	17,400	3	3	3	3	12	215-265	F	
Harlem	C. N. Baker	102	4,822	85	20	17,258	1	1	1	1	4	200-275	F	
Jewish Hospital of Brooklyn	A. deL. Maynard	135	2,313	90	66	21,759	2	4	4	3	16†	215-265	F	
Kings County Hospital Center ²⁷³	L. Berger	83	2,790	116	31	5,720	5	2	2	2	11	115-200	F	
Knickerbocker ²⁶⁷	K. Karlson	319	6,454	651	30	18,159	12	8	8	8	36	215-265	F	
Lenox Hill	P. D. Allen	92	2,352	66	59	4,457	3	3	2	2	10	200-275	FP	
Lincoln	H. C. Mater	144	5,628	88	31	12,090	2	2	2	2	8	200-258	FP	
Long Island College	F. H. Amendola	102	3,033	117	45	18,848	6	4	2	2	14†	215-265	FP	
Long Island Jewish	R. A. Mainzer	122	3,493	86	32	9,322	2	1	1	1	5	170-200	FP	
Maimonides	P. E. Leor	60	2,266	44	80	1,182	2*	1	1	1	5	100-165	FP	
Methodist Hospital of Brooklyn	A. Hurwitz	75	2,832	104	47	3,709	5	2	2	2	9	175-200	FP	
Montefiore	A. J. Vosseler	70	2,435	77	33	6,374	3	2	2	2	13	220-295	F	
Mount Sinai	E. Hurwitz	177	4,762	199	49	1,113	6	2	3	2	23	100...	FP	
New York	S. H. Klein	142	4,028	182	48	15,105	10*	7	3	3	23	100...	FP	
New York Medical College—Metropolitan Hospital Center	F. Glenn	152	4,105	142	74	27,168	11*	6	6	3	32†	164-287	P	
Flower and Fifth Avenue Hospitals Metropolitan	C. P. Bailey	124	4,322	136	36	1,636	..	..	..	..	8	215-265	F
New York Polyclinic Medical School and Hospital	...	85	1,623	106	50	30,903	3	3	3	4	13	215-265	F	
Presbyterian ²⁷⁹	W. H. Cassebaum	99	3,428	66	45	10,086	6	2	2	2	12	150-275	F	
Queens Hospital Center	G. H. Humphreys	201	6,167	72	72	55,402	8*	7	6	6	30†	250-416	FP	
Roosevelt	L. J. Morse	149	2,832	297	44	5,855	6*	2	2	2	12	215-265	FP	
St. Clare's	A. J. Vosseler	148	4,105	156	61	6,533	8*	3	3	3	16	158-316	FP	
St. John's Episcopal ²⁶⁶	J. L. Madden	143	2,934	106	40	6,866	3*	2	2	2	9†	225-300	FP	
St. Luke's	J. E. Mulo*	74	3,144	71	30	6,341	1	1	1	1	4	195-245	F	
St. Vincent's	H. A. Zintel	149	4,359	97	63	22,660	8	4	3	3	18	125-200	F	
Veterans Admin. (Bronx) ²⁸¹	L. M. Rousselot	248	6,321	257	52	16,030	6*	6	2	2	16†	175-250	F	
Veterans Admin. (Brooklyn)	P. Cooper	125	2,208	75	57	1,217	5*	4	3	3	15†	291-497	O	
Veterans Admin. (Manhattan) ³⁰⁸	H. H. LeVeau	128	1,809	96	50	0	8	2	4	1	17†	292-498	O	
Wyckoff Heights	W. F. MoeFee	184	2,727	106	58	5,099	5	5	5	5	20	291-442	O	
Genesee	P. A. Zoller	108	4,375	95	51	4,633	3	3	3	2	12†	150-350	F	
Rochester														
Highland	E. W. Douglas	108	3,968	79	82	5,032	4	3	2	1	10	175-450	FP	
Rochester General ²⁴⁵	T. B. Gorlick	105	4,627	66	73	1,059	2	2	1	1	6	175-250	FP	
St. Mary's	C. Sahler	118	5,458	89	73	1,279	3*	3*	2	2	11	175-250	FP	
Strang Memorial—Rochester Municipal ²⁸⁸	J. Remington	141	6,396	69	55	2,148	2	2	2	2	8	250-325	P	
Syracuse														
State University of New York Upstate Medical Center	C. G. Rob.	82	2,880	110	74	9,244	10	6	2	2	20	166-291	O	
Veterans Admin.	C. B. Mueller	342	9,969	338	52	532	12*	7*	6	4	..	250...	O	
Valhalla														
Grosslands	L. S. Rogers	98	1,138	54	78	5,843	5*	3	2	2	12	291-443	...	
R. W. Holliday														
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial ²⁹¹	N. A. Womack	82	2,692†	112	77	8,401	7	4	4	6	2	23†	175-333	O
Durham														
Duke ²⁹⁴	C. E. Gardner	62	2,258	49	53	7,931	14	3	3	3	26†	66-91	F	
Winston-Salem														
City Memorial	H. M. Starling	118	4,981	80	46	1,410	1	1	1	1	4	330-440	P	
North Carolina Baptist	H. H. Bradshaw	57	2,335	73	63	4,281	6	3	3	3	15	166-208	P	
OHIO														
Akron														
Akron City	S. A. Schlueter	109	3,798	150	51	1,273	6*	2	2	2	1	13†	275-375	FP
Akron General	T. S. Brownell	108	4,344	88	48	10,621	6	3	3	2	14	300-400	FP	
St. Thomas	E. A. Simendinger	99	2,519	59	46	2,585	4	2	2	2	10	300-417	F	

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO—Continued														
Cincinnati														
Christ	J. R. Meek	61	3,322	56	43	5,281	4	2	2	1	0	9	250-325	P
Good Samaritan	R. J. Tapke	329	11,143†	194	36	191	4	3	3	2	0	12	320-395	P
Jewish 297	E. Waliver	139	6,340†	121	56	2,821	5*	5	2	2	0	14	230-290	FP
University of Cincinnati Hospital Group 298	W. A. Altmeier	...	...	...	...	...	...	...	...	...	...	...	...	...
Cincinnati General	...	102	2,261	142	48	11,751	10*	6	4	4	3	30†	75-48c	...
Veterans Admin.	...	87	1,175	57	72	...	...	...	...	...	...	...	291	O
Cleveland														
Cleveland Clinic	G. Crile, Jr.	98	3,654	137	63	20,767	6	4	2	2	0	14	275-400	O
Cleveland Metropolitan General	F. A. Simeone	64	1,427	69	61	7,650	10	4	4	3	0	22†	150-258	F
Fairview Park	R. J. McNamee	61	2,039†	37	43	375	3	3	2	2	0	10	250-400	FP
Huron Road	H. W. Brown	...	...	...	...	...	...	...	...	...	...	...	...	...
Lutheran	J. L. Bilton	108	4,580	140	46	2,361	4	3	3	3	...	14	210-225	FP
Mount Sinai	W. O. Lewin	101	4,091	76	44	...	5	3	2	2	0	12	275-350	P
St. Alexis	H. Gans	70	3,923	79	39	6,271	4	2	2	2	0	10	215-250	FP
St. Luke's	L. A. Backiel	152	5,960	183	58	1,547	4	2	2	1	0	9	225-300	F
St. Vincent Charity	F. S. Cross	125	4,147	148	51	4,948	2	2	2	2	0	8	220-325	F
University Hospitals of Cleveland 392	D. T. Shaw	169	6,764	78	56	26,565	2*	2*	2	2	0	8	235-275	FP
Veterans Admin. 395	W. D. Holden	122	4,664†	132	66	11,345	10	6	5	5	0	26	162-262	P
	C. L. Cogbill	228	3,378	139	57	4,678	8	4	2	2	0	16	291-497	P
Columbus														
Mount Carmel	W. H. Teachnor	123	4,620	96	59	702	2	2	0	0	0	4	275-350	F
Ohio State University Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University 396	R. M. Zollinger	155	3,172	131	71	5,941	10	5	5	5	0	25	177-277	P
Riverside Methodist-White Cross	D. K. Heydinger	127	5,486	85	54	5,525	4*	2	2	2	0	10†	290-365	P
Dayton														
Veterans Admin. 398	R. J. Ireton	191	2,636	161	82	2,379	4*	3	3	3	0	13	291-443	...
Toledo														
Maumee Valley	R. Hotz	36	963	80	53	2,046	3*	2	2	2	0	9	285-350	F
Youngstown														
St. Elizabeth	P. Cestone	237	9,973†	176	50	1,249	5*	2	2	2	0	11	350-425	FP
Youngstown	G. G. Nelson	217	10,269	167	51	640	4	4	2	2	0	12	275-350	F
OKLAHOMA														
Oklahoma City														
St. Anthony	C. M. O'Leary	107	5,229	123	43	3,424	2	1	1	0	0	4	300-375	P
University of Oklahoma Medical Center	J. A. Schilling	...	...	...	...	...	8	6	5	4	1	24†	...	...
University Hospitals 319	...	86	1,878	82	63	8,371	...	...	...	...	...	...	200-350	P
Veterans Admin.	G. S. Campbell	160	2,233	89	72	719	...	...	...	...	...	...	...	...
OREGON														
Portland														
St. Vincent 320	J. M. Roberts	163	7,899	107	55	4,208	2	2	2	2	0	8	275-305	P
University of Oregon Medical School Hospitals and Clinics 321	J. E. Dunphy	183	3,774	152	84	11,522	5	5	5	5	2	22†	165-215	F
Veterans Admin.	R. M. Vetto	90	1,593	46	85	1,820	5	3	3	2	0	13	291-414	P
PENNSYLVANIA														
Abington														
Abington Memorial	C. M. Smyth	141	3,500	82	54	1,422	1	2	1	1	0	5	275-450	F
Allentown														
Allentown	C. H. Trexler	110	4,614†	216	45	11,003	1	1	1	1	0	4	225-300	FP
Bryn Mawr														
Bryn Mawr 323	F. R. Robbins	125	4,800	111	50	3,771	2	2	2	2	0	8	200-275	F
Danville														
George F. Geisinger Memorial	H. M. Klinger	50	2,103	66	56	10,570	2	2	2	2	0	8	175-290	FP
Erie														
Hamat	D. D. Dunn	60	5,081	53	45	1,414	1	1	1	1	0	4	250-300	F
Harrisburg														
Harrisburg	D. A. Johnston	195	5,555	137	55	11,256	4	1	1	1	0	7	225-250	FP
Philadelphia														
Albert Einstein Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Northern Division	B. Greenspan	94	3,299	114	50	1,348	4	2	2	2	0	10	125-200	F
Southern Division	A. Ulin	71	2,139	109	49	12,817	2	2	2	2	0	8	125-200	F
Germantown Dispensary and Hospital	S. D. Weeder	160	4,954	136	43	18,578	1	1	1	1	0	4	200-225	F
Graduate Hospital of the University of Pennsylvania	L. K. Ferguson	28	1,115	20	65	6,334	2	2	2	2	0	8	100-150	F
Hahnemann Medical College and Hospital	J. M. Howard	28	575	42	74	8,320	6	4	4	4	4	22†	150-300	P
Hospital of the University of Pennsylvania	J. Rhoades	134	3,626	175	69	9,054	9	7	7	6	2	31†	175-300	P
Hospital of the Woman's Medical College of Pennsylvania	D. R. Cooper	24	1,367	36	64	2,048	2	2	2	2	0	8	125-200	F
Jefferson Medical College	J. H. Gibban, Jr.	106	3,410	93	56	4,932	8	4	4	4	0	20	100-150	P
Lankenau 326	G. C. Engel	...	...	...	...	...	...	...	...	...	...	...	...	...
Misericordia	J. M. Deaver	112	3,893	81	56	14,094	2	2	2	2	0	8	200-250	FP
Pennsylvania	W. D. O'Sullivan	73	2,028	88	60	23,847	1	1	1	1	0	4	250-400	F
Philadelphia General	O. C. King	...	2,395	96	58	10,927	2	2	1	3	0	8	170-200	O
Hahnemann Medical College Service	J. Howard	13	389	42	44	1,811	...	...	...	...	...	2	...	...
Jefferson Medical College Service	W. T. Lemmon	21	559	50	58	2,141	...	...	...	...	...	2	...	...
Temple University Service	J. Hall	15	488	39	61	1,972	...	...	...	...	...	2	...	...
University of Pennsylvania Service	W. Erb	22	636	55	72	2,137	...	...	...	...	...	2	...	...
Woman's Medical College of Pennsylvania Service	L. Stahlgren	14	390	39	48	1,934	...	...	...	...	...	2	...	...
Presbyterian	R. P. Glover	100	3,105	74	58	8,233	2*	2	2	1	0	7	235-290	F
Temple University	G. P. Rosemond	185	2,539	125	59	9,628	4	4	4	4	0	16	175-250	P
Veterans Admin.	O. Serlin	99	4,108	82	77	...	6*	3	3	3	0	15	291-443	O

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA—Continued														
Pittsburgh														
Allegheny General.....	W. M. McNaugher.....	...	1,789†	67	45	3,725	1	1	1	1	0	4	200-250	F
Health Center Hospitals of the University of Pittsburgh.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Children's.....	W. B. Kieseewetter.....	...	1,158	24	79	4,619	0	2	1	2	1	6†	175...	F
Presbyterian-Woman's.....	S. P. Harblson.....	...	2,324	80	66	...	6	4	4	4	2	20†	125-175	F
Mercy.....	H. G. Kuehner.....	228	5,124	118	43	8,507	3	3	3	1	0	10	275-325	F
Veterans Admin.....	F. C. Jackson.....	83	1,610	100	70	...	7*	4	4	4	2	21†	...	O
Western Pennsylvania.....	G. V. Foster.....	75	2,309	72	58	1,631	2	2	4	2	0	10	250-300	F
Sayre														
Robert Packer.....	W. C. Beck.....	77	3,087	75	64	18,048	2*	1	1	1	0	5	235-375	P
York														
York.....	F. M. Weaver.....	...	...	...	...	...	2	2	2	2	0	38	325-425	F
PUERTO RICO														
Caparra Heights														
University.....	J. Noya.....	78	2,250	106	62	16,813	5	4	4	4	4	...	...	...
San Juan														
San Juan City.....	A. S. Casanova Diaz.....	107	2,761	92	66	14,388	4	4	4	4	0	16	175-425	F
RHODE ISLAND														
Providence														
Rhode Island.....	J. M. Beardsley.....	122	5,727	137	49	16,521	6	2	2	2	2	14†	125-250	F
Veterans Admin.....	—See Boston University Affiliated Hospitals, Boston	...	...	...	...	...	...	...	...	...	...	...	...	...
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals.....	F. E. Kredel.....	162	4,754	158	65	17,510	6	4	3	3	0	16	137-200	FP
Medical College.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Roper.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Greenville														
Greenville General.....	F. R. Wrenn.....	122	5,284	147	47	4,809	1	1	1	1	0	4	300-375	O
TENNESSEE														
Memphis														
Baptist Memorial.....	R. M. Miles.....	284	11,833	171	44	2,455	3	2	2	1	0	8	325-400	F
City of Memphis Hospitals.....	H. Wilson.....	63	1,883	54	52	12,945	3	3	3	3	1	13†	150-175	...
Methodist.....	J. M. Aste.....	...	8,970†	99	40	...	2	1	1	1	0	5	325-400	F
Veterans Admin.....	R. F. Bowers.....	143	3,085	148	82	3,227	8*	5	5	3	0	21†	291-497	P
Nashville														
Baptist.....	C. C. Trabue.....	139	7,353	93	31	780	4	4	4	1	0	13	300...	P
Hubbard.....	M. Walker.....	40	1,019	75	42	8,649	3	1	2	3	2	11†	175-275	FP
St. Thomas ⁸⁸	G. Halcomb.....	115	5,716	98	45	632	...	...	...	...	...	11	300...	FP
Vanderbilt University Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nashville General.....	J. L. Showyers.....	73	2,894	90	34	20,841	3	3	2	2	0	10	315-400	FP
Vanderbilt University.....	H. W. Scott, Jr.....	60	2,562	47	49	8,290	11	11	7	5	4	38†	75-125	F
Veterans Admin.....	W. G. Gobbel, Jr.....	168	2,606	100	65	0	5	4	5	3	0	17	291-497	O
TEXAS														
Dallas														
Baylor University.....	J. W. Duckett.....	78	3,909†	56	48	2,300	3	3	2	1	0	9	210-250	P
Parkland Memorial.....	T. Shires.....	95	3,051	166	37	30,810	10	7	9	3	1	30†	150-200	P
Veterans Admin. ³⁵⁰	R. P. Hays.....	97	1,289	78	79	2,050	4*	3	3	3	0	13	291-443	P
Galveston														
University of Texas Medical Branch Hospitals.....	T. G. Blocker, Jr.....	55	1,333	68	45	5,823	9	5	3	3	0	20	160...	F
Houston														
Baylor University Affiliated Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jefferson Davis.....	M. E. De Bokey.....	71	1,824	55	62	15,681	7*	6*	6*	3*	0	22	125-165	F
Methodist.....	L. L. D. Tuttle.....	41	1,898†	32	66	260	2	1	2	0	0	5	100-175	F
Veterans Admin. ³⁵⁴	S. W. Law.....	75	1,587	51	90	3,414	8*	4	4	4	0	20	291-443	P
Hermann.....	G. W. Waldron.....	117	5,232	120	47	6,984	2	2	2	2	0	8	150-225	F
UTAH														
Salt Lake City														
Dr. W. H. Groves Latter-Day Saints ⁶⁹	H. M. Jackson.....	128	6,983†	104	50	887	4	2	2	2	0	10	250-325	FP
University of Utah Affiliated Hospitals ³⁵⁹	W. J. Burdette.....	...	...	...	...	...	6	4	4	4	4	22†	...	...
Salt Lake County General.....	...	45	1,212	98	59	19,255	...	...	...	...	...	...	230-462	O
Veterans Admin.....	W. K. Fitzpatrick.....	76	1,375	30	71	619	...	...	...	...	...	...	...	O
VERMONT														
Burlington														
University of Vermont Affiliated Hospitals.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
DeGoesbriand Memorial.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mary Fletcher.....	A. G. MacKey.....	33	1,439	39	69	513	2	2	2	2	0	8	100-166	FP
White River Junction														
Veterans Admin.....	—See Dartmouth Medical School Affiliated Hospitals, Hanover, N. H.	...	...	...	...	...	...	...	...	...	...	...	...	...
VIRGINIA														
Charlottesville														
University of Virginia.....	W. H. Muller, Jr.....	58	2,221	85	59	9,714	6	5	5	3	0	19	90-180	F
Norfolk														
De Paul.....	C. Davis.....	97	4,310	81	41	6,888	2	1	1	1	0	6	225-300	F
Norfolk General.....	R. L. Payne, Jr.....	68	5,538	132	34	10,379	4	2	1	1	0	8	150-375	F
Richmond														
Medical College of Virginia—Hospital Division ⁶⁵	D. M. Hume.....	250	4,416	252	52	37,412	12	9	8	8	0	37	100-175	F
Veterans Admin.....	Y. H. Zimberg.....	90	1,345	68	56	2,930	2	2	2	2	0	8	291-497	P

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
WASHINGTON														
Seattle														
Swedish ³⁶³	E. B. Spelt	...	9,067	86	63	416	6	3	2	1	1	13†	225-337	FP
University of Washington Affiliated Hospitals ³⁶⁷	H. N. Harkins	...	...	...	...	...	12	9	6	6	6	39	...	...
King County	J. R. Cantrell	45	1,518†	101	54	7,920	..	..	..	..	..	..	150-425	F
University	...	...	328	29	99	937	..	..	..	..	..	..	200-500	P
Veterans Admin.	J. W. Bell	112	2,278	78	87	...	..	..	..	..	..	..	291-497	...
Virginia Mason ³⁶⁶	J. W. Baker	93	5,388	95	76	...	3	3	3	3	0	12	200-375	FP
WEST VIRGINIA														
Beckley														
Beckley Memorial	R. E. Wilcox	75	2,539	46	74	28,937	3	3	3	1	0	10	400-550	P
Charleston														
Charleston General	V. Skoff	117	5,559	64	28	8,952	3	3	2	2	0	10	275-350	FP
Memorial	J. E. Lutz	118	5,500	72	40	4,792	2	2	1	1	0	6	250-325	FP
Huntington														
Chesapeake and Ohio Railway Employees Affiliated Hospitals	...	...	...	...	...	...	..	..	..	..	..	..	...	...
Chesapeake and Ohio (Clifton Forge, Va.) ³⁶⁰	J. M. Emmett	77	3,341	48	38	14,076	4	3	2	1	0	10	200-300	FP
Chesapeake and Ohio	J. P. Carey	46	1,518	31	55	7,744	3	2	2	1	0	8	200-250	F
Morgantown														
West Virginia University Medical Center	B. Zimmerman	...	...	...	..	...	3	3	3	2	0	11	277-377	P
WISCONSIN														
Madison														
University Hospitals ³⁶⁹	E. R. Schmidt	121	3,339	132	76	15,461	10*	5*	6	5	0	26	100-250	F
Milwaukee														
Milwaukee County	E. H. Ellison	142	3,226	360	64	30,546	9*	6	5	5	0	25	234-439	O
Milwaukee ³⁷⁴	P. F. Hausmann	105	4,410	49	65	22,768	2	2	2	2	0	8	375-450	P
Veterans Admin. (Wood)	E. H. Ellison	...	...	...	...	...	...	...	...	...	...	...	...	...
	M. B. Smith	103	2,653	95	87	4,312	4	4	4	4	0	16	291-443	P

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, 174; Residencies, 906

UNITED STATES ARMY

WASHINGTON														
Madigan General, Tacoma	W. A. Todd, Jr.	223	5,544	25	92	40,361	2	2	2	0	0	6	...	...

UNITED STATES PUBLIC HEALTH SERVICE

LOUISIANA														
U.S. Public Health Service, New Orleans	J. E. Elliott	136	2,631	20	80	7,706	2	2	2	0	0	6	...	...
MARYLAND														
U.S. Public Health Service, Baltimore	H. D. Fishburn	145	3,168	80	69	13,566	2	2	2	0	0	6	723	...
MASSACHUSETTS														
U.S. Public Health Service, Boston	F. W. Love	102	1,817	15	73	9,417	1	1	1	0	0	3	...	...
NEW YORK														
U.S. Public Health Service, New York City	P. E. Walker	276	4,924	41	70	20,309	4	3	3	0	0	11	...	...
WASHINGTON														
U.S. Public Health Service, Seattle	W. W. Carpenter	119	2,061	32	74	10,981	1	1	2	0	0	4	...	...

OTHER FEDERAL

CANAL ZONE														
Gargas, Balboa Heights	E. P. Shirokov	70	2,507	33	88	14,537	2	2	2	0	0	6	458-541	O

NONFEDERAL AND VETERANS ADMINISTRATION

ALABAMA														
Birmingham														
Carraway Methodist	B. M. Carraway	72	5,517	39	26	74,176	2	1	1	0	0	4	275-325	FP
Tuskegee														
Veterans Admin.	J. F. Hume	134	1,447	61	51	...	3	2	2	0	0	7	291-373	O
ARIZONA														
Phoenix														
St. Joseph's	J. J. Berens	142	6,913	140	64	1,509	1	1	1	0	0	3	300-400	FP

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O P F FP
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA														
Los Angeles														
California	J. H. Gifford	117	6,052	57	39	1,621	2	2	2	0	0	6	250-300	FP
Hospital of the Good Samaritan	J. C. Jones	192	7,620	95	72	1,908	2	2	2	0	0	6	325-375	FP
Queen of Angels	J. F. Regan	125	5,464	90	45	1,264	2*	1	1	0	0	4	275-325	F
St. Vincent's	E. C. Pallette	51	2,167	54	34	148	1	1	1	0	0	3	350-400	F
San Diego														
Mercy	A. E. Moore	132	7,386	95	58	2,078	1	1	1	0	0	3	250-350	F
San Francisco														
St. Luke's	O. H. Pflueger	83	4,907	40	58	4,617	3	1	1	0	0	5	325-375	FP
St. Mary's	T. J. Whalen	133	4,084	47	69	2,615	1	1	2	1	0	5*	200-300	FP
COLORADO														
Denver														
Mercy	F. Good	108	6,862	18	61	...	2	2	1	0	0	5	330-420	P
Presbyterian	K. C. Sawyer	107	4,477	73	55	3,585	2	1	1	0	0	4	275-300	P
St. Luke's	C. H. McLauthlin	200	7,366	134	52	6,068	3	2	1	0	0	6	275-300	P
Pueblo														
Colorado State ¹¹⁹	H. H. Kerr	118	582	86	58	5,934	6	1	1	0	0	8	540-700	F
CONNECTICUT														
New Haven														
Hospital of St. Raphael	O. Pelliccia	94	4,952	133	63	13,992	4	4	1	1	0	10*	300-335	F
Waterbury														
St. Mary's	J. R. Bergen	138	6,089	90	31	6,748	2	2	1	0	0	5	225-275	F
FLORIDA														
Miami Beach														
Mount Sinai Hospital of Greater Miami	R. M. Fleming	98	4,271	108	43	2,398	3	3	1	0	0	7	250-300	F
Orlando														
Orange Memorial	A. H. Spivack	84	3,805	125	51	...	1	1	1	0	0	3	325-375	O
Tampa														
Tampa General	W. M. Myers	...	5,193	122	39	4,916	3*	2	2	0	0	6	250-300	FP
GEORGIA														
Atlanta														
Crawford W. Long Memorial	C. E. Holloway	79	4,876	83	45	5,295	5	3	2	0	0	10	285-300	O
Macon														
Macon	M. B. Hatcher	170	9,911	146	24	7,669	3	2	2	0	0	7	275-375	FP
Savannah														
Memorial Hospital of Chatham County	H. Delancy	56	3,050	73	52	4,299	1	1	1	0	0	3	350 ...	F
ILLINOIS														
Chicago														
American	P. Thorek	93	1,795	42	41	11,792	2	3	0	0	0	5	225-275	F
Grant	C. K. Solander	50	1,153	43	60	4,457	0	1	1	0	0	2	225-275	F
Illinois Masonic	P. Shambaugh	108	4,355	104	39	21,335	5	4	2	0	0	11	175-235	F
Provident	M. M. Proffitt	58	1,973	53	30	890	1	1	1	0	0	3	225-275	F
St. Elizabeth	A. F. Cipolla	74	9,245	33	75	1,122	1	1	1	0	0	3	200-250	F
St. Joseph	E. J. Del Beccaro	54	2,027	36	63	2,036	1	1	1	0	0	3	300-350	F
St. Mary of Nazareth	T. Steiner	77	2,614	52	12	...	4	2	2	0	0	8	275-325	FP
Peoria														
St. Francis ¹⁶²	C. D. Branch	107	4,095	33	42	1,015	2	2	2	0	0	6	235-290	F
INDIANA														
Bluffton														
Clinic Hospital	H. D. Caylor	22	602	14	78	10,106	1	1	1	1	0	4†	300-400	P
Indianapolis														
Methodist	D. S. Megenhardt	278	8,936	178	46	1,172	2	2	2	0	0	6	360-450	P
Lafayette														
St. Elizabeth	D. C. Fields	97	3,626	89	17	...	2	1	1	0	0	4	310-330	F
KANSAS														
Kansas City														
St. Margaret's	M. V. Laing	172	8,201	256	57	10,326	1	1	1	0	0	3	300-400	P
LOUISIANA														
New Orleans														
Southern Baptist ¹⁷⁹	R. L. Buck	139	5,517	87	48	1,037	4	2	1	0	0	7	225-275	P
Touro Infirmary	S. Karlin	...	3,996	106	52	4,279	2	2	2	0	0	6	150-200	FP
MARYLAND														
Baltimore														
Lutheran	W. E. Gilmore	55	2,122	53	61	4,388	4	2	2	0	0	8	220-300	F
Provident	R. Montgomery	45	1,338	55	49	7,074	4	2	1	0	0	7	250-300	F
St. Agnes	G. Govatos	72	2,313	58	36	13,437	6	4	1	0	0	11	275-300	P
MASSACHUSETTS														
Beverly														
Beverly	R. E. Alt	66	2,770	53	53	11,963	2	2	1	0	0	5	200-300	F
Fall River														
Truesdale-Fall River General	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fall River General	D. F. Gallery	...	...	...	...	...	0	1	1	0	0	2	225-384	F
Truesdale	C. H. Howes	51	1,991	52	58	5,131	1	1	1	0	0	3	175-300	F
Malden														
Malden	W. E. Garrey	121	6,350	60	50	503	4	1	1	0	0	6	225-375	FP

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	O v n Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS—Continued														
Pittsfield														
Pittsfield Affiliated Hospitals		...	...	...	...	...	...	...	...	...	...	...	...	...
Pittsfield General		...	...	...	...	...	...	...	...	...	...	...	...	...
St. Luke's	R. Zupanc	96	3,384	61	35	609	2	2	1	0	0	5	325-400	F
MICHIGAN														
Battle Creek														
Lella Y. Post Montgomery	R. Mustard	34	2,805	47	28	1,526	1	1	1	0	0	3	400-525	F
Detroit														
Alexander Blain	A. Blain, III	23	1,043	10	50	8,902	..	..	..	..	..	5	250-350	F
Providence	W. G. Quigley	127	4,354	105	51	1,100	2	2	2	0	0	6	410-450	P
St. Joseph Mercy	S. J. Shanoski	76	3,366	37	43	234	2	0	0	0	0	4	425-475	F
Grand Rapids														
St. Mary's	F. S. Gillett	88	4,679	37	45	337	2	2	1	0	0	5	300-345	FP
Kalamazoo														
Bronson Methodist	A. J. Neerken	105	5,234	63	43	698	1	1	1	1	1	4†	270-330	F
Pontiac														
Pontiac General	L. C. Sheffield	23	5,983	118	53	417	2	2	2	2	1	9†	350-425	FP
St. Joseph Mercy	C. G. Darling	128	1,801	20	45	647	2	2	2	0	0	6	375-435	P
Royal Oak														
William Beaumont	H. B. Barker	93	5,157	62	52	22	3*	3	3	0	0	9	350-450	P
Saginaw														
Saginaw General	J. E. Manning	77	3,002	69	49	355	1	1	1	1	0	4†	365-440	P
MINNESOTA														
Minneapolis														
Mount Sinai ²⁸⁶		...	...	...	...	...	...	...	...	...	...	...	...	...
St. Barnabas—Swedish	L. S. Hay	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Barnabas		99	5,381	49	63	2,785	1	1	1	0	0	3	200-300	F
Swedish		100	5,023	36	69	...	3	2	1	0	0	6	200-300	F
St. Paul														
Charles T. Miller	E. J. Richardson	108	3,559†	115	56	4,902	1	1	1	0	0	3	325-375	P
MISSOURI														
Kansas City														
Menorah Medical Center	A. Adelman	93	4,290	32	63	...	3	1	1	0	..	5	300-400	F
St. Luke's ²²³	A. D. Mitchell	122	5,815	92	61	4,666	2	2	2	0	0	6	250-300	FP
St. Mary's	J. H. O'Neil	46	1,833	51	55	2,057	1	1	1	0	0	3	275-450	P
St. Louis														
De Paul	J. W. Thompson	99	5,034	63	40	...	3	2	1	0	0	6	200-250	F
Missouri Baptist	E. R. Lerwick	56	2,224†	68	50	432	4	3	1	0	0	8	200-300	F
St. John's	W. L. Tomlinson	101	4,564	98	56	3,165	4	3	1	0	0	8	250-350	F
NEBRASKA														
Lincoln														
Veterans Admin.	R. F. Moore	57	1,163	38	68	1,675	2	2	2	0	0	6	...	P
NEW JERSEY														
Atlantic City														
Atlantic City	G. R. Stamps	104	4,754	118	51	26,067	1	1	1	0	0	3	225-300	F
Camden														
Cooper	E. R. Ristine	170	5,112	161	76	9,040	1	1	1	0	0	3	200-275	F
West Jersey	K. L. Athey	121	4,713	78	45	3,234	1	1	1	0	0	3	225-275	FP
Hackensack														
Hackensack	R. B. Grant	80	3,672	71	30	942	2	1	1	0	0	4	200-250	F
Long Branch														
Monmouth Medical Center	L. A. Barnett	86	3,442	62	52	2,646	2*	1	1	1	0	5†	225-275	F
Mount Holly														
Burlington County	L. B. Reagan	41	1,507	34	50	8,207	2	2	2	0	0	6	200-300	F
Newark														
Martland Medical Center	H. A. Schulte	60	1,222	103	23	...	3	3	3	0	0	9	300-350	F
St. Barnabas Medical Center	C. Reilly	75	3,023	49	16	2,630	1	1	1	1	0	4†	175-225	F
New Brunswick														
Middlesex General	P. J. Kundeman													
	N. Rosenberg	93	4,076	61	45	3,111	3	1	1	0	0	4	275-300	F
St. Peter's General	F. M. Clarke	81	7,121	48	41	2,344	2	2	1	0	0	4	250-300	FP
NEW YORK														
Albany														
St. Peter's	T. I. Tyrrell	149	5,615	70	41	9,518	2	2	1	0	0	6	275-300	FP
Buffalo														
Deaconess	E. T. McGroder	109	3,407	90	36	5,254	4	2	2	0	0	8	325-350	F
Johnson City														
Charles S. Wilson Memorial	D. D. Smith	86	3,413	57	40	17,115	3	2	2	0	0	7	250-300	P
Monhasset														
North Shore	J. H. Eckel	66	3,159†	36	33	686	..	..	..	..	0	..	220-270	F
Mount Vernon														
Mount Vernon	J. F. Bagg	99	3,567	90	39	2,668	2	1	1	0	0	4	225-300	F
New Rochelle														
New Rochelle	H. J. Dunlap	144	7,302	75	44	3,693	1	1	1	1	0	4†	225-300	...
New York City														
City Hospital at Elmhurst	A. Zimany	116	1,803	200	54	9,364	2	2	2	1	0	7†	215-265	F
Cumberland	J. J. Gaiety	...	1,502	65	47	5,269	3	2	2	0	0	7	215-265	F
Fordham	B. H. Golden	114	2,772	160	36	18,399	2	2	2	2	0	8†	215-265	F
French ²⁶⁵	H. B. Keyes	60	2,172	46	41	7,019	2	2	1	0	0	5	250-300	F
Grand Central	L. Breidenbach	100	3,939†	50	36	759	4	3	2	0	0	9	150-175	F
Greenpoint	S. Schusselm	38	404	24	5	8,935	2	2	2	0	0	6	215-265	F

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend 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														
Jamaica	E. J. Patterson	...	4,858	...	..	...	2	1	1	0	0	4	200-300	F
Lutheran Medical Center	R. P. San Filippo	76	2,416	52	36	2,201	1	1	1	0	0	3	225-275	F
Mary Immaculate	N. D. Tiscione	98	4,052	95	21	2,173	2	2	2	0	0	6	185-215	F
Misericordia	M. J. Healy	88	3,674	70	37	3,793	2	2	1	1	0	6†	200-275	F
Morrisania City	M. Eisenstat	36	1,116	54	55	4,661	2	3	3	0	0	8	215-265	F
St. Catherine's	J. Marrone	68	3,415	65	23	4,671	2	1	1	0	0	4	160-190	F
St. Mary's	J. Rizzo	49	2,860	37	43	2,565	1	1	1	0	0	3	225-275	F
Sydenham	S. Standard	46	1,940	37	29	6,823	2	1	1	0	0	4	215-265	F
Schenectady														
Ellis	S. MacMillan	118	5,099	116	60	6,057	3	3	1	0	0	7	325-400	FP
White Plains														
White Plains 290	W. M. Sheridan	89	4,390	72	48	2,399	1	1	1	0	0	3	175-225	F
NORTH CAROLINA														
Charlotte														
Charlotte Memorial	A. G. Brenizer, Jr.	49	2,005†	29	59	10,928	1	1	1	0	0	3	295-345	P
Durham														
Lincoln	H. M. Schiebel	15	705	22	30	879	2*	2*	1	0	0	5	250-300	F
Watts	J. E. Davis	76	3,487	50	48	2,010	3	3	1	0	0	7	250-300	F
Winston-Salem														
Kate Bitting Reynolds Memorial	J. M. Walker, Jr.	83	3,110	70	30	8,466	1	1	1	0	0	3	330-490	P
OHIO														
Canton														
Aultman	W. M. Dowlin	136	6,515	92	36	591	5	3	4	0	0	12	250-400	F
Mercy	P. E. Smith	143	6,760	158	33	14,838	3	3	2	0	0	8	275-300	P
Cincinnati														
St. Mary's	R. A. Matuska	71	2,373	65	29	3,962	..	..	..	..	..	4	275-325	F
Cleveland														
Evangelical Deaconess	H. A. Haller	54	2,445†	51	43	...	3	3	1	0	0	7	291-341	P
St. John's	J. C. Avellane	90	4,011†	100	24	9,306	4	2	2	1	0	9†	250-350	FP
Dayton														
Good Samaritan	C. E. O'Brien	132	6,336	297	45	199	1	1	1	0	0	3	275-325	F
Miami Valley	F. Shively, Jr.	238	9,183	269	52	2,383	2	2	2	0	0	6	250-300	FP
St. Elizabeth	T. P. Rab	...	...	...	...	...	1	0	0	0	0	1	325...	F
Garfield Heights														
Marymount	F. R. Mautz	99	3,745	29	13	166	4	3	1	1*	0	9†	250-325	F
Lakewood														
Lakewood	N. W. Thiessen	99	5,246	65	37	206	4	4	2	1	..	11†	325-480	F
Lima														
Lima Memorial	R. R. Snowball	87	3,502	45	38	17	1	1	1	0	0	3	300-375	F
St. Rita's	C. H. Leech	121	6,224	116	48	4,862	1	1	1	1*	0	3†	400-450	P
Toledo														
Mercy	H. L. Hauman	122	5,975	98	57	727	1	1	2	0	0	4	300-350	F
St. Vincent's	J. I. Collins	118	5,590	115	54	10,914	1	1	1	0	0	3	300-350	FP
Warren														
Trumbull Memorial	D. A. Miller	111	4,064	112	46	...	2	2	2	0	0	7	300-400	F
OKLAHOMA														
Tulsa														
Hillcrest Medical Center	C. T. Thompson	197	9,515†	163	48	907	..	..	..	..	..	6	200-275	F
St. John's	E. L. Moore	101	3,226	64	64	3,329	2	2	2	0	0	6	200-250	FP
OREGON														
Portland														
Good Samaritan	M. McKirdie	34	1,506	35	60	2,369	1	1	1	1	0	4†	275-315	P
PENNSYLVANIA														
Allentown														
Sacred Heart	C. Holland	150	6,368	96	56	2,958	1	1	1	0	0	3	225-275	FP
Bethlehem														
St. Luke's	D. P. Walker	...	5,123	159	42	1,630	1	0	0	0	0	4	260-280	FP
Easton														
Easton	T. Zulick, Jr.	82	2,440	38	61	1,246	1	1	1	0	0	3	300...	FP
Erie														
St. Vincent's	J. Brinig	94	4,647	109	57	2,564	2	1	1	0	0	4	275-325	FP
Harrisburg														
Harrisburg Polyclinic	W. K. McBride	169	5,839	159	45	3,720	1	1	1	0	0	4	250-300	FP
Namistown														
Sacred Heart	R. Buyers	88	4,373	61	34	...	2	1	1	0	0	4	350...	FP
Philadelphia														
Episcopal	J. W. Klapp	78	2,480	94	54	7,895	2	2	2	0	0	6	150...	F
Frankford	A. L. Calley	56	2,396	69	38	4,745	1	1	1	0	0	3	325-375	F
Mercy-Douglass	M. W. Allen	45	1,104	28	60	3,351	3	2	1	0	0	6	250-300	F
Methodist	G. Willauer	79	2,811	56	35	15,192	2	1	1	0	0	4	150-250	F
Nazareth	J. F. O'Neill	66	1,944	58	64	968	1	1	1	0	0	3	300...	F
Pittsburgh														
Mantefiore	S. A. Rosenberg	135	4,889	103	46	4,826	3	1	1	0	0	5	225-275	F
St. Francis General Hospital and Rehabilitation Institute	H. E. Feather	117	4,645	94	31	7,006	3	3	1	0	0	7	240-355	FP
Reading														
St. Joseph's	R. Impink	74	1,454	95	52	1,006	1	1	0	0	0	3	350...	F
West Reading														
Reading	C. B. Rentschler	125	...	56	72	3,140	1	1	1	0	0	3	225-275	F
Williamsport														
Williamsport	F. E. Sanford	101	4,052	121	35	17,300	1	1	1	0	0	3	250-325	F

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PUERTO RICO														
Fajardo														
Fajardo District	R. T. Justiniano	60	1,468	47	49	2,033	2	2	1	0	0	5	350-450	F
Ponce														
Hospital de Damas	L. F. Sala	55	2,553	26	35	...	1	1	1	0	0	3	225-250	F
Ponce District	J. C. Bonet	110	2,600	114	75	16,231	2	2	2	0	0	6	250-350	F
San Juan														
Veterans Adm. (San Patricio) ³⁴⁴	L. A. Passalacqua	84	2,673	21	90	3,114	..	..	..	..	..	7	325-419	P
SOUTH CAROLINA														
Columbia														
Columbia Hospital of Richland County	G. T. McCutchen	91	3,223	135	33	7,691	1	1	1	0	0	3	300-340	P
Spartanburg														
Spartanburg General	R. S. Wilson	190	8,492	140	30	16,000	1	2	2	0	0	5	375-425	O
SOUTH DAKOTA														
Yankton														
Sacred Heart	C. B. McVay	32	1,662	30	30	...	1	1	1	0	0	3	... 300	F
TENNESSEE														
Chattanooga														
Baroness Erlanger	G. Young	162	7,083	158	41	11,281	8	4	2	0	0	14	325-375	F
Knoxville														
University of Tennessee Memorial Research Center and Hospital ³⁴⁹	C. R. Zirkle	67	2,228	92	54	4,983	3	2	2	1	0	8†	320-350	F
Memphis														
St. Joseph	W.H. Grogg, Jr.	109	4,490	92	18	...	1	1	1	0	0	3	325-375	F
TEXAS														
Austin														
Brackenridge ³⁴⁵	R. R. Ross	48	2,118	48	48	3,200	1	1	1	0	0	3	250-350	F
Dallas														
Methodist	B. E. Park	149	8,658	76	42	2,542	3	2	2	0	0	7	225-275	F
St. Paul	W.H. Pickett	119	5,126†	77	46	3,500	2	2	2	0	0	6	225-275	FP
Houston														
St. Joseph's	W. B. Thoming	33	1,061	11	64	765	2	2	1	0	0	5	120-200	F
San Antonio														
Robert B. Green Memorial	A.W. Hartman	..	2,233	120	55	29,488	3	3	2	0	0	8	200-350	F
Temple														
Scott and White Memorial	T. Speed	65	2,467†	52	40	...	3	3	3	0	0	9	300 ...	O
VIRGINIA														
Alexandria														
Alexandria	C. L. Fifer	27	1,484†	48	43	...	2	1	1	0	0	4	275-350	P
Richmond														
Johnston-Willis	F. S. Johns	82	2,888	30	57	...	1	1	1	0	0	3	300 ...	F
Roanoke														
Jefferson	H. H. Trout, Jr.	24	966	24	67	3,103	2	1	0	0	0	4	200-300	F
Roanoke Memorial	J. E. George	173	7,054	60	40	3,668	1	2	2	0	0	5	350-375	F
WEST VIRGINIA														
Beckley														
Beckley	H. F. Cooper	34	1,599	22	50	16,649	2	1	1	0	0	4	250-300	F
Charleston														
Kanawha Valley Memorial	J. C. Candry	46	2,038	8	100	1,460	1	1	1	0	0	3	200-250	F
Huntington														
Cabell Huntington	S. Schnitt	78	4,762	47	48	8,092	5*	1	1	0	0	7	250-300	F
St. Mary's	W. E. Irons	42	2,169	37	24	335	1	1	0	0	0	3	275-325	...
Martinsburg														
Veterans Adm.	I. Harrison	117	1,549	79	62	359	2	2	1	0	0	5	291-497	O
Phillippi														
Broadus	H. C. Myers	44	1,481	37	57	16,510	0	1	1	0	0	2	275-375	P
Wheeling														
Ohio Valley General	J. O. Pankin	178	5,408	122	44	1,303	4	2	1	0	0	7	325-375	P
WISCONSIN														
Madison														
Madison General	S. L. Chose	64	2,080	55	50	...	2	2	2	0	0	6	200-250	FP
Milwaukee														
Columbia ³⁷¹	M. Schroeder	72	2,735	77	70	9,532	2	1	1	0	0	4	350-400	P
Mount Sinai	S. K. Wynn	107	4,766	58	45	3,115	3	2	1	0	0	6	300 ...	F
St. Joseph's	R. W. Mann	155	7,154	151	45	2,367	2	2	2	0	0	6	300-350	F

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, 21; Residencies, 104

UNITED STATES ARMY

TEXAS

U.S. Army, Fort Hood	A. C. Buchanan	90	4,941	3	3	11,203	3	0	0	0	0	3
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Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NON FEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Glendale														
Glendale Sanitarium and Hospital.....	H. C. Prout	71	3,960	69	52	2,071
Oakland														
Samuel Merritt	G. T. Root	35	1,484	21	51	2,314	..	..	..	..	..	220-268	F
San Francisco														
French.....	W. L. Rogers.....	91	3,617	70	34	9,709	3	0	0	1	0	4	300	F
DISTRICT OF COLUMBIA														
Washington														
St. Elizabeth.....	.....	..	..	..	..	..	..	..	..	..	..	..	..
ILLINOIS														
Chicago														
Columbus	K. Meyer	86	5,652	37	54	4,514	5	0	0	0	0	5	325-375	F
Henrotin	C. B. Puestow.....	..	1,220	17	53	1	0	0	0	0	1
IOWA														
Des Moines														
Broadlawns—Polk County	H. E. Wichem .....	..	1,461	40	58	1,291	..	..	..	..	..	..	..
LOUISIANA														
Lafayette														
Lafayette Charity	J. D. Rives	73	2,221	98	21	15,534	0	0	0	3	0	3	500	P
MASSACHUSETTS														
Boston														
Lahey Clinic	R. B. Cattell.....	89	3,539	86	59	13,912	13	0	0	0	0	13	225-300	O
Cambridge														
Mount Auburn.....	.....	..	..	..	..	..	..	..	..	..	..	..	..
Chelsea														
Lawrence F. Quigley Memorial	A. L. Davis.....	37	921	26	38	4,355	291-362	O
MISSOURI														
Columbia														
Ellis Fischel State Cancer	E. J. Schewe, Jr.....	68	1,175	77	48	4,641	0	0	0	2	2	4	200-300	F
NEW YORK														
New York City														
Francis Delafield	G. H. Humphreys, II	74	855	184	48	5,922	0	8	0	0	3	11	215-265	F
Memorial Hospital for Cancer—James Ewing	H. T. Randall	288	7,120	415	46	41,744	0	0	26	23	..	49	250-420	F
NORTH CAROLINA														
Durham														
Veterans Admin.	R. W. Postlethwait.....	48	1,026	36	64	4	0	2	1	0	7	291-497	O
OHIO														
Barberton														
Barberton Citizens .....	.....	118	5,410	59	47	849	..	..	..	..	..	..	..
Cincinnati														
Children's	W. A. Altemeier.....	..	..	..	..	.....	..	..	..	..	..	..	..
Columbus														
Children's	H. W. Clatworthy, Jr. ..	36	1,706	51	94	3,049	0	0	0	0	4	4	300-350	P
VIRGINIA														
Lynchburg														
Lynchburg General	J. W. Devine, Jr.....	41	2,147	38	37	200-300	P

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for additional training following the completion of an approved residency. The American Board of Surgery will give credit for time spent in these services toward fulfillment of the practice requirements for Group II candidates.
Hospitals, 21; Residencies, 78

NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA														
Duarte														
City of Hope Medical Center.....	R. L. Byron, Jr.	27	860	92	76	8,156	0	0	2	2	0	4	400...	O
COLORADO														
Denver														
Children's.....	D. R. Akers.....	41	1,112	22	77	.....	..	..	..	..	..	..	..
DISTRICT OF COLUMBIA														
Washington														
Children's.....	E. McNamara.....	58	7,592	17	94	12,053	..	..	..	..	..	..	..
ILLINOIS														
Chicago														
Children's Memorial	O. Swenson.....	69	3,581	93	86	13,888	0	0	0	0	4	4	300-375	P

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS														
Boston														
Children's Hospital Medical Center.....	R. E. Gross	42	1,686	92	87	14,282	6	4	4	1	..	11	...	F
Walpole														
Pondville	W. B. Patterson.....	86	1,578	193	72	17,148	0	0	0	4	0	4	320-556	...
Westfield														
Westfield State Sanatorium	F. S. Hopkins.....	35	813	121	48	7,301	0	0	0	2	0	3†	527 ...	P
MISSOURI														
Columbio														
Ellis Fischel State Cancer	E. J. Schewe, Jr.....	68	1,175	77	48	4,641	0	0	0	2	2	4	200-300	F
NEW YORK														
Buffalo														
Children's	T. C. Jewett, Jr.....	40	2,091	27	96	5,327	0	0	0	2	0	2†	200-300	F
Roswell Park Memorial Institute	G. E. Moore.....	90	905	142	100	13,374	0	0	0	6	6	12	334-400	O
New York City														
Francis Delafield	G. H. Humphreys, II ...	74	855	184	48	5,922	0	8	0	0	3	11	215-265	F
Memorial Hospital for Cancer—James Ewing.....	.....	..	...	..	..	..	..	..	..	..	..	..	...	...
Presbyterian (Babies).....	T. V. Santulli .....	..	Inc in Pediatrics	..	..	..	0	0	0	0	1	1	308 ...	P
OHIO														
Columbus														
Children's .....	.....	..	...	..	..	..	..	..	..	..	..	..	...	...
PENNSYLVANIA														
Philadelphia														
Children's	C. E. Koop	30	2,567	22	80	3,029	0	0	2	2	0	4	66-100	F
Pittsburgh														
Children's	W. B. Kiesewetter.....	..	1,158	24	79	4,619	0	2	1	2	1	6†	175 ...	F
PUERTO RICO														
San Juan														
Dr. I. Gonzalez Martinez Oncologic	L. Vallecillo.....	16	570	14	85	6,155	0	0	0	0	1	1	300-500	P
TEXAS														
Houston														
Texas Children's	L. W. Able.....	..	...	..	..	..	..	..	..	..	..	..	...	...
University of Texas M. D. Anderson Hospital and Tumor Institute.....	E. C. White	74	2,026	94	82	21,853	0	0	0	6	2	8†	300 ...	...
WASHINGTON														
Seattle														
Children's Orthopedic.....	D. Hall.....	41	815‡	16	15	669	0	0	3	0	0	3	280 ...	P
<p>Residency programs in the following hospitals are approved by the Council as offering satisfactory training of ONE or TWO years' duration in preparation for residency training in the surgical specialties only. Applicants intending to qualify for examination by the American Board of Surgery should refer to the lists of approved services on pages 774 through 781 (Surgical Residencies, J. A. M. A. 156-432, Sept. 25, 1954). Hospitals, 133; Residencies, 372</p>														
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, Wichita Falls.....	H. E. Woosley	79	4,177	3	33	71,773	..	..	..	..	..	2	...	...
UNITED STATES ARMY														
CALIFORNIA														
U. S. Army, Fort Ord	C. T. Dubuy	184	1,897	4	75	4,856	2	..	..	..	..	2	...	...
GEORGIA														
Martin Army, Fort Benning	D. G. Eisner.....	96	3,352	25	80	14,357	4	0	0	0	0	4	690-740	P
KENTUCKY														
U. S. Army, Fort Campbell	R. R. Chapman.....	46	1,712	5	80	7,860	3	0	0	0	0	3	426-785	O
Ireland Army, Fort Knox .....	.....	..	...	..	..	..	..	..	..	..	..	..	...	...
NEW JERSEY														
Walson Army, Fort Dix.....	L. J. Numainville .....	..	1,868	8	50	5,556	1	0	0	0	0	1	...	...
NORTH CAROLINA														
Womack Army, Fort Bragg.....	W. H. Moncrief, Jr.....	191	7,044	28	86	74,560	6	0	0	0	0	6	...	...
OKLAHOMA														
U. S. Army, Fort Sill .....	.....	..	...	..	..	..	..	..	..	..	..	..	...	...
VIRGINIA														
De Witt Army, Fort Belvoir.....	H. M. Henderson	78	2,514	2	100	23,531	6*	0	0	0	0	6	...	...

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION														
ARIZONA														
Phoenix														
Good Samaritan	H. Munhall	65	6,528	46	43	1,156	0	4	0	0	0	4	350 ...	P
Tucson														
St. Mary's	R. E. Jackson	63	1,865	25	36	.....	8	0	0	0	0	8	200 ...	FP
Tucson Medical Center-Pima County General	D. Neubauer	...	...	...	...	...	...	...	...	...	...	...	...	...
Tucson Medical Center	E. Ramsay	43	5,293	30	50	514	7	0	0	0	0	7	275-375	FP
Pima County General	.....	15	404	35	63	1,330	2	1	0	0	0	3	200-250	F
ARKANSAS														
Little Rock														
Arkansas Baptist	W. G. Cooper, Jr.	173	8,785	118	30	.....	2	0	0	0	0	2	325 ...	.
CALIFORNIA														
Arlington														
General Hospital of Riverside County	G. J. Anday	52	3,554	87	67	8,270	3*	0	0	0	0	3	440-464	P
Berkeley														
Herrick Memorial	G. B. Lewis	53	2,513	66	56	1,029	1	1	0	0	0	1	300 ...	F
Long Beach														
Memorial Hospital of Long Beach	C. G. Johnson	119	5,775	182	43	418	1	1	0	0	0	2	325-375	P
Los Angeles														
Santa Fe Coast Lines	L. Chaffin	...	653	2	..	.....	3	0	0	0	0	3	... 515	F
Pasadena														
Huntington Memorial	M. Crumrine	112	5,134	76	55	2,971	3*	0	0	0	0	3	300 ...	FP
San Bernardino														
San Bernardino County Charity	R. Seavers	26	780	39	62	20,702	4	1	0	0	0	5	350-400	F
San Francisco														
Mary's Help	E. Carlson	60	2,469	35	50	5,952	2	1	0	0	0	3	250-350	F
Santa Monica														
St. John's	J. F. Roberts	160	4,357	36	61	532	1	0	0	0	0	1	225-250	P
COLORADO														
Pueblo														
St. Mary-Corwin	J. E. Pollard	146	7,188	78	46	208	4	3	1	0	0	8	285-360	P
CONNECTICUT														
Danbury														
Danbury	W. Stahl, Jr.	13	4,693	88	35	695	2	0	0	0	0	2	250 ...	FP
Greenwich														
Greenwich	F. A. Read	89	4,107	88	70	1,077	2*	0	0	0	0	2	200-300	F
Hartford														
Hartford Municipal Hospital and Health Center	M. E. Freedman	30	852	32	50	3,463	1*	0	0	0	0	1	273 ...	FP
New London														
Lawrence and Memorial Hospitals	F. B. Hartman	91	4,656	55	44	567	4	0	0	0	0	4	250-300	F
Norwalk														
Norwalk	H. Genvert	70	1,623	14	78	708	6	0	0	0	0	6	195-300	F
Stamford														
Stamford	E. C. Rawls	...	5,648	114	61	20,023	3	1	0	0	0	4	260-225	F
DISTRICT OF COLUMBIA														
Washington														
Eastern Dispensary and Casualty	E. Short	55	2,015	19	43	9,000	2	1	0	0	0	3	350 ...	F
Sibley Memorial	D. C. Richtmeyer	82	4,523	35	54	110	2	1	0	0	0	3	347-390	F
FLORIDA														
Fort Lauderdale														
Broward General	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Jacksonville														
Baptist Memorial	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Luke's	R. P. Thompson	42	2,763	45	49	0	2	0	0	0	0	2	325 ...	O
Miami Beach														
St. Francis	J. Jana	...	3,819	50	48	7,862	2	0	0	0	0	2	215-230	F
St. Petersburg														
Mound Park	E. B. Campbell	159	5,154	204	28	.....	1	0	0	0	0	1	307 ...	P
ILLINOIS														
Berwyn														
MacNeal Memorial	W. Vynalek	68	5,890	53	50	260	3	0	0	0	0	3	350 ...	F
Chicago														
Alexian Brothers	L. G. Khedroo	80	1,260	24	50	1,200	2	0	0	0	0	2	300 ...	F
Augustana	J. B. Jacobs	123	3,537	89	49	1,372	2	0	0	0	0	2	400-500	P
Hospital of St. Anthony de Padua	R. F. Tebarek	70	2,926	25	13	106	2	0	0	0	0	2	300 ...	F
Norwegian-American	T. C. Eversen	76	3,377	39	33	1,153	3	0	0	0	0	3	350-400	F
Rovenswood	J. R. DeCara	48	2,561	28	50	.....	2	0	0	0	0	2	300 ...	F
St. Anne's	P. F. Fox	63	3,747	55	21	2,219	2	0	0	0	0	2	300-400	F
St. Bernard's	J. Waitkus	45	2,005	50	36	3,974	3	0	0	0	0	3	200-250	F
Woodlawn	D. S. Fox	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Evergreen Park	L. H. Dill	10	1,306	17	35	4,072	1	0	0	0	0	1	250 ...	P
La Grange														
Little Company of Mary	M. J. McCarthy	196	4,895	189	32	309	3*	3	3	0	0	9†	225-275	F
Peoria														
Community Memorial General	J. H. Cross	48	2,125	43	47	.....	1	0	0	0	0	1	275-350	F
Methodist Hospital of Central Illinois	W. H. Eastman	161	6,153	95	42	1,047	3	1	1	0	0	5†	250-350	FP

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend Per Month Min.-Max.	O P T Maintenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS—Continued														
Rockford														
St. Anthony														
INDIANA														
Indianapolis														
St. Vincent's	J. C. Finneran	78	2,728	43	40	494	1*	1	1	0	0	3†	275-325	F
Muncie														
Ball Memorial	T. C. Moore	156	6,098	108	49	1,530	1	0	0	0	0	1	275 ...	F
IOWA														
Iowa City														
Mercy	J. W. Dulin	20	1,350											
KANSAS														
Wichita														
Wesley	L. Crumpacker	133	6,628	54	19	0	2	0	0	0	0	2	295 ...	FP
KENTUCKY														
Lexington														
Good Samaritan	A. E. Grimes	35	2,005†	58	20		4	2	2	0	0	8	220-250	FP
Louisville														
Norton Memorial Infirmary	P. Imes	146	6,670	74	45	7,615	6	0	0	0	0	6	210-300	FP
LOUISIANA														
New Orleans														
Hotel Dieu Sisters'	M. Salotich	88	4,076	14	43	248	2	2	0	0	0	4	275-300	FP
MAINE														
Lewiston														
Central Maine General	W. V. Cox	102	4,490	112	49	1,319	1	0	0	0	0	1	225 ...	FP
MARYLAND														
Baltimore														
Bon Secours	S. G. Sullivan	75	2,859	81	38	7,475	3	0	1	0	1	5	260-270	F
MASSACHUSETTS														
Boston														
New England	A. Brown	30	1,403	16	25	1,823		0	0	0	0	2	225 ...	F
Fitchburg														
Burbank	F. P. Ross	84	2,914	59	58	4,551	1	1	0	0	0	2	200-250	F
MICHIGAN														
Dearborn														
Oakwood	S. G. Zawacki	48	2,057	34	53		4*	0	0	0	0	4	250-300	F
Detroit														
Evangelical Deaconess	T. H. Hunt	65	3,402	77	48	44	2	0	0	0	0	2	425 ...	P
Jennings Memorial	J. B. Hartzell	15	444	20	35	575	2	0	0	0	0	2	350-400	O
Woman's	J. R. Brown	77	3,352	38	35	433							475-550	...
Grosse Pointe														
Bon Secours	M. O. Young	75	4,096	53	54	5,899	2	1	1	0	0	4†	415-515	F
Kalamazoo														
Borgess	M. Verhage	39	1,879	37	70	440	2	1	1	0	0	4†	275-295	F
Lansing														
Edward W. Sparrow Memorial	S. Rutledge		5,261	73	40		2	2				2	550-650	P
MINNESOTA														
Minneapolis														
Northwestern	R. Relley	121	5,320	86	63	9,616	3	0	0	0	0	3	225-275	F
St. Paul														
St. Joseph's	L. Fox	32	1,248	23	52		2	0	0	0	0	2	... 355	P
MISSOURI														
St. Joseph														
Missouri Methodist	J. N. Martin		4,200	115	31		3	0	0	0	0	3	225 ...	F
St. Louis														
St. Anthony's	A. Repetto	84	3,289	103	40	12,967	3	0	0	0	0	3	250-300	F
NEBRASKA														
Lincoln														
St. Elizabeth	R. F. Mueller	63	3,417	47	40	92	2	0	0	0	0	2	... 350	F
NEW JERSEY														
Montclair														
Mountainside	R. G. Stewart	103	3,438	39	40	1,423	1	0	0	0	0	1	275 ...	FP
Morristown														
Morristown Memorial	E. L. Watkins	92	4,824	55	57	9,116	1	1	0	0	0	2	225-325	FP
Neptune														
Fitkin Memorial	M. O. Hancock	80	3,362	97	53	1,789	1	0	0	0	1	2	250 ...	F
Newark														
United Hospitals of Newark														
Presbyterian	J. J. McGuire	65	2,259	66	45	190	3	3	0	0	0	3	300 ...	O
St. Michael's	J. J. Connolly	96	3,446	57	33	2,156	3	0	0	0	0	3	275 ...	F
NEW MEXICO														
Albuquerque														
Baton Memorial Methodist	R. Massey	72	4,104	4	73									

Numerical and other references are listed on pages 265 through 268.

APPROVED RESIDENCIES

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK														
New York City														
Booth Memorial	J. Chassin	54	2,698	32	44	1,404	3	3	0	0	0	6	325-400	F
Columbus	L.M. Rosati	145	3,479	123	30	9,578	..	..	..	..	..	6	200-300	F
Hospital for Joint Diseases	J.R. Wilder	60	1,683	38	34	16,015	6	0	0	0	0	6	140 ...	F
Jewish Memorial	B. Sherwin	55	2,198	43	48	2,031	1	0	0	0	0	1	250 ...	F
Lebanon	H. Gordimer													
	H. Wesson	100	2,837	59	64	2,885	2	1	0	0	0	3	150-175	FP
Mother Cabrini Memorial	J.P. Alvich	28	1,525	14	21	1,464	1	1	1	0	0	3†	150-200	F
New York Infirmary	L. Loseke	31	1,183	30	36	1,145	2	1	0	0	0	3	200-225	F
Port Chester														
United	F.J. Murphy	67	4,049†	128	31	2,856	2	0	0	0	0	2	235-250	P
NORTH DAKOTA														
Bismarck														
Bismarck	N.O. Brink	69	2,099	71	46	1,595	3	0	0	0	0	3	325 ...	P
Fargo														
St. Luke's	V.G. Barland	44	4,549	39	47	...	3	0	0	0	0	3	500 ...	F
OHIO														
Cincinnati														
Deaconess	R.W. Good S. Hamilton	..	2,542	32	38	1,573	3	0	0	0	0	3	325-375	F
Elyria														
Elyria Memorial	W.V. Young	84	4,645	43	52	325	..	..	..	..	..	1	300-350	F
Hamilton														
Mercy	W.F. Hume	62	2,608	58	40	...	2	2	2	0	0	6†	300-400	F
Mansfield														
Mansfield General	P.S. Test	43	1,497	23	26	...	4	0	0	0	0	4	... 300	F
Toledo														
Flower	W.H. Meffley	84	3,879	37	24	122	1	..	..	..	..	1	300-350	F
OKLAHOMA														
Oklahoma City														
Wesley	A.H. Bell	26	1,160	29	41	...	1	1	0	0	0	2	350 ...	F
OREGON														
Portland														
Emanuel	B.H. Best	57	2,498	52	53	589	2	2	0	0	0	4	275-285	P
Providence	C.E. Hardwick	169	...	136	60	...	..	..	..	..	..	4	275 ...	P
PENNSYLVANIA														
Altoona														
Altoona	J.M. Stowell	112	4,644	50	44	6,563	2	0	0	0	0	2	325-400	F
Bradford														
Bradford	S.A. McCutcheon	64	2,403	76	25	...	0	0	0	2	0	2	250 ...	F
Hazleton														
Hazleton State	J.P.H. Ketrick	60	2,023	51	18	2,217	4	0	0	0	0	4	527 ...	F
St. Joseph	E. LaBuz	72	3,347	36	22	...	1	1	0	0	0	2	... 400	F
Johnstown														
Conemaugh Valley Memorial	W.L. Hughes	46	1,385	26	38	358	2	0	0	0	0	2	300-350	F
Philadelphia														
Jeanes	F.A. Bathe	39	1,774	36	47	2,300	2	0	0	1	0	2	300 ...	F
Sr. Joseph's	J.H. Lehman	176	7,600	98	58	13,000	3	0	0	0	0	3	400 ...	F
Sr. Mary's Franciscan	W.J. Tourish	32	1,028	19	36	4,519	2	0	0	0	0	2	250 ...	F
Woman's	S. Beck	32	1,396	23	22	1,452	2	0	0	0	0	2	175 ...	F
Pittsburgh														
St. Margaret Memorial	J.R. Watson	54	1,745	31	45	5,400	1	0	0	0	0	1	325-375	FP
Wilkes-Barre														
Mercy	L. Blaum	51	2,240	59	25	6,500	1	0	0	0	0	1	300 ...	F
Wilkes-Barre General	P.J. Morgan	64	3,117	75	37	...	1	0	0	0	0	1	300 ...	F
Wilkesburg														
Columbia	I.S. Swan	99	4,351	96	32	22,261	2*	1	0	0	0	3	400 ...	F
PUERTO RICO														
San Juan														
Presbyterian	J.N. Benitez	50	2,399	30	37	2,542	1	0	0	0	0	1	300 ...	F
TENNESSEE														
Chattanooga														
Memorial	G.J. Vlasis	158	2,920	24	1	3,121	4	0	0	0	0	4	300 ...	FP
Newell	E.T. Newell, Jr.	38	2,092	62	19	23,972	3	0	0	0	0	3	300-350	FP
Knoxville														
St. Mary's Memorial	C.L. Chumley	68	2,663	30	43	488	2	0	0	0	0	2	250 ...	FP
TEXAS														
Dallas														
Gaston	J.V. Goode	89	4,842	103	38	...	4	0	0	0	0	4	225-275	FP
Fort Worth														
Harris	R.D. Bickel	130	6,553†	78	54	571	2*	0	0	0	0	2	300 ...	F
Houston														
St. Luke's Episcopal	W.D. Seybold	36	1,703	22	55	...	5*	0	0	0	0	5	100 ...	F
Southern Pacific	J.R. Gandy	48	1,175	11	45	11,057	2	0	0	0	0	2	... 250	F
UTAH														
Ogden														
Thomas D. Dee Memorial	R.F. Howe	57	2,825	43	44	666	2	0	0	0	0	2	325-350	P

Numerical and other references are listed on pages 265 through 268.

25. SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UTAH—Continued														
Salt Lake City														
Holy Cross	H. B. Harmon	81	4,805	65	55	...	2	0	0	0	0	2	275-400	P
St. Mark's	W. L. Chambers	111	4,790	75	51	366	1	0	1	0	0	2	271-462	P
VIRGINIA														
Newport News														
Riverside	S. Evans	78	4,062	52	31	13	2	0	0	0	0	2	250 ...	F
Richmond														
Richmond Memorial	R. P. Coleman	146	6,075	68	35	...	4	0	0	0	0	4	350 ...	F
St. Elizabeth's	G. W. Horsley	26	964	6	67	...	2	1	0	0	0	3	275-300	FP
Roanoke														
Lewis Gale	W. L. Sibley	62	2,743	38	34	13,744	2	1	0	0	0	3	375 ...	FP
WASHINGTON														
Seattle														
Doctors	J. T. Payne	83	5,426	37	62	...	...	...	...	...	...	2	450-500	FP
Providence	C. E. Chism	59	2,658	47	72	652	2	0	0	0	0	2	300-350	FP
Spokane														
Sacred Heart	C. P. Schlicke	308	12,828	133	52	106	2*	0	0	0	0	2	250 ...	FP
WISCONSIN														
Janesville														
Mercy	E. W. Reinardy	63	3,165	51	35	...	4	0	0	0	0	4	... 350	F
La Crosse														
La Crosse Lutheran	S. B. Gundersen, Jr.	102	5,139	98	61	3,000	2	0	0	0	0	2	300 ...	F
Madison														
Methodist	W. L. Waskaw	45	2,011	20	75	...	2	0	0	0	0	2	225-300	F
Marshfield														
St. Joseph's	B. R. Lawton	74	4,443	46	60	1,188	2	0	0	0	0	2	350 ...	F
Milwaukee														
Evangelical Deaconess	O. G. Fals	153	8,531	80	44	1,108	4	2	0	0	0	6	325-350	F
St. Luke's	R. T. McCarty	91	4,131	52	40	272	3	0	0	0	0	3	275 ...	F

26. THORACIC SURGERY

Residency programs in the following hospitals have been approved up to June 30, 1962, by the Council and the Board of Thoracic Surgery, as offering acceptable training in the specialty. Hospitals, 108; Residencies, 241

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1962-1963		Stipend per Month Min.-Max.	Main-tenance O
				Number	Autopsy Percent			Total All Yrs.			
UNITED STATES ARMY											
CALIFORNIA											
Letterman General, San Francisco	B. A. Raymond	7	433	14	86	2,185	2	2	...	...	...
COLORADO											
Fitzsimons General, Denver	E. M. Aronstam	13	238	8	100	729	2	2	...	...	...
DISTRICT OF COLUMBIA											
Walter Reed General, Washington	H. A. Blake	23	250	22	73	156	2	2	...	...	...
UNITED STATES NAVY											
CALIFORNIA											
U. S. Naval, San Diego	J. A. Kaufman	39	427	25	100	2,132	2	2	...	...	...
NEW YORK											
U. S. Naval, St. Albans	J. J. Timmes	32	224	12	92	198	2	2	...	...	...
NONFEDERAL AND VETERANS ADMINISTRATION											
ALABAMA											
Birmingham											
University of Alabama Medical Center	...	...	...	...	...	...	...	...	...	...	...
University Hospital and Hillman Clinic	C. Lyons	30	663	37	43	2,203	1	1	... 462	O	...
CALIFORNIA											
Duarte											
City of Hope Medical Center	A. Goldman	10	241	33	88	656	1	1	400 ...	O	...
Los Angeles											
Veterans Admin.—General Medical and Surgical	J. T. Burroughs	18	269	35	86	293	2	3	497 ...	P	...
Oakland											
Children's Hospital of the East Bay	P. Samson	8	217	12	90	255	1	1	300-350	F	...
Highland—Alameda County	D. J. Dugan	12	306	27	48	536	2	2	281-295	FP	...
Olive View											
Olive View	N. A. Hamel	80	545	34	65	150	1	4	889 ...	...	...

Numerical and other references are listed on pages 265 through 268.

26. THORACIC SURGERY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include transfers)	Deaths		Outpatient Visits	Length of Ap- proved Pro- gram (Years)	Residencies Offered 1962-1963		Stipend per Month Min.-Max.	Main- tenance
				Number	Autopsy Percent			Total All Yrs.			
CALIFORNIA—Continued											
San Francisco											
University of California Medical Center ..	L. Goldman	10	325	43	98	639	1	1	460 ...	O	
Torrance											
Las Angeles County Harbor General	J. Cope.....	5	127½	10	56	1,059	2	2	400-450	F	
COLORADO											
Denver											
National Jewish.....	M. M. Newman	25	376	17	88	0	2	2	300-375	...	
Veterans Admin.....	R. K. Brown.....	4	125	3	100	...	1	..	...	...
CONNECTICUT											
New Haven											
Yale—New Haven Medical Center.....	.....	...	...	...	...	...	2	..	...	...
Grace—New Haven Community.....	G. E. Lindsag	10	288	8	38	221	..	1	... 125	FP	
Hospital of St. Raphael.....	M. G. Carter.....	8	235	21	61	225	2	1	300-335	F	
Newington											
Cedarcrest	R. L. Kemler.....	...	270	1	100	2,861	1	1	320-400	O	
Norwich											
Uncas-on-Thames	W. O. Kelley.....	50	...	7	42	13	1	2	350 ...	F	
DISTRICT OF COLUMBIA											
Washington											
George Washington University.....	B. Blades.....	15	590	21	60	750	2	2	... 260	...	
FLORIDA											
Miami											
Jackson Memorial	R. S. Litwak.....	14	644	57	58	1,520	2	4	375-400	P	
GEORGIA											
Atlanta											
Emory University.....	O. A. Abbott.....	23	8,315½	31	74	2,284	2	4	300 ...	P	
Grady Memorial	O. A. Abbott.....	Inc. in Surg.	...	...	...	...	1	1	200 ...	F
Augusta											
Medical College of Georgia Hospitals....	R. G. Ellison.....	...	...	...	...	...	2	4	500-583	O
Eugene Talmadge Memorial.....	R. G. Ellison.....	16	326	15	66	540	..	..	...	...
Batley State (Rome)	R. F. Corpe.....	24	287	14	50	...	..	..	...	...
HAWAII											
Honolulu											
Leahi.....	P. W. Gebauer	17	371	0	0	370	1	1†	400 ...	F	
ILLINOIS											
Chicago											
Chicago State Tuberculosis Sanitarium...	H. T. Langston	28	303	6	17	12,270	1	2	351 ...	O	
Childrens Memorial .....	.....	Inc. in Surg.	...	...	...	...	1	..	...	...
City of Chicago Municipal Tuberculosis Sanitarium.....	W. M. Lees.....	100	1,350	20	65	2,270	1	6†	343-402	F	
Northwestern University Medical Center...	.....	...	...	...	...	...	2	..	...	...
Veterans Admin. Research	F. W. Preston.....	19	278	26	80	...	..	2	291-497	O
Hines											
Veterans Admin.....	H. T. Langston.....	51	317	48	58	306	2	2†	442-497	O	
Hinsdale											
Suburban Cook County Tuberculosis Sanitarium.....	A. F. Reimann.....	30	160	4	100	1,327	1	1	250-600	O	
IOWA											
Iowa City											
State University of Iowa Hospitals.....	J. L. Ehrenhaft	22	685	33	81	Inc. in Surg.	2	2†	450-550	...	
KANSAS											
Kansas City											
University of Kansas Medical Center....	F. Allbriten .....	...	...	...	...	...	1	1	250 ...	P
LOUISIANA											
New Orleans											
Chority Hospital of Louisiana.....	.....	...	...	...	...	...	2	..	...	...
Louisiana State University Division ..	L. H. Strug	5	167	22	44	1,004	..	2	200-225	F	
Tulane University Division.....	O. Creech, Jr.	4	108	20	65	624	..	2	200-225	F	
Shreveport											
Canfederate Memorial Medical Center	W. W. McCook.....	8	307	15	20	1,191	1	1	300 ...	F	
MARYLAND											
Baltimore											
University.....	R. A. Cowley.....	41	656	30	87	480	2	6	400-455	P	
Veterans Admin.....	R. F. Kieffer.....	30	225	9	100	...	1	1	291-497	P	
MASSACHUSETTS											
Boston											
Boston City.....	J. W. Strieder.....	15	277	26	62	792	2	4	208-296	F	
Boston Sanatorium.....	J. W. Strieder.....	27	27	4	75	...	1	1	332 ...	P	
New England Deaconess	R. H. Overholt.....	19	565	43	59	500	2	4	200-235	P	
MICHIGAN											
Ann Arbor											
University.....	C. Halght.....	30	583	35	74	1,364	2	8	193-220	O	
Detroit											
Henry Ford.....	C. R. Lam.....	27	704	78	92	767	2	5	400 ...	P	
Herman Kiefer	W. M. Tuttle.....	110	618	8	37	1,500	2	6	592-813	...	

Numerical and other references are listed on pages 265 through 268.

26. 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 1962-1963		Stipend per Month Min.-Max.	Main-tenance P O
				Number	Autopsy Percent			Total All Yrs.			
MICHIGAN—Continued											
Lansing											
Ingham Chest.....	A. L. Stanley.....	38	362	17	35	517	2	1		400 ...	F
MINNESOTA											
Minneapolis											
Veterans Admin.....	W. Kelly.....	Inc. in Surg.	...	...	...	...	2	1		291-497	O
Oak Terrace											
Glen Lake Sanatorium.....	V. K. Funk.....	175	227	31	60	3,419	1	1		391-446	O
Rochester											
Mayo Foundation ²²⁰	O. T. Claggett.....	Inc. in Surg.	...	...	...	...	2	4		200-333	P
MISSISSIPPI											
Jackson											
University of Mississippi Medical Center.....	...	...	...	...	...	...	2	..		...	...
University.....	J. D. Hardy.....	3	103	2	100	...	..	2		250-325	O
Mississippi State (Sanatorium).....	W. R. Webb.....	18	218	2	50	183	..	1		300 ...	P
MISSOURI											
Mount Vernon											
Missouri State Sanatorium.....	J. W. Palk.....	453	1,136	108	50	5,861	1	2		400 ...	O
St. Louis											
Barnes.....	T. H. Burford.....	27	812	55	58	324	2	6		250-300	O
NEW JERSEY											
Jersey City											
B. S. Pollak for Chest Diseases.....	F. Bortone.....	253	129	7	43	...	2	2		167-250	F
NEW YORK											
Albany											
Albany Medical Center Hospital.....	A. Stranahan.....	19	803	49	68	76	2	2		225-275	P
Buffalo											
Buffalo General ²⁵¹	R. Adler.....	37	788†	65	94	2,163	2	4		200-690	F
Veterans Admin. ²⁴⁹	W. M. Chardack.....	16	186	21	57	...	2	2		443-498	O
Castle Point											
Veterans Admin.....	R. Douglass.....	2	63	5	60	...	1	2		...	O
Mount Morris											
Mount Morris Tuberculosis.....	...	...	...	...	...	...	1	..		...	...
New York City											
Bellevue Hospital Center.....	...	...	...	...	...	...	2	..		...	...
Div. I—Columbia University ²⁸³	R. H. Wylie.....	14	179	9	44	210	..	4		215-265	F
Bronx Municipal Hospital Center.....	D. State.....	30	300	21	67	400	2	2		265 ...	F
Kings County Hospital Center.....	K. Karlson.....	42	483	66	35	1,360	2	4		215-265	F
Maimonides.....	A. Hurwitz.....	8	120	9	55	...	1	1		225 ...	P
Montefiore.....	A. Aufses.....	113	Inc. in Surg.	...	...	...	1	1		220-295	P
New York Medical College—											
Metropolitan Hospital Center.....	...	...	...	...	...	...	1	..		...	...
Metropolitan.....	S. A. Thompson.....	12	101	14	46	463	..	3		215-265	F
Queens Hospital Center.....	L. Miscall.....	26	198	24	60	6,537	2	4		215-265	F
St. Joseph's Hospital for Chest Diseases	W. W. Fischer.....	37	276	12	58	...	1	2		300-350	F
Veterans Admin. (Bronx) ²⁸¹	P. Cooper.....	10	146	10	60	171	2	2		497 ...	O
Veterans Admin. (Brooklyn).....	R. Klopstock.....	10	405	5	80	0	2	1		443-498	O
Veterans Admin. (Manhattan) ³⁹⁹	J. A. Malcolm.....	21	309	32	56	370	2	4		291-315	O
Oneonta											
Homer Folks Tuberculosis.....	A. M. Skinner.....	203	359	28	25	12,267	1	1		620 ...	O
Sunmount											
Veterans Admin.....	V. S. Wojnar.....	8	205	6	83	...	1	1		291-497	O
NORTH CAROLINA											
Chapel Hill											
North Carolina Memorial.....	R. M. Peters.....	6	253†	14	86	Inc. in Surg.	1	2†		175-266	O
Charlotte											
Charlotte Memorial.....	P. Sanger.....	7	303†	15	80	54	2	2		295-345	P
Durham											
Duke.....	W. C. Sealy.....	18	648	44	52	963	2	Inc. in Surgery		...	F
Oteen											
Veterans Admin.....	H. E. Walkup.....	104	1,205	72	75	...	2	4		497 ...	O
Winston-Salem											
North Carolina Baptist.....	H. H. Bradshaw.....	9	250	20	75	240	2	2		166 ...	P
OHIO											
Cleveland											
Cleveland Clinic.....	D. B. Effler.....	23	669	55	74	1,721	2	4		350-400	O
Cleveland Metropolitan General.....	G. H. A. Clowes, Jr.....	12	165	14	64	466	2	2		258 ...	F
Veterans Admin. ³⁰⁶	H. J. Mendelsohn.....	Inc. in Surg.	...	...	...	...	..	2		291-497	P
Columbus											
Ohio State University Hospitals.....	...	...	...	...	...	...	2	..		...	...
Ohio Tuberculosis.....	N. C. Andrews.....	...	108	9	67	...	..	2†		277 ...	P
University Hospitals.....	K. P. Klassen.....	18	621	35	80	342	..	2		277 ...	P
OKLAHOMA											
Oklahoma City											
University of Oklahoma Medical Center...	G. S. Campbell.....	...	...	...	...	...	2	2		...	...
University Hospitals.....	...	20	342	9	72	510	..	..		250-450	P
Veterans Admin.....	...	...	...	...	...	...	..	..		...	...

Numerical and other references are listed on pages 265 through 268.

26. 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 1962-1963					Stipend per Month Min.-Max.	Main-tenance	
			Number	Autopsy Percent			Total All Yrs.	1st Year	2nd Year	3rd Year	4th Year			5th Year
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics.....	W. S. Conklin.....	73	358	25	76	3,430	2	4					165-215	F
PENNSYLVANIA														
Philadelphia														
Episcopal.....	T. J. E. O'Neill.....	5	130	14	50	249	1	1					150 ...	F
Hahnemann Medical College and Hospital ¹⁵	H. T. Nichols.....	42	510	44	45	115	..	4					200-225	P
Presbyterian ¹²⁰	R. P. Glover.....	14	395	38	84	184	2	4†					265-290	F
Pittsburgh														
Health Center Hospitals of the University of Pittsburgh.....	.....	...	...	...	...	...	3	..					...	...
Alliengheny General.....	.....	...	...	...	...	...	..	..					...	...
Children's.....	.....	...	...	...	...	...	..	..					...	...
Presbyterian-Woman's.....	E. M. Kent.....	12	294	8	63	...	..	5					125-175	F
TENNESSEE														
Knoxville														
University of Tennessee Memorial Research Center and Hospital ³⁰⁰	R. W. Newman.....	6	195	2	100	209	2	2					320-330	F
Memphis														
City of Memphis Hospitals.....	H. Wilson.....	12	328	9	...	531	2	1					150-175	...
Veterans Admin. ³⁴¹	F. A. Hughes.....	48	647	66	77	241	2	2					291-497	P
West Tennessee Tuberculosis.....	F. H. Cole.....	81	290	5	60	224	2	4					330-420	F
Nashville														
Vanderbilt University.....	R. A. Daniel, Jr.	10	312	32	53	700	2	2					75-125	F
TEXAS														
Dallas														
Baylor University ²⁵	R. R. Shaw.....	16	650†	26	58	150	2	1					250 ...	P
Parkland Memorial.....	H. E. Wilson.....	12	345	17	35	765	2	3					250 ...	P
Veterans Admin. ²⁴⁴	R. H. Holland.....	24	254	46	83	447	2	2					443-497	P
Galveston														
University of Texas Medical Branch Hospitals.....	A. W. Harrison.....	14	274	22	59	243	2	4					160 ...	F
Houston														
Baylor University Affiliated Hospitals.....	.....	...	...	...	...	...	2	..					...	...
Jefferson Davis.....	M. E. DeBakey.....	...	Inc. in Surg.	...	...	...	..	2					165 ...	F
Methodist.....	L. L. D. Tuttle.....	21	645†	50	92	0	..	1					100-200	F
Veterans Admin.....	S. W. Law.....	10	428	33	91	629	..	2					443-497	P
UTAH														
Salt Lake City														
Dr. W. H. Groves Latter-Day Saints.....	W. R. Ruml.....	20	1,001‡	68	79	8	2	1					325-350	FP
VIRGINIA														
Charlottesville														
University of Virginia.....	E. C. Drash.....	16	565	20	70	569	2	1					180 ...	F
Richmond														
Veterans Admin.....	L. W. Basher Y. H. Zimberg.....	6	190	28	89	160	2	2					497 ...	P
WASHINGTON														
Spokane														
Sacred Heart.....	R. Berg, Jr.	4	122	12	67	...	1	1					325 ...	FP
WISCONSIN														
Milwaukee														
Milwaukee County.....	B. G. Norodick.....	10	236	9	88	500	2	2					348-452	P
Veterans Admin. (Wood).....	W. Weisel.....	13	305	18	100	661	2	2					497 ...	P

27. 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, 242; Residencies, 845

Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Stipend per Month Min.-Max.	Main-tenance		
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE														
TEXAS														
U. S. Air Force, San Antonio.....	F. E. Cook, Jr.	31	884	1	0	4,401	1	1	1	1	0	4

Numerical and other references are listed on pages 265 through 268.

27. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco.....	K. E. Van Buskirk.....	32	1,165	11	73	5,646	0	1	1	1	0	3†	.....	...
DISTRICT OF COLUMBIA														
Walter Reed General, Washington.....	C. B. Hewitt.....	38	576	25	88	10,005	1	1	1	0	0	3	.....	...
HAWAII														
Tripler Army, Honolulu.....	C. A. Moore.....	27	902	6	100	6,712	1	1	1	0	0	3	.....	...
TEXAS														
Braake General, San Antonio.....	L. K. Mantell.....	36	1,234	10	100	6,639	2	2	2	0	0	6	.....	...
UNITED STATES NAVY														
CALIFORNIA														
U.S. Naval, Oakland ⁹⁴	E. A. Blakey.....	39	761	5	100	5,133	1	1	1	0	0	3†	.....	...
U.S. Naval, San Diego.....	J. R. Dillon.....	53	1,400	24	67	10,664	1	2	1	2	0	6†	.....	...
MARYLAND														
U.S. Naval, Bethesda.....	A. Galuszka.....	56	802	8	75	8,793	1	1	1	1	0	4†	.....	...
NEW YORK														
U.S. Naval, St. Albans.....	C. W. Lewis.....	22	378	14	71	3,660	1	1	1	1	0	4†	.....	...
PENNSYLVANIA														
U.S. Naval, Philadelphia ³²⁷	J. A. Sysla.....	34	601	19	53	3,266	1	2	0	2	0	5†	.....	...
UNITED STATES PUBLIC HEALTH SERVICE														
NEW YORK														
U.S. Public Health Service, New York City.....	C. D. Miller.....	57	1,098	5	80	8,782	2	1	1	0	0	4	.....	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
Freedmen's, Washington.....	R. F. Jones.....	18	531	14	43	3,294	0	1	1	1	0	3	367-475	P
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Carraway Methodist.....	H. Hudson.....	12	695	11	36	4,610	1	0	0	0	0	1	275-325	FP
University of Alabama Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University Hospital and Hillman Clinic.....	B. Barelare.....	34	819	23	54	3,747	2	2	2	0	0	6	184-289	F
Veterans Admin.....	S. W. Shirley.....	22	516	13	69	517	1	0	0	0	0	1	291-497	O
ARKANSAS														
Little Rock														
University.....	J. W. Headstream.....	10	484†	10	30	2,391	1	1	1	1	0	4†	233-333	O
CALIFORNIA														
Bakersfield														
Kern County General.....	D. Falk.....	9	212	6	50	2,956	1	0	1	0	0	2	375-450	O
Long Beach														
Veterans Admin.....	A. J. Bischoff.....	46	493†	21	71	2,955	1	1	1	1	0	4†	291-497	O
Los Angeles														
Kaiser Foundation.....	J. F. Cooper.....	16	1,132	4	...	10,043	2	2	2	0	0	6	250-275	P
Los Angeles County General.....	R. Barnes.....	70	1,997	154	36	16,609	2	3	2	3	0	10†	275-400	P
.....	D. Charnock.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University of California Medical Center.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
University of California.....	W. E. Goodwin.....	15	602	9	75	3,057	0	1	1	1	1	4†	261-340	O
Veterans Admin.....	W. E. Goodwin.....	64	1,279	55	85	10,115	2	2	2	1	0	7†	315-497	P
Los Angeles County Harbor General (Torrance).....	R. Turner.....	19	437†	51	42	3,319	1	1	1	1	0	4†	275-400	F
White Memorial ⁹	T. Bergman.....	8	454	3	100	4,465	2	0	0	1	0	3†	265-330	P
General Hospital of Riverside County (Arlington).....	G. J. Anday.....	7	237	9	67	1,109	.....	.....	.....	.....	.....	.....	464	F
Oakland														
Highland-Alameda County.....	T. T. Nickels.....	19	489	26	50	2,735	1	1	1	0	0	3	255-281	FP
Veterans Admin.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Palo Alto														
Stanford Medical Center and Affiliated Hospitals.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Palo Alto-Stanford Hospital Center.....	T. Stamey.....	15	921	0	.....	.....	3	3	3	3	0	12†	100-175	.....
Veterans Admin.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Community Hospital of San Mateo County (San Mateo).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
San Diego														
San Diego County General ⁶⁸	S. G. Peck.....	21	352†	31	75	2,374	1	1	1	0	0	3	300-400	F

Numerical and other references are listed on pages 265 through 268.

27. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P O
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued														
San Francisco														
Presbyterian Medical Center	H.M. Weyrauch	6	298	2	50	1,188	2	2	2	0	0	6	175-300	P
Santa Clara County (San Jose)	T. E. Gibsan	...	...	7	86	Inc. In Med.	1	0	0	1	0	2†	200-325	F
Southern Pacific General	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University of California Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
San Francisco General	F. Hinman, Jr.	28	533	49	33	...	2	0	1	0	0	3	243-425	O
University of California	D. R. Smith	15	691	10	60	4,493	3	3	3	0	0	9	301-340	O
Veterans Admin.	J. W. Schulte	21	281	14	57	936	0	1	2	0	0	3	291-497	O
San Jose														
Santa Clara County	See Presbyterian Medical Center, San Francisco	...	...	...	...	...	...	...	...	...	...	...	...	...
San Mateo														
Community Hospital	See Stanford Medical Center, Palo Alto	...	...	...	...	...	...	...	...	...	...	...	...	...
Torrance														
Las Angeles County Harbor General	See University of California Medical Center, Los Angeles	...	...	...	...	...	...	...	...	...	...	...	...	...
COLORADO														
Denver														
Denver General	D. H. Watkins	18	436	0	0	2,619	1	1	1	1	0	4†	179-224	P
University of Colorado Medical Center	O. G. Stanington	...	...	...	...	...	...	...	...	...	...	...	...	...
Colorado General	...	11	424	14	79	2,017	1	0	1	0	0	2	180-205	O
Veterans Admin.	...	29	646	9	89	969	0	0	0	1	0	1	443	...
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center	B. M. Harvard	...	...	...	...	...	...	...	...	...	...	...	...	...
Grace-New Haven Community	...	35	1,214	18	61	2,194	0	2	0	1	0	3†	50-125	FP
Veterans Admin. (West Haven)	...	18	265	10	80	938	0	1	0	0	0	1	291-443	O
Waterbury														
Waterbury	J. K. Shearer	15	516	19	37	180	1	1	1	0	0	3	225-275	F
West Haven														
Veterans Admin.	See Yale-New Haven Medical Center, New Haven	...	...	...	...	...	...	...	...	...	...	...	...	...
DELAWARE														
Wilmington														
Delaware	J. H. Furlang	18	552	...	...	1,236	1	1	0	0	0	2	190-350	...
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General	T. Kelly	13	312	19	Inc. In Surgery	3,116	2	1	1	0	0	4	258-308	O
Veterans Admin. Georgetown University	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Georgetown University	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	R. C. Baker	...	...	...	...	...	...	...	...	...	...	...	...	...
Washington Hospital Center	L. R. Culbertson	17	408†	13	61	1,017	1	0	1	0	0	2	291-373	O
...	W. D. Jorman	34	1,874	20	45	922	1	1	1	0	0	3	215-245	F
FLORIDA														
Gainesville														
University of Florida Teaching Hospital and Clinics	G. H. Miller, Jr.	4	111	8	87	...	1	1	1	0	0	3	217-450	...
Jacksonville														
Duval Medical Center-St. Vincent's	W. A. Van Nartwick	...	...	...	...	...	...	...	...	...	...	...	...	...
Duval Medical Center	...	9	281	19	63	3,231	0	1	1	0	0	2	250-300	F
St. Vincent's	...	14	752	3	67	257	1	1*	1*	0	0	3	325-375	P
Miami														
Jackson Memorial	M. M. Coplan	...	...	...	...	...	...	...	...	...	...	...	...	...
...	W. L. Fitzgerald	...	1,274	56	45	4,572	1	2	1	0	0	4	200-275	P
Orlando														
Orange Memorial	J. L. Campbell	28	1,158	12	25	...	1	1	1	1	0	4†	325-400	O
Tampa														
Tampa General	L. Spicola	...	1,020	20	45	1,333	1	1	1	0	0	3	250-300	FP
Veterans Admin. (Bay Pines)	J. L. Davis	39	323	18	33	2,080	0	1	0	0	0	1	291-315	O
GEORGIA														
Atlanta														
Grady Memorial	C. Rieser	32	616	26	42	10,374	2	2	2	0	0	6	125-200	F
Veterans Admin.	E. Haliwanger	21	356	13	54	...	0	1	1	1	0	3†	291-497	P
St. Joseph's Infirmary	H. P. McDonald	19	999	6	33	558	2	1	1	0	0	4	330-380	P
Augusta														
Medical College of Georgia Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eugene Talmadge Memorial	R. Rinker	17	395	4	80	1,631	1	1	1	1	0	4†	333-500	O
University	W. Lucas	15	722†	5	40	691	1	1	1	0	0	3	250-325	O
Savannah														
Memorial Hospital of Chatham County	C. L. Prince	10	582	12	58	883	1	1	1	0	0	2	350	F
ILLINOIS														
Chicago														
Cook County	J. L. Wilkey	49	776	55	46	3,083	2	2	1	0	0	5	150	F
Mercy	E. T. Wilson	15	446	22	36	1,808	1	1	1	0	0	3	225-300	F
Michael Reese	I. Shapiro	32	1,280	20	70	1,742	1	1	1	0	0	3	160-210	FP
Mount Sinai	H. S. Lakin	14	410	19	46	1,067	1	1	1	0	0	3	225-300	P
Northwestern University Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicago Wesley Memorial	V. J. O'Conar	19	647	8	75	...	1	1	1	1	0	2†	250-350	P
Passavant Memorial	J. S. Grayhack	12	515	8	88	...	0	1	0	0	0	1	225-275	P
Veterans Admin. Research	V. J. O'Conar	34	778	4	100	...	0	1	1	0	0	2	291-497	O
Presbyterian-St. Luke's	E. C. Graf	30	1,500	18	83	2,483	1	1	1	0	0	3	125-175	F
University of Chicago Clinics	C. Vermeulen	12	455	11	73	5,025	1	1	1	1	0	4†	225-305	...

Numerical and other references are listed on pages 265 through 268.

27. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance P F O	
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS, Chicago—Continued															
University of Illinois Research and Educational Hospitals															
	J. H. Kiefer														
	J. H. McDonald	20	543	11	81	4,955	1	0	0	0	0	=	1	170-255	P
Hines	Veterans Admin. 158														
	F. A. Lloyd	70	1,186	49	57	1,174	0	3	3	3	0	=	9†	315-442	D
INDIANA															
Indianapolis															
Indiana University Medical Center 164															
	R. A. Garrett	20	427	14	36	2,303	2	2	2	0	0	=	6	225-300	P
	J. W. Hendricks	15	350	27	41	2,706	1	1	1	1	0	=	4†	269-348	P
	R. A. Garrett						0	0	2	0	0	=	2	291-443	O
	W. E. Sutton	54	2,312	21	39	463	1	1	1	1	0	=	4†	360-450	P
IOWA															
Des Moines															
	L. J. Arduino	33	1,155	33	64	988	1	1	0	0	0	=	2	291-443	P
Iowa City	State University of Iowa Hospitals.....														
	R. H. Flocks	68	2,058	68	65	8,262	3	3	3	3	0	=	12†	200-285	...
KANSAS															
Kansas City															
	W. L. Valk	25	912	22	50	3,821	1	1	1	0	0	=	3	175-225	P
	W. L. Valk	25	512	9	90	900						=	3	292-443	...
Wadsworth	Veterans Admin.														
	L. E. Becker	20	364	3	100	2,429	1	1	1	0	0	=	3	290	...
	A. D. Mitchell	20	877	8	63		1	1	1	0	0	=	3	290	...
KENTUCKY															
Lexington															
	D. E. Scott	16	803†	25	8		0	1	0	0	0	=	1	230-250	FP
	E. H. Ray	13	639	10	50	48	1	1	1	0	0	=	3	220-240	FP
Louisville															
	R. Lich, Jr.	19	345	12	42	5,567	1	1	1	0	0	=	3	117-200	F
	H. I. Berman	24	665	11	64	984	1	1	0	0	0	=	2	291-373	O
LOUISIANA															
New Orleans															
	H. T. Beacham	27	995	33	45	6,388					0	=	8†	125-200	F
	J. U. Schlegel	26	920	43	46	6,557					0	=	8†	125-200	F
	W. E. Kittredge	15	531	6	33	8,603	1	1	1	0	0	=	3	225	P
	J. U. Schlegel	33	455	22	73	530	0	1	1	0	0	=	2	291-373	O
	G. Tomskey		939	18	44	2,058	1	0	0	0	0	=	1	150	FP
Shreveport	Confederate Memorial Medical Center ...														
	B. E. Trichel	24	1,281	26	42	5,057	1	1	1	1	0	=	4†	125-300	F
MARYLAND															
Baltimore															
	W. W. Scott	32	1,020†	28	46	7,594	2	2	2	2	0	=	8†	167-250	P
	B. S. Abeshouse	45	693	14	64	876	2	2	1	0	0	=	5	235-285	P
	L. V. Smiley	16	253	23	19	853	0	0	1	0	0	=	1	215-265	F
	J. D. Young, Jr.	29	884	30	78	4,970	0	2	2	2	0	=	6	220-350	P
Fort Howard	Veterans Admin. 188														
	H. J. Meisel	18	196	11	55		0	1	0	0	0	=	1	291-497	O
MASSACHUSETTS															
Boston															
	G. Prather	Inc.	In Surgery	...	...	...	1	...	...	0	0	=	1	192-275	O
	L. Woodruff	Inc.	In Surgery	...	...	1,619	...	...	...	...	...	=	...	291-362	O
	G. Austen, Jr.	35	626	39	36	7,782	2	1	1	0	0	=	4	208-248	F
	W. F. Leadbetter	54	2,108	37	54	5,371	1	1	1	0	0	=	3	108-167	F
	D. B. Stearns	9	422	12	42	860	1	1	1	0	0	=	3	175-225	...
	J. H. Harrison	14	473	30	57	485	...	...	...	...	...	=	1	225-275	F
	H. S. Talbot	16	255	5	60	637	2	2	2	0	0	=	6	150-166	P
	R. Chute	28	817	26	77	3,443	1	1	1	0	0	=	3	291-497	O
	R. Chute	28	817	26	77	3,443	1	1	1	0	0	=	3	315-443	O
MICHIGAN															
Ann Arbor															
	R. M. Nesbit	31	1,361	19	47	4,643	3	3	3	0	0	=	9	230-265	O
Detroit															
	M. N. Stewart	36	1,363	21	76	656	1	1	1	0	0	=	3	275-325	FP
	F. B. Bicknell	33	1,262†	21	57	1,076	1	1	1	1	0	=	3†	275-325	P
	A. W. Bohne	25	988	12	54	12,516	2	2	2	0	0	=	6	320-400	P
	D. Jaffar	28	686†	35	53	5,051	0	0	1	2	0	=	3†	333-408	P
Eloise															
	J. Lapidus	36	410	29	52	792	1	1	1	1	0	=	4†	411-499	F

Numerical and other references are listed on pages 265 through 268.

27. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Main-tenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MINNESOTA														
Minneapolis														
Minneapolis General-St. Mary's														
Minneapolis General	T. H. Sweetser	11	343	9	33	2,268	1	1	1	1	0	4†	250...	P
St. Mary's														
University of Minnesota Hospitals	C. D. Creevy	25	879	20	95	2,130	1	1	1	1	1	5†	250...	O
Veterans Admin.	G. Mellinger	40	896	26	69	1,866	2	2	2	0	0	6	291-497	O
Rochester														
Mayo Foundation	G. J. Thompson	45	3,496	13	92	37,483	5	5	5	5	0	20†	200-333	P
St. Paul														
Ancker-Charles T. Miller														
Ancker	F. E. B. Foley	13	452	24	58	2,165	1	1	1	0	0	3	280-280	F
Charles T. Miller		13	570†	4	100	526	0	1	0	0	0	1	350...	P
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center														
University	T. Ainsworth	9	272†	5	60	2,196	0	1	1	1	0	3†	250-300	O
Veterans Admin.	S. A. Sabatini							1		1	0	2	290-373	
MISSOURI														
Columbia														
University of Missouri Medical Center	I. M. Thompson	18	492	10	40	1,477	2	2	1	0	0	5	250-350	P
Kansas City														
Kansas City General	W. A. Stagg	25	424	17	50	3,521	1	1	1	1	0	4†	220-320	FP
St. Luke's	See Veterans Admin.													
Veterans Admin.	See University of Kansas Medical Center, Kansas City, Kansas													
St. Louis														
Barnes	J. J. Cordonnier	30	1,051	22	67	3,954	2	2	2	0	0	6	50-150	F
Homer G. Phillips		28	339	44	14	3,131	0	2	1	1		4	299-330	
Missouri Pacific Employees'	A. E. Vitt	12	420	11	36	2,039	1	1	1	0	0	1	250-300	F
St. Louis City	P. Wattenberg													
	W. Melick	16	450	27	29	3,038	1	1	1	0	0	3	299-330	P
St. Mary's Group of Hospitals of St. Louis University	W. Melick	26	1,105	17	64	1,870	1	1	1	0	0	3	150-170	
Veterans Admin.	J. J. Cordonnier	18	407	14	71		1	1	1	0	0	3	291-443	
NEW HAMPSHIRE														
Hanover														
Dartmouth Medical School Affiliated Hospitals	L. J. Marin													
Mary Hitchcock Memorial		19	778	11	100	1,830	1	1	1	0	0	3	218-305	
Veterans Admin. (White River Jct., Vt.)		19	778	11	100	1,830	1	1	1	0	0	3	218-305	
NEW JERSEY														
Bayonne														
Bayonne Hospital and Dispensary	A. J. Balsamo	20	1,275	14	30	396	1	1	1	0	0	3	225...	F
East Orange														
Veterans Admin.	M. Malament	48	618	33	70	797	1	1	1	0	0	3	291-497	P
Hackensack														
Hackensack Hospital	See Lincoln Hospital, New York City													
Jersey City														
Jersey City Medical Center	E. J. Daly	34	763	41	29	1,993	1	1	1	0	0	3	250-350	F
Newark														
Martland Medical Center	C. Brunkow	21	457	41	30		1	1	1	0	0	3	300-350	F
NEW YORK														
Albany														
Albany Medical Center	W. A. Milner	23	919	23	2	445	1	1	1	0	0	3	210-290	P
Buffalo														
Buffalo General	B. Brown		1,037†	16	44	872	1	1	1	0	0	3	175-200	F
Roswell Park Memorial	M. W. Woodruff	28	305	28	100	3,554	0	0	2	0	0	2	334-400	O
Edward J. Meyer Memorial	W. J. Staubitz	24	318	27	37	1,437	2	2	2	0	0	6	292-332	P
Millard Fillmore	P. A. Greco	20	1,033†	16	50	385	1	1	1	0	0	3	338-366	P
Hempstead														
Meadowbrook	C. J. Schmidlapp	22	577	45	40	1,538	2	1	1	0	0	4	275...	F
New York City														
Bellevue Hospital Center														
Div. II—Cornell University	J. W. Draper	51	540	19	36	4,927	1	1	1	1	0	4†	215-265	F
Div. IV—New York University Post-Graduate Medical School	R. S. Hatchkiss	74	1,599	40	48	4,057	4	2	2	0	0	8	215-265	F
Beth Israel	L. A. Orkin	45	1,014	31	29	1,160	1	1	1	0	0	3	200-250	P
Bronx Municipal Hospital Center	H. R. Newman	35	550	41	51	3,000	2	2	2	1	0	7†	215-265	F
City Hospital at Elmhurst	W. L. F. Ferber	21	312	134	55	2,202	1	1	1	0	0	3	215-265	F
Fordham	See Sinai Hospital, Baltimore, Md.													
Francis Delafield	J. K. Lattimer	31	274	33	51	1,848	1	1	1	0	2	5†	215-265	F
French	P. B. Snyder	17	521	10	40	774	1	1	1	0	0	3	250-300	F
Kings County Hospital Center	F. C. Homm	48	1,174	89	38	5,857	2	2	2	0	0	6	215-265	F
Brooklyn														
Lincoln	F. P. Twinem	Incl. in Surgery	8	25	1,853	0	1	1	0	0	0	2	215-265	F
Hackensack (Hackensack, N.J.)	F. P. Twinem	14	510	14	43	280	1	0	0	0	0	1	200-250	F
Lang Island College	H. C. Harlin	17	639	14	14	898	1	1	1	0	0	3	170-200	P
Maimonides	H. Hermann	32	1,130	39	30	982	0	1	1	1	0	3	175-225	P
Morrisania City	H. R. Kenyon	18	481	8	88	1,488	1	2	1	0	0	4	215-265	F
Mount Sinai	G. D. Oppenheimer	45	1,168	33	20	2,632	4	1	1	0	0	6	100...	F
New York	V. Marshall	45	1,214	31	50	10,154	0	2	2	2	0	6†	185-262	P

Numerical and other references are listed on pages 265 through 268.

27. UROLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend 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														
New York Medical College—Metropolitan Hospital Center.....														
Metropolitan.....	G. R. Nagamatsu.....	27	489	14	46	4,594	2	2	2	0	0	6	215-265	F
New York Polyclinic Medical School and Hospital.....	F. A. Beneventi.....	22	732	13	46	1,496	1	1	1	1	0	4†	150-200	F
Presbyterian.....	J. K. Lattimer.....	72	2,239	22	18	10,653	4	2	2	0	0	8	266-308	P
Queens Hospital Center.....	L. G. Goldberg.....	31	541	51	33	2,600	1	1	1	0	0	3	215-265	F
Roosevelt.....	S. A. Beisler.....	27	698	10	30	1,614	1	1	1	0	0	3	191-316	P
St. Clare's.....	G. A. Fiedler.....	10	282	6	66	446	1	1	1	0	0	3	225-275	P
St. Luke's.....	J. W. Draper.....	39	793	20	65	3,904	1	1	1	0	0	3	125-175	F
Veterans Admin. (Bronx) 263.....	J. K. Lattimer.....	56	889	30	63	632	2	2	1	0	0	5	315-497	O
Veterans Admin. (Brooklyn) 264.....	W. J. Somellas.....	32	595	28	68	0	1	1	1	0	0	3	315-443	O
Veterans Admin. (Manhattan) 265.....	A. H. Ulm.....	55	751	47	72	920	2	2	2	0	0	6	291-372	O
Rochester														
Strong Memorial—Rochester Municipal..	D. F. McDonald.....	29	768	9	67	1,455	0	2	2	2	2	8†	166-291	O
Syracuse														
State University of New York Upstate Medical Center.....	F. Harbach.....	42	1,038	30	67	750	0	1	1	1	0	3	250 ...	O
Veterans Admin.....	W. L. Parry.....	25	343	15	80	...	0	0	1	0	0	1	373 ...	...
NORTH CAROLINA														
Chapel Hill														
University of North Carolina Affiliated Hospitals.....														
North Carolina Memorial.....	P. L. Bunce.....	8	367†	5	60	1,930	0	1	1	0	0	2	175-266	O
Watts (Durham).....	L. C. Roberts.....	11	552	6	50	351	1	1	0	0	0	2	250-300	F
Charlotte														
Charlotte Memorial.....	R. McKay.....	31	1,443†	5	60	1,049	1	1	1	0	0	3	295-345	P
Durham														
Duke University Affiliated Hospitals... Duke.....	E. P. Aiyee.....	26	688	12	58	5,251	2	2	2	0	0	6	42-200	F
Veterans Admin.....		20	397	11	64	...	0	1	1	1	0	3	291-497	O
Watts Hospital.....	See University of North Carolina, Chapel Hill.....					...								
Winston-Salem														
North Carolina Baptist.....	W. H. Boyce.....	28	1,130	14	71	2,939	1	1	1	1	0	4†	166-208	P
OHIO														
Akron														
Akron City.....	D. E. Banks.....	46	1,782	26	65	648	1	1	1	0	0	3	300-375	FP
Cincinnati														
University of Cincinnati Hospital Group Cincinnati General.....	T. B. Wayman.....	27	765	24	46	4,498	2	2	2	0	0	6	75-365	F
Veterans Admin.....		26	386	20	65	...							291-497	O
Cleveland														
Cleveland Clinic.....	C. C. Higgins.....	41	1,797	35	60	13,355	2	2	2	0	0	6	300-350	O
Cleveland Metropolitan General.....	H. R. Trattner.....	9	242	8	50	3,159	1	1	1	0	0	3	150-258	F
Huron Road.....	V. C. Laughlin.....	24	686	7	42	396	1	1	1	0	0	3	210-220	FP
University Hospitals of Cleveland.....	L. Persky.....	21	1,082	12	67	2,627	0	1	1	1	0	3	195-262	P
Veterans Admin.....	L. Persky.....					...	1	0	1	0	0	2	291-497	P
Columbus														
Ohio State University Hospitals.....														
University.....	C. C. Winter.....	26	715	18	78	6,614	0	2	2	1	0	5	202-277	P
Dayton														
Veterans Admin.....	R. T. Sauer.....	29	350	20	85	574	1	1	1	1	..	3	315-443	...
Toledo														
St. Vincent's 14.....	E. A. Ockuly.....	23	1,106	21	43	622	1	1	1	1	0	4†	300-350	FP
Maumee Valley.....	E. A. Ockuly.....	7	181	7	60	557	0	0	1	0	0	1	285-350	F
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center University Hospitals.....	D. W. Branham.....	10	377	8	38	2,371	1	1	1	0	0	3	...	P
Veterans Admin.....		24	130	3	100	387							200-275	...
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics.....	C. V. Hodges.....	64	1,339	61	74	4,886	2	2	2	2	0	8†	165-215	F
Veterans Admin.....	R. B. Higgins.....	33	499	22	77	1,300	0	0	2	0	0	2	291-414	P
PENNSYLVANIA														
Danville														
George F. Geisinger Memorial.....	W. I. Buchert.....	24	1,029	16	56	8,503	1	0	1	0	0	2	175-265	FP
Erie														
Hamot.....	R. C. Lyons.....	17	677	24	50	3,650	1	1	1	0	0	3	250-300	F
St. Vincent's.....	A. F. Kaminsky.....	32	1,156	40	73	8,320	2*	1	1	0	0	4	275-325	FP
Philadelphia														
Albert Einstein Medical Center.....	H. Lipshutz.....	49	1,518	62	56	1,104	1	1	1	0	0	3	125-175	F
Episcopal.....	G. D. Shoup.....	13	413	12	58	1,059	..	..	..	..	..	2	150 ...	F
Graduate Hospital of the University of Pennsylvania 15.....	H. M. Burros.....	15	218	5	40	1,222	1	1	1	0	0	3	100 ...	F
Mercy (Wilkes-Barre).....	C. N. Burns.....	4	276	..	..	1,050	1	0	0	0	0	1	300 ...	F
Hohnemann Medical College and Hospital.....	W. C. Hunsicker.....	35	976	23	50	2,500	2	2	1	0	0	7†	75-125	P
Hospital of the University of Pennsylvania.....	B. Hughes.....	28	896	15	60	2,854	1	1	1	0	0	3	200 ...	P
Jefferson Medical College.....	T. R. Fetter.....	41	1,177	26	42	5,545	2	2	0	0	0	4	100-150	P

Numerical and other references are listed on pages 265 through 268.

27. UROLOGY — Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month Min.-Max.	Maintenance	
			Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
PENNSYLVANIA, Philadelphia—Continued														
Pennsylvania.....	B. L. Hayllar.....	388	12	42	2,081	2	0	0	0	0	2	170-190	O	
Philadelphia General.....	P. Leberman.....	31	547	29	54	4,001	..	..	..	..	4	157-278	F	
Temple University.....	J. Gislason.....	20	774	19	42	2,232	1	1	1	0	0	3	175-225	P
Veterans Admin.....	K. B. Conger.....	34	801	17	77	....	1	1	1	0	0	3	315-443	O
Pittsburgh														
Allegheny General.....	M. M. Bagash.....	..	791±	20	30	910	1	0	0	0	0	1	200-250	F
Mercy.....	J. L. Hamilton.....	21	616	22	27	691	1	1	0	0	0	2	275-325	F
Health Center Hospitals of the University of Pittsburgh.....	C. C. Altman.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Presbyterian-Woman's.....	J. J. Lee.....	21	632	11	73	..	1	0	1	0	0	2	125-175	F
Veterans Admin.....	C. A. Kuehn.....	26	495	28	75	..	1	1	1	1	0	41	..	O
Sayre														
Robert Packer.....	W. Bourys.....	20	874	15	67	1,073	1	0	0	0	0	1	235-325	P
Wilkes-Barre														
Wilkes-Barre General.....	W. J. Daw.....	58	807	9	67	530	1	0	0	0	0	1	300...	F
PUERTO RICO														
San Juan														
San Juan City.....	L. Sanjurjo.....	13	283	..	..	4,349	1	1	1	0	0	3	175-325	F
RHODE ISLAND														
Providence														
Rhode Island.....	E. K. Landsteiner....	25	794	36	47	2,523	1	1	1	0	0	3	125-225	F
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals.....	P. W. Sanders.....	11	763	3	100	1,417	1	1	1	0	0	3	137-162	FP
Medical College.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Roper.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Orangeburg														
Orangeburg Regional.....	L. P. Thackston....	35	1,549	10	6	10,969	1	1	1	0	0	3	300-500	F
TENNESSEE														
Memphis														
City of Memphis Hospitals.....	S. Raines.....	20	631	12	50	5,511	3	2	1	0	0	6	150-175	..
Veterans Admin. ³⁴²	W. H. Walker.....	48	792	35	88	2,805	1	1	1	0	0	3	291-372	P
Nashville														
Hubbard.....	D. V. Bradley.....	7	145	11	54	841	1	1	1	0	0	3	175-250	FP
Vanderbilt University.....	A. P. Harris.....	10	350	9	89	2,192	3	2	0	0	0	5	75-125	F
TEXAS														
Dallas														
Parkland Memorial.....	H. Spence.....	18	513	22	45	4,923	0	1	1	1	0	3	150-225	P
Veterans Admin. ³⁵¹	R. C. Smith.....	35	609	29	79	3,110	1	0	1	0	0	2	315-443	P
Galveston														
University of Texas Medical Branch Hospitals.....	C. Hooks.....	26	588	25	44	4,593	1	1	1	0	0	3	160...	F
Houston														
Baylor University Affiliated Hospitals ³⁶.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Jefferson Davis.....	A. Leader.....	20	511	14	64	6,896	1	1	1	0	0	3	125-165	F
Methodist.....	..	3	89±	0	0	144	..	..	..	..	..	..	..	..
St. Luke's Episcopal.....	T. H. Guthrie.....	40	2,217	16	63	..	1	1	1	0	0	3	100-125	F
Texas Childrens.....	T. H. Guthrie.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin.....	R. Scott.....	38	1,060	18	83	2,424	1	1	1	0	0	3	291-443	P
Hermann ³⁵³	C. M. Crigler.....	35	1,945	16	50	3,372	2	1	1	1	0	51	150-225	F
VERMONT														
Burlington														
University of Vermont Medical Center.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DeGoesbriand Memorial.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mary Fletcher.....	P. R. Powell.....	10	408	7	86	247	1	1	1	0	0	3	100-166	FP
White River Junction														
Veterans Admin.....	See Dartmouth Medical School Affiliated Hospitals, Hanover, N.H.	..	..	..	..	..	..	..	..	..	..	..	..	..
VIRGINIA														
Charlottesville														
University of Virginia.....	A. J. Paquin.....	22	660	10	60	2,715	1	1	1	1	0	41	90-180	F
Danville														
Memorial.....	R. R. Landes.....	17	915	29	63	890	1	1	1	1	0	41	300-400	P
Richmond														
Medical College of Virginia—Hospital Division.....	G. R. Prout, Jr.....	24	736	14	29	2,743	1	1	1	0	0	3	125-175	F
Veterans Admin.....	R. C. Bunts.....	38	1,054	24	46	2,195	0	1	1	1	0	3	291-497	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals.....	J. S. Ansell.....	..	..	..	..	..	1	1	1	1	0	4	..	..
King County ³⁷.....	..	15	494±	22	58	3,387	..	..	..	..	..	..	..	..
University.....	..	..	42	..	..	179	..	..	..	..	..	..	..	..
Veterans Admin. ³⁷	Inc. in Surgery.....	..	..	..	..	..	..	..	..	..	..	..	..	..

Numerical and other references are listed on pages 265 through 268.

27. UROLOGY — Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include transfers)	Deaths		Outpatient Visits	Residencies Offered 1962-1963					Total All Yrs.	Stipend per Month		Maintenance
				Number	Autopsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year		Min.	Max.	
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals															
		24	903	21	57	...	1	0	0	0	0	1	185	...	...
	P. R. Kundert	25	595	24	58	828	1	1	2	1	0	5†	100-200	...	F
	J. B. Weor	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Milwaukee															
	R. S. Irwin	20	569	16	56	2,950	1	1	1	0	0	3	234-339	...	O
	R. S. Irwin	39	820	29	86	2,963	2	2	2	2	0	8†	291-443	...	P

Numerical and Other References

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. Co-ordinated three year program: White Memorial Hospital affords two years; General Hospital of Riverside County, one year. Residents should apply to White Memorial Hospital.
10. In addition to three intramural years at Veterans Administration Hospital, co-ordinated three year program: Touro Infirmary affords one year, Veterans Administration Hospital final two years. Residents should apply to Veterans Administration Hospital.
11. Co-ordinated three year program: Peter Bent Brigham Hospital affords 18 months; Veterans Administration Hospital, West Roxbury, Mass., 18 months. Residents should apply to either hospital.
12. In addition to three intramural years at Lincoln Hospital, co-ordinated three year program: Lincoln Hospital affords two years, Hackensack Hospital one year. Residents should apply to Lincoln Hospital.
13. Approved Category I. Residents interested should consult Requirements for Certification of the American Board of Pathology.
14. Co-ordinated three year program: St. Vincent's Hospital affords two years, Maunee Valley Hospital, one year. Residents should apply to St. Vincent's Hospital.
15. In addition to three intramural years at Graduate Hospital of the University of Pennsylvania, co-ordinated three year program: Graduate Hospital affords two years, final year at Mercy Hospital. Residents should apply to Graduate Hospital.
16. St. Joseph's Hospital, Houston, Texas.
17. In addition to three intramural years at King County Hospital, co-ordinated three year program: King County Hospital affords two years, final year at Veterans Administration Hospital, Seattle. Residents should apply to King County 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. Co-ordinated three year program: Watts Hospital affords two years, North Carolina Memorial Hospital affords one year. Residents should apply to Watts Hospital.
21. Combined integrated program—Bellevue Div. II (Cornell and Memorial Cancer Center.)
22. Training in Pediatric Psychiatry (third year level).
23. To include one year of affiliate training at the second year level at the University Hospitals (Lakeside), 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 cardio-pulmonary laboratory is available.
27. Includes one year of training (1st year) at Barnes Hospital, St. Louis, Mo.
28. Provides training at the third year level, affiliate training with University of Minnesota Hospital, Minneapolis.
29. Approved for affiliate training only.
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.
35. Children's Hospital, Los Angeles County General Hospital, Los Angeles.
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.
39. Approved for training at the first year level.
40. Previous internship not required.
41. Approved Category H. Residents interested should consult Requirements for Certification of the American Board of Pathology.
42. Approved Category J. Residents interested should consult Requirements for Certification of the American Board of Pathology.
43. Jefferson Davis Hospital, Methodist Hospital, Texas Children's Hospital, Veterans Administration Hospital, Houston.
45. Includes one year of training at State University of Iowa 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, Baltimore, co-ordinated three year program: Sinai Hospital affords first two years, Fordham Hospital one year (third year). Residents should apply to Sinai Hospital.
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.
50. Joint Program—West Jersey Hospital, Cooper Hospital, Our Lady of Lourdes Hospital, Camden, New Jersey.
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 Hospital affords two years, Lynn Hospital affords one year (second year). Residents should apply to Massachusetts Memorial Hospital.
54. Combined three year program: Two years afforded at Ancker Hospital, one year afforded at Charles T. Miller Hospital. Residents should apply to Ancker Hospital.
55. Combined program of Pediatrics and Contagious Diseases.
56. Three year 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. Duration of complete program greater than 36 months. Entire program of more than 36 months must be completed in order to obtain 3 years of obstetrics and gynecology.
58. Program offers a year or more of additional training in the specialty beyond the basic two years required to fulfill the residency 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. Dr. W. H. Groves Latter-Day Saints Hospital, Holy Cross Hospital, St. Mark's Hospital, Salt Lake County General Hospital, Veterans Administration 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 Administration Hospital also holds independent two year approval in Neurology.
64. Co-ordinated two year program: Metropolitan Hospital, New York City, affords one year; U. S. Naval Hospital, St. Albans, New York affords one year.
65. Duke Hospital, Durham, N. C.
66. St. Luke's and Children's Medical Center, Philadelphia.
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 Administration Hospital, Madison, Wisconsin.
73. One year affiliated training at Milwaukee County Hospital, Milwaukee, Wisconsin.
74. Includes nine months at the Veterans Administration 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 Administration Hospital is afforded.
76. University of Alabama Medical Center, Birmingham, Alabama.
77. University of Arkansas Medical Center, Little Rock, Arkansas.
78. Veterans Administration Hospital, North Little Rock, Arkansas.
79. Valley Children's Hospital, Fresno, California.
80. Presbyterian Medical Center, San Francisco.
81. General Hospital of Riverside County, Arlington, California.

82. Memorial Hospital of Long Beach, Long Beach, Calif.; Children's Hospital, Los Angeles.
83. Children's Hospital, Los Angeles.
84. Harbor General Hospital, Torrance, California.
85. Camarillo State Hospital, Camarillo, California.
86. City of Hope Medical Center, Duarte, California; Harbor General Hospital, Torrance, California.
87. Veterans Administration Hospital (Brentwood), Los Angeles; Veterans Administration Hospital, Sepulveda, California.
88. Veterans Administration Hospital, San Fernando, California; Johns Hopkins University Hospital, Baltimore, Maryland.
89. University of California Hospital, Los Angeles.
90. Children's Hospital, Los Angeles; St. John's Hospital, Santa Monica, California.
91. University of California Hospital, Los Angeles; Veterans Administration Hospital, San Fernando, California.
92. Samuel Merritt Hospital, Oakland, California.
93. Los Angeles Tumor Institute, Los Angeles.
94. Highland-Alameda County Hospital, Oakland, California.
95. Community Hospital of San Mateo County, San Mateo, California; Presbyterian Medical Center, San Francisco.
96. Veterans Administration Hospital, Palo Alto, California; Community Hospital of San Mateo County, San Mateo, California.
97. Stanford Convalescent Home, Palo Alto, California; Santa Clara County Hospital, San Jose, California.
98. Santa Clara County Hospital, San Jose, California.
100. Mercy Hospital, Sharp Memorial Hospital, San Diego, California.
101. California Babies and Children's Hospital, California Hospital, Los Angeles.
102. University of Southern California, Los Angeles.
103. Children's Hospital, San Francisco; French Hospital, San Francisco; General Hospital of Fresno County, Fresno, California; Santa Clara County Hospital, San Jose, California; Sonoma County Hospital, Santa Rosa, California; Sacramento County Hospital, Sacramento, California.
104. Sacramento County Hospital, Sacramento, California; San Francisco General Hospital, Southern Pacific Hospital, Veterans Administration Hospital, San Francisco; Santa Clara County Hospital, San Jose, California.
105. Southern Pacific Hospital, San Francisco.
106. University of California Hospitals, San Francisco.
107. San Francisco General, Veterans Administration Hospital, San Francisco; Mills Memorial Hospital, San Mateo, California.
108. Franklin Hospital, San Francisco General Hospital, San Francisco.
109. Santa Barbara General Hospital, Santa Barbara, California.
111. City of Hope Medical Center, Duarte, California; University of California Medical Center, Los Angeles.
112. Veterans Administration Hospital, University of Colorado Medical Center, Denver.
113. St. Luke's Hospital, Denver.
115. St. Joseph's Hospital, Denver.
116. Colorado Psychopathic Hospital and/or Denver General Hospital, Denver.
117. St. Joseph's Hospital, Denver, Parkview Hospital, Pueblo, Colorado.
118. St. Mary-Corwin Hospital, Pueblo, Colorado.
119. St. Mary-Corwin Hospital, Pueblo, Colorado; St. Joseph's Hospital, Denver, Colorado.
120. John J. McCook Hospital, Hartford, Connecticut; Memorial Hospital for Cancer and Allied Diseases, New York City.
121. Laurel Heights Hospital, Shelton, Connecticut.
122. Grace-New Haven Community Hospital, New Haven, Connecticut.
123. Norfolk Community Hospital, Norfolk, Virginia; Soldiers' Home Hospital, Chelsea, Massachusetts; District of Columbia General Hospital, Washington, D. C.
124. District of Columbia General Hospital, Washington, D. C.
125. District of Columbia General Hospital, Washington, D. C.; U. S. Public Health Service Hospital, Staten Island, New York; Norfolk Community Hospital, Norfolk, Virginia.
126. D. C. General Hospital, Children's Hospital, Armed Forces Institute of Pathology, Washington, D. C.
127. District of Columbia General Hospital, Veterans Administration Hospital, Washington, D. C.
128. District of Columbia General Hospital, Veterans Administration Hospital, Washington D. C.
129. District of Columbia General Hospital, Washington, D. C.
130. Armed Forces Institute of Pathology, Washington, D. C.
131. Walter Reed General Hospital, Washington, D. C.
132. District of Columbia General Hospital, St. Elizabeth's Hospital, Veterans Administration Hospital, Washington, D. C.
133. Children's Hospital, District of Columbia General Hospital, Georgetown University Hospital, Washington, D. C.
134. George Washington University Hospital, Washington, D. C.
135. Georgetown University Hospital, George Washington University Hospital, Naval Medical Center, Walter Reed General Hospital, Children's Hospital, Washington, D. C.
136. Columbia Hospital, Georgetown University Hospital, George Washington University Hospital, Washington, D. C.
137. District of Columbia General Hospital, Children's Hospital, Washington, D. C.
138. Children's Hospital, Washington, D. C.
139. Jackson Memorial Hospital, Miami, Florida.
140. Veterans Administration Hospital, Atlanta, Georgia.
141. Grady Memorial Hospital; Veterans Administration Hospital, Atlanta, Georgia.
142. Grady Memorial Hospital, Emory University Hospital, Atlanta, Georgia.
143. Municipal Tuberculosis Sanitarium, Chicago.
144. Veterans Administration Hospital (West Side), Chicago.
145. Cook County Hospital, Municipal Contagious Disease Hospital, Veterans Administration Hospital (West Side), Chicago, Illinois; Veterans Administration Hospital, Hines, Illinois.
146. Michael Reese Hospital, Chicago, Illinois.
147. Veterans Administration Hospital, Hines, Illinois.
148. Presbyterian-St. Luke's Hospital, Chicago; Veterans Administration Hospital, Hines, Illinois.
149. Cook County Hospital, Chicago.
150. Cook County Hospital, Mount Sinai Hospital, Chicago.
151. Children's Memorial Hospital, University of Illinois Research and Educational Hospitals, Chicago.
152. Veterans Administration Hospital, Hines, Illinois; Henrotin Hospital, Presbyterian-St. Luke's Hospital, Chicago.
153. University of Illinois Research and Educational Hospitals, Chicago.
154. Cook County Hospital, Mount Sinai Hospital, Presbyterian-St. Luke's Hospital, Chicago.
155. Illinois Eye and Ear Infirmary, Chicago.
156. Passavant Memorial Hospital, Chicago.
157. Veterans Administration Hospital (West Side), Henrotin Hospital, Chicago.
158. Methodist Hospital, Peoria, Illinois.
159. Silver Cross Hospital, Joliet, Illinois.
160. Salvation Army Booth Memorial Hospital, Chicago.
161. Children's Memorial Hospital, Chicago.
162. Peoria State Hospital, Peoria, Illinois.
163. Veterans Administration Hospital, Indianapolis, Indiana.
164. Methodist Hospital, Indianapolis, Indiana.
165. Broadlawns-Polk County Hospital, Des Moines.
166. Veterans Administration Mental Hygiene Clinic, C. F. Menninger Memorial Hospital, Children's Service-The Menninger Clinic, Topeka State Hospital, Family Service and Guidance Center, Boy's Industrial School, Topeka, Kansas; Student Health Service-University of Kansas, Lawrence, Kansas.
167. University of Kansas Medical Center, Kansas City, Kansas.
168. Veterans Administration Hospital, Topeka, Kansas; University of Kansas Medical Center, Kansas City, Kansas.
169. Sedgwick County Hospital, Wichita, Kansas.
170. Sedgwick County Hospital, Veterans Administration Hospital, Wichita, Kansas.
171. Good Samaritan Hospital, Lexington, Kentucky.
172. Lafayette Charity Hospital, Lafayette, Louisiana.
173. Final year of the 4-year program at Ochsner Foundation Hospital, New Orleans.
174. Charity Hospital, Veterans Administration Hospital, New Orleans.
175. E. A. Conway Memorial Hospital, Monroe, Louisiana.
176. Crippled Children's Hospital, Charity Hospital (Tulane Service), New Orleans; E. A. Conway Memorial Hospital, Monroe, Louisiana.
177. Charity Hospital of Louisiana, New Orleans.
178. E. A. Conway Memorial Hospital, Monroe, Louisiana; Huey P. Long Charity Hospital, Pineville, Louisiana.
179. Lallie Kemp Charity Hospital, Independence, Louisiana.
180. Charity Hospital of Louisiana, New Orleans.
181. Charity Hospital (Tulane University Division), Eye Ear, Nose and Throat Hospital, New Orleans.
182. Touro Infirmary, New Orleans.
183. Boston Floating Hospital, Boston.
184. Baltimore City Hospitals, Johns Hopkins Hospital, Baltimore.
185. University Hospital, Baltimore.
186. Second year at Johns Hopkins Hospital or University Hospital, Baltimore.
187. Hospital for Women, Baltimore.
188. Six months affiliated training afforded at University Hospital, Baltimore.
189. University Hospital, Baltimore.
190. Chelsea Soldier's Home, Chelsea, Massachusetts; Boston State Hospital, Mattapan; Pondville State Hospital, Walpole, Massachusetts.
191. Mount Auburn Hospital, Cambridge, Massachusetts.
192. Lawrence F. Quigley Memorial Hospital, Chelsea, Massachusetts.
193. Beth Israel Hospital, Boston; Beverly Hospital, Beverly, Massachusetts; Mount Auburn Hospital, Cambridge, Massachusetts; North Shore Babies Hospital, Salem Hospital, Salem, Massachusetts; Wrentham State Hospital, Wrentham, Massachusetts.
194. Children's Hospital Medical Center, Boston.
195. Boston City Hospital, Children's Hospital Medical Center, Boston.
196. Lemuel Shattuck Hospital, Boston.
197. Veterans Administration Hospital, Boston.
198. Veterans Administration Hospital, Providence, Rhode Island.
199. Children's Hospital Medical Center, Boston; Veterans Administration Hospital, West Roxbury, Massachusetts.
200. Pondville Hospital, Walpole, Massachusetts.
201. Children's Hospital Medical Center, Boston; Burbank Hospital, Fitchburg, Massachusetts; Veterans Administration Hospital, West Roxbury, Massachusetts.
202. Children's Hospital Medical Center, Boston.
203. Faulkner Hospital, Boston.
204. Massachusetts General Hospital, Boston.
205. Lemuel Shattuck Hospital, Boston; Newton-Wellesley Hospital, Newton Lower Falls, Massachusetts.
206. Veterans Administration Hospital, Ann Arbor, Michigan.
207. Children's Hospital, Receiving Hospital, Grace Hospital, Detroit, Michigan; Wayne County General Hospital, Eloise, Michigan.
208. Children's Hospital, Woman's Hospital, Detroit.
209. Detroit Orthopedic Clinic, Detroit.
210. Veterans Administration Hospital, Dearborn, Michigan; Detroit Memorial Hospital, Detroit.
211. Children's Hospital, Detroit.
212. University Hospital, Veterans Administration Hospital, Minneapolis.
213. Minneapolis General Hospital, Veterans Administration Hospital, Minneapolis; Ancker Hospital, Gillette State Hospital for Crippled Children, St. Paul, Minnesota.
214. Veterans Administration Hospital, Minneapolis.
215. Anoka State Hospital, Anoka, Minnesota.
216. Minneapolis General Hospital, Veterans Administration Hospital, Minneapolis; Ancker Hospital, St. Paul, Minnesota.
217. Minneapolis General Hospital, University of Minnesota Hospital, Minneapolis; Ancker Hospital, St. Paul, Minnesota.
218. University of Minnesota Hospital, Minneapolis; Ancker Hospital, St. Paul, Minnesota.
219. University of Minnesota Hospitals, Minneapolis.
220. Rochester Methodist Hospital, St. Mary's Hospital, Rochester, Minnesota.
221. Child Guidance Clinic, Jackson, Mississippi.
222. Ellis Fischel Cancer Hospital, Columbia, Missouri.
223. Children's Mercy Hospital, Kansas City, Missouri.

224. Homer G. Phillips Hospital, Veterans Administration Hospital, St. Louis.
 225. St. Luke's Hospital, Veterans Administration Hospital, St. Louis.
 226. Veterans Administration Hospital, St. Louis.
 227. St. Louis City Hospital, St. Louis.
 228. U. S. Air Force Hospital (Offutt), Bellevue, Nebraska.
 229. Douglas County Hospital, Veterans Administration Hospital, Omaha.
 230. Nebraska Psychiatric Institute—Children's Division, Omaha.
 231. Children's Memorial Hospital, Nebraska Methodist Hospital, Omaha.
 232. Douglas County Hospital, Nebraska Methodist Hospital, Bishop Clarkson Memorial Hospital, Omaha.
 233. University of Nebraska Hospital, Omaha.
 234. Methodist Hospital, University of Nebraska Hospital, Omaha.
 235. St. Joseph's Hospital, University of Nebraska Hospital, Omaha.
 236. St. Joseph's Hospital, Omaha.
 237. Francis Delafield Hospital, Mount Sinai Hospital, St. Luke's Hospital, New York City.
 238. Includes one year of training at Montefiore Hospital, New York City.
 239. Orange Memorial Hospital, Orange, New Jersey.
 240. Hospital for Crippled Children, Newark, New Jersey; Kessler Institute for Rehabilitation, West Orange, New Jersey.
 241. Margaret Hague Hospital, Jersey City.
 242. Babies Hospital, Newark; Orange Memorial Hospital, Orange, New Jersey.
 243. St. Michael's Hospital, Newark.
 244. Memorial Hospital for Cancer and Allied Diseases, Mount Sinai Hospital, New York City.
 245. Memorial Hospital for Cancer and Allied Diseases, New York City.
 246. Flower and Fifth Avenue Hospitals, Metropolitan Medical Center, New York City.
 247. Children's Hospital, Roswell Park Memorial Hospital, E. J. Meyer Memorial Hospital, Buffalo, New York.
 248. Mercy Hospital, Buffalo, New York.
 249. Children's Hospital, Buffalo, New York.
 250. Children's Hospital, E. J. Meyer Memorial Hospital, Roswell Park Memorial Hospital, Veterans Administration Hospital, Buffalo, New York.
 251. Children's Hospital, Roswell Park Memorial Hospital, Buffalo; Mount Morris Tuberculosis Hospital, Mt. Morris, New York.
 252. Edward J. Meyer Memorial Hospital, Buffalo, New York.
 253. Emergency Hospital of the Diocese of Buffalo, Buffalo, New York.
 254. Edward J. Meyer Memorial Hospital, Millard Fillmore Hospital, Buffalo, New York.
 255. Children's Hospital, Roswell Park Memorial Hospital, Buffalo, New York.
 256. Payne Whitney Psychiatric Clinic, New York City.
 257. Memorial Hospital, New York Hospital, New York City.
 258. Triboro Hospital, Jamaica, New York; North Shore Hospital, Manhasset, New York.
 259. Knickerbocker Hospital, University Hospital, New York City.
 260. University Hospital, New York City.
 261. Central Islip State Hospital, Central Islip, New York; University Hospital, Veterans Administration Hospital (Manhattan), New York City.
 262. University Hospital, Veterans Administration Hospital (Manhattan), New York City.
 263. Meadowbrook Hospital, Hempstead, New York; University Hospital, Veterans Administration Hospital (Manhattan), New York City.
 264. Mount Sinai Hospital, New York City.
 265. Bellevue Hospital Center, New York City.
 266. Kings County Hospital Center, Brooklyn.
 267. Triboro Hospital, Jamaica, New York.
 268. Queen's Hospital Center, Jamaica, New York.
 269. New York Hospital-Cornell Medical Center, New York City.
 270. Long Island College Hospital, Maimonides Hospital, Veterans Administration Hospital (Brooklyn), New York City.
 271. Long Island College Hospital, (Brooklyn) New York City.
 272. Veterans Administration Hospital, (Bronx) New York City.
 273. Veterans Administration Hospital, (Brooklyn) New York City.
 274. Montefiore Hospital, New York City.
 275. Morrisania City Hospital, New York City.
 276. Memorial Hospital, New York City.
 277. St. Luke's Hospital, New York City.
 278. Columbia-Presbyterian Medical Center, New York City.
 279. Francis Delafield Hospital, New York City.
 280. Francis Delafield Hospital, Goldwater Memorial Hospital, New York City.
 281. Bronx Municipal Hospital, New York City.
 282. Bronx Municipal Hospital, Presbyterian (Babies) Hospital, New York City.
 283. Presbyterian Hospital, New York City.
 284. Presbyterian (Neurological Institute) Hospital, New York City.
 285. Jewish Hospital, Maimonides Hospital, (Brooklyn) New York City.
 286. New York State Psychiatric Institute, New York City.
 287. Genesee Hospital, Rochester, New York.
 288. Genesee Hospital, Highland Hospital, Rochester, New York.
 289. Veterans Administration Hospital, Syracuse, New York.
 290. Grasslands Hospital, Valhalla, New York.
 291. McPherson Hospital, Durham, North Carolina; North Carolina Orthopedic Hospital, Gastonia, North Carolina.
 292. Veterans Administration Hospital, Durham, North Carolina.
 293. Lincoln Hospital, North Carolina Cerebral Palsy Hospital, Watts Hospital, Durham, North Carolina.
 294. Veterans Administration Hospital, Durham, North Carolina.
 295. University of Minnesota Hospital, Minneapolis.
 296. Veterans Administration Hospital, Cincinnati.
 297. Longview State Hospital, Cincinnati.
 298. Children's Hospital, Cincinnati.
 299. Cincinnati General Hospital, Cincinnati.
 300. Booth Memorial Hospital, Cleveland.
 301. St. Vincent's Charity Hospital, Cleveland.
 302. Veterans Administration Hospital, Brecksville, Ohio; Cleveland Metropolitan General Hospital, University Hospital, Cleveland.
 303. Veterans Administration Hospital, Brecksville, Ohio; University Hospitals, Cleveland.
 304. Cleveland Metropolitan General Hospital, Cleveland.
 305. University Hospitals, Cleveland.
 306. Veterans Administration Hospital, Brecksville, Ohio; Sunny Acres-Cuyahoga County Tuberculosis Hospital, Mount Sinai Hospital, Cleveland.
 307. Mount Carmel Hospital, Columbus, Ohio.
 308. Children's Hospital, Columbus, Ohio.
 309. Veterans Administration Hospital, Dayton.
 310. Miami Valley Hospital, Dayton.
 311. Ohio State University Hospitals, Columbus, Ohio.
 312. Veterans Administration Hospital, Oklahoma City.
 313. Central State Hospital, Norman, Oklahoma.
 314. St. Anthony's Hospital, Oklahoma City.
 315. Wesley Hospital, Oklahoma City.
 316. Wesley Hospital, Oklahoma City; St. John's Hospital, Tulsa.
 317. University Hospital, Oklahoma City.
 318. Mercy Hospital, Oklahoma City.
 319. Central State Hospital, Norman, Oklahoma; Mercy Hospital, Oklahoma City; St. John's Hospital, Tulsa.
 320. State Hospital, Salem, Oregon.
 321. Veterans Administration Hospital, Portland, Oregon.
 322. Shriner's Hospital for Crippled Children, Spokane.
 323. Norristown State Hospital, Norristown, Pennsylvania.
 324. Eastern Pennsylvania Psychiatric Institute, Philadelphia; Children's Service Center of Wyoming Valley Hospital, Wilkes-Barre.
 325. Allegheny General Hospital, Pittsburgh.
 326. Jefferson Medical College Hospital, Philadelphia.
 327. Philadelphia General Hospital, Philadelphia.
 328. St. Christopher's Hospital for Children, Philadelphia.
 329. Philadelphia General Hospital, Philadelphia; St. Christopher's Hospital for Children, Philadelphia.
 330. Graduate Hospital of the University of Pennsylvania, Philadelphia.
 331. Hospital of the University of Pennsylvania, Philadelphia.
 332. Allegheny General Hospital, Children's Hospital, University of Pittsburgh Medical Center, Pittsburgh.
 333. University of Pittsburgh Medical Center, Pittsburgh.
 334. University Hospital, Caparra Heights, Puerto Rico.
 335. University Hospital, Caparra Heights, Puerto Rico; San Juan City Hospital, San Juan, Puerto Rico.
 336. San Juan City Hospital, Dr. I. Gonzalez Martinez Oncologic Hospital, San Juan, Puerto Rico.
 337. San Juan City Hospital, San Juan, Puerto Rico.
 338. Boston City Hospital, Boston.
 339. East Tennessee Tuberculosis Hospital, Knoxville, Tennessee.
 340. Lahey Clinic, Boston; John Gaston Hospital, Memphis.
 341. John Gaston Hospital, Memphis.
 342. Baptist Memorial Hospital, Memphis.
 343. John Andrew Memorial Hospital, Tuskegee, Alabama.
 344. City of Memphis Hospitals, Memphis.
 345. Austin State Hospital, Austin, Texas.
 346. Parkland Memorial Hospital, Dallas.
 347. Carrie Tingley Hospital for Crippled Children, Truth or Consequences, New Mexico.
 348. Children's Medical Center, Parkland Memorial Hospital, Dallas.
 349. Baylor University Hospital, Children's Medical Center, Parkland Memorial Hospital, Dallas.
 350. Children's Medical Center, Gaston Hospital, Parkland Memorial Hospital, Dallas.
 351. Baylor University Medical Center, Parkland Memorial Hospital, Dallas.
 352. Jefferson Davis Hospital, Houston.
 353. M. D. Anderson Hospital and Tumor Institute, Southern Pacific Hospital, Houston.
 354. M. D. Anderson Hospital and Tumor Institute, Houston.
 355. Salt Lake County General Hospital, Salt Lake City.
 356. Los Angeles Tumor Institute, Los Angeles.
 357. Shriner's Hospital for Crippled Children, Primary Children's Hospital, Salt Lake City.
 358. Primary Children's Hospital, Salt Lake City.
 359. Holy Cross Hospital, St. Marks Hospital, Salt Lake City.
 360. University of Virginia Hospital, Charlottesville, Virginia; Lynchburg General Hospital, Lynchburg, Virginia.
 361. Veterans Administration Hospital, Richmond.
 362. University Hospital, Seattle; Shriner's Hospital for Crippled Children, Spokane.
 363. Lahey Clinic, Boston; Children's Orthopedic Hospital, Seattle; Northern State Hospital, Sedro Woolley, Washington.
 364. Firland Sanatorium, Seattle.
 365. Swedish Hospital, Seattle.
 366. Children's Orthopedic Hospital, Seattle.
 367. Children's Orthopedic Hospital, Firland Sanatorium, Seattle.
 368. Veterans Administration Hospital, Madison, Wisconsin.
 369. Milwaukee Hospital, Milwaukee.
 370. Milwaukee Children's Hospital, Milwaukee; Veterans Administration Hospital, Milwaukee (Wood), Wisconsin.
 371. University Hospitals, Madison, Wisconsin.
 372. Martha Washington Hospital, Milwaukee County Hospital, Milwaukee.
 373. Milwaukee Children's Hospital, Veterans Administration Hospital, Milwaukee.
 374. Milwaukee Children's Hospital, Milwaukee (Wood), Wisconsin.
 375. Milwaukee Children's Hospital, Milwaukee County General Hospital, Milwaukee.
 376. Milwaukee Children's Hospital, Milwaukee County General Hospital, Milwaukee.
 377. Milwaukee Children's Hospital, Milwaukee.
 378. Milwaukee County General Hospital, Milwaukee.
 379. Koch Hospital, Koch, Missouri; Barnes Hospital, Veterans Administration Hospital, St. Louis.
 380. St. Louis Maternity Hospital, St. Mary's Hospital, St. Louis.
 381. Cardinal Glennon Hospital, St. Louis.
 382. Renard Hospital, St. Louis State Hospital, St. Louis.
 383. Cardinal Glennon Hospital, St. Mary's Hospital, St. Louis.
 384. Ellis Fischel State Cancer Hospital, Columbia, Missouri; Barnes Hospital, St. Louis State Hospital, St. Louis.

APPROVED RESIDENCIES

385. St. Vincent's Hospital, Harrison, New York; St. Vincent's Hospital, New York City; Astor Home for Children, Rhinebeck, New York.
386. Anoka State Hospital, Anoka, Minnesota; Veterans Administration Hospital, Minneapolis.
387. Vanderbilt University Hospital, Nashville.
388. Nashville General Hospital, Nashville.
389. Includes affiliations of six months each at St. Elizabeth's Hospital and Children's Hospital, Washington, D. C.
391. Highland View Hospital, Cleveland.
392. Highland View Hospital, Veterans Administration Hospital, Cleveland.
394. Maybury Sanitarium, Northville State Hospital, Northville, Michigan.
395. Boston City Hospital, Boston.
396. Meadowbrook Hospital, Hempstead, N. Y.; Bellevue Hospital, New York City.
397. Bellevue Hospital, Presbyterian (Babies) Hospital, New York City.
398. Beekman-Downtown Hospital, Memorial Center, Presbyterian Hospital, St. Luke's Hospital (Women's Division), New York City.
399. Lenox Hill Hospital, New York City.

Essentials of Approved Residencies*

INTRODUCTION

Residencies in the clinical division of medicine, surgery, and other special fields provide advanced training in preparation for the practice of a specialty. Approval for residency training in the clinical specialties is limited to programs conducted in general or special hospitals. However, the term residency training is also applied to certain non-clinical programs in graduate medical education which may be conducted in organized medical facilities outside of a hospital.

It is desirable, for the purpose of clarification, to differentiate between two terms commonly used in referring to higher medical education. Graduate training, as used in these Essentials, refers to the various recognized plans of training which lead to qualification in a specialty. Postgraduate training, in contrast, refers to formally organized shorter courses, offered by medical schools, hospitals, clinics and medical organizations which provide advanced instruction in a limited field, primarily designed for physicians in practice. Residencies in the following branches of medicine are approved by the Council.

1. Anesthesiology
2. Dermatology
3. General Practice
4. General Surgery
5. Internal Medicine
 - Allergy¹
 - Cardiovascular Disease¹
 - Gastroenterology²
 - Pulmonary Diseases²
6. Neurological Surgery
7. Neurology
8. Obstetrics and Gynecology
9. Ophthalmology
10. Orthopedic Surgery
11. Otolaryngology
12. Pathology
13. Pediatrics
 - Allergy¹
 - Cardiology¹
14. Physical Medicine and Rehabilitation
15. Plastic Surgery
16. Preventive Medicine
 - General Preventive Medicine
 - Aviation Medicine
 - Occupational Medicine
 - Public Health
17. Proctology
18. Psychiatry and Neurology
 - Child Psychiatry³
19. Radiology
20. Thoracic Surgery⁴
21. Urology

*Previous versions of this publication were given the caption "Approved Residencies and Fellowships." Because of the multiple meanings of Fellowship, this part of the caption has been deleted. There is no accompanying intent to change the Council's relationship to programs identified by the sponsoring institution under this term.

1. Candidates may be certified by either the American Board of Internal Medicine or by the American Board of Pediatrics; applicants must fulfill the certification requirements of the board concerned before they are eligible for examination in the subspecialty.

2. Applicants must fulfill the certification requirements of the American Board of Internal Medicine before they are eligible for examination in the subspecialty.

3. In most instances, candidates must be certified in psychiatry by the American Board of Psychiatry and Neurology before they are eligible for certification in the subspecialty.

4. Candidates must fulfill the certification requirements of the American Board of Surgery before they are eligible for examination by the Board of Thoracic Surgery.

It is recognized that while some hospitals may be unable to meet the educational standards for graduate training in the specialties, as set forth in the Essentials, they may be able to offer experience of value to young physicians. These hospitals may well consider the appointment of paid house officers to assist in conducting the professional work of the hospital. Experience of this type does not ordinarily carry credit towards certification in the specialties or towards qualification for membership in special societies.

1. GENERAL REQUIREMENTS

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

This implies that the hospital must be properly organized, staffed, and equipped and that its activities are conducted primarily for the welfare of the patient. While the educational program is supplementary to the primary purpose of the hospital, *i. e.*, the care and management of patients, it is directly related to this function in that it serves to improve the quality of medical care offered.

Size and Type.—The size of the institution is not a primary consideration. The clinical material, however, should be of sufficient scope and diversity to enable residents to observe the principal manifestations of the disease conditions; in the understanding and management of which they are acquiring additional experience. The number of service or ward beds, rather than the total bed capacity, is of significance in this connection. In hospitals admitting principally private patients, the availability of these patients for teaching purposes is an essential consideration.

Official approval is extended to general and special hospitals offering acceptable programs in the various specialty fields. Programs conducted in hospitals associated with medical schools are ordinarily of three or more years in duration and offer special facilities for progressively graded, comprehensive training. A number of hospitals not directly affiliated with medical schools, have organized programs of graduate training which comply with all the requirements of the Essentials of Approved Residencies. Some of these hospitals, utilizing their own facilities to the fullest extent, have developed acceptable, fully approved programs. Other hospitals of this type, have supplemented their educational program through affiliation with medical and

graduate schools, or with other hospitals which are able to augment the resident's training in those phases which might otherwise be considered deficient. The rotation of residents from an approved hospital to an affiliated institution which is able to provide experience lacking to the parent hospital is often desirable, when properly supervised.

Plant and Equipment.—The physical plant should be adequately constructed and planned, to assure proper medical and hospital care as well as safety and comfort for the patient. Equipment; appliances, and apparatus such as are commonly employed in the practice of modern, scientific medicine, should be available. In those departments in which residencies are being offered, space and equipment should be made available for the use of the resident staff in addition to that ordinarily required by the service.

1. Staff

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 staff meetings at which the histories, clinical observations, laboratory studies, and pathology of selected cases are reviewed. Scientific meetings at which papers are presented by members of the staff or guest speakers, are considered commendable but do not serve to meet the requirements of these scheduled conferences. In addition to meetings of the staff as a whole, it is expected that departmental conferences will be conducted in which residents should take an active part, so that the quality of the service given by that department to its patients may be recurrently evaluated. Other educational activities requiring the full support and cooperation of the staff are described under Training Program, and Applied Basic Sciences (Section 1-7, 1-9) and under Special Requirements (Section II).

2. Department of Radiology

The department of radiology should be under the direction of a qualified radiologist proficient in the various functions of his specialty. He must cooperate fully in the training of all hospital residents and supervise any direct contact which they may have with the work of the department. This supervision, if not full time, necessitates at least daily visits to the hospital during which the radiologist is expected to be available for consultation with the resident staff in addition to supervising the work of the department.

The department should contain modern roentgenographic, roentgenoscopic, and where indicated, therapeutic equipment and radium adequate for the needs of the hospital. The department should be properly organized to carry out its functions in an effective manner. It should keep adequately indexed records, including cross indices, to assure efficient operation and to facilitate investigative work. These requirements are essential in institutions offering residency programs in any field.

3. Department of Pathology

The department of pathology should be under the direction of a qualified pathologist who shall be prepared to cooperate fully in the training of all hospital residents and supervise any direct contact they may have with the laboratory. There should be continuous supervision of the laboratory by the pathologist who, preferably, should have no responsibilities outside the hospital that would prevent his being available for consultation and for guidance of the resident's work.

The department should provide adequate space

and equipment for the resident's use in addition to that required for the proper functioning of the service. Apparatus, reagents, and materials necessary for the operation of a modern clinical and pathological laboratory should be available. The department should be organized to provide a high quality of service for the clinical departments and to permit its active participation in the educational program. An efficient system of records including cross indices should be maintained, to assure proper functioning of the laboratory and to facilitate investigative work. This department should assume much of the responsibility for the clinical pathological conferences and other educational activities of the staff.

The facilities of the autopsy room should be ample enough to permit participation by the resident staff. Thoroughness in postmortem examination should be emphasized. Complete necropsy records should be kept on file and each should contain a summary of the clinical record and detailed description of both the gross and the microscopic observations. Residents of all departments should attend postmortem examinations unless other important duties prevent. They may, with value, participate in the performance of necropsies, including the preparation of the protocol, and in the review of microscopic findings on materials derived from their own and other services.

It is expected that hospitals assuming responsibility for resident training will maintain a high autopsy rate. It is felt that the autopsy rate is a reliable gauge of the staff's interest in scientific advancement. (A description of the special requirements for an approved residency in pathology is given in Section II.)

4. Medical Library

Institutions offering approved residencies should maintain an adequate medical library containing carefully selected, authoritative medical textbooks and monographs of the latest edition of the *Index Medicus*, and current medical journals in the various branches of medicine and surgery in which training is being conducted.

The medical library should be in the charge of a qualified person who should act not only as custodian of its contents, but also arrange for the necessary cataloguing and indexing which will facilitate reference work by the resident and attending staff. A permanent committee of the medical staff should be responsible for the organization and development of this department.

The medical library should be readily accessible to the resident staff, located if practicable, within the main building of the hospital. Its size may depend to some extent on the availability and the use which can be made of other library facilities in nearby institutions. Every hospital conducting graduate training must have, however, a basic collection of medical texts and journals available

for ready reference, whether or not accessory facilities are available.

5. Medical Records Department

The record department should be adequately supervised, preferably by a qualified medical record librarian. An efficient record system should be maintained, including alphabetical and diagnostic patient indexes. Operative reports, roentgenological, and pathological records should be properly classified, permitting a ready reference. The employment of the *Standard Nomenclature of Diseases and Operations* is recommended for all medical records. Clinical records must be complete and include the patient's chief complaint, case history, physical examination on admission, a provisional diagnosis, record of laboratory examinations, therapy employed, descriptions of operations if performed, adequate progress notes, consultation remarks, a final diagnosis, condition on discharge, necropsy observations in case of death if postmortem examination is performed, and an appropriate summary. The records should show by signatures or at least initials, the names of all physicians writing the record in whole or part, as well as the names of the staff members by whom the records are verified. Each completed record should be verified by a responsible staff member.

In a hospital assuming responsibility for graduate training, it is expected that the clinical records be sufficiently comprehensive to permit of their use for teaching purposes. While responsibility for the preparation of parts of the record, such as the admission work-up, may be delegated to the intern or resident assigned to the case, the ultimate responsibility for the completed record lies with the staff member in charge.

There should be a records committee of the staff which will meet periodically with the record librarian to review the clinical charts and report their findings. This committee may be empowered to make recommendations concerning the disciplinary measures necessary to assure the maintenance of adequate clinical records on a current basis. Satisfactory records can be maintained only through the continuous and cooperative efforts of the staff, the medical records department, and the hospital administration.

6. Selection of Residents

The development of a satisfactory program requires, first of all, a careful selection of applicants for appointment to the resident staff. The hospital administration and medical staff, through appropriate review of credentials, should ascertain that the personal and medical qualifications of applicants selected for residency positions are satisfactory. There should be confidence that the residents appointed have the high standards of integrity, motivation, industry, resourcefulness, health, and basic medical knowledge necessary to take full

advantage of the further educational experience offered. This should include assignment of carefully graded and progressive responsibility for patient care. The qualifications of the resident staff should leave no doubt as to their competence to accept this assignment, since the primary obligation of the hospital must be for the patients' welfare.

For those applicants who have had their prior medical training in the United States or Canada, evaluation of qualifications is usually not difficult. Personality characteristics can be assessed through interview, letters of recommendation, and communication with the hospital where internship was served, and the dean's office of the medical school. The medical school accreditation and internship review programs of the Council on Medical Education and Hospitals of the American Medical Association renders reasonable assurance in regard to medical qualifications which can be augmented through communication with the hospital and school concerned. Such candidates for appointment should be graduates of approved schools and should have served an internship of at least one year in an approved hospital. (See pertinent sections under Special Requirements.)

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 1710 Orrington Ave., Evanston, Ill., has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for residency positions acquire reasonable assurance in regard to their medical qualifications through utilization of the program of the Educational Council. Before appointment of such a candidate to a residency position, the hospital should assure itself that he has had the equivalent of a year's approved internship. If the foreign graduate has served an approved internship in this country and has already been certified by the Educational Council, there is nothing to be gained by repeating the process.

[Beyond July 1, 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 under-

standing of the methods and problems involved in research leads to a better interpretation of the great mass of current scientific literature which must be constantly reviewed by the progressive physician or surgeon.

When feasible each member of the resident staff, either individually or in collaboration with other members of the department, should be encouraged to prepare a formal paper suitable for publication.

It is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and amount of experience obtained.

8. Collaborating and Affiliating Programs

Some hospitals that have excellent facilities and clinical material for the greater part of an approved training program may be deficient in some particular phase of the work that can be well provided in another hospital of graduate training caliber. In such instances the hospital which has the greater part of the required clinical material and facilities may become the parent institution and collaborate with the second institution to provide a well rounded and complete program of training in a given specialty.

In other instances, especially on university connected services, the chief of an approved service may elect to augment the opportunity afforded his trainees for clinical experience by rotating them to a smaller affiliated institution for short periods of service. Such short-term services need not be independently approved. However, their contribution to the resident's training is taken into consideration and recognized when evaluating the over-all program of which it is a part. The departmental staff of the parent institution sponsoring the program must assume responsibility for the resident's training during the period he is assigned to the affiliating service, as well as when he is serving at the parent hospital. Under arrangements of this nature, it is not intended that the resident be assigned to affiliating services without supervision even though he may obtain extensive experience in this way. The resident's work must be properly supervised at all stages of his training. In general, affiliating services should not constitute more than a third of the training period. Hospitals which can offer satisfactory training for more than this period can probably develop acceptable programs of their own.

9. Basic Science Training

Competence in any of the various specialties in clinical medicine requires a knowledge of the basic medical sciences as related to that specialty. There-

fore, acceptable residency programs must provide for training in the applied basic medical sciences. Such training does not necessitate formal course work, specific assigned laboratory exercises, or affiliation of the residency hospital with a medical school; it should be distinctly of an applied nature, closely integrated with the clinical experience of the resident.

Any resident seeking competence or certification in a specialty must be able to apply at least the following basic sciences to his special field of medicine: anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology.

Undergraduate education in an approved medical school provides a background for an understanding of these sciences. In a graduate training program, therefore, training in basic sciences should stress reviews of their clinical application and not constitute primarily a review of undergraduate work.

Anatomy.—Anatomy at the residency level may be taught, reviewed or learned from the living body, on the operating or examining table, or from the fresh tissues in the pathological laboratory. More important in anatomical instruction of residents than an available anatomical laboratory is the attitude and enthusiasm of the hospital staff in availing themselves of opportunities to teach and learn applied gross and microscopic anatomy from clinical and pathological material. Opportunities for anatomical dissection, when available, may be utilized for supplementary training.

Bacteriology.—Hospital laboratories should have adequate facilities and personnel qualified to carry out diagnostic bacteriological studies, and those in the allied fields of parasitology, mycology, immunology, and serology. The resident staff should make use of the educational opportunity provided through the study of bacteriological material from the hospital services, correlating the laboratory study with its clinical application. Members of the resident staff who exhibit a particular interest in this field might well be assigned to the department for additional investigative work.

Biochemistry.—The hospital biochemistry laboratory should provide the resident with opportunities to broaden his knowledge of biochemistry as related to such clinical problems as he may encounter in his specialty; for example, water balance, acid-base equilibrium, glucose tolerance, and blood of urine levels of significant metabolic, nutritional, or therapeutic element. Such applied basic science work in biochemistry is far more valuable than a formal review course in the field.

Pathology.—In a well conducted department of pathology of an approved hospital there is opportunity for correlating much basic medical science material with problems of clinical medicine. Applied gross and microscopic anatomy may be effectively learned from necropsy and surgical specimens. The clinical-pathological conference should

and can be one of the most effective devices for correlation of the basic sciences with clinical medicine.

Pharmacology.—Since the principles of pharmacology are involved in every therapeutic administration of chemical substances to patients, the wards of the residency hospitals provide very suitable opportunities for the resident to apply and expand the knowledge of pharmacology previously gained in medical school.

Physiology.—Historically, one of the most fruitful fields of investigation into the normal functions of the body has been the study of abnormality of function to which the resident in clinical medicine is constantly exposed. Clinical medicine affords a rich field for the study of physiology and a potent stimulus to the resident to apply the basic principles of this science. Much of the equipment and special apparatus employed in clinical studies of the patient are likewise used in physiology, so that clinical studies provide ample opportunity and stimulation for the resident to supplement his knowledge of physiology with applications of the science to clinical problems. Encouragement and opportunity for an enlarged understanding of body function in health and disease should be part of the experience of the resident in any of the specialties in the course of his clinical work.

II. SPECIAL REQUIREMENTS

The following regulations pertaining to individual specialties describe the special training in addition to the foregoing, required for competence in the practice of the various specialties of medicine and for admission to the examinations of the American boards in those specialties.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

1. Special Requirements for Residency Training in Anesthesiology

The director of the department shall be a licensed physician qualified in the field of anesthesiology, and who is competent to supervise the educational and technical activities of the department. Competency will be judged upon the basis of past experience and instruction in anesthesiology and upon the basis of clinical proficiency, teaching capabilities, and administrative ability. The staff should include an adequate number of trained anesthesiologists in accordance with the needs of the service. In this respect, the primary consideration shall be supervised instruction of residents rather than the demands of clinical service.

Equipment must be satisfactory for the teaching of modern methods of anesthesiology. Likewise, the clinical material must be sufficient to afford residents adequate experience in the various methods

and types of anesthesia now commonly employed. Residencies in anesthesiology should provide systematic clinical and technical instruction supplemented by appropriate seminars, lectures, and demonstrations.

Time Requirement.—An approved residency shall consist of a minimum of two full years (24 months). There shall be permitted a vacation period of approximately two weeks per year.

Residency training is considered a full time endeavor. Accordingly, the resident shall not engage in practice or other work outside the residency program.

Two full years of clinical experience is felt to be the minimum essential to attaining an acceptable degree of competency. Time devoted to full time research, such as a research fellowship, cannot be accredited toward the two years of clinical training. However, should a residency program consist of three years, one year of research if contained therein may be accredited as stated below.

Additional residency training in anesthesiology is desirable where facilities are adequate to merit the same. Continuation of clinical training, experience in departmental organization and teaching, occupation with experimentation and research, or a combination of these may constitute the curriculum. An exchange residency relationship between hospitals of equal caliber may be desirable and acceptable.

The additional training may be accredited to five calendar years limited to anesthesiology required of a candidate desiring certification by the Board.

Collaborating and Affiliating Programs.—The above mentioned clinical training shall include adequately supervised experience in all acceptable techniques and currently approved practices relative to the specialty. A given hospital having adequate facilities and clinical material for the greater part of an approved training program may be deficient in some particular aspect thereof which can be provided in another hospital of acceptable caliber. In such instances the former may become the parent institution to the latter and collaborate with the same to provide a well rounded and complete training program. The departmental staff of the parent institution sponsoring the program must assume responsibility for the resident's training during the period he is assigned to the affiliated services as well as when he is serving in the parent hospital. Under arrangements of this nature it is not intended that the resident be assigned to the affiliating services without direct supervision even though he may obtain extensive experience in this manner.

Applied Basic Sciences.—The importance of the basic sciences as applicable to anesthesiology shall be emphasized. A thorough understanding of physics and chemistry, anatomy, physiology, pharmacology, and pathology as related to the specialty is prerequisite to proficiency. Acceptable residency

programs must provide for such training, stressing clinical application as applied to anesthesiology. To insure adequate coverage a comprehensive outline should be drawn up and followed, whether the material therein be presented in a didactic manner or as an integrated part of staff conferences. This does not mean that a special course in basic sciences is required.

Correlation between clinical material and such intimately associated aspects of medical practice, as for example electrocardiography, roentgenology, clinical pathology, and related subjects, is necessary to the experience of a resident.

Anesthetic Procedures.—There should be a broad experience and instruction in all fields of anesthesiology, including:

(a) Nerve Block Procedures. Diagnostic and therapeutic nerve block procedures are considered part of a trainee's program; these in addition to local and regional anesthetics administered for surgery.

(b) Inhalation Therapy. Training shall be given in the indications for and uses of gases and vapors, and the various types of equipment used therewith.

(c) Fluid Therapy. In order that all possible demands be met, not only in the care of surgical patients, but in other circumstances which may arise, the competent anesthesiologist must understand the physiology of body fluids and the underlying principles of replacement therapy. In hospitals where such functions are under the supervision of other departments, it is desirable that the resident acquaint himself with the procedures.

(d) Resuscitation and Shock Therapy. The resident staff shall be instructed adequately in the principles and methods of resuscitation and shock therapy.

Preoperative and Postoperative Rounds.—The importance of preoperative and postoperative rounds must be stressed.

Records.—An adequate anesthetic record form should be kept for each patient. This record shall be executed during the administration of the anesthetic, or other procedure, and thereafter shall be available for future reference and study.

Equipment.—Competency in the use of various types of equipment and apparatus is mandatory. This assumes understanding of the mechanics and underlying physical principles of various anesthetic machines, their respective advantages and disadvantages, plus various types of apparatus and instruments employed by the anesthesiologist.

Explosion and Fire Hazard.—Knowledge of the physics of explosions and of the constituents of fire and explosion hazards, both in the operating theater and in the handling and storage of anesthetic materials is obligatory. Proper preventive measures should be understood and used.

Consultation Service.—A consultation service for assistance to and benefit of all other physicians and departments of the hospital should function on a 24-hour daily basis. Such service should be addi-

tional to that concerned with anesthetic procedures for surgery, and should be concerned with resuscitation measures, inhalation therapy, pain control, sedation, treatment of delirium, convulsions, asthma, heat disturbances, and such other conditions which will enhance the resident's knowledge and benefit the patient.

Staff Conferences and Seminars.—There shall be regularly scheduled staff conferences, supervised by the departmental staff. The conferences constitute the core of didactic effort.

More than one such conference weekly is considered necessary in order to maintain teaching at a satisfactory level.

A residency training center must have access to a well stocked library, and literature should be reviewed regularly.

Each resident must be afforded sufficient time for study and for attendance at staff conferences, seminars, and lectures.

Staff Organization.—A well organized and well qualified staff of experienced anesthesiologists is one of the most important requisites if a hospital is to be approved for residency training. It is a primary factor in the development and approval of a graduate training program.

The educational effectiveness of a residency depends largely on the quality and extent of supervision of the residents by experienced anesthesiologists. Although the exact ratio of residents to experienced anesthesiologists (those who have had at least two years of acceptable training) can be evaluated only on an individual hospital basis, there should be a sufficient number of qualified anesthesiologists available to conduct a satisfactory residency training program. An ideal situation would be one teacher for each resident. A ratio higher than two residents to one teacher will be acceptable only in special circumstances.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

2. Special Requirements for Residency Training in Dermatology

The practice of dermatology and syphilology is concerned largely with ambulatory patients, so that it is essential that an active outpatient service be available to furnish sufficient clinical material in the various divisions of the specialty. It is also desirable that hospital facilities be available and that residents be given an opportunity to observe the dermatologic manifestations of the acute contagious diseases. There should be a well organized course of instruction involving lectures, seminars, clinical demonstrations and laboratory assignments, especially in histopathology, parasitology, mycology, and

immunology. To facilitate clinical and laboratory teaching it is essential that the department have ready access to an adequate supply of classified anatomic and pathologic material including histologic and lantern slides for demonstrations. Projection apparatus should be available and also facilities for clinical photography.

Applied Basic Science Instruction.—The residency should include organized study in the various applied basic sciences: as related to clinical dermatology, especially in bacteriology, immunology, mycology, parasitology, serology, biochemistry, embryology, histology, pathology, pharmacology and physiology, as well as physics as related to therapy by physical agents. See Section 1-9 of these "Essentials" for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

3. Special Requirements for Residency Training in General Practice

Residencies in general practice should be specifically designed to meet the needs of graduates intending to enter general practice. General practice residency programs, following the internship, should provide for additional experience and responsibility in those branches of medicine which are of primary importance to the general practitioner.

Duration and Scope of Training.—General practice residencies should be flexible, both as to content and duration, depending upon the special needs of the individual resident. It is recommended that residency programs be of at least two years' duration. In a two-year residency, the first year should be devoted to general medicine: *i.e.*, internal medicine, the medical specialties, psychiatry, and pediatrics (including contagious diseases). The second year may be devoted to training in surgery, obstetrics, and gynecology. The surgical fields to be covered ordinarily should include general surgery, traumatic surgery, fractures, and operative gynecology. Any service offered during this second year must be of at least three months' duration. Time devoted to general surgery and the surgical specialties should emphasize diagnosis, preoperative and postoperative care, minor surgery, and emergency care but should also offer an increasing opportunity to assist with and perform common emergency and elective operative procedures. It should be recognized that there is limited educational value in this type of residency in assisting with highly specialized surgical procedures of an advanced nature. There should be a reasonable balance between the time allocated to assignment in the operating room and other aspects of patient care.

Out-Patient Experience.—An important consideration in evaluating a residency program in general practice is the availability of adequate experience in the medical management of ambulatory patients. Hospitals which have no organized outpatient department should provide the resident with an opportunity to compensate for this deficiency, such as that provided in a home care program or preceptorship.

General Requirements.—Hospitals requesting approval for residencies in general practice must comply with the general provisions for training described in Section 1 of these "Essentials" including the principle expressed in paragraph 2, subsection 1—Staff. These hospitals should have at least 2,500 annual admissions and maintain a minimum autopsy rate of 25 per cent.

For those residents desirous of developing additional skill in one or more particular fields, the hospital is encouraged to provide advanced training beyond the second year.

Regular conferences and seminars, conducted by competent teachers, and adequate laboratory facilities are absolute requisites to an adequate residency program. See sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

The provisions of the General Requirements (sections 1 to 9) must also be met for approval.

4. Special Requirements for Residency Training in General Surgery

A. Duration of Training.—Residencies in general surgery which are designed to meet the requirements of the Council on Medical Education and Hospitals, the American College of Surgeons, and the American Board of Surgery, should include; after one year of internship, either three or four years of progressive residency training. A program need not necessarily be confined to a single hospital. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

The American Board of Surgery recognizes two methods of qualification for its examination:

Group I. In addition to one year of internship or its equivalent, a candidate must have a minimum of four years of training in surgery in an institution or institutions acceptable to the board. Three of these years must be spent in an approved residency. One year may be spent in a surgical specialty, or experimental surgery or research, or work of such a character that the relation of the basic sciences of anatomy, physiology, pathology, bacteriology, biophysics, and biochemistry to surgery is emphasized.

Group II. In addition to one year of internship or its equivalent, a candidate must have three years of residency training in an institution or institutions

acceptable to the board, followed by two years of study or practice of surgery, during which time sufficient operative experience to meet the board's requirements must be obtained. The latter two years must be taken under the supervision of a surgeon certified by or acceptable to the board and carrying on his practice in hospitals approved as meeting the minimum hospital requirements of the American College of Surgeons.

The Board of Regents of the American College of Surgeons has taken action recommending graduate training programs of four years' duration for trainees who begin a surgical residency program July 1, 1950, and thereafter. However, until a sufficient number of four-year programs have been developed, approved three-year programs in general surgery will continue to be recognized.

Training in general surgery is recommended as a preliminary to graduate training in most special fields of surgery. For some surgical specialties, there is a definite amount of preliminary training in general surgery required. To meet such requirements, hospitals offering general surgery programs of less than three years, but of acceptable quality, may be approved and separately listed.

As stated in the general requirements, it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and of experience obtained.

B. Scope of Training.—Residencies in general surgery should offer a broad surgical training and should preferably include some experience in closely related special fields of surgery. Large hospitals, which have narrowly departmentalized services, can usually provide this experience by agreement between the chiefs of two services to exchange residents for a definite period of time, or by planning a rotation of assignment of residents to selected surgical specialty services. Urology, gynecology, and orthopedic surgery are the specialties most commonly included. However, other surgical specialties (except perhaps ophthalmology) may be considered in making the selection.

At least two years of the training program should be spent specifically in the department of general surgery. Assignments for experience in special fields of surgery must, therefore, be limited in number and the selection should be made for each hospital on the basis of including those specialty departments which can contribute most effectively to the training of the general surgeon.

C. Application of Basic Medical Sciences in Surgical Training.—The application of the basic medical sciences should be stressed in relation to the clinical work of the residents throughout the whole

training program. Frequent departmental conferences for a detailed discussion of problem cases on the surgical service are important for this, as are also the clinicopathology conferences. The residents should study and discuss with the pathologist all tissues removed at operation, and likewise all autopsy material from patients on their respective services. It is desirable, and in most programs it is possible, to have the resident assigned for a period of services in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is feasible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomical problems by performing regional dissections should, if possible, be provided.

Research work offers an important opportunity for stressing the application of the basic sciences in clinical problems. Reasonable facilities for research work by the residents should be provided, together with stimulating guidance and supervision.

D. Surgical Staff.—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. It should be organized and harmonious, with the designated head or chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment, but should be held by the surgeon best fitted for this responsibility. The members of the staff should have a real interest in teaching and in the welfare of the residents, and must be willing to give the time and effort required by the educational program.

E. Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reflect these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a surgical residency, should have annual admissions to the surgical division numbering approximately 300 to 500.

For a surgical residency, the hospital should be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the residents of the third and fourth years. The residency program should be organized so that residents will hold positions of increasing responsibility for the care and management of patients with surgical conditions and have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility but under circumstances providing adequate opportunity for consultation and advice.

Valuable experience may be obtained from efficient outpatient services where they exist and by

well developed follow-up services in all hospitals.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

5. Special Requirements for Residency Training in Internal Medicine

Residencies in internal medicine should be organized on a broad basis to furnish instruction in the various specialties which combine to form the foundation of practice in internal medicine. Accordingly, the service should not be limited entirely to internal medicine and its subdivisions, allergy, cardiovascular disease, gastroenterology, metabolic diseases, contagious diseases, and pulmonary diseases, but should include instruction in psychiatry and neurology, and might well include a reasonable amount of training in dermatology and pediatrics, now organized as independent specialties.

In institutions offering residencies in internal medicine, and in the special fields of allergy, cardiovascular disease, gastroenterology or pulmonary diseases, emphasis should be placed on the educational features of the service and residents should receive regular instruction from members of the staff in methods of clinical study and diagnostic and therapeutic procedures. Of particular importance is the study of etiology, pathogenesis, symptomatology, and the course of the various diseases so that the residents may develop skill and accuracy in diagnosis as well as in a mature judgment and resourcefulness in therapy.

Under the supervision of qualified members of the staff the residents should assume individual responsibility in actual case management. They should also be required to correlate clinical studies with postmortem pathology, review medical literature and take an active part in weekly teaching rounds, departmental seminars, and clinical-pathologic conferences.

Quantitative Requirements.—For approval a residency in internal medicine should have at least 400 annual admissions.

Applied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, pathology, pharmacology and physiology are especially desirable and should be closely correlated with clinical experience. See Section 1-9 of these "Essentials" for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

[Special announcement: As announced in 1960, the Council on Medical Education and Hospitals has discontinued approving and listing residency training programs in the four subspecialties of internal medicine. New applications for separate approval of residency training programs in the subspecialties will no longer be accepted. Essentials pertaining to the following subspecialties of internal medicine are in the process of revision.]

Special Fields of Internal Medicine.—Residencies may be offered in the special fields of allergy, cardiovascular disease, gastroenterology or pulmonary diseases. Residencies in these fields should follow the general pattern described above for internal medicine as well as the following:

Allergy (See also allergy under pediatrics).—The objective of intensive training in allergy is to fit the physician for the highest type of practice, teaching, and research in this specialty. A residency in allergy should comprise at least one though preferably two years of full time work. Residents in allergy should be given a thorough training in the fundamentals of human and animal sensitization through clinical study and laboratory experiments. There should be daily conferences or consultations with the staff. Reading of current articles and reviews of special topics should be assigned. Residents should be given responsibility for diagnosis and management of various diseases of allergy, for the teaching of interns, medical students, and nurses as capability has been demonstrated. Problems in clinical or laboratory allergy should be utilized to develop an interest in research.

If the allergy service is not under the department of medicine, it should have interdepartmental associations so arranged as to give residents of the allergy unit continuing contact with the general medical (or pediatric) services through ward rounds, clinical-pathological conferences, staff meetings, and so forth. The service should admit 200-300 ambulatory patients yearly, and have facilities for hospitalizing bed patients, in addition to cases seen in consultation with other services. It should have adequate laboratory facilities for those special chemical-immunologic, pathological and bacteriological procedures required in its field. The training of residents in allergy should be arranged to fit into the established programs of the American Boards of Internal Medicine or Pediatrics. Candidates for positions offering specialized training in allergy should previously have fulfilled the basic requirements of the parent board before undertaking study in the special field.

Certification in allergy is granted only to those who have previously fulfilled all the requirements for certification in internal medicine or pediatrics, including the examination.

Cardiovascular Disease.—In general, residencies in this field should follow the general pattern of residencies in internal medicine. There should be

opportunities and facilities for the study of all types of cardiovascular disease, both acute and chronic. It is important that there be adequate opportunity for the study of such cardiac disorders in childhood as rheumatic heart disease and congenital abnormalities. There should be provisions for experience with peripheral vascular disease and electrocardiography. Clinical or experimental investigation should be encouraged. The number of patients admitted to this service may not be an accurate index of the available clinical material, since a large part of the material is commonly supplied on a consultation basis.

Certification in cardiovascular disease is granted only to those who have previously been certified in internal medicine and whose applications have been approved by the Advisory Board in Cardiovascular Disease and who have passed the oral examination in this sub-specialty.

Gastroenterology.—Training in gastroenterology should take place not only in the hospital but also in the outpatient clinic. A hospital service of at least 10 beds or 200 admissions a year and work in a well organized gastroenterologic clinic for ambulatory patients admitting at least 200 patients a year should be considered sufficient, provided the service and its staff are acceptable. The resident, in addition to working in the department, should have careful instruction in actual care of patients and the following diagnostic and therapeutic measures: (a) fluoroscopy and the interpretation of roentgenograms of the gastrointestinal tract and its accessory organs; (b) endoscopy, including proctoscopy, gastroscopy and peritoneoscopy; (c) laboratory procedures, including analysis of gastric contents, bile and feces, tests of hepatic and pancreatic function, and the evaluation of these and ancillary laboratory findings with respect to their bearing on disease and disorders of the gastrointestinal and biliary tract; (d) the surgical aspects of gastrointestinal diseases, including consultation with surgeons, recognition of indications for operation, familiarity with operative procedures, and presence at operations on gastroenterologic patients wherever possible; and (e) medical care of gastrointestinal diseases, including careful study of diet and nutrition, and the effects of drugs and other therapeutic measures on the gastrointestinal tract.

Original research work in gastroenterology could well be included in the previous residency in internal medicine and continued in the gastroenterologic residency only so far as it would not interfere with the essential training program outlined above.

Certification in gastroenterology is granted only to those who have previously fulfilled all the requirements for certification in internal medicine, including the examination.

Pulmonary Diseases.—Training in pulmonary diseases should not be limited to tuberculosis but should include sufficient experience with other pulmonary diseases so as to insure proficiency in their

differential diagnosis and management. The training should be of such a character that residents may become thoroughly familiar with the various phases of institutional service in pulmonary diseases as well as the community aspects of tuberculosis control. This necessitates a well organized program of instruction with rotating assignments in the admitting department, infirmaries, convalescent and ambulatory wards and the outpatient clinics. Careful instruction should be provided in diagnosis interpretation of roentgenograms, therapeutic procedures, and general sanatorium care. It is particularly important that the residents become fully acquainted with the use of air or gas injection and the technique of the initial induction as well as the subsequent refills. If a surgical department is maintained, the operative service may be combined with the general training in pulmonary diseases or it may form the basis of a separate residency in thoracic surgery.

It must be emphasized that residencies in pulmonary diseases are educational in character and that of the full time sanatorium staff only those physicians who serve primarily on an educational basis come within the residency classification of the Council.

The clinical material must be adequate in kind and amount. Approximately 125 inpatients a year may be sufficient for a residency in pulmonary diseases.

Certification in pulmonary diseases is granted only to those who have previously fulfilled all the requirements for certification in internal medicine, including the examination.

6. Special Requirements for Residency Training in Neurological Surgery

Institutions offering residencies in neurological surgery must provide ample facilities for a well rounded training in this field. The clinical material must be sufficient to provide adequate experience to the trainee. The minimal requirement is 200 major procedures, including at least 25 verified intracranial neoplasms, for each resident completing his training each year. Close contact must be maintained between the staff neurosurgeons and the resident staff. It is essential that the resident participate actively in the diagnostic study, operative treatment, and postoperative care of patients. The period of training consists of four years and must be preceded by at least one year of approved internship, preferably in surgery, although a rotating internship is acceptable. If the neurosurgical training is begun after a rotating internship, additional training of at least six months in surgery must be arranged by the chief of the neurosurgical service.

The residency period must be chiefly clinical and not didactic, and there must be concurrent instruction in neurology and the basic sciences, particularly as they relate to neurosurgery. To qualify for the full four years of approval, a residency must provide broad experience in neurosurgery.

The residency program should be adequate to insure competence and skill. Under supervision the resident should be given the responsibility for the diagnostic studies and some of the operations, especially in his final year.

Quantitative Requirements.—An acceptable service for residency training in this field must have sufficient hospital patients to provide a minimum of 200 major neurosurgical procedures annually. Included in these must be at least 25 surgically verified intracranial tumors.

Applied Basic Science Instruction.—Organized basic science work as applied to neurological surgery is especially desirable in neuroanatomy, neuropathology, neurophysiology, neuroradiology and neuroophthalmology. This should be closely correlated with clinical experience. See Sections 1-9 of these "Essentials" for a discussion of applied basic medical instruction.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

7. Special Requirements for Residency Training in Neurology (See Psychiatry and Neurology)

8. Special Requirements for Residency Training in Obstetrics and Gynecology

Residency programs in obstetrics and gynecology are not designed primarily to provide hospital service, but should constitute an educational opportunity in the area of diseases peculiar to women. The principles enunciated under General Requirements are of utmost importance, and a thorough study of these is not only imperative for the director of the residency training, but is also urged for all who participate in resident teaching. Any additional statements made here for purposes of amplification will parallel those found in the General Requirements.

Facilities and Patient Load.—Good residency training can be given in large or in small hospitals. The size of the hospital is not the criterion as much as the quality of the care and the supervision given. Overloading a service with too many appointees is to be avoided. In general a residency training program should have approximately 300 obstetrical admittances and 100 gynecological admittances per resident per year, these cases to include only those admitted to the obstetrics-gynecology service.

It is recognized that obstetrical and gynecological units are subject to special regulations. To provide an approved program, an obstetrical and gynecological unit should meet any local requirements for licensing. Separate operating rooms are desirable but not required, an adequate access to the operating room facilities both for regularly scheduled cases and emergencies being more important. Hospitals should be cognizant of the recommendations of the American Academy of Pediatrics as to Standards and Recommendations for Hospital Care of New-born Infants.

The question is often asked as to the exact number of major gynecologic and obstetric procedures each resident should have performed. It must be stated that no amount of assisting is a substitute for primary surgical experience. One of the basic principles of training is that it should be progressive in the experience and the responsibility given the trainee. A full residency program in obstetrics and gynecology must give sufficient independent operating experience to make the trainee competent and safe. The variety and magnitude of operations, and the quality of the surgery are more important than the actual number.

It is equally important for each resident to have adequate training in medical gynecology and antepartum and postpartum care. An outpatient facility capable of providing such experience is an essential part of an approvable program, and must provide instruction in the management of the problems of the ambulatory gynecological and obstetrical patient.

Staff.—It is desirable that the Chief of Service of the Department be certified by the American Board of Obstetrics and Gynecology, in the interests of the proper teaching of the specialty of obstetrics and gynecology. In the absence of such certification, the Residency Review Committee may approve programs when the chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

There should be definite assignments of the responsibilities for resident training, preferably by the chief of the service or his designated representative (such as a departmental program director). To assure continuity of teaching effort and departmental policy the chief of service should hold office for at least three years.

In instances where the services of obstetrics and gynecology are separate in any given hospital, the chief of such service seeking approval, and at least one of his subordinates, must be certified or otherwise qualified as outlined above. If obstetrics and gynecology are separate services, combined approval can be granted only if arrangements are made for rotation of residents between the two services with graded and progressive responsibility.

Approval cannot be granted for residency training in gynecology if the service is a subdivision or subservice of general surgery, unless the subdivision of gynecology is headed and staffed by a chief and at least one other man certified by the American Board of Obstetrics and Gynecology or otherwise qualified as specialists in this field as specified above.

Program.—All programs must strive to strike a balance between the training acquired through patient care on the one hand, and the purely educational activities of the department on the other. In addition to the meetings listed, such conferences

as a Neonatal CPC to consider the perinatal mortality and a Maternal Morbidity Survey are recommended. Basic sciences training should emphasize the relation of anatomy, pathology, biochemistry, and bacteriology to the application of surgical principles which are fundamental in all branches of surgery. Particularly for this specialty there should be training in infertility, endocrinology, oncology, irradiation therapy, psychosomatic medicine, and the nonoperative methods of diagnosis and treatment. A resident must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, wound healing, etc.

After July 1, 1962, the Residency Review Committee for Obstetrics and Gynecology will not approve residencies of less than three years' duration providing training in this specialty. While training in general surgery, internal medicine, and urology is desirable, such training should not be a part of the three years' required clinical program in obstetrics and gynecology. A minimum of 18 months in obstetrics and 18 months in gynecology is required. Likewise, formal courses in the basic sciences which separate the resident from clinical training should not be included in the three-year minimal clinical training program.

As stated in the General Requirements, however, it is not essential that all residencies adopt exactly the same program or a rigidly uniform sequence of experience. In addition, programs may be arranged for more than three years provided the above requirement is not diluted. The additional time may be allocated, for example, to training in general surgery, urology or basic sciences and the sequence of these in the training program adjusted to the individual hospital or institution. When such programs are arranged the trainee must complete the entire residency to meet the training requirement of the Board.

Affiliation.—Exchange of residents between approved programs within the specialty is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal required three years of clinical training equally divided between obstetrics and gynecology.

Assignment of residents to unapproved institutions is not acceptable unless the work of such services is carefully supervised by the chief of the approved program in which the resident is enrolled. Such an arrangement should be attested in the hospital information supplied to the Committee.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

9. Special Requirements for Residency Training in Ophthalmology

Duration of Training.—Residencies in ophthalmology which are designed to meet the requirements of the Council on Medical Education and Hospitals, and the American Board of Ophthalmology, should include, after one year of internship, three years of progressive training in the specialty. Part of one of these years may be spent in a basic science course in ophthalmology. If this course is of less than one year's duration it should be supplemented by additional training to make up a full 12 months; that is, courses of eight or nine months' duration must be supplemented by additional clinical or other training to make up a full year.

Residencies of five years' duration, which include training in both otolaryngology and ophthalmology, may be approved provided at least 36 months' training is in ophthalmology.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training program be organized by the parent hospital with responsibility for progressive training of the residents. Collaborative programs may be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program. For example, specialized hospitals which do not admit patients for medical and neurological diseases might well provide temporary service in a general hospital.

Scope of Training.—Residencies in ophthalmology should offer a broad training and should preferably include some experience in closely related fields of medicine and surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available including commonly used special apparatus. Adequate library facilities should be available and residents should be urged to use the library frequently. An informal journal club is suggested as a stimulus to use of library facilities. The training should include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of ophthalmology. Cases should be presented and discussed during ward rounds at least twice a week. Residents should have daily contact with at least one staff man.

Instruction in surgical technique should be sufficient to enable residents to undertake operative work under supervision, especially toward the end of the residency program. Presentation of cases by the resident to the attending ophthalmologist at ward rounds and in the clinic should be routine procedures at least once a week.

Basic Medical Sciences.—There should be laboratory training in anatomy of the eye and adnexa and the related nervous system, also in microbiology,

biochemistry, embryology, pathology, optics, pharmacology, and physiology. These studies should be closely correlated with the clinical experience. The resident should be assigned for a period of service in pathology and bacteriology. It is important that frequent departmental conferences are held for detailed discussion of problem cases. Clinical pathological conferences should be so conducted that the residents are able to study and discuss with the pathologist and the staff all tissues removed at operations, and all autopsy material, from patients on their services.

Surgical anatomy should be demonstrated by the attending surgeons in discussing surgical cases with the resident. Opportunity for the residents to work out special anatomical problems, by performing regional dissections should, if possible, be provided. Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the resident should be provided, together with stimulating guidance and supervision during the latter part of his training.

Staff.—The staff should be composed of highly qualified teachers who have skill and judgment. They should be properly organized with the designated head or chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment but should be held by the ophthalmologist best fitted for this responsibility. The members of the staff should have a sincere interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Clinical Material.—The hospital must be able to provide a satisfactory number and variety of patients. Statistical data alone cannot reveal these considerations adequately. During the residency program an adequate operative responsibility must be provided the resident staff. Such experience is essential to give the progressive experience, both as assistant and operator, necessary for the development of surgical judgment and skill by the resident. The residency program should be so organized that the resident will hold positions of increasing responsibility for the care and management of patients. The residents shall have sufficient operative experience under supervision to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility. The residents must be held responsible for the recording of complete and adequate case records for both in-patients and outpatients. These case records should be reviewed and utilized by the attending ophthalmologist whenever consultations are required by the resident.

An approved residency in ophthalmology should include a well organized and supervised active

outpatient service supervised daily by an attending ophthalmologist.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

10. Special Requirements for Residency Training in Orthopedic Surgery

Surgical and orthopedic facilities must be satisfactory and clinical material sufficient to afford residents adequate experience in the correction of congenital and acquired deformities and in the treatment of fractures and other acute and chronic disorders which interfere with the proper function of the skeletal system and its associated structures. Residents should become thoroughly familiar with all methods of diagnosis and treatment, corrective exercises, physical medicine, operative procedures and the use of orthopedic appliances. Instruction in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program. Clinical instruction should include teaching rounds and departmental conferences.

Residencies may be organized in the fields of adult orthopedics, children's orthopedics, fractures or in combinations of these. As preliminary training the Council recommends one year of general surgery in addition to the internship.

Quantitative Requirements.—Both hospital and outpatient facilities are desirable, and institutions offering residency instruction should treat a minimum of 200 patients annually.

Applied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, embryology, pathology, and physiology are especially desirable and should be closely correlated with clinical experience. See Sections 1-9 of these "Essentials" for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

11. Special Requirements for Residency Training in Otolaryngology

Duration of Training.—Prior to July 1, 1960, residencies in otolaryngology, which are designed to meet the requirements of the Council on Medical Education and Hospitals of the American Medical Association, the American College of Surgeons, and the American Board of Otolaryngology, should

include, after one year of internship, three years of progressive training in the specialty. One of these years may be spent in an approved residency in general surgery or medicine, or an additional year of rotating internship.

After July 1, 1960, residencies will be of four years' duration, of which three must be progressive training in the specialty. The four years must include one year in an approved residency in general surgery, preferably before the special training. It is emphasized that the above are minimal requirements for certification and as a foundation for further development in the broad field of otolaryngology.

Scope of Training.—Residencies in otolaryngology should offer a broad training and should preferably include some experience in closely related fields of surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available, including all special apparatus. The clinical material should be sufficient in variety and amount to provide adequate training in the various divisions of the specialty.

Adequate experience in bronchoesophagology, allergy, anesthesiology, maxillofacial surgery, and surgery of the neck, as they relate to otolaryngology, must be provided. The training shall include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of otolaryngology.

As stated in the general requirements (Section 7, Part 1), it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental requirements for an approved program and, either alone or in collaboration, should attain comparable results in the quality of training and in the experience obtained.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training programs be organized by the parent hospital, with progressive responsibility for the residents. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

Application of Basic Medical Sciences.—There should be training in the applied anatomy of the ear, nose, throat, neck, chest, and esophagus, including the related nervous system. Applied microbiology, biochemistry, embryology, pathology, pharmacology and physiology should be included and should be closely correlated with the clinical experience. Frequent departmental conferences for a detailed discussion of problem cases are important, as are also the clinicopathological conferences. The

residents should study and discuss with the pathologist all tissues removed at operation and all autopsy material from patients on their services. It is desirable to have the residents assigned for a period of service in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is possible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomic problems by performing regional dissections should, if possible, be provided.

Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the residents should be provided, together with stimulating guidance and supervision.

Surgical Staff.—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. It should be properly organized and harmonious, with the designated head or chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment but should be held by the surgeon best fitted for this responsibility. The members of the staff should have a real interest in teaching and in the welfare of the residents, and must be willing to give the time and effort required by the educational program.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reveal these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a residency in otolaryngology, should have annual admissions numbering approximately 300 to 500 patients to that service. The hospital must be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the resident. The residency program should be organized so that the residents will hold positions of increasing responsibility for the care and management of patients. The residents will have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

An approved residency in otolaryngology should include a well-organized and well-supervised, active outpatient service.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American

board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

12. Special Requirements for Residency Training in Pathology

Recognition is extended in this field to residencies in anatomic pathology, clinical pathology, both clinical pathology and anatomic pathology, and special fields of clinical pathology and anatomic pathology.

Scope of Training.—The training program in pathology should be designed to acquire a broad knowledge of the subject matter in the fields of clinical and anatomical pathology, as well as the techniques and methodology required to gain this information. Experience in interpretation of laboratory data, in directing a laboratory, in teaching, and in investigation are all objectives of a good program.

Every attempt should be made to gain correlative experience in anatomic pathology and clinical pathology in addition to relating these experiences to the patient.

Systematic instruction in anatomic pathology should be accomplished primarily through the use of fresh tissues, microscopic slides, and photographs, supplemented by museum specimens and seminar material when available. Proficiency in frozen-section diagnosis and in exfoliative cytology are important aims. The teaching material must be sufficient in quantity and variety to afford adequate training in gross and microscopic pathology. Special emphasis, however, should be placed on the quality of the supervision and instruction rather than the quantity of material.

The training in clinical pathology should emphasize methodology and techniques because the result of a laboratory test is no more valuable than the accuracy of performance. Interpretation of these tests for assistance in the diagnosis and management of patients, and the development of administrative ability are of especial value in the division of clinical pathology.

Instruction should include, but not be limited to, training in bacteriology, immunology, blood banking, clinical chemistry, parasitology, hematology, endocrinology, clinical microscopy, and the application of the physical and biological sciences in the diagnosis, prognosis, and treatment of diseases.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and his associates and assistants, the supervision of work of the person in training, the quality of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both

in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of medical and non-medical personnel in relation to the volume of work.

In general, the qualitative standards will determine whether a laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of training.

It is expected that the director of the program be a fully qualified specialist in the branches of the specialty for which training is approved, and that he provide adequate supervision of the hospital laboratory. Adequate supervision is not interpreted in terms of hours, but rather that the director have no obligation outside the one, approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program. In special instances, the equivalent of full-time director by two or more qualified persons will be accepted, and one person need not spend the entire working day in the laboratory. Similarly, in special instances, two or more hospitals will be approved as a unit with a single, full-time director of laboratories if it is apparent that a satisfactory training program can be conducted.

It is expected that the number of technicians and their qualifications will be proportional to the volume of work in the laboratory.

Sufficient laboratory and office space, as well as equipment, should be provided to enable the department to function efficiently. There should be facilities in all hospitals for tests usually performed in clinical pathology, for the study of surgical specimens, and for the performance of autopsies. In larger hospitals the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of patients.

Institutions with an autopsy percentage of less than 25 will not ordinarily be approved, and those institutions with percentages between 25 and 40 will be given special scrutiny.

Fixed anatomic and pathological specimens in proportion to the size of the hospital, should be available for study by the staff. Properly filed and indexed color photographs may in part be substituted for museum specimens.

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of the material and the size of the staff justifies. A clinicopathological conference should be held at least every two weeks.

In institutions offering training in both anatomic and clinical pathology, the program should be so arranged as to assure even division of the residents' training and experience in anatomic and clinical

pathology. Ordinarily, this can best be achieved by a series of exclusive, or nearly exclusive, assignments to the various departments of the laboratory.

Quantitative Requirements.—As indicated in the following categories, no hospital with less than 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology annually will be approved, except as outlined in the following paragraphs. It is believed that less material than this is inadequate for the training of a pathologist.

In the field of clinical pathology there should be a reasonable diversification of tests and in each category there should be sufficient absolute volume to provide training and experience. There are no absolute criteria, but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.

In the field of anatomic pathology, a deficiency in either autopsies of surgical specimens may be made up by an excess of the other, if the deficiency does not exceed 20% of the minimum required in the ratio of one autopsy to 75 surgical specimens.

If a hospital meets the minimal qualitative and quantitative standards, it will then, on the basis of the following quantitative standards, be approved for one, two, three, or four years of training in anatomic pathology, or clinical pathology, or both, or some special field as shown for the number of residents indicated.

Category A. In both anatomic pathology and clinical pathology for four years.

Minimum: 150 autopsies, 1,750 surgical specimens, and 65,000 tests in clinical pathology for four residents. An additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

Category B. In both anatomic pathology and clinical pathology for three years.

Minimum: 125 autopsies, 1,500 surgical specimens, and 50,000 tests in clinical pathology for three residents. An additional resident for each 50 autopsies, 500 surgical specimens, or 20,000 tests in clinical pathology.

Category C. In both anatomic pathology and clinical pathology for two years.

Minimum: 100 autopsies, 1,250 surgical specimens, and 40,000 tests in clinical pathology for two residents. An additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

Category D. In both anatomic pathology and clinical pathology for one year.

Minimum: 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology for one resident. An additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

Category E. In anatomic pathology only, for three or more years.

Minimum: 175 autopsies and 1,500 surgical specimens for three residents. An additional resi-

dent for each 50 autopsies, or 500 surgical specimens.

Category F. In anatomic pathology only, for two years.

Minimum: 125 autopsies and 1,250 surgical specimens for two residents. An additional resident for each 50 autopsies or 500 surgical specimens.

Category G. In anatomic pathology only, for one year.

Minimum: 75 autopsies and 1,000 surgical specimens for one resident. An additional resident for each 50 autopsies or 500 surgical specimens.

Category H. For post-mortem part of anatomic pathology for two years. Credit is never allowed for more than two years, and this is given only toward certification in anatomic pathology. Candidates taking training in institutions having an approved program in Category H must pursue further training as follows: (1) for anatomic pathology only, an additional year in an institution in Category A, B, C, E, F, or G with full-time assignment in surgical pathology, (2) for certification in anatomic and clinical pathology, one year in surgical pathology as outlined above and two years in clinical pathology in an institution in Category A, B, C, L, or M.

Minimum: 125 autopsies for two residents. An additional resident for each 60 autopsies.

Category I. For post-mortem part of anatomic pathology for one year: 75 autopsies for one resident.

Category J. Surgical pathology part of anatomic pathology for one year.

Minimum: 2,000 surgical specimens for one resident. An additional resident for each 1,000 surgical specimens.

Category K. Special pathology as part of anatomic pathology.

Category L. Clinical pathology for three or more years.

Minimum: 100,000 tests in clinical pathology for three residents. An additional resident for each 50,000 tests.

Category M. Clinical pathology for two years.

Minimum: 75,000 tests in clinical pathology for two residents. An additional resident for each 50,000 tests.

Category N. Clinical pathology for one year.

Minimum: 50,000 tests in clinical pathology for one resident.

Category O. Special clinical pathology as part of clinical pathology.

Category P. Research: Residence in certain institutions in which full-time is devoted to research with a direct application to the practice of anatomic pathology or clinical pathology. This category is only for those wishing to do full-time research.

Category Q. Forensic pathology for one year.

Minimum: 150 medico-legal autopsies annually, of which 25 or more are on bodies of persons known or suspected to have died by homicide. Laboratory

facilities for the usual medical problems of anatomic and clinical pathology. In addition, closely affiliated laboratory facilities and personnel for studies in photography, toxicology, general police science, bacteriology, immunology, etc., as applied directly in forensic pathology. It is highly desirable that the director of the training program be a legally constituted medical examiner or the equivalent. The program should include formal lectures, seminars, conferences, preceptorship type training, and an adequate library.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

13. Special Requirements for Residency Training in Pediatrics

Clinical training should be obtained in general medical pediatrics, nutritional disorders, care of new-born infants, preventive pediatrics, and out-patient clinics in the various departments of medical pediatrics. Correlative studies are recommended especially in contagious diseases, in clinics for well babies, the mentally deficient, and in those with neurological disorders or who present problems in behavior. In the wards and in the clinics the residents should be permitted to assume individual responsibility in diagnostic and therapeutic procedures and case management. They should actively participate in teaching rounds, clinicopathological conferences, departmental seminars, and all other functions designed to improve the quality of the clinical and educational service. Although the training need not be continuous or in the same institution, it is desirable that the educational program be systematized in the form of residencies of one to three years' duration.

Quantitative Requirements.—The resident staff should be assigned a sufficient number and variety of hospital patients to assure a broad training and experience. The number of patients considered adequate varies with the number of residents, length of patient stay, and other factors. Hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program.

Applied Basic Science Instruction.—Sufficient time should be devoted to studies in applied basic sciences, especially in embryology, growth and development, nutrition, and other fields in physiology bearing upon pediatrics. This work should be closely correlated with clinical experience. See Sections 1 to 9 of these "Essentials" for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appro-

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 requirements of the parent board before undertaking study in the special field.

Certification in allergy is granted only to those who have previously fulfilled all the requirements for certification in pediatrics or internal medicine, including the examination.

14. Special Requirements for Residency Training in Physical Medicine and Rehabilitation

Scope of Training.—Residencies in this specialty should include training in the clinical and diagnostic uses of the physical procedures and in the various aspects of medical rehabilitation. The service is particularly concerned with the treatment and restoration of the convalescent and the physically handicapped patient. A complete program should include the availability and the use of the paramedical services related to the field.

Duration of Training.—A minimum of three years of residency training is considered necessary to train a physician contemplating specialization in the field. It is desirable, if not essential, that the training be under the supervision of one approved

institution. The Department of Physical Medicine and Rehabilitation should be organized as a major service, with a qualified head of the department and associates, as well as trained personnel in the various paramedical areas. The department should operate as a service department to the broad fields of medicine and surgery. Sufficient space and equipment must be provided to carry out a comprehensive program of training. Hospital beds should be assigned to the Department of Physical Medicine and Rehabilitation conducting an approved residency in this specialty.

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.

15. Special Requirements for Residency Training in Plastic Surgery

Duration of Training.—Residency training programs which are designed to meet the requirements of the American Board of Plastic Surgery, the American College of Surgeons, and the Council on Medical Education and Hospitals of the American Medical Association must be of at least two years' duration, after completion of a minimum of one year in an approved internship and at least two years of training (three years beginning July 1, 1960) in a residency in general surgery in a program approved by the Conference Committee on Graduate Training in Surgery or by the Council on Medical Education and Hospitals of the American Medical Association.

Scope of Training.—Adequate training in plastic and reconstructive surgery should include experi-

ence in the various methods of excisional reparative surgery of the scalp, face, orbits, nose, oral cavity, neck, trunk, and extremities. The resident should obtain experience in the management of neoplasms of the head and neck, cosmetic surgery, facial trauma, surgery of hand, burns, and congenital abnormalities of the extremities and genitalia. This training must be graduated and progressive.

Applied Basic Sciences.—The study of anatomy, bacteriology, biochemistry, physiology, and pathology as related to plastic and reconstructive surgery should be closely related to clinical experience. Research offers an important opportunity for the application of the basic sciences to clinical problems. Reasonable facilities for clinical and animal research by the residents should be provided with stimulating guidance and supervision.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Where the program may be strengthened thereby, collaborative programs can be approved after affiliation of institutions with complementary clinical and research facilities.

Residents who plan to seek certification by the American Board of Plastic Surgery should communicate with the Secretary before beginning training in the specialty to be certain that the requirements as to training in general surgery have been met.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

16. Special Requirements for Residency Training in Preventive Medicine

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 a supervised, comprehensive and progressively graded educational experience over a period of at least three years. One institution or agency, preferably one with a primary interest in graduate education, must assume overall responsibility for directing and supervising the preventive medicine residency training program. The residency program need not be encompassed within a single institution or agency, however, but may be constructed by formal programming and coordinated supervision of the educational and training experience of the residency by two or more institutions or agencies.

The educational and training experience of the residency training program should include two phases: one of academic study in which the candidate is enrolled as a graduate student, in residence; and a second phase in which the candidate secures field training and experience. These two phases may be carried on consecutively or separately.

Academic training: The academic phase of the residency training must be at least one year of graduate study. The character and quality of advanced study engaged in by the resident should be equivalent to that of students seeking advanced degrees. However, the content of the residency program may differ from the curriculum required for an advanced degree, and achievement of such a degree is not a requirement. The program of instruction should be individualized as far as possible to the needs of each resident, and when feasible, conducted on a tutorial basis.

The content of courses offered should include but not be limited to: principles and practices of preventive medicine, medical and public health administration, human ecology, environmental medicine, and both basic and advanced study in biometry and epidemiology. Every effort should be made to strengthen the resident's competence in the clinical and laboratory disciplines and to provide an effective integration of the clinical sciences in relation to human health problems with that of epidemiology. Supplementary courses should be available to the resident in such areas as microbiology, immunology, genetics, cytology, biophysics, and the social sciences; especially, sociology, anthropology, economics and psychology.

Field training: Field training should be under the supervision of staff qualified to provide guidance and graduate instruction in preventive medical practice or research, either directly under an educational institution or an organization or agency affiliated with the educational institution. Each resident should have progressively graded responsibility, under competent direction, of at least one year's duration.

In selecting field training experience for the resident, the training institution may use a field training area partially or entirely under its own jurisdiction and supervision or it may use an affiliated organization or agency most suitable to the needs of the individual resident. The resources and organization of the affiliated agency must satisfy basic requirements for graduate training purposes; the calibre of supervisory professional staff members and their competence and interest in residency 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 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 relationships to industrial employees in all categories, to his immediate and more general professional associates, to the hygienic authorities, and to management.

3. Industrial hygiene, under which term is included all measures for the determination of the significant and extent of occupational stresses and hazards, and for the development and application of means of controlling such stresses and hazards, so as to promote and maintain industrial health.

4. Physiology and other basic sciences with particular reference to the manner in which the occupation and environment affect man.

5. Epidemiology and biostatistics and their application to the health problems of the industrial population.

B. Related Fields.

1. Special fields of medicine such as mental health, rehabilitation, and gerontology.

2. Legal and insurance aspects of industrial medical practice.

3. History, structure, and functions of industry.

4. Social studies (human relations) including such subjects as personnel relations, industrial relations, labor relations, and public relations.

C. Clinical Training. Clinical training requires well-developed clinical facilities in a medical center in which a well-staffed outpatient dispensary, ample and well-staffed inpatient services, and a variety and a reasonable volume of patients and problems from industry are available for study. Organized and well-staffed clinics in industrial establishments, as well as many other organized medical services in the community, may be utilized. Clinical training should provide experience in at least the following areas:

1. Medical appraisal of abilities and disabilities in relation to the requirements of job, job placement, and adjustment of worker to job.

2. Management of occupational injury and 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 in Industry.

A. General Type and Duration of Residency in Industry.

The resident must serve for a year, preferably in continuous service, in one or more industrial medical organizations approved for scope and quality of service.

B. Professional and Facilities.

1. *Personnel.* An industrial medical organization which participates in the training of residents in occupational medicine should be under the direction of a competent physician having position and authority in the organization commensurate with his responsibilities, including that of assuming a high level of ethical conduct and practice within the medical department. All of the activities of the industry relating to the health of employees, industrial hygiene and sanitation, and the hygienic problems of the community as derived from the industry should lie clearly within the authority or area of consultation of the physician in charge.

The staff of the medical department, including nurses and technical assistants, should be adequate in numbers, competent to perform the work which is required of them, and should have such relationship to the chief of the medical staff and such functions in the performance of the work of the medical department as are in keeping with sound professional standards.

The local professional relationships of the medical staff should be such as to insure appropriate liaison with private physicians of the employees. The services of fully qualified consultants in specialized fields of medical and surgical practice should be utilized as necessary.

2. *Facilities.* The quarters and facilities of the medical department should be adequate in location, arrangement, and equipment to provide freedom from noise, to insure comfort, cleanliness, and orderliness in the conduct of the medical work, and especially to yield complete privacy for interviews, medical examinations, and the maintenance of wholly confidential medical records.

Laboratories, equipment for the conduct of clinical and environmental observations and investigations, and appropriate reference books and periodicals shall be available within the medical or other plant facilities, or in such proximity elsewhere as to meet adequately the needs of the practice of medicine and industrial hygiene.

3. *Industrial Medical Practice.* The type of medical practice conducted by the industrial medical department shall be of a high professional quality and shall extend into all of the fields of medical activity that are appropriate to the needs of the industry concerned.

The medical examinations and the medical records should be such as to reveal the hygienic status of the population of the plant or industry in a reasonably effective manner, with respect to injury, illness, and disease of non-occupational or occupational origin. They should also be adequate in respect to the medical problems of the individual employee.

The information on the respective occupations, hygienic problems, and hazards associated with specific occupations and operations within the plant or industry should be comprehensive and up-to-date; the means by which such information is kept current, through reports, trips of inspection, analytical and other environmental data, should be part of the regular mechanisms of the medical operations and relationships within the industrial organization.

4. *Adaption and Utilization of Personnel and Facilities for Medical Instruction.* In addition to the general adequacy of the medical personnel and facilities for the performance of their necessary duties, the conditions within the medical department and the industrial organization which

it serves must be such as to provide time for the training of medical residents. The competence of the preceptors within industry and the affiliation of the personnel of the medical department with the institution responsible for professional instruction must be such as to insure the fulfillment of an educational function, rather than to provide a means of delegating the less exacting and less responsible work of the medical department to a subordinate in training.

Eligibility of Applicants.—In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicants for an appointment to an approved residency in occupational medicine should have completed one academic year in an accredited school of public health leading to a degree of Master of Public Health or have had equivalent training. In some cases, residency training may precede the year of formal academic training.

The provisions of the section on General Requirements (Sections 1 to 9) must also be met for approval.

Board Requirements.—Candidates for examination in occupational medicine must meet the general requirements of the American Board of Preventive Medicine in that they complete a year of internship in an approved hospital and at least six additional years of training and experience in occupational medicine. One of these years must have been devoted to graduate study leading to a degree of Master of Public Health in an approved School of Public Health (or other similar training and study satisfactory to the Board). Another year must have been spent in graduate study in occupational medicine or in a closely related field acceptable to the Board. (Section I).

At least one of the remaining four years must have been spent in an approved occupational medicine program in one or more industrial medical organizations approved for scope and quality of service. (Section II, 16).

Public Health

Residencies in this field should include training in the principal divisions of public health, such as administration, health education, epidemiology (control of infections and degenerative diseases), maternal health, infant and child health, accident prevention, and sanitation. Approval for residency training in the specialty is ordinarily extended to training areas organized under a state plan, al-

though recognition may be given to a local health department offering acceptable training in one or more of the major branches. An acceptable program should be for a period of one or more years' duration. If the training is limited to a single field of public health, the length of the training should be at least two years, one of which may be spent in residency training in an appropriate clinical specialty.

The health department in which training is given should be well-established and should serve an area large enough to offer comprehensive experience in the several aspects of community health. A program of sufficient scope and diversity is not likely to be provided in communities of less than 50,000 population.*

The department should be efficiently organized on a basis which will assure the provision of public health services of a superior quality as well as proper supervision of the resident's training. It should co-operate actively with other agencies, official and non-official, in the development and conduct of a community-wide health program.

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.

*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.

17. Special Requirements for Residency Training in Proctology

The scope of training in proctology should include experience with and responsibility for patients with disease and abnormalities of the anus, rectum, and colon. An adequate number and variety of proctologic patients should be available. Under ordinary circumstances, a general hospital, to support a proctologic residency, should have annual admissions to the proctologic department of at least 200, including a minimum of 50 patients with disease of the large bowel.

The program should be under the direction of a well-qualified proctologist, preferably one who is certified by the American Board of Proctology. Those members of the attending staff who assist in supervising the resident's work should have had acceptable training in the specialty, should demonstrate an interest and ability in teaching, and should enjoy high professional standing. In some hospitals, where the number of men on the staff who have had advanced training in proctology is limited, it may be desirable to assign responsibility for the supervision of the training program to recognized proctologists on a consulting basis. In such instances, it is expected that the consultant will devote sufficient time to the residency program to assure its effectiveness. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

The resident should have access to the records of all proctologic cases in the hospital. He should be held responsible for all histories, physical examinations, ordering of laboratory and roentgen-ray studies, preoperative orders, a preoperative summary for the operative record, assisting at time of operation, postoperative orders, dictation of operative records of operations performed by him, progress notes, and postoperative dressings and care. He should make daily rounds with the head of the department as well as his own individual rounds. He shall assist in the outpatient department. He should participate in the consultations with other departments so as to supplement the volume of work on his service. He should assist in the organized educational program such as the teaching of interns, students, and nurses. He shall prepare material for and assist at proctologic clinics and demonstrations.

Attendance should be required at all autopsies, clinicopathologic conferences, hospital staff meet-

ings, departmental meetings, general surgical ward rounds, follow-up clinics, and surgical or medical clinics pertaining to proctologic subjects. The resident should spend sufficient time in the department of anesthesia to become familiar with anesthetic procedures such as local infiltration, sacral block, caudal block, and spinal block.

Increased responsibilities should be delegated to the resident as his ability is demonstrated and he shall be given opportunity to perform minor and major surgical procedures under supervision in order that he may develop surgical judgment and increase his surgical skill. He should keep a personal file of all cases on which he was the first assistant or the responsible surgeon.

The importance of complete studies of all patients must be emphasized. The head of the department must provide personal instruction and conduct teaching rounds, departmental conferences, and seminars.

There should be frequent informal discussions and demonstrations of technics.

Research activities in the fields of experimental medicine, experimental surgery, and the basic sciences should be encouraged.

It is recommended that comprehensive summaries of medical literature, or statistical analyses based on clinical case records, or a thesis should be prepared by a resident before he completes his service. Careful direction and supervision of this study should be provided by a member of the staff.

Radiological Training shall include the demonstration of current x-ray films for correlation with the pathological, physiological, or clinical subjects, as well as study by the resident, in conjunction with the roentgenologist, of all x-ray films on patients for which he is responsible and observation and discussion of radiologic therapy if available.

The provisions of the General Requirements (Sections 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 patients. The service functions of the residents should be subordinate to this primary objective. Although such activities as hospital administration, ward management, the teaching of other hospital personnel, and investigation in clinical and basic science are significant and desirable parts of the residency program, they should not displace the chief objective of clinical competence in the care of patients.

The program director is responsible for providing each resident with a well-organized and integrated educational program. Assisting him should be a staff sufficient in competence and number to provide proper supervision of the residents in all aspects of the professional education and specialty training. The resident should receive regular instruction from members of the staff in theoretical knowledge and in practical experience in the specialty, its history and development, its relation to general medicine, and its special diagnostic and therapeutic procedures. Emphasis should be placed on the study of etiology, pathogenesis, symptomatology, and course of the various diseases so that the residents may develop skill and accuracy in diagnosis, mature clinical judgment based on the understanding of the natural history of the diseases, and resourcefulness in therapy. The resident should be taught to comprehend the meanings of complaints, symptoms, and signs in terms of the anatomical, physiological, and psychological mechanisms, as well as in terms of the genetic, social, and cultural attributes of the individual patient.

The clinical material available to each resident must be of such a nature as to encompass a reasonably wide range of experience with respect to diversity of diagnostic categories of patients; their age, sex, cultural, and economic distribution. The load of patients for which each resident is

responsible should be commensurate with his ability to study individual patients adequately. The clinical service must be so organized that the resident is in fact responsible for his patients. There should be a reasonable balance between the supervision and the amount of responsibility which the resident actually carries for his patients. This amount of responsibility should increase as the resident advances in his experience.

Clinical case conferences should be an integral part of the bedside clinical teaching. The resident should learn to present patients at the conferences in a precise and thoughtful manner, and he should participate actively in the discussion. It will often be valuable to include in these conferences other personnel who bear related responsibilities for the care of the patient under discussion. In these, as in all other teaching and training activities, close liaison should be maintained not only between the fields of psychiatry and neurology but also between these and other related medical and allied disciplines. Senior members of the staff should teach residents to observe thoughtfully, communicate the observed clearly, and record the observations so that the records will bespeak the observed rather than the observer.

It is essential that residents with a recent foreign background have a sufficient command of grammatical English to insure accurate, unimpeded communication with patients and teachers.

The trainees should at all times be made aware that there are no short cuts to clinical therapeutic experience and no substitutes for hard individual thinking and study. The trainees' critical sense should be stimulated and independence of thought safeguarded. Intellectual coercion should be avoided lest training become mere indoctrination. The trainees should be led, through a wide range of information imparted to them, to choose between various theoretical systems, but the hardship of choice should be strictly theirs, for this is the prerequisite of a sound professional training.

Formal didactic instruction by means of prepared lectures, seminars, assigned reading, and laboratory work is desirable. However, staff meetings, round table conferences, journal clubs, and lectures by visitors, while commendable in themselves, are not satisfactory substitutes for an organized curriculum. The program should not be limited to a single, narrow point of view; rather, residents must become thoroughly acquainted with major developments in the etiology, pathogenesis, and therapy of the various disorders in this country and abroad.

Teaching by residents is essential in a training program. The senior residents should share with

their supervisors the responsibility of instructing their juniors, the medical students, and other hospital personnel.

It is desirable to offer opportunities for clinical and basic science investigation to interested and talented residents, but the completion of a research project need not be required from each resident. In no case should research activities supersede the clinical training.

Training centers should provide residents adequate space and facilities for examination of patients, special diagnostic procedures, consultations, interviewing, seminars, and lectures. This space and the necessary equipment should be available in addition to space and equipment required for the hospital laboratories and the ward care and treatment of patients.

A library of basic reference books and of periodical literature should be available to the resident. There should be adequate coverage of the basic literature in psychiatry, neurology, and related fields with sufficiently wide representation of current periodicals and other publications. It is highly desirable that residents and training staff also have available to them the resources of the other libraries in the community and through participation in the American Library Association, General Interlibrary Loan Code.

Training in Psychiatry.—The residency in psychiatry must be so designed as to provide the resident with competence in general psychiatry. The residents must be acquainted with the major trends and movements in psychiatric thought, theory, and practices. They should be instructed in the descriptive aspects and the psychodynamic interpretation of the symptomatology of mental disorders and, at the same time, be kept aware of the general medical and surgical aspects of the patient's problems. Knowledge of the sciences basic to human behavior, including anatomy, physiology, biochemistry, psychology, and the social sciences both from the normal and pathological standpoints, is essential to the understanding of disease processes.

Although the Residency Review Committee for Psychiatry and Neurology, representing the American Board of Psychiatry and Neurology, Inc., and the Council on Medical Education and Hospitals is unalterably opposed to specifying rigidly either course content or course sequence, here follow some suggestions for directors of training programs:

- A. Organized instruction in the fundamentals of dynamics of the mental illnesses, psychopathology, interviewing techniques, and psychotherapy.
- B. Supervised experience in conducting individual psychotherapy and group therapy, and in the administration of the somatic or physiological therapies and in ward management.
- C. Sufficient contact through consultation and associated conferences with the services other

than their own, such as general medicine, neurology, surgery, and pediatrics, so that the residents may become cognizant of the content and operational framework of these other fields of clinical experience and learn to apply their special training relevantly and helpfully to these fields. Residents should be competent in and responsible for the medical examination and treatment of their patients.

- D. Organized instruction in medical neurology sufficient to gain competence in neurological history-taking, neurological examination, and the differential diagnosis and treatment of the more common affections of the nervous system. This requirement is particularly important because of the natural and frequent blend of the manifest psychiatric processes with the underlying, yet not always immediately obvious, neurological disorders.
- E. Sufficient experience in child psychiatry for the resident in general psychiatry to acquire an understanding of the biology of human growth and development and of the maturational process in infancy and childhood as influenced by the family and by the sociocultural milieu of which the family is a part. This knowledge should be imparted through formal didactic instruction and through supervised clinical experience with children.
- F. Psychosomatic medicine is the term now commonly used to describe many disorders such as anorexia nervosa, peptic ulcer, ulcerative colitis, bronchial asthma, urticaria, eczema, and many others in the causal mechanism of which the emotional psychological factors appear to play an important role. The body of information on these disorders and the methods useful for diagnosis and treatment in this field of clinical experience deserve a special place in the program and are to be distinguished from the psychiatric problems common to general medical and surgical practice described in paragraph C.
- G. The special data and methods now being developed under the name of social psychiatry deserve a place in the curriculum. Orientation to "community psychiatry," including the problems of proper provisions for mentally ill patients, public education, public relations, optimal use of social agencies, and proper relations with the courts, as well as some forensic psychiatry are important in psychiatric training.
- H. Active collaborative work with psychologists, social workers and all other allied personnel is required. Residents should have working familiarity with the more common psychological testing techniques and should learn to correlate them with the clinical data.

- I. Elective time in the schedule of resident training should be provided so that selected residents may have the opportunity to participate in research and to become interested and gain special experience in any of the areas mentioned above or to acquire additional experience in such areas as mental deficiency, congenital and early acquired encephalopathies, the epilepsies, alcoholism, drug addiction, forensic psychiatry, geriatrics, and the like.
- J. Instruction in such elements of physiology, anatomy, endocrinology, biochemistry, pharmacology, psychology, sociology, anthropology, and related disciplines as may be applicable to psychiatry is essential in the curriculum.

Training in Neurology.—The primary objective of the training program is to train medical neurologists. This training should be based on supervised clinical work with both outpatients and inpatients and should include not only the specific diseases of the nervous system of various age groups, but also the neurological complications of medical and surgical conditions.

There should be organized instruction in anatomy, pathology, physiology, roentgenology, electrodiagnostic, and other clinical diagnostic techniques in relation to the human nervous system. The residents should be kept abreast with the major developments in biochemistry, endocrinology, microbiology, pharmacology, and experimental psychology as applied to clinical neurology. A qualified resident should be provided with the opportunity for investigative activity.

The residents should have instruction and practical experience in a critical and orderly elucidation and recording of clinical histories, in the methods of clinical examination of the patients, and in the techniques and interpretations of various diagnostic procedures, including roentgenologic studies, electroencephalography, electromyography, psychological testing, biochemical methods, and ophthalmological and otological procedures specially pertinent to clinical neurology. They should learn to correlate the information derived from these techniques and from other laboratory tests with the clinical histories and with the data of bedside observation in the differential diagnosis and in the treatment of the affections of the nervous system. It should be emphasized that learning the elaborate instrumentation and technology of special laboratory procedures should not supersede or detract from the acquisition of the essential clinical experience in the observation of the patients.

In addition to the supervised experience with inpatients and outpatients on the neurology service, residents should participate in consultations and other appropriate liaison operations with the medical, surgical, pediatric, and psychiatric services and

their sub-specialties. The neurological outpatient clinics and the consultation services should be supervised by an experienced neurologist, and, where feasible, their activities should be co-ordinated with those of the neurosurgical, pediatric, and psychiatric clinics so that reciprocal consultative services can be readily exchanged between the clinics. There should be an especially close relationship with neurosurgery so that the residents can follow their patients through whatever neurosurgical operations are performed in the hospitals.

During their period of training the residents should have experience with problems of child neurology, including the neurological examination of newborns and infants. Particular attention should be paid to the changes incident to growth and development of the child and his nervous system.

It is important that the residents should have sufficient opportunities to acquaint themselves with the content and procedures of physical medicine and rehabilitation services.

The residents in neurology should have organized instructions in the examination of the mental status of patients and should be acquainted with the symptomatology and differential diagnosis of the more frequently encountered psychiatric syndromes, especially those associated with the known and demonstrable lesions of the nervous system. They should be cognizant of the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in the disease process and its clinical expression.

The provisions of the General Requirements (Sections I to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

Child Psychiatry

There is a basic core of training necessary for competence in Child Psychiatry, no matter what the eventual area of practice, be it in community child guidance clinics, in university teaching centers, in research, public health, administration, private practice, etc. The basic essential of sound training is a practical, well-rounded learning experience in clinical Child Psychiatry. This training should take place in a medically-directed child psychiatric facility.

The training program should offer a well-balanced patient load, supervised treatment, and diagnostic and consultative work with children and their parents. The supervisors of training should be competent, experienced child psychiatrists. The clinical material with which the fellow-in-training has experience should provide not only a wide range of problems of varying types and degrees of severity but also diversification of age, social-economic

status, and sex. Training should include experience in working collaboratively with psychiatric social workers and clinical psychologists. There should be provision for co-operative consultative work with medical facilities for children. There should be opportunity for consultative work with various community child-care agencies. During the training experience, there should be practical and didactic teaching. The areas covered should include the practice of Child Psychiatry with diagnosis and differential diagnosis, psychiatric treatment methods including psychotherapy and collaborative treatment, normal and pathological development, and the literature of the field.

There are a number of different patterns of psychiatric facilities for children; not all of these can provide the necessary well-rounded two-year program in training.

The setting in which the training in Child Psychiatry takes place should maintain its own identity and not be so concealed in a larger institution that its training program becomes diffused and not subject to the direction of the child psychiatrist who heads it up. The necessity for basic direction of the clinical and training programs by the child psychiatrist is imperative, no matter what the administrative setting of the training facility is. The current patterns of Child Psychiatry activities and situations providing training would include community child guidance clinics, departments of psychiatry in medical schools, state hospital systems, psychiatric clinics for children which are part of school systems, inpatient treatment services, etc. Some specialized clinical facilities dealing only with preschool children or only with inpatients or with the psychiatric aspects of certain special disease problems, such as cerebral palsy, epilepsy, etc., would not provide an adequate full two-year training experience. Such facilities should attempt through affiliation to provide full, well-rounded training for their trainees.

The training facility should be under the direction of a qualified child psychiatrist and should include qualified and experienced chiefs of psychiatric social work and clinical psychology. There should be such additional Child Psychiatry supervisory and staff personnel as the clinical, teaching, and research needs of the training facility make necessary. There should also be an adequate number of nonprofessional personnel to take care of the clerical and other needs.

There are a number of essential clinical services which must be present in any adequate two-year training program. The referral sources and intake policy for patients should provide for a diversification of case material in regard to age, sex, type, and severity of the clinical problems. The available patient reservoir should provide a well-balanced case load of supervised treatment, diagnostic and consultative work for the trainee. This must always include outpatient clinical experience and work with fam-

ilies, as well as directly with children. A well-balanced patient load must include such medical and psychiatric problems that require familiarity with psychobiological and pharmacological modalities of diagnosis and treatment. There must be intensive experience in working collaboratively with psychiatric social workers and clinical psychologists. For those trainees who have no pediatric background, opportunity for attendance at pediatric rounds, conferences, and in the outpatient service should be provided. For all trainees, there should be experience in consultative work with children on pediatric and other children's medical services. There should be opportunities for cooperative consultative work with child care agencies in the community. There should also be opportunities for observational visits to nurseries and other community child care agencies.

There are additional desirable clinical services which should be available. The training program should provide opportunities for the trainee to utilize community health, welfare, and educational resources to meet the needs of his patients and their parents, should foster some supervised participation in constructive community mental health activities, and provide opportunities for giving talks to PTAs and other groups. Opportunities for the teaching of medical students, nurses, etc., are highly recommended. Wherever possible, some experience in clinical child psychiatric investigation should be fostered, particularly during the second year of training.

There are certain minimal physical facilities essential to an adequate training program. There should be adequate equipped office space providing sufficient privacy for the diagnosis and treatment of children and their parents. Special space and equipment for general physical examinations should be present, or such examinations should be readily available in a nearby medical facility with which adequate liaison has been established. Training clinics should have a good professional library, including the basic texts and periodicals, both historical and current, in the field of Child Psychiatry and related fields. There should be an adequate record system.

The core of the training experience lies in the quality of the supervision of the fellow's clinical work. The training supervisor should be competent, engaged in the practice of diagnosis and treatment of children and their parents. He should not only be professionally competent, but should understand the supervisory process. It is desirable in the two-year period that the fellow have experience with more than one supervisor. Each trainee should have at least two hours of supervision per week.

Practical teaching occurs through regular staff conferences and meetings together of the staff around clinical functions, such as intake, diagnosis, and treatment. Such conferences allow for some

didactic teaching and facilitate interdisciplinary communication. The fellow-in-training should be required to attend such conferences. Didactic teaching in the training program can take place through seminars or in other ways. The areas to be covered should include the principles and practice of Child Psychiatry, diagnosis, psychotherapy, the collaborative treatment of the child and his family, the roles and specific contributions of the psychiatric social worker and clinical psychologist, the literature of the field, normal and deviant personality development, and special diagnostic and treatment techniques, etc. Since the areas of practice in Child Psychiatry are manifold, child psychiatric activities take place in a number of different settings and under a number of different administrative auspices. These include community child guidance clinics, university teaching centers, private practice, public health, state hospital systems (inpatient, outpatient clinics, and state-wide administration), consultative work with various types of special disease problems such as cerebral palsy, epilepsy, or pediatric services, and in the teaching of the principles of Child Psychiatry to non-psychiatric medical practitioners, in courts and school systems. It is a part of the obligation of the training center to make sure that a trainee who has already selected his area of activity in Child Psychiatry get some teaching in the areas of administration, etc., which would be appropriate.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

19. Special Requirements for Residency Training in Radiology

Residencies of three years' duration should provide training in all divisions of the specialty—diagnostic roentgenology, therapeutic radiology, including the use of radioactive substances (intracavitary and interstitial), and isotopes. Without attempting to define a detailed plan of instruction, it can be suggested that the first year be devoted principally to pathology, roentgenological technic, and general orientation to the radiological field. In the second and third years the clinical applications of radiology should be emphasized with at least one year or the equivalent assigned exclusively to radiotherapy. In view of importance of pathology as a basis for radiological diagnosis and therapy, it is recommended that a minimum of six months be devoted to pathological anatomy, particularly the study of gross pathology and tumors. Instruction in radiation physics and radiobiology may well run concurrently with the training in radioactive substances and isotopes, therapy, and therapeutic roentgenology.

Residencies in a restricted field of radiology can likewise be modeled on this plan. The training should be systematic and progressive in character with gradual assignment of responsibility in both diagnosis and therapy. It should also include an active participation in radiological conferences, staff meetings, and joint conferences with other departments. An adequate amount of clinical material must be available in the divisions of radiology in which residency training is offered.

The relationship of the radiology department to residencies in other fields is stated in Sections 1 and 2 of these essentials.

Quantitative Requirements.—The quantitative requirements in this field depend upon the field of radiology in which training is undertaken. In residencies covering the entire field of radiology, it is desirable that there be a minimum of approximately 3,500 roentgenographic examinations per year (which include a satisfactory spread of examinations in various systems), 1,500 roentgen therapeutic procedures (which include at least superficial and deep therapy), and approximately 25 radium treatments, exclusive of intrauterine applications (the radium treatments should at least include treatments with moulds and implantation with needles and radon). The caliber of the training program in a fairly wide field is of more importance than the number of examinations and therapeutic procedures.

Applied Basic Science Instruction.—In the applied basic sciences, emphasis should be placed on instruction in pathological anatomy, radiation physics, and radiobiology. Such work should be closely related with clinical experience. See Sections 1 to 9 of these Essentials for a discussion of applied basic medical science instruction.

Board Requirements.—The American Board of Radiology certifies physicians in (a) the entire field of radiology, (b) diagnostic roentgenology, and (c) therapeutic radiology. An applicant for the certification examination must have completed a period of study after the internship of at least three years in an institution approved for radiological training. This period of specialized training should include an active experience in clinical radiology of not less than thirty months and residency instruction in pathological anatomy, radiation physics, and radiobiology.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

20. Special Requirements for Residency Training in Thoracic Surgery

Pending revision of the requirements for approval in thoracic surgery, the Sections on General

Requirements and General Surgery may be considered pertinent.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

21. Special Requirements for Residency Training in Urology

Residency instruction in urology should be systematic and progressive in character to the end that adequate training may be obtained in diagnosis, therapy, cystoscopic examinations, pyelography, and operative procedures, all under the supervision of a well-qualified urologist. Such a progressive type of instruction predicates continuity of supervision by the Head or Chief of Service for a sufficient number of years, which ideally constitutes a length of service of three to five years or longer, to assure stability in the direction of the educational program. The position of Chief of Service should not be an honorary appointment but should be held by the urologist best fitted for this responsibility. The urologic staff should be composed of urologists who are highly qualified in both surgical skill and judgment. It should be organized and harmonious, with the designated Head or Chief of Service responsible for the quality of work done in the department. The members of the staff should have a real interest in teaching and the welfare of the residents and must be willing to give the time and effort required by the educational program. Teaching rounds and departmental conferences are essential for systematic clinical instruction. As preliminary training for residencies in urology, the Residency Review Committee recommends one year of internship and one year of training at the graduate level in surgery, medicine, or a related basic science. It is acceptable that any formally integrated service may permit some variation on the one-year basic science, general surgery, and internal medicine requirement, provided it is completed prior to the senior year.

The department must provide adequate facilities for surgery and special urologic procedures. Training in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program.

The clinical material should be sufficient in amount and variety to fulfill the teaching needs of the service. Hospital patients should be supplemented by outpatient material in cystoscopic and general urologic clinics.

Quantitative Requirements.—Ordinarily a minimum of 200 inpatients a year is necessary for acceptable residency training in urology.

Applied Basic Science Instruction.—Instruction in the applied basic sciences can readily be integrated with the clinical experience. This should be sup-

plemented by conferences in embryology, anatomy, physiology, microbiology, endocrinology, radiology, and biochemistry. Particular emphasis should be placed on the study of pathology, and residents must be required to examine both grossly and microscopically all urologic specimens removed during their term of service. Such work should be closely correlated with the clinical experience. See Sections 1-9 of these "Essentials" for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 9) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section V, to be certain regarding the full requirements for certification.

III. PERSONAL RECORD

It is considered desirable that a personal record of the resident be maintained by the department responsible for his training. This should include a record of his assignments, results of examinations, personal evaluation by attending staff members who intimately supervised his work, and such detailed information as may be necessary in rating the resident's total accomplishment at the end of his training. The close personal contact which exists between department heads and the resident staff is usually sufficient of itself to make possible an accurate evaluation of the resident's judgment and professional progress. All records relating to the resident's work in the hospitals should be preserved and should be made available to examining boards and other responsible agencies if requested.

IV. MISCELLANEOUS

Contract for Appointment.—It is considered desirable that the candidate for residency and the hospital enter into a formal contract at the time of the appointment. Contracts for one year, renewable by mutual consent, are preferable. Once made, the terms of the contract should be honorably fulfilled by both parties. The contract may be terminated following failure of one or the other parties to carry out its terms of the contract or by mutual agreement. Violations of contract may be made a matter of record in the hospital's or individual's file of the American Medical Association.

Intern-Resident Relationships.—Those hospitals training both residents and interns should recognize their obligation to both groups and should plan their programs so that both interns and residents have opportunities for training and experience. The residents should participate in the teaching of the interns and in the supervision of their activities. Residents should not, however, act so as to diminish the contact of the interns with the attending men or assume the supervisory or disciplinary functions of the staff.

V. RECORDING OF CREDIT

The successful completion of a residency is recorded in the biographic files of physicians maintained by the American Medical Association. It is important, therefore, that all institutions approved for residencies in specialties make an annual report to the Council on Medical Education and Hospitals of the American Medical Association. Periods of service in institutions approved by the Council for residencies in specialties are given full credit in the biographic files without further inquiry. Services in unapproved institutions are recorded as unclassified assignments.

There is an extensive interchange of information and close collaboration between the Council on Medical Education and Hospitals, the various American Boards responsible for

the examination and certification of the specialists, and the Advisory Board for Medical Specialties. In this way the study and appraisal of residencies leads to the formulation of lists approved by the Council and acceptable to the respective boards. These lists may be obtained from the Council on request. In most instances, there is indicated for the hospitals on the approved lists the amount of credit (one to three or more years) which is allowed by the appropriate American board toward qualifying for the certification examination.

The specialty boards listed below have been approved by the Council in accordance with the following resolutions of the House of Delegates:

Resolved, That the Council on Medical Education and Hospitals is hereby authorized to express its approval of such special examining boards as conform to the standards of administration formulated by the Council; and be it further

Resolved, That the Board of Trustees of the American Medical Association be urged to use the machinery of the American Medical Association, including the publication of its Directory, in furthering the work of such examining boards as may be accredited by the Council. (See the Council's "Essentials for Approved Examining Boards in Specialties.")

American Board of Anesthesiology
Forrest E. Leffingwell, M.D., Secretary-Treasurer
217 Farmington Ave., Hartford 5, Conn.

American Board of 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
1 Haven Ave., New York 32, N. Y.

American Board of Internal Medicine
W. A. Werrell, M.D., Secretary-Treasurer
1 W. Main St., Madison 3, Wis.

American Board of Neurological Surgery
Donald D. Matson, M.D., Secretary-Treasurer
300 Longwood Ave., Boston 15, Mass.

American Board of Obstetrics and Gynecology
Robert L. Faulkner, M.D., 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
Sam W. Banks, 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
Indiana University Medical Center
1100 W. Michigan St., Indianapolis 7, Ind.

American Board of Pediatrics
John McK. Mitchell, M.D., Executive Secretary
6 Cushman Rd., Rosemont, Pa.

American Board of Physical Medicine and Rehabilitation
Earl C. Elkins, M.D., Secretary-Treasurer
200 First St., S. W., Rochester, Minn.

American Board of Plastic Surgery
Reed O. Dingman, M.D., Secretary-Treasurer
4647 Pershing Ave., St. Louis 8, Mo.

American Board of Preventive Medicine, Inc.
Tom F. Whayne, M.D., Secretary-Treasurer
University of Pennsylvania School of Medicine
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
1617 Pennsylvania Blvd., Philadelphia 3, Pa.

American Board of Urology
Wm. N. Wishard, Jr., M.D., Secretary-Treasurer
30 Westwood Rd., Minneapolis 26, Minn.

Board of Thoracic Surgery
Wm. H. Tuttle, M.D., Secretary-Treasurer
1151 Taylor Ave., Detroit 2, Mich.

Certain of the boards certify physicians in subspecialties, as follows: Internal Medicine, in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases; Pediatrics, in allergy and cardiology; Psychiatry and Neurology, in child psychiatry. Candidates for certification in these special fields must first fulfill the general certification requirements of the American Board concerned, including the examinations.

Physicians who take hospital residencies and who anticipate certification by an American board should communicate with the secretary of the board at the outset of the residency training to be fully conversant with all the requirements.

VI. ADMISSION TO THE APPROVED LIST

Procedures for considering an institution for approval of a residency for training in a recognized specialty are as follows:

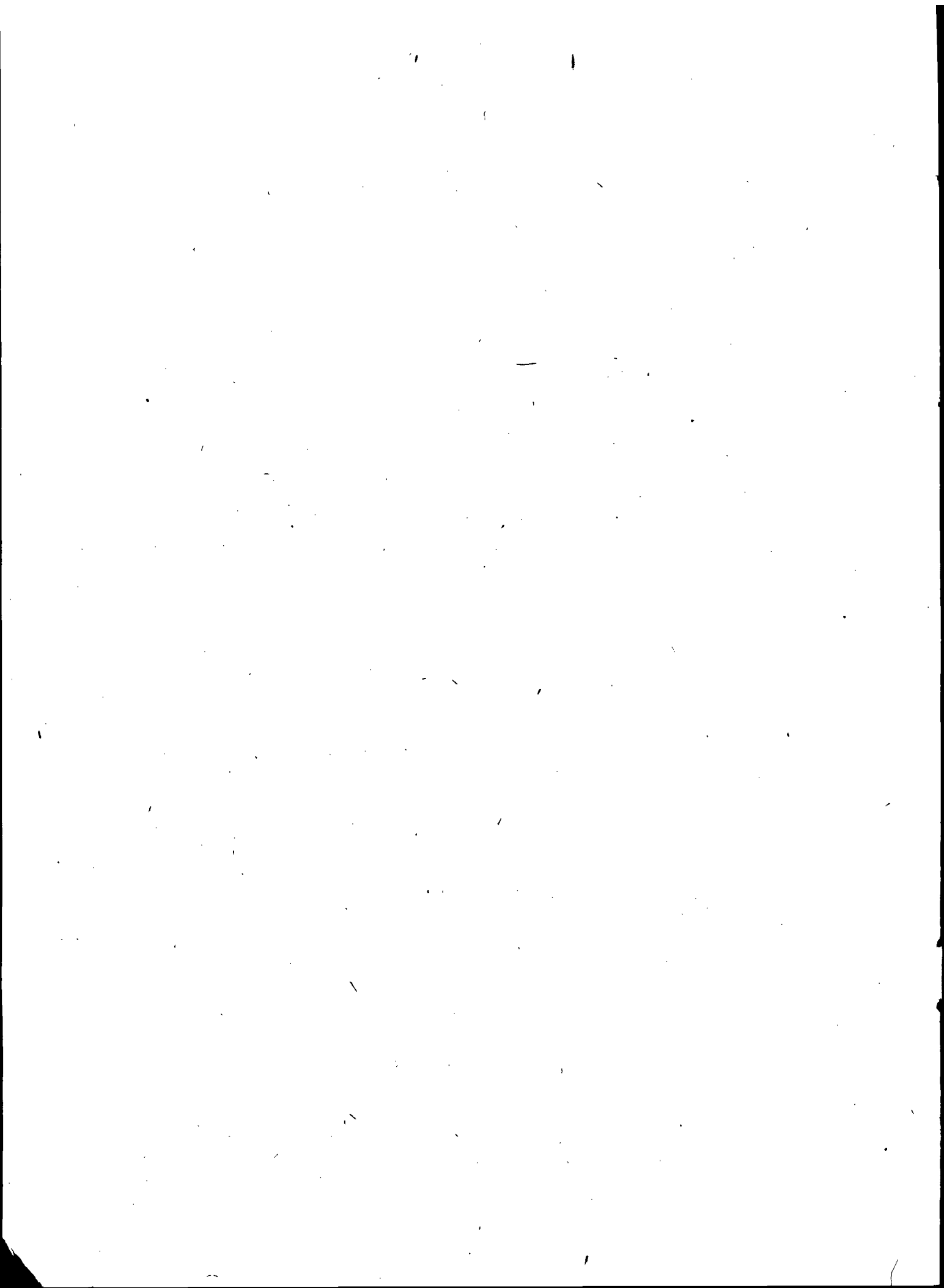
The institution should make application to the Council on Medical Education and Hospitals of the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.

The Council provides application blanks and arranges to conduct a survey of the institution to determine whether the residency fully complies with the standards set forth in these "Essentials."

For two specialties, the Council prepares a report on its survey findings and conclusions which is submitted to the specialty board concerned for its recommendations. Approval is granted by the Council when it is satisfied that the training provided is entirely satisfactory and also acceptable for the purpose of preparation for examination by a specialty board.

For all other specialties, individual Review Committees representing the Council, the specialty boards, and certain other national organizations collaborate in reviewing programs and authorizing their listing in the Directory of Approved Internships and Residencies published annually in the Internship and Residency Number of the Journal of the American Medical Association.

Recognition may be withdrawn whenever the training program no longer conforms to these "Essentials" or when the positions remain vacant for a period of two or more years.



Requirements for Certification

AMERICAN SPECIALTY BOARDS

Examining and certifying boards in 19 specialties have been approved by the Council on Medical Education and Hospitals of the American Medical Association and the Advisory Board for Medical Specialties on the basis of minimal standards governing accreditation of specialty boards as formulated by the Council.

The primary purposes of the boards are (1) to conduct investigations and examinations to determine the competence of voluntary candidates for certificates issued by the respective boards, (2) to grant and issue certificates of qualification to candidates successful in demonstrating their proficiency, (3) to stimulate the development of adequate training facilities, (4) to aid in evaluating residencies 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, a combination of these two fields, anatomic pathology and clinical microbiology, clinical microbiology and clinical chemistry, neuropathology, clinical microbiology, hematology, clinical chemistry, and forensic pathology. The American Board of Preventive Medicine issues certificates in public health, aviation medicine, occupational medicine, and general preventive medicine. The American Board of Psychiatry and Neurology issues separate certificates in psy-

TABLE 1.—Summary of American Specialty Board Requirements

Specialty Board	Graduates of U.S., Canadian, or Puerto Rico Medical Schools										Foreign Medical Graduates Special or Additional Requirements				Total Fee	
	Citizenship	Graduation from Approved Medical School	License to Practice	Approved Internship	Years of Residency or Other Formal Training	Years of Practice or Other Special Activities	Periods of Credit in Related Fields	Credit for Military Services	Alternate Plans for Training	Medical Society Membership	Accepted under Certain Conditions	Board Accepts Screening by Nat. Bd. Med. Exam., ECFMG, or Other Method	Special Certificate or Statement Granted	Standard Certificate Granted		Application or Registration Fee
Anesthesiology		x	x	x	2	3					x	x		x	50	150
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
Internal Medicine ¹	x	x	x	x	3	2	x	x			x	x	x	x	60	135
Neurological Surgery		x	x	x	4	2	x				x	x			25	150
Obstetrics and Gynecology	x	x	x	x	3	2	x	x			x	x		x	35	160
Ophthalmology	x	x	x	x	3	1		x	x	x	x	x		x	100	150
Orthopedic Surgery	x	x	x	x	4	2	x	x			x	x			15	145
Otolaryngology ²		x		x	4						x			x	75	150
Pathology		x	x		4	1	x	x	x		x				100	100
Pediatrics ³		x	x	x	2	2	x	x			x	x			125	125
Physical Medicine and Rehabilitation		x	x	x	3	2	x		x		x	x		x	75	125
Plastic Surgery	x	x		x	5	2	x	x	x		x	x	x		50	175
Preventive Medicine		x	x	x	3	3	x				x	x	x		25	125
Psychiatry and Neurology ⁴		x	x	x	3-5	2-1	x				x	x	x		50	125
Radiology	x	x	x	x	3	1		x			x	x		x	150	150
Surgery		x	x	x	3-4	2-0	x	x			x			x	25	175
Thoracic Surgery ⁵		x		x	2		x				x			x	25	125
Urology		x	x	x	4	2	x				x	x		x	75	175

1. Also certifies in the subspecialties of Allergy, Cardiovascular Disease, Gastroenterology, and Pulmonary Disease.

2. Limited certification granted at the discretion of the Board.

3. Also certifies in subspecialties of Allergy and Cardiology.

4. Also certifies in subspecialty of Child Psychiatry.

5. Certification by American Board of Surgery prerequisite.

NOTE. In this table, those items are marked "x" on which the Board makes a specific statement. In most instances, there are additional qualifying statements not indicated in this table. In all instances, refer for details to the board requirements which follow. While all boards may accept the foreign medical graduate under certain circumstances, they do not all specify that ECFMG certification is required. ALL FOREIGN GRADUATES WHO CONTEMPLATE SPECIALTY BOARD CERTIFICATION SHOULD CORRESPOND WITH THE APPROPRIATE BOARD AT THE EARLIEST POSSIBLE MOMENT.

TABLE 2.—Approved Examining Boards in Medical Specialties

Name of Board	Total Certificates Awarded to June 30, 1961	Year of Activation
American Board of Anesthesiology.....	2,501	1937
American Board of Colon and Rectal Surgery....	305	1949
American Board of Dermatology.....	2,066	1932
American Board of Internal Medicine.....	13,253	1936
American Board of Neurological Surgery.....	927	1940
American Board of Obstetrics and Gynecology....	6,680	1930
American Board of Ophthalmology.....	5,244	1915
American Board of Orthopedic Surgery.....	3,514	1934
American Board of Otolaryngology.....	5,532	1924
American Board of Pathology.....	4,896	1936
Anatomic Pathology.....	2,508	
Anatomic Pathology and Clinical Microbiology.....	1	
Anatomic Pathology and Clinical Pathology.....	1,419	
Clinical Chemistry.....	10	
Clinical Microbiology.....	25	
Clinical Microbiology and Clinical Chemistry.....	1	
Clinical Pathology.....	783	
Forensic Pathology.....	106	
Hematology.....	11	
Neuropathology.....	32	
American Board of Pediatrics.....	8,015	1933
American Board of Physical Medicine and Rehabilitation.....	428	1947
American Board of Plastic Surgery.....	502	1937
American Board of Preventive Medicine.....	2,154	1948
Aviation Medicine.....	395	
Occupational Medicine.....	395	
Public Health.....	1,364	
American Board of Psychiatry and Neurology.....	7,049	1934
Psychiatry.....	5,567	
Neurology.....	500	
Psychiatry and Neurology.....	982	
American Board of Radiology.....	7,072	1934
Diagnostic Roentgenology.....	808	
Medical Nuclear Physics.....	6	
Radiological Physics.....	64	
Radiology.....	4,932	
Radium Therapy.....	8	
Roentgen Ray and Radium Physics.....	18	
Roentgenology.....	1,012	
Therapeutic Radiology.....	219	
Therapeutic Roentgenology.....	5	
American Board of Surgery.....	11,528	1937
Board of Thoracic Surgery (Affiliate of the American Board of Surgery).....	1,155	1949
American Board of Urology.....	2,814	1935
Totals.....	85,635	
Certification in Subspecialties		
American Board of Internal Medicine		
Allergy.....	180	
Cardiovascular Disease.....	653	
Gastroenterology.....	443	
Pulmonary Diseases.....	276	
Total.....	1,552	
American Board of Pediatrics		
Allergy.....	126	
Cardiology.....		
Total.....	126	
American Board of Psychiatry and Neurology		
Child Psychiatry.....	242	
American Board of Surgery		
Proctology.....	81*	
Totals.....	2,001	
Special Certification		
American Board of Obstetrics and Gynecology		
Obstetrics.....	24	
Gynecology.....	15	
Total.....	39	
American Board of Otolaryngology		
Endoscopy.....	4	

* Independent board established in 1949.

chiatry and in neurology or a combined certificate for those qualified in both fields. This Board also issues supplementary certificates in psychiatry and in neurology. The American Board of Radiology issues certificates in radiology, roentgenology, therapeutic radiology, diagnostic roentgenology, radium therapy, radiologic physics, roentgen ray and 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

TABLE 3.—Annual Specialty Board Certification, 1942-1961

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	44,346
1952 (June 30).....	19	4,118	48,464
1953 (June 30).....	19	4,022	52,486
1954 (June 30).....	19	4,133	56,619
1955 (June 30).....	19	3,843	60,644
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	4,227	85,635

* One board, the American Board of Proctology, did not certify any candidates during this period.

who are planning to seek board certification. Any specific inquiry concerning certification by a specialty board should be addressed to the board secretary, or executive secretary, whose name and address will be found in this issue of THE 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, 1961. 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 81,408 physicians was reported certified by the 19 specialty boards to July 1, 1960. From this date through June 30, 1961, 4,227 physicians were certified, bringing the total to 85,635 certifications on June 30, 1961. In the subspecialties, 141 physicians were certified, bringing that total to 2,001 on the same date.

Table 3 indicates the total number of physicians certified each year for the past 20 years by all specialty boards. The total number certified on June 30, 1961, was 85,635.

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

HARVEY C. SLOCUM, President, Washington, D. C.
 STUART C. CULLEN, Vice President, San Francisco
 JOHN ADRIANI, New Orleans, Louisiana
 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.
 E. M. PAPPER, New York City
 MILTON C. PETERSON, Kansas City, Mo.
 FORREST E. LEFFINGWELL, Secretary-Treasurer, Pasadena, California, Office of the Board, 217 Farmington Avenue, Hartford 5, Connecticut.

METHOD OF MAKING APPLICATION

Application for certification may be made after a physician has completed one year of approved training. Application must be made to the Secretary on a form prescribed 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 (a) he has had a minimum of two years of approved clinical training, (b) he has engaged in practice acceptable to the Board for a period of not less than three years over and above the period of training; and
4. Prove to the satisfaction of the Board by such examinations and investigations as the Board may prescribe that he is qualified to practice Anesthesiology; and
5. Personally prepare such case history abstracts of personally conducted procedures pertaining to Anesthesiology as the Board may specify; and
6. In July of each year submit annual reports of anesthesia experience on forms provided by the Board.

Each applicant shall be classified for the purposes of examination, and shall be examined in such a manner and under such rules as the Board may prescribe. The Board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the Board shall be final.

EXAMINATIONS

1. *Written Examination.*—Eligible applicants may take this examination upon completion of two years of clinical training in a program approved by the Board. Written examinations are held annually in approximately 18 locations throughout the United States on the last Friday in June. Written examinations cover the basic and applied aspects of

anatomy, chemistry and physics, pharmacology, pathology, and physiology. A passing grade, as determined by the board, is required.

2. *Survey Examination.*—The Board may require a survey in addition to the letters and annual reports which it currently requires.

3. *Oral Examination.*—After limitation of practice to Anesthesiology as specified, the candidate's qualifications are reviewed and he may be declared eligible to appear for the oral examination. However, at least six months must elapse between the written and oral examination. Examinations are conducted semi-annually, in the spring and fall. Examiners consist of Directors of the Board, and Diplomates who assist as associate examiners. Oral examinations cover all phases of Anesthesiology, including the basic sciences and clinical applications.

Applicants are entitled to three opportunities at yearly intervals to take the written examination. This three-year period begins on the date an applicant is first declared eligible for the written examination.

Oral examinations are given at six-month intervals. An applicant is entitled to one oral examination each year for a three-year period.

In the event that a candidate fails an oral examination, at least 12 months must elapse before he may reappear for oral examination. The three-year period begins on the date an applicant is first declared eligible for the oral examination.

Failure to take an examination constitutes an opportunity just as much as failure to pass an examination. Under extenuating circumstances a candidate may apply for an extension of the three-year period by writing to the Secretary's office prior to the expiration of the three-year period. Under similar circumstances the Board, entirely at its discretion, may excuse a candidate from any scheduled examination without penalty, provided the request for such absence is filed prior to time of the examination.

A fee of fifty dollars (\$50) will be charged for each repeat in the written and oral examination. The Board may, however, at its discretion deny a candidate the privilege of reexamination.

If an applicant fails to pass either the written or oral examination within the allowed period, having taken one or more written or oral examination, *his application will be declared void and reapplication will not be allowed.**

The Board reserves the right to limit the number of candidates to be admitted to any examination.

FEE-

The fee shall be one hundred fifty dollars (\$150). At least fifty dollars (\$50) shall be paid upon filing the application, of which sum thirty-five dollars (\$35) shall be returned if the candidate is not accepted for examination. The remainder of one hundred dollars (\$100) shall be paid before taking the examination.

The Board is a nonprofit organization. The fees for examination and certification have been computed on a basis of cost of maintaining an administrative office and 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.

*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.

**AMERICAN BOARD OF
COLON AND RECTAL SURGERY***

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 City, N. Y.

GENERAL QUALIFICATIONS AND REQUIREMENTS

All candidates shall comply with the following regulations:

1. A candidate shall possess moral, ethical, and professional qualifications acceptable to the Board.
2. He shall possess full citizenship in the country in which he practices.
3. He shall limit his practice to proctology, shall appear personally before the Board, and shall submit to the required examinations.
4. He shall deliver to the Board upon request an official record of patients hospitalized by him during the year prior to the date of submission of the application.
5. He shall submit a bibliography of papers and books published by him.

PROFESSIONAL QUALIFICATIONS

1. He shall be a graduate of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association.
2. He shall possess a license to practice medicine in the country of his residence.
3. He shall have completed an internship, preferably of the general rotating type, of not less than 12 months in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association.
4. Candidates who have graduated from foreign medical schools are required to possess the certificate of the Educational Council for Foreign Medical Graduates prior to acceptance in an approved proctologic residency.

SPECIAL PROFESSIONAL QUALIFICATIONS

1. He shall have completed a minimum of three years of an approved general surgical residency and one of the following:
 - (a) Two years of a proctologic residency approved by the Board; or
 - (b) Two years of a proctologic preceptorship approved by the Board.
2. Applicants who present evidence of exceptional training and experience in colonic and rectal surgery during their three years of training in general surgery may, upon special application and approval by the Board, be accepted for examination following one year of approved training in proctology.

APPLICATIONS

Each candidate for examination shall submit an application prepared upon the prescribed form which may be obtained from the Secretary of the Board. It shall contain

a record of the candidate's pre-medical and medical training; internships; residencies; precepteeships; other postgraduate study; hospital and dispensary appointments; teaching positions; service in the armed forces; service in federal, state or local government; membership in medical societies; and any additional information considered valuable by the Board.

The application shall be signed by two proctologists. It shall be accompanied by two unmounted autographed recent photographs of the candidate, letters of endorsement from appropriate sources, and the application fee. It shall be filed with the Secretary not less than 90 days prior to the date of examination.

EXAMINATIONS

Examinations are conducted at times and places determined by the Board and are announced in *THE JOURNAL of the American Medical Association*.

Seventy-five per cent is the passing grade on all examinations.

Examination papers are identified only by numbers, and the examiners do not know the identity of the examinees.

Part 1: This consists of a comprehensive written examination in the basic sciences, including anatomy, physiology, pathology, bacteriology, and biochemistry. The examination is held in the fall of the year simultaneously in several cities of the United States.

Upon approval of the American Board of Colon and Rectal Surgery, candidates who have been certified by the American Board of Surgery and who have completed required training in proctology may not be required to take Part 1 of the examinations of the American Board of Colon and Rectal Surgery.

Part 2: This is a practical examination which is held in the community in which the candidate conducts his professional activities. (It may be omitted at the discretion of the Board, in which case the candidate will be notified by the Secretary.) It is endeavored to arrange the examination at a time suitable to both the candidate and the examiner. The examination includes the inspection of:

1. Surgical operations.
2. Hospital rounds.
3. Hospital and office records.
4. Office practice.

Part 3: This consists of comprehensive written and oral examinations on the theory and practice of proctology and includes roentgenologic interpretation. The examination is usually held in the fall of the year in one designated city of the United States. The candidate is not admitted to Part 3 examinations until he has completed the requirements of Part 2.

The oral portion of the examination is conducted by members of the Board or its designated examiners. An attempt is made to ascertain the candidate's knowledge of current proctologic literature, his knowledge of the basic sciences, and the extent of his clinical experience and other qualifications.

FEEES

Application fee: A fee of twenty-five dollars (\$25) shall accompany the application.

Examination fee: A fee of one hundred fifty dollars (\$150) is due and payable when the candidate is notified that he has been approved for examination.

No fee shall be returned to the candidate without Board approval.

All fees shall be made payable to the American Board of Colon and Rectal Surgery and shall be sent to the Secretary.

*Formerly American Board of Proctology.

AMERICAN BOARD OF DERMATOLOGY

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 J. WALTER WILSON, Los Angeles
 MAURICE J. COSTELLO, Secretary, Office of the Board, One
 Haven Avenue, New York City.

GENERAL REQUIREMENTS

Preliminary Registration forms are acceptable after the applicant has met the following requirements:

1. High ethical and professional standing.
2. Graduation from an approved medical school in the United States of America or Canada. Graduates of other schools are required to pass Part I and Part II of the examination of the National Board of Medical Examiners.
3. Satisfactory completion of an approved internship.
4. A state license to practice medicine in the United States of America or Licentiate of Medical Council of Canada issued following examination, or by endorsement of the certificate of the National Board of Medical Examiners, or regular status in the Armed Forces of the United States or Canada.
5. Citizenship in the United States or citizenship by birth in Canada.
6. Graduates of foreign medical schools, not citizens of the United States of America or Canada, who will return to their homeland after completion of an approved residency in dermatology are eligible for nonresident certification. (See section on Graduates of Foreign Medical Schools.)

SPECIAL REQUIREMENTS

The 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 *Syllabus of Graduate Training*.

CREDIT FOR GRADUATE TRAINING IN OTHER SPECIALTIES

Candidates who are diplomates of other specialty boards or who have taken formal training in part toward such

certification may submit credentials for possible credit toward training or experience.

RESPONSIBILITY

It is the candidate's responsibility to make early contact with the Board, to ascertain and observe its regulations, and to file the *Preliminary Registration* and the *Application for Certification* forms. Candidates must meet all requirements before applying for certification.

Directors of training are responsible for submitting an *Annual Graduate Training* form on each candidate.

Approved preceptors, in conjunction with the director of training of the institution in which the candidate spends half 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 application for certification, must accompany this form.

APPLICATION FOR CERTIFICATION

Each candidate must file an *Application for Certification* form after completion of formal training and before the closing date regularly published in the Examination and Licensure column of *THE JOURNAL of the American Medical Association*. Dates of examinations are also published here. 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 they will have completed one year of credit toward experience by the date of the next oral examination.

Except in special circumstances an applicant shall take the examination within two years following the filing of application. A candidate once accepted for an examination will henceforth remain eligible for only two succeeding examinations, unless some compelling circumstance, such as military service, shall intervene.

Candidates who have signified their intention of taking the examination and who fail to appear, or who cancel their request after the final notice has gone out, shall forfeit the examination fee.

The Board's records are confidential throughout. Examination marks will not be divulged. The findings of the Board are subject to its discretion and are final. Applications are accepted with this understanding.

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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GENERAL QUALIFICATION

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

*See requirements for Graduates of Foreign Medical Schools on page 311;

**During the period in which the 9-9-9 program was in effect an approved internship of nine months will satisfy the requirement of twelve months. A residency of nine months is considered as nine months only.

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 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 recommendation that a candidate be qualified under this plan must be made by a *Chairman of a Department of Medicine in a Class A Medical School in the United States or Canada.* This recommendation must assure that the candidate has been under the jurisdiction and guidance of him or other persons whom he has selected or recommended during a five year period of training after internship; that at the time of application this training has been completed and has been shaped with the idea that the candidate has been preparing for an academic career; and that during the training period the candidate has had *adequate direct responsibility* for patient care in the broad field of internal medicine. Obligated military service, as described in Plan A, *may not* be included as a part of the five year period of training. This plan is intended for the unusual candidate. Each application will be considered individually by the Executive Committee of the Board.

If the candidate wishes to qualify after a minimum of five years of training, it will be the responsibility of the Head of the Department of Medicine concerned to affirm to the American Board of Internal Medicine that the candidate is qualified for admission to the examination. It will 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 possession of the United States or Canada, or who have not passed the National Board of Medical Examiners, must pass the examination of the Educational Council for Foreign Medical Graduates and have received a permanent certificate. A photostatic copy of the certificate must accompany application for admission to examination.

2) All candidates are required to complete an internship of one year approved by the Council on Medical Education 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 HOMELAND AFTER COMPLETION OF AN
APPROVED INTERNSHIP FOLLOWED BY THREE YEARS OF
APPROVED RESIDENCY IN INTERNAL MEDICINE

1) Candidates in this classification are required to com-

plete 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 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

WILLIAM T. PEYTON, Chairman, Minneapolis
FRANK H. MAYFIELD, Vice Chairman, Cincinnati
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E. HARRY BOTTERELL, Toronto, Canada
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JOHN RAAF, Portland, Oregon
BARNES WOODHALL, Durham, N. C.
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 this 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 surgical internship of not less than one year in a hospital acceptable to the Board, or its equivalent in the opinion of the Board.

PLUS

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.

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.

PRACTICE REQUIREMENTS

Following completion of graduate study, an additional period of not less than two years of satisfactory independent practice of neurological surgery is required prior to examination.

At the time of examination the candidate will be required to submit a typewritten chronological list of all hospital patients for whom he has been the responsible surgeon, including only those upon whom neurosurgical diagnostic or operative procedures have been carried out, during the two years immediately preceding examination. 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.

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 reexamination in case of failure shall be fifty dollars (\$50).

FOREIGN CANDIDATES

All foreign medical graduates 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 independent practice in the United States or Canada.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

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DANIEL G. MORTON, Vice President, Los Angeles
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E. STEWART TAYLOR, Denver
ROBERT L. FAULKNER, Executive Secretary-Treasurer, 2105 Adelbert Rd., Cleveland 6, Ohio.
F. BAYARD CARTER, Chairman of the Board, Durham, N. C.
REED B. DAWSON, ESQ., Counsel, New York City

REQUIREMENTS

Each candidate, before he may become eligible to apply for evaluation of qualifications by the Credentials Committee, must establish, the following facts:

1. The possession of the degree of Doctor of Medicine from an institution of learning acceptable to the Council on Medical Education and Hospitals of the American Medical Association.
2. That he is a full citizen of the United States or Canada, has an unlimited license to practice medicine in either country, is a member of a County or District Medical Society, and is of high ethical and professional standing.
3. The completion of at least one year of intern service in a hospital acceptable to the Council on Medical Education and Hospitals of the American Medical Association or The Canadian Council on Hospital Accreditation. The Board

accepts the fifth or "intern" medical school year required by some schools in lieu of the usual fifth or intern year of clinical training following graduation.

4. The completion of six years of training and practice, after the first intern year, before application can be made for admission to examination. This time must include:

(a) A minimum of three years approved progressive training composed of eighteen months in clinical Obstetrics and eighteen months in clinical Gynecology.

(b) Two years of post-training practice, limited to the specialty, in the same locality.

5. That he continues to limit his practice to Obstetrics and Gynecology.

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. After July 1, 1962, this Board will require a minimum of three years approved and progressive RESIDENCY training, 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 training credit if such hospitals are officially approved for training in this specialty.

When the hospital is not approved, credit may be allowed for Preceptorship as previously stated.

3. Post-training practice within the specialty may occur as an assistant, an associate, as independent practice, or practice in obstetrics and gynecology when on service in the Armed Forces.

Periods of Residency in obstetrics and gynecology in excess of the required three years will not be accepted as a substitute for any part of the required two years of post training practice in the specialty. Candidates who have completed Residency requirements and advance to full time teaching appointments in medical schools and who have served two years in such capacity will have completed post training requirements. The importance of this post training experience is emphasized as an opportunity for colleague appraisal of the candidate's ability when working on his own responsibility.

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. The Board will accept a period of nine "accelerated" months as a year in satisfying the requirements for each of three years of Residency Training. Such allowances can be made only for services during the 1943-1946 wartime period of the official "accelerated program."

10. Any physician who formally obligates himself to enter a Residency Training Program approved by the Residency Review Committee who breaks his contract without justifiable cause, either before or during his period of service, except by mutual consent of the candidate and the hospital, may be declared ineligible for examination for certification at the discretion of the Board.

FIRST APPLICATION AND FEES

Application forms may be obtained from the Executive Secretary. When completed they must be returned to him not later than August 1 of each year, accompanied by the application fee of \$35.00 which is not returnable.

Commencing with 1962 this date will be advanced to July 1 of each year.

Candidates are no longer required to submit Case Records for the Part I examination. In lieu thereof the application must be accompanied by duplicate certified typewritten lists of all patients dismissed from their service in each hospital where they have practiced during the year preceding the application.

Obstetrical and Gynecological patients should be listed separately on unbound paper 8½ by 11 inches and must conform IN ALL DETAILS to the format on the last page of this 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 and to pay a new application fee.

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.

The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expense. Directors and Associate Examiners serve as such without compensation other than actual expense.

REGULATIONS AND FEES CONCERNING ADMISSIONS TO RE-EXAMINATION

Re-examinations, owing to failure in the *written* portion of Part I examination may be taken after one year but must be taken within three years after first failure without payment of additional fee.

When the failure in Part I examination was owing only to failure in the case records, the candidate may apply for Part II examination within three years without payment of additional fee. A new set of case records no longer will be required. In lieu thereof the application must be accompanied by the duplicate list of patients as prescribed under First Examination and Fees.

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 applications for re-examinations must be made prior to August 1 of each year. Commencing with 1962 this date will be advanced to July 1 of each year.

Only one ruling on any application will be made within a period of twelve months.

EXAMINATIONS

Part I scheduled for January 5, 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.

Part II scheduled for April 9-14, 1962 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 TRAINING IN OBSTETRICS AND GYNECOLOGY

Graduate training 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 and training in this field. The sponsors have reviewed and approved the policies of the Committee and delegated to it full authority to act.

Programs are approved to provide for the resident an educational and training opportunity that is progressive in experience and responsibility. All programs should achieve a balance between the educational activities and the training acquired through the care of patients. The total number of residents should be such that the maximal education and training can be afforded the individual resident.

The American Board of Obstetrics and Gynecology requires three years of progressive experience composed of eighteen months in clinical obstetrics and eighteen months in clinical gynecology for admission to examination for certification.

Programs may be arranged for approval of more than three years provided there is no dilution of resident experience in clinical obstetrics and gynecology or no decrease in the time requirements mentioned previously.

Education and training in the basic sciences should be integrated with clinical experience to emphasize the application of the several divisions of these fields to the medical and surgical care of the patient. Special emphasis is to be placed on endocrinology, oncology and the principles of irradiation treatment.

Since July 1, 1958, this Board has not allowed credit within the required three years of training for separately organized basic science courses which remove the candidate from clinical training in obstetrics and gynecology.

Exchange of residents within the specialty between approved programs is acceptable. Such exchange into other specialties cannot be subtracted from the minimal required three years of clinical training equally divided between obstetrics and gynecology.

Assignment of residents to unapproved institutions is not acceptable unless the work of such service is carefully supervised by the chief of the approved program in which the resident is enrolled. Such an arrangement is to be attested in the hospital information form supplied to the Residency Review Committee.

Following July 1, 1962, the Board will require a minimal three years of approved progressive *Residency* training composed of eighteen months in clinical Obstetrics and eighteen months in clinical Gynecology to fulfill the qualifications for admission to examination. After that date Residency programs not including, either intramurally or by affiliation, thirty-six months of progressive clinical training in the specialty will no longer be approved. Thus the one year programs approved only for the first year in obstetrics and/or gynecology will not be approved thereafter. The institutions involved are urged to affiliate with programs offering full training. In the programs offering affiliation approval will be given only to the parent program. Two-year Residencies in obstetrics only or gynecology only will not be approved thereafter and should affiliate to produce a combined program that can be approved. Two-year Residencies in obstetrics and gynecology likewise will not be approved thereafter. 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 training in both branches of the specialty.

Applications for Residency approval must be made in

triplicate. Special forms may be secured from the Council on Medical Education and Hospitals of the American Medical Association. The hospital should retain a duplicate of all documents relating to the application. When completed the application and all papers pertaining thereto should be submitted to the Council on Medical Education and Hospitals of the American Medical Association, 535 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 training program.

AMERICAN BOARD OF OPHTHALMOLOGY

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- HAROLD H. JOY, Vice Chairman, Syracuse, N. Y.
- MERRILL J. KING, Secretary-Treasurer, Rockland, Me.
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- ROBERT N. SHAFFER, San Francisco
- FRED M. WILSON, Indianapolis
- MISS LEA M. STELZER, Registrar, Executive Office, Box 236, Cape Cottage Branch, Portland, Maine

PREREQUISITES

1. High ethical and professional standing.
2. Full citizenship in the country where the candidate practices.
3. A degree from a medical school of high standing, satisfactory to the Board and approved by the Council on Medical Education and Hospitals of the American Medical Association.
4. Certification by the Educational Council for Foreign Medical Graduates of graduates from foreign medical schools. (Canadian schools excepted.)
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 (approved 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 one hundred dollars (\$100) remitted with application.
3. A list of papers or books published.
4. Written qualifying test.
5. Practical examination.
6. Special review of ophthalmic surgery covered under prerequisites and general requirements preceding.

SPECIAL TRAINING

This shall include:

1. Graduate study of the basic medical sciences which are fundamental to the intelligent practice of ophthalmology; particularly: anatomy, histology, embryology, optics, physiological optics, visual physiology and psychology, pathology, bacteriology, pharmacology, disorders of ocular motility and binocular vision, perimetry, and in the skillful adjustment and use of instruments such as the ophthalmoscope, retinoscope, slit lamp, and microscope. Mere factual knowledge is not sufficient; the candidate must have had training in the application of these subjects and in their use in clinical ophthalmology.
2. Active clinical experience in approved hospitals, clinics, dispensaries, and private practice. Library and laboratory facilities should be utilized for the intensive study of cases.

WRITTEN QUALIFYING TEST

Before being accepted for examination, candidates are given a written test to ascertain their qualifications. The questions may cover any part of ophthalmology. The written test will be given in several principle cities at the same time. Choice of cities is determined largely by the geographical distribution of candidates. Candidates found acceptable will be notified to appear for a subsequent clinical examination in ophthalmology.

BASIC STUDIES

- Anatomy and Histology of the Normal Eye
- Embryology and Developmental Abnormalities
- Biochemistry
- Pathology
- Microbiology and Immunology
- Optics and Physiological Optics
- Ocular Physiology
- Medical Ophthalmology
- Pharmacology
- Neuro-Ophthalmology
- Principles of Ophthalmic Surgery

CLINICAL EXAMINATION

1. External Diseases
2. Ophthalmoscopy
3. Histopathology
4. Refraction
5. Motility
6. Principles of Ophthalmic Surgery
7. Perimetry

SPECIAL REVIEW OF SURGICAL CASES

The Board now requires of all candidates a list of ophthalmic operations performed within two years prior to examination. This list to be presented with application should be typed on 8½" x 11" paper.

(a) A separate list of operations where candidate assisted only.

(b) A separate list of operations where candidate performed surgery himself. (Include name of hospital where surgery was performed and obtain confirmation of surgery or signature on lists by competent authority in hospital or by surgeons assisted.)

(c) A separate sheet giving summary and total of each type of operation.

REEXAMINATION

Candidates may be reexamined as often as they desire on satisfactory evidence of adequate additional preparation and payment of reexamination fee. When a candidate is conditioned in one or more subjects the Committee on Examinations shall decide on the merits of the case and the length of time that must elapse before reexamination in these

subjects. A minimum of two years additional preparation is required of candidates who fail in all subjects. The Board may, at its discretion, deny the candidate the privilege of reexamination.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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 SAM W. BANKS, Secretary-Treasurer, 29 E. Madison Avenue, Chicago

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.

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 ECFMG, 1710 Orrington Avenue, Evanston, Illinois. The Board will not accept completion of the examinations of the National Board of Medical Examiners in lieu of the examinations of the Educational Council for Foreign Medical Graduates.
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

*Training leading to "Limited Certification" will be discontinued after January 1, 1962.

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 two 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 *Internship and Residency Number of THE JOURNAL of the American Medical Association*. This list is available from the Council on Medical Education and Hospitals, American Medical Association, 535 N. Dearborn Street, Chicago, Illinois.)

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 registration fee of fifteen dollars (\$15), a non-refundable fee.

2. The Committee on Eligibility is the sole arbiter in deciding whether the application is acceptable or not. Questions only as to rules and procedures may be answered by the Secretary.

3. Notification of acceptance is mailed to eligible applicants in April of the year of examination.

4. A fee of forty dollars (\$40) is payable on receipt of said notification. The fee is not refunded if the candidate fails to appear at the scheduled examination, unless in response to his written request the Committee on Eligibility rules otherwise.

6. The date and place of the scheduled examination are announced in *THE JOURNAL of the American Medical Association* and also in the *Journal of Bone and Joint Surgery*. The examination is usually held in June in three cities strategically located in the eastern, central and western sections of the country.

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 in an approved residency program to qualify. Following this, the candidate will be eligible for Part I examination for three years.

8. Applicants who are obtaining combined approved training in Canada and the United States cannot apply for Part I examination until the minimum training requirements of the Board have been completed.

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 insofar as related to the Specialty.

The *oral* portion covers the following five subjects: (1) anatomy; (2) pathology; (3) physiology and biochemistry; (4) surgery, and (5) fractures, related trauma and orthopaedic surgery.

RESULTS OF PART I EXAMINATIONS

1. Notification of the results of the Part I examination is mailed by the Secretary of the Board to both successful and unsuccessful candidates.

Note: No information respective to the results is obtainable prior to the date of said notification 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 below.

3. Unsuccessful applicants may repeat the Part I examination in each of the two ensuing years without the filing of a new application. They are, moreover, 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 fee of forty dollars (\$40).

4. Candidates must repeat Part I examination after failure within a three year period unless there is a reason acceptable by the Committee on Eligibility or they will be required to take an additional year of training in an approved residency program to qualify.

5. After the third and subsequent failure to pass the Part I examination, the Committee on Eligibility may require the unsuccessful candidate to obtain the equivalent experience of one year of residency training acceptable to the Committee. A new application with a fee of fifteen dollars (\$15) must then be submitted for each additional examination, and this must, in turn, be followed by payment to the Board of the fee of forty dollars (\$40) on receipt of notification from the Committee.

REQUIREMENTS FOR PART II EXAMINATION

Note: Successful completion of the Part I examination does not automatically enjoin the Board to declare the candidate eligible for the Part II examination. Certain additional requirements as well as the approval of the Committee on Eligibility are requisite.

Part II examination must be taken within the five year period following completion of the Part I examination. In some cases, the Committee on Eligibility may extend this time because of problems presented by service in the military forces. After a lapse of five years or more as the case might be, it will be necessary to take Part I examination again before eligibility for Part II examination can be considered. If Part I of the 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. The FORMAL REQUIREMENTS leading to either "Full" or "Limited" Certification by the Board are as follow:

- (a) Full citizenship in the United States or Canada.
- (b) License to practice medicine in the United States or Canada.
- (c) High ethical and professional standards and satisfactory moral standing in the community.
- (d) Candidates trained in Canada or elsewhere except for full training in the United States and practicing in Canada are required to pass the qualifying examinations in Canada before they can apply for the examinations of the American Board of Orthopaedic Surgery.

3. TRAINING REQUIREMENTS.—The requirements for "FULL CERTIFICATION" (including the training completed prior to Part I Examination) are as follow:

- (a) One year of general surgery or its equivalent.

* Training leading to "Limited Certification" will be discontinued after January 1, 1962.

- (b) One year of adult orthopaedic surgery.**
- (c) Six months of fractures and related trauma.
- (d) Six months of basic science training.
- (e) One year of children's orthopaedic surgery.

Note: The training requirements for "LIMITED CERTIFICATION" are identical with those for "Full Certification" except for the one year devoted to children's orthopaedic surgery. In its stead there is in addition to the above requirements—items 3a through 3d—a choice between the two following alternatives:

- (a) Twelve months of training in adult orthopaedic surgery, or
 - (b) Six months of training in adult orthopaedic surgery and six months in fractures and related trauma.
4. PRACTICE REQUIREMENTS.—These are:
- (a) Practice requirements must be satisfied after completion of all training requirements.

(b) Practice must be limited to orthopaedic surgery for two years, except as other therapy may be required in the care of patients on emergency services.

(c) Candidates in private practice must spend fourteen of the twenty-four months immediately prior to the Part II examination in one locality 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 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 twelve 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 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 Secretary of the American Board of Orthopaedic Surgery before July 1st of the year preceding the examination. Each application must be accompanied by payment of the non-refundable fee of fifteen dollars (\$15).

2. An application remains valid for three years, after which time a new application and fee must be submitted.

3. On notification from the Committee on Eligibility of approval of the candidate's application, a fee of seventy-five dollars (\$75) must be paid to the Board. The notification is mailed out by the Secretary during the month of November preceding the Part II examination.

** 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 towards the adult orthopaedic surgery requirement for time spent on physical medicine and rehabilitation programs acceptable to the Board.

4. Failure to appear for the scheduled examination entails forfeiture of the fee unless upon written request from the candidate the Committee rules otherwise.

SCOPE OF PART II EXAMINATION

1. The examination consists of two parts—*written* and *oral*.

2. The *written* part covers advanced work in all phases of orthopaedic surgery and trauma related to the musculo-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, and (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 twenty-five dollars (\$25).

B. Unsuccessful Candidates

1. Candidates unsuccessful in the Part II examination are so informed by the Secretary.

2. Candidates who fail one oral examination or the written examination will be required to repeat this portion of the examination within three years upon payment of a fee of twenty-five dollars (\$25).

3. Candidates who fail two oral interviews or one oral and the written test must repeat the entire examination. The examination may be repeated on two occasions after this initial failure without requirement for further training or the filing of a new application. The eligibility of the candidate for reexamination receives automatic consideration by the Committee each year following the failure, and the results will be made known to him. On notification of his approval by the Committee on Eligibility, payment of the fee of seventy-five dollars (\$75) must be made to the Board.

4. Following the initial or subsequent failures to pass Part II examination, the candidate must repeat the examination within a three year period unless there is a reason acceptable by the Committee on Eligibility, or he will have to repeat Part I examination. If Part I is not then taken within one year after this, the candidate must obtain an additional year of full time training in 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 pass Part II examination, the candidate may apply to the Committee on Eligibility for permission to repeat the examination. The Committee may require the candidate to gain additional experience equivalent to one year of resident training. A new application and fee of fifteen dollars (\$15) must be

submitted for each additional examination and this must be followed by payment to the Board of the fee of seventy-five dollars (\$75) on receipt of Committee approval of the candidate's eligibility.

REVOCATION OF CERTIFICATES

1. Certificates may be revoked because of misrepresentation to the Board respecting 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 resident orthopaedic training, but whose experience is judged by the Board to have been equal to that obtained in 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 *Internship and Residency Number of THE JOURNAL of the American Medical Association*. The list is not obtainable from the office of the Board.

2. The integral parts of approved residencies are designated in the list by the following symbols: A—Adult Orthopaedic Surgery; C—Children's Orthopaedic Surgery; F—Fracture Surgery and related Trauma. Training in the basic sciences is given either as an integral part of these services or as a separate course. The length of training in various approved institutions is also indicated.

3. Candidates electing an additional year of training in adult orthopaedic surgery and surgery of fractures and related trauma in lieu of a year of children's orthopaedic surgery for the "Limited Certificate" may satisfy requirements by continuing their training in institutions approved

* Training leading to "Limited Certification" will be discontinued after January 1962.

for adult orthopaedic surgery, or adult orthopaedic surgery and fractures and related trauma.

4. Credit for time spent in institutional resident training will be granted only for the period the institutions are on the approved list. Credit may be given from the start of the resident training period if the institution becomes approved during the time the candidate is in training and the program is found to be satisfactory.

5. Candidates engaged in resident training in institutions which become disapproved in whole or in part receive resident training credit for the entire period during which their contracts are in force.

6. The term "fellow" is considered synonymous with "resident" only if the position occupied and the work performed by the former are in all respects equal to those of the latter. The total number of residents and fellows performing resident training for credit must not exceed the number approved by the Residency Review Committee for a given program.

7. Institutions approved for resident training in orthopaedic surgery by the Residency Review Committee may utilize the training facilities of institutions not individually approved for resident training by the aforementioned Committee, provided that:

(a) The resident spends at least half of the minimum time required in each category of training in institutions approved for that type of training by the Council.

(b) The training supplements services in the same categories in which the institution responsible for the training is approved.

(c) Whenever the supplemental service is used for six months of training, the program is inspected and is subject to approval by the Residency Review Committee.

Note: Services thus approved may request that they be included under the appropriate training program in the official list of residencies of the Council on Medical Education and Hospitals of the American Medical Association. Services giving five months or less of training are subject to approval but not necessarily inspection by the Residency Review Committee; they are not included in the official list of residencies of the Council.

(d) A maximum of three months is spent on services devoted to rehabilitation.

REQUIREMENTS OF INSTITUTIONS OFFERING
ORTHOPAEDIC TRAINING

1. Institutions approved for full three-year programs and including all parts of the training requirements may integrate all parts so that they may be given concurrently.

2. Institutions now approved for less than three years of resident orthopaedic training must make cooperative arrangements with other approved institutions so as to provide complete three-year programs for all of the residents by January, 1962.

3. The minimum requirements of resident orthopaedic training programs are as follows:

(a) One year of training in adult orthopaedic surgery.

(b) Six months of training in the basic sciences.

(c) Six months of training in fractures and related trauma.

(d) One year of training in children's orthopaedic surgery if "Full Certification" is the aim, or else a second year of adult orthopaedic surgery, fractures and related trauma if "Limited Certification" is elected. (To be discontinued after January 1, 1962.)

4. Candidates who take the additional year of training in adult orthopaedic surgery and fracture surgery in place of a year of children's orthopaedic surgery may satisfy the requirements by devoting the additional year either solely to training in adult orthopaedic surgery or by taking six months of adult orthopaedic surgery and six months of fractures and related trauma. But the entire year must not

be devoted solely to training in fractures and related trauma.

5. Training in adult and children's orthopaedic surgery must include observation and first-hand experience in diagnosis, treatment, operative and post-operative care of orthopaedic problems.

6. Training in fracture surgery and related trauma must similarly include observation and first-hand experience in diagnosis, conservative and operative treatment, and post-operative care of recent and old fractures as well as other forms of related trauma.

7. Training in the basic sciences must instill a sound knowledge of anatomy, pathology, physiology, bacteriology and biochemistry, insofar as these relate to orthopaedic surgery.

8. Candidates may complete the residency requirements by training in several approved institutions, provided that all of the aforementioned requirements are satisfied.

9. No training period of less than six consecutive months in one institution may be credited toward resident training requirements, except as noted in Item 7 under "Approved Residencies."

10. Candidates in resident training may not engage in private practice of their own or receive credit for time spent in private office practice of others.

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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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GENERAL REQUIREMENTS

1. Satisfactory moral and ethical standing in the profession.
2. Permanent, unlimited license to practice medicine.
3. The applicant must devote his time primarily and principally to the practice of pathology.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States approved by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from medical schools in other countries acceptable to the Board.

SPECIAL TRAINING AND EXPERIENCE

1. The Board admits candidates to examinations who are otherwise eligible and who have had either of two following types of training and experience:

(a) After five years, if four of the five years have been in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the Board; or

(b) After 11 years if none of the training and experience has been in institutions so approved.

2. The specific requirements for those acceptable after five years are as follows:

(a) *Anatomic pathology only:*

(1) Four years of supervised study and training in an institution approved for residency training in anatomic pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the Board. It is immaterial whether the candidate holds the title of resident or fellow or assistant. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university for one of the four years. In addition, time, not to exceed 12 months, spent in a department of pathology of an approved school of medicine after the completion of the second year of undergraduate study may be counted for full credit toward the four years.

(2) One additional year, which may be a continuation of the preceding or may be independent practice of anatomic pathology in a hospital approved by the American Medical Association or other institutions acceptable to the Board.

(b) *Clinical pathology only:*

(1) Four years of supervised study and training in an institution approved for residency training in clinical pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the Board. It is immaterial whether the candidate holds the title of resident or of fellow or assistant. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship or a fellowship or instructorship, in any of the preclinical departments of a university, for one of the four years. Candidates holding also a master's or doctor's degree in a special field of clinical pathology (bacteriology, immunology, chemistry, parasitology, or hematology) may obtain time credit for not more than 12 to 24 months toward the four years for this work, regardless of whether it was taken before or after the medical degree. The evaluation of time credit will depend on how much of the broad field of clinical pathology was covered in the graduate work.

(2) One additional year, which may be a continuation of the preceding or may be independent practice of clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the Board.

(c) *Anatomical pathology and clinical pathology:*

(1) Four years of supervised study and training divided as follows: (a) two years of supervised study and training

in anatomic pathology as outlined in the preceding paragraph 2-(a)-(1), (b) two years of supervised study and training in clinical pathology as outlined in the preceding paragraph 2-(b)-(1).

(2) One additional year, which may be a continuation of the preceding or may be independent practice of both anatomic pathology and clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the Board.

Note: As outlined in the preceding paragraphs, the total time requirements of the Board are five years of study or practice after graduation from medical school, with exceptions noted in section 2-(a)-(1) and 2-(b)-(1).

3. The specific requirements for those acceptable after 11 years are as follows: (a) The practice of pathology under circumstances acceptable to the Board for a period of not less than 11 years. At the election of the candidates, a period not to exceed one year of straight or rotating clinical internship may be substituted for one of the 11 years. For those candidates in this category who have had some special study and training in anatomic pathology or clinical pathology acceptable under paragraphs 2-(a), (b), or (c), double time credit will be allowed. Thus, if a person has two years of acceptable supervised study and training, only seven years of practice are required.

CREDIT FOR MILITARY SERVICES

Credit may be allowed for training and experience in pathology in the federal services during the period July 1, 1940, to June 30, 1947. This credit for training or experience or both is given on an individual basis and will depend on the opportunity the applicant has had, as indicated by his or her medical service record in the specialty of pathology.

After July 1, 1947, credit for those military services will be given on the same basis as it is in civilian institutions, except that the rule in the preceding paragraph will not apply to reserve officers who continue on active duty or are called to active duty after that date.

SPECIAL FIELDS OF PATHOLOGY, CLINICAL CHEMISTRY,
CLINICAL MICROBIOLOGY, HEMATOLOGY,
NEUROPATHOLOGY, AND FORENSIC PATHOLOGY

(IN FORCE AFTER JAN. 1, 1959)

The trustees of the American Board of Pathology have adopted the following requirements for certification in special fields of pathology, effective July 1, 1954.

Candidates who have met all general requirements and have had special training and experience that is acceptable to the Board in a special field of anatomic pathology or clinical pathology may apply to the Board for certification in that special field: The Board, at its discretion, may approve this application, and, after the candidate has successfully passed a prescribed examination or has fulfilled certain special qualifications (see below, section D), will issue a certificate designating the special field.

A. *General Qualifications:*

1. Satisfactory moral and ethical standing in the profession.

2. Permanent, unlimited license to practice medicine.

3. The applicant must devote his time primarily and principally to the practice of pathology or the special field of pathology in which he is requesting certification.

B. *Professional Education:*

1. Graduation from a medical school in the United States approved by the Council on Medical Education and Hospitals of the American Medical Association or graduation from a medical school in other countries acceptable to the Board.

C. *Special Training and Experience:*

The board admits candidates to examination in special fields of pathology who are otherwise eligible and who have had either of the following types of training.

1. Applicants already holding a certificate of the Board in clinical pathology or the combined certificate in anatomic pathology and clinical pathology (for qualification in clinical chemistry, clinical microbiology, and hematology), or in anatomic pathology (for qualification in neuropathology)—two additional years of supervised training in the special field of their choice in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the Board.

Certification in anatomic pathology (either anatomic pathology only, or anatomic pathology and clinical pathology) is a prerequisite for admission to the examination for certification in the special field of forensic pathology. A candidate who is certified in anatomic pathology may be eligible to apply for examination in forensic pathology if he presents evidence of an additional 12 months of approved full-time training in forensic pathology.

2. Applicants not holding a certificate in anatomic pathology or clinical pathology—five years of training in the special field of their choice, provided four of the five years have been in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the Board. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university for one of the four years. The fifth year may be a continuation of supervised training or may be independent practice of the particular specialty in a hospital approved by the American Medical Association or in other institutions acceptable to the Board.

The above paragraph does not apply to forensic pathology. For further details, write to the Secretary of the Board.

D. Special Qualifications—Certification Without Examination:

Prior to Jan. 1, 1962 the Board at its discretion may certify candidates without examination in forensic pathology if the following conditions have been met as of July 1, 1959:

1. That the candidate has been for a period of five years of professional rank in the special field of his choice and in an approved medical school, or
2. That the candidate has been practicing forensic pathology as a recognized expert in the field for a period of ten years, and holds a certificate from the American Board of Pathology in anatomic pathology, or in anatomic pathology and clinical pathology, or, under special circumstances, in clinical pathology.

APPLICATION BLANK AND FEE

Application must be made on the special form that may be procured from the secretary and forwarded with other required credentials and the application fee. An application cannot be given consideration by the Board unless it is accompanied by the application fee.

The application or examination fee for candidates is one hundred dollars (\$100). If the candidate fails in his examination he will be admitted to a second examination after one year. The applicant must pay an additional fee of fifty dollars (\$50) before a second examination will be given.

The application fee of one hundred dollars (\$100) has been determined after careful consideration and is based on actual estimates of the expense of examination and administration. None of the Board members receives any compensation for his services except actual expenses incurred.

If the applicant, for any reason, is deemed ineligible for examination by the Board, his fee will be returned; however, the application fee is not returnable after the candidate has officially been accepted for examination and notified to report for the examination.

EXAMINATIONS

Examinations will be held at the discretion of the Board.

The examinations are to be based on the broad principles of pathology with emphasis on diagnosis, interpretation, and technique. The applicant may apply for certification in anatomic pathology only, clinical pathology only, anatomic pathology and clinical pathology, or a special field.

The examinations in anatomic pathology consist of a written test, an oral examination on gross pathology, and a practical examination in microscopic pathology. The examination in clinical pathology consists of a written test and an oral and practical examination in the six phases of clinical pathology: bacteriology, hematology, clinical chemistry, parasitology, immunology, and clinical microscopy.

DEFINITIONS

Pathology is defined as that specialty of the practice of medicine dealing with the causes and nature of disease, which contributes to diagnosis, prognosis and treatment through knowledge gained by laboratory applications of the biologic, chemical or physical sciences to man, or material obtained from man.

CRITERIA FOR APPROVAL OF INSTITUTIONS FOR TRAINING IN PATHOLOGY

In Section C-2-a, C-2-b, and C-2-c of the *General Requirements*, it is stated that candidates must have certain periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education and Hospitals of the American Medical Association, certifies hospitals in the United States as 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 each year*. In addition, the American Board of Pathology recognizes certain hospitals outside the United States and certain laboratories not connected with hospitals in the United States. Inquiries concerning these should be directed to the Secretary of the Board.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and in the associates and assistants, the supervision of work of the person in training, the excellence of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of professional and nonprofessional personnel in relation to the volume of work.

In general, the qualitative standards will determine whether or not a hospital or laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of credit toward the requirements of the Board.

In evaluation of applications the Board takes into consideration the following criteria:

1. Director of laboratories or pathologist:

(a) It is required that the responsible head of the laboratory hold the certificate of the American Board of Pathology in the subject for which the hospital is approved and that he or she spend full time in the hospital. Full time is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program;

(b) In special instances, the equivalent of full time by two or more qualified persons will be accepted and one

person need not spend the entire working day in the laboratory;

(c) In special instances, two or more hospitals will be approved as a unit with a single full-time director of laboratories, if it is apparent that a satisfactory training program can be conducted;

(d) In hospitals with over 350 beds, it is expected that the professional staff, in addition to the pathologist, will include one or more persons with special training and qualifications in the subspecialties of clinical pathology.

2. Technicians:

There are no absolute criteria, but it is expected that the number of technicians will be proportional to the volume of laboratory work and that, insofar as possible, the technicians will hold the certificate of the Registry of Medical Technologists of the American Society of Clinical Pathologists.

3. Floor space of laboratory:

In general, it is believed that the size of the laboratory should be related to the size of the hospital and the volume of laboratory work. A minimal ratio is 4 sq. ft. of space in the laboratory, including morgue and autopsy room, for each bed in the hospital.

4. Equipment for the laboratory:

The variety and completeness of laboratory tests performed depend on the size of the hospital. In all hospitals there should be facilities for the more common tests in clinical pathology, for study of surgical specimens, and for performance of autopsies. In larger hospitals, the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patient.

5. Autopsy percentage:

No institution with a percentage of less than 15 will be approved, and those institutions with percentages between 15 and 40 will be given special scrutiny.

6. Examination of surgical specimens:

All surgical specimens should be sent to the laboratory for gross examination, and microscopic examinations should be made unless there are general or special reasons not to do so.

7. Indices:

There should be indices, according to the names of the patients and the diagnoses of all surgical and autopsy material. Indices of clinical pathology are left to the discretion of the hospital.

8. Museum:

There should be available fixed anatomic and pathological specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.

9. Library:

A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.

10. Education program:

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of material and the size of the staff justifies. A clinicopathological conference must be held at least every two weeks.

11. Volume of laboratory work:

(a) As indicated in the following categories, no hospitals with less than 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology annually will be approved (Category D), except as outlined in the following paragraphs. It is the belief of the Board that less material than this is inadequate for the training of a pathologist.

(b) In the field of clinical pathology, there should be a reasonable diversification of tests, and in each category there should be sufficient absolute volume to provide train-

ing 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 pathology 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 un-

less 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.

*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.

At least one year of the two years of required residency training must be a full-time medical pediatric inpatient residency or internship in an approved institution. The second year of required residency training may be met in the ways listed below, although the Board recommends that whenever possible candidates complete the two years as regular residents.

(a) It is a fundamental concept of the American Board of Pediatrics that a residency training program should provide for properly organized progressive responsibility for the care of children. The Board believes further that this purpose can be accomplished only through continuity of clinical experience under supervision of attending physicians who are themselves responsible for the care of the children on that service. The substitution of a formal course in a graduate or postgraduate school which does not carry the essential ingredient of responsibility for patient care is, in the opinion of the Board, inconsistent with this principle. Accordingly, the Board will accept such courses as part of an approved residency program in pediatrics only in exceptional cases authorized by the Board.

(b) Three months' credit will be allowed for full-time residency-type training in each of the following pediatric subspecialties: allergy, cardiology, endocrinology, hematology, pathology, psychiatry, radiology, and on contagious disease and newborn and premature infant services.

A maximum of six months' credit may be granted for training in these fields through prior arrangement with the Credentials Committee. All appointments must be served in programs approved for general pediatric residency training or for the pediatric subspecialty in question.

5. A subsequent term of two years of specialized study or practice or a combination of the two. Credit for one year 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, and November, 1959). Details concerning conduct and content of the oral examination were published in *Pediatrics* (October, 1959). Reprints will be distributed in advance of the examinations.

PART I—WRITTEN

Written examinations are objective in type and are given once each year, usually in January, simultaneously at a number of places scattered throughout the country, and at a few locations abroad. Candidates must pass the written examination before admission to the oral examination will be authorized.

PART II—ORAL

Oral examinations are held four to six times each year at centers offering suitable facilities, in locations determined by proximity to the largest number of eligible candidates. One examination session each year is scheduled at a location closer to candidates from some less populous area. As far as possible, candidates are given a choice of location, taking into account date application is filed, date of eligibility, and proximity to the examination site.

APPLICATION

Application must be made on special blanks, which will be furnished by the Executive Secretary after a preliminary survey of the applicant's training. Applications may be

submitted one year in advance of contemplated eligibility date; they will not be accepted earlier.

LETTERS OF RECOMMENDATION

Letters from two competent pediatricians recommending each applicant must be sent to the Executive Secretary of the Board. These letters should not accompany the application but should be sent directly to the Executive Secretary. One letter must be from the Chief of Service in the hospital in which the candidate has received at least one year of training.

FEEES

The application fee is one hundred twenty-five dollars (\$125). The full fee must be remitted with the application. Fees are subject to change at any time.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is seventy-five dollars (\$75) each.

All fees are subject to change at any time.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Written reexaminations may be taken one and two years later. After a third failure, the situation will be reviewed by the Board to decide subsequent procedure.

Applicants who fail an oral examination become eligible for a second examination after one year. After a second failure examination will again be permitted after one year. To become eligible for a fourth examination, a candidate must complete a plan of preparation for the same that is declared acceptable in advance by the Credentials Committee of the Board.

Candidates who are admitted to the oral examination (Part II) will not be informed of their grade on the written portion. Their relative standing in Part I will, however, be utilized in final decision with regard to passing.

Candidates who fail after taking Part II will not be required to retake Part I but may be advised to do so in order that they may have an opportunity to improve a low score.

PURPOSE OF EXAMINATIONS

The purpose of these examinations is to determine the applicant's competency to practice pediatrics. Emphasis is therefore placed on practical aspects, but since good practice is founded on sound scientific data, the candidate must be prepared to demonstrate that he has a working knowledge of these.

CERTIFICATION IN SUBSPECIALTY OF ALLERGY

WILLIAM C. DEAMER, Chairman, San Francisco

SUSAN DEES, Durham, N. C.

JEROME GLASER, Rochester, N. Y.

GEORGE B. LOGAN, Rochester, Minn.

HARRY L. MUELLER, Boston

RICHARD H. TODD, Washington, D. C.

The American Board of Pediatrics has established certification in allergy as a subspecialty of pediatrics.

All candidates must hold a certificate in Pediatrics before submitting an application for examination in Allergy.

Each allergy application is individually considered and must be accepted by the subspecialty board.

INFORMATION CONCERNING 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.

FEEES

The application fee for certification in allergy is one hundred twenty-five dollars (\$125).

The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is seventy-five dollars (\$75) each.

Fees are subject to change at any time.

Application forms will be forwarded on request to the office of the Executive Secretary of the American Board of Pediatrics and should be returned to that office when completed. All correspondence should be addressed to him.

REQUIREMENTS

(1) Certification in Pediatrics.*

(2) Two years of full-time training in an approved allergy clinic and its associated hospital. At least half of such training must be in pediatric allergy. Three types of allergy clinics have been approved: (a) pediatric, (b) adult, 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.)

Research: If at least half of a candidate's qualifying full-time training is in clinical pediatric allergy, the remainder may be spent in supervised allergy research or in training in adult allergy at an approved clinic, or in a combination of the two. Accredited research must run concomitantly with clinical training in allergy.

Preceptorship: Preceptorship alone is not acceptable, but part of a full-time training program (50% or less) may include supervised training in the private office of a qualified allergist, provided such an arrangement is part of the training program of an approved clinic and the preceptorship and clinic training run concomitantly.

Credit for Courses: Established courses or seminars in Allergy and Immunology, which are attended during the training period, may be credited for part-time training. Instruction such as is given in these subjects by the American Academy of Pediatrics, the Academy of Allergy, or the College of Allergy are examples. Three hours of credit toward part-time training will be allowed for each hour of instruction, but not over 40 hours may be so credited each year.

The candidates should be prepared for oral and written examinations in the theory and practice of allergy. This will include immunology, atopy, allergy of infections, drug allergy, autoimmune disease, experimental hypersensitivity, the clinical manifestations of allergic 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 con-

*Training in allergy may be carried out prior to such certification.

troversial matters, they should be familiar with arguments on both sides of such questions.

CERTIFICATE

When accepted the diplomate will receive from the American Board of Pediatrics a certificate in pediatric allergy and will be listed as a specialist in pediatric allergy.

Prospective applicants for certification in the subspecialty of pediatric allergy may apply to the Executive Secretary of the American Board of Pediatrics.

PART-TIME TRAINING

All hospitals approved for full-time training in pediatric allergy are also approved for part-time training. In addition clinics of the following hospitals have been approved for part-time training:

D. C. General Hospital, Washington, D. C., B. Scott; Jackson Memorial Hospital, Miami, Fla., M. Marks, G. Berg; Children's Memorial Hospital, Chicago, G. Lanoff; University of Kansas Medical Center, Kansas City, F. Speer; Charity Hospital, New Orleans, V. J. Derbes; Bronx Municipal Hospital, New York City, H. Rapaport; Long Island Jewish Hospital, New York City, D. Pearlman; Metropolitan Hospital, New York City, New York Medical College, S. Untracht; Mt. Sinai Hospital, New York City, H. 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
 ALEXANDER S. NADAS, Boston
 SAUL J. 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

ON RECORD

- (1) Certification by the American Board of Pediatrics.
- (2) Recommendation by one or more of the following:

- (a) The Section on Cardiology of the American Academy of Pediatrics.
- (b) The American Pediatric Society.
- (c) The Society for Pediatric Research.
- (d) Three Chairmen of Departments of Pediatrics in approved medical schools in the United States or Canada who are acquainted with the work and standing of the candidate.

(3) Each candidate must meet the following requirements prior to July 1961:

- (a) Two years of full-time training in pediatric cardiology in a center acceptable to the Sub-Board of Pediatric Cardiology

AND

Have devoted three (3) or more years to the practice of pediatric cardiology for three-fourths or more of his time

OR

- (b) One (1) year of full-time training and five (5) years or more of work in the field of pediatric cardiology for three-fourths or more of his time

OR

- (c) Ten (10) years or more of practice of pediatric cardiology for three-fourths or more of his time.

(4) Special cases not meeting the above requirements in full may be considered and certified only by unanimous agreement of the Sub-Board of Pediatric Cardiology and the American Board of Pediatrics.

(5) Application for certification ON RECORD must be submitted prior to December 31, 1961.

BY EXAMINATION

- (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 of 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.

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.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

ROBERT L. BENNETT, Chairman, Warm Springs, Ga.
 WILLIAM H. SCHMIDT, Vice Chairman, Philadelphia
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 THOMAS F. HINES, New Haven, Conn.
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 FREDERIC J. KOTTKE, Minneapolis
 JUSTUS F. LEHMANN, Seattle, Wash.
 DONALD L. ROSE, Kansas City, Kan.
 EARL C. ELKINS, Secretary-Treasurer, 200 First St., S. W.,
 Rochester, Minn.

QUALIFICATIONS

A. Satisfactory moral and ethical standing in the profession.

B. A legal license to practice medicine in one or more of the states of the United States, its territories, the District of Columbia, or one or more of the provinces of Canada.

Foreign graduates who have completed three years of approved residency training in this country and who are returning to their native country to practice may be declared eligible for examination without the aforementioned licensure.

C. Graduation from a medical school approved by the Council on Medical Education and Hospitals or graduation from a foreign medical school which, in the opinion of the Board, offers medical education equivalent to such an approved school; completion of an internship in a hospital approved by said Council.

D. A period of study after the internship of not less than three years in a residency approved by the above-mentioned Council. This period of study shall include graduate training in basic science as related to physical medicine and rehabilitation and not less than two years of clinical training and experience in physical disabilities, related to the fields of rheumatology, neurology, neurosurgery, orthopedics, and medicine.

Any foreign medical graduate who has received approved residency training in this country and who wishes to be certified by the American Board of Physical Medicine and Rehabilitation, must successfully complete the examination of the Educational Council for Foreign Medical Graduates before he will be considered eligible for examination and subsequent certification.

E. An additional period of not less than two years in full-time practice of physical medicine and rehabilitation.

Training in approved residency programs in closely allied medical-surgical fields may be acceptable in part (for D above), but such credit is limited and based on individual interpretation by the Board.

In selected cases, a candidate may be deemed eligible for examination on the basis of eight years of full-time practice in physical medicine and rehabilitation (as a substitute for D and E above).

EXAMINATION

The examination for certification is given in two parts. Part 1 is written, Part 2, oral. Examinations are given once a year and cover certain aspects of the basic sciences and the clinical aspects of physical medicine and rehabilitation (including the role of associated personnel such as the physical therapist, occupational therapist, clinical psychologist, social service worker, and vocational guidance counselor).

APPLICATION

The application form shall contain a record of the candidate's premedical and medical education, internship, graduate study, and verification of full-time practice in the

specialty. The application shall be accompanied by a fee of seventy-five dollars (\$75) if the candidate is applying for Part 1 only, and by a fee of one hundred twenty-five dollars (\$125) if applying for Parts 1 and 2. (In case of rejection of the application, evaluation fee of twenty-five dollars [\$25] will be retained by the Board, and the examination fee will be refunded.)

CERTIFICATION

Certificates of the Board shall be issued to the effect that the applicant has been found qualified as a specialist in physical medicine and rehabilitation.

AMERICAN BOARD OF PLASTIC SURGERY

FRANK McDOWELL, Chairman, St. Louis
 J. J. LONGACRE, Vice Chairman, Cincinnati
 LESLIE H. BACKUS, Buffalo
 ARTHUR J. BARSKY, New York City
 HERBERT CONWAY, New York City
 THOMAS D. CRONIN, Houston
 JOHN B. ERICH, Rochester, Minn.
 WILLIAM H. FRACKELTON, Milwaukee
 JAMES B. JOHNSON, Beverly Hills, Calif.
 CLIFFORD L. KIEHN, Cleveland
 EDWARD A. KITLOWSKI, Baltimore
 DOUGLAS W. MACOMBER, Denver
 KENNETH L. PICKRELL, Durham, N. C.
 DAVID W. ROBINSON, Kansas City, Kans.
 HENRY P. ROYSTER, Philadelphia
 CHARLES F. STEISS, San Francisco
 GEORGE V. WEBSTER, Pasadena, Calif.
 REED O. DINGMAN, Secretary-Treasurer, Ann Arbor, Mich.
 MRS. ESTELLE E. HILLERICH, Corresponding Secretary, 4647
 Pershing Ave., St. Louis 8, Mo.

GENERAL REQUIREMENTS

1. Moral and ethical standing in the profession satisfactory to the Board.

The Board, believing that the practice of "fee splitting" is pernicious, leading as it does to traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Those whose activities are limited to the practice of plastic surgery.

3. This Board will accept as candidates for examination for the standard domestic certificate only those who are full citizens of the United States of America or citizens by birth in Canada.

PROFESSIONAL REQUIREMENTS

The Board considers the requirements outlined below to be minimal in attaining its purposes and encourages candidates to take advantage of broadening experience in other fields. Candidates must fulfill the requirements that are in force at the time of their examination and/or certification.

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered acceptable by the Board.

The American Board of Plastic Surgery will accept the certificate of the Educational Council for Foreign Medical Graduates as evidence that the holder thereof is possessed of medical knowledge comparable to that expected of graduates of approved medical schools in the United States or Canada.

2. Completion of an internship of not less than one year in a hospital approved by the same Council.

3. Three years of training in general surgery, beyond the internship year, as a resident or an assistant resident in a hospital approved by the same Council. Of the required three years of approved training in general surgery, a mini-

mum 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 quali-

fications 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 Committee and the applicant informed of the result. It usually takes a period of six to twelve months to process an application.

A list of approved residencies in plastic surgery is published annually in the *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 qualifications but on his professional ability as a plastic surgeon, his ethical standing in the community, and the strict limitation of his work to plastic surgery.

A candidate should remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his ability.

In instances where a candidate submits case reports that do not meet the standards of the Board, he will be required to submit additional case reports or an entirely new set of 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. Microscope slides of the average pathological tissue falling within the province of the plastic surgeon will be given the candidates, and they will be asked to write a description and diagnosis.

GRADES

To be considered as passing, the candidate will be required to receive a grade of at least 65% in each portion of the written examination and an average grade of 75% on the entire written and oral examination.

CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examinations of the Board, a certificate attesting his qualifications in plastic surgery will be issued to him by the Board, signed by its officers and having the seal of the Board affixed thereto. It shall be the prerogative of the Board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the Board regarding the certification of any candidate shall be final.

FEEES

The fee for application and examination is one hundred seventy-five dollars (\$175). Of this sum fifty dollars (\$50) must accompany the application, and the remaining one hundred twenty-five dollars (\$125) must be paid when the candidate is notified of acceptance for examination. There will be no refunds. This fee may be increased at the discretion of the Board. The Board is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. Because of the limited number of surgeons certified by this Board it is necessary for a limited time to request a voluntary annual contribution of fifteen dollars (\$15) from Diplomates after the first year's certification to help defray expenses.

THE AMERICAN BOARD OF PREVENTIVE MEDICINE

- JAMES H. STERNER, Chairman, Rochester, N. Y.
- WALTER L. BIERRING, Chairman Emeritus, Des Moines
- RALPH 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 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 PREVENTIVE MEDICINE

1. Successful completion (after internship) of at least one academic year of graduate education in residence at a university medical school with a program of training in preventive medicine recommended by the Residency Review Committee for Preventive Medicine and approved by the A.M.A. Council on Medical Education and Hospitals, or at a university 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. At least two additional 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 Residency Review Committee for Preventive Medicine of the A.M.A. Council on Medical Education and Hospitals, or an equivalent Canadian residency approved by the Board. One year of the residency experience may be in a clinical residency approved by the A.M.A. Council on Medical Education and Hospitals, or an equivalent Canadian residency, in a field directly related to preventive medicine;
3. A period of not less than three years (in addition to 1 and 2 above) of special training or research in or teaching or practice of some area (or areas) of preventive medicine. At least 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;
4. Limitation of practice to full-time teaching, practice or research in preventive medicine as a specialty;
5. Satisfactory completion of a written and oral examination conducted by the American Board of Preventive Medicine.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. Successful completion (after internship) of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study.

2. Residency (after internship) of at least two years of field experience in general public health practice, which included planned instruction, observation, and active participation in a comprehensive, organized, public health program approved by the Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and Hospitals and the Board; or an equivalent Canadian residency approved by the Board; one year of such period in both instances may be an approved clinical residency in a field directly related to public health;

3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in or teaching or practice of public health.

4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and

5. Limitation of practice to full-time teaching or practice of public health as a specialty.

SPECIAL REQUIREMENTS IN AVIATION MEDICINE

1. Successful completion (after internship) of at least 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; or a period of experience deemed by the Board to be substantially equivalent to such a year of supervised experience.

3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training 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 accredited for such graduate study by the Council on Medical Education and Hospitals of the American Medical Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;

2. Completion (after internship) of not less than one year, in addition to 1 above, of supervised experience in occupational medical practice in an industrial or medical organization, which shall have provided planned instruction, observation, and active participation in a comprehensive program of occupational medicine; or a period of experience deemed by the Board to be substantially equivalent to such year of supervised experience;

3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in or teaching or practice of occupational medicine;

4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and

5. Limitation of practice to full-time teaching of, research in, or practice of occupational medicine.

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 evaluated for eligibility for examination for certification provided they meet all of the following requirements:

1. Graduation with the degree of Doctor of Medicine, or a degree deemed by the Board to be equivalent thereto from a medical school located elsewhere than in the United States or Canada;

2. Has authority to practice medicine in a state, territory, commonwealth or possession of the United States, or in a province of Canada;

3. Holds the certificate of the Educational Council for Foreign Medical Graduates; and otherwise,

4. Meets the general and special requirements in the special field in which certification is sought.

Citizens of other countries.—Properly qualified candidates who are permanent residents in and citizens of other countries, who have fulfilled the academic and residency training requirements set forth below and who are returning to their own countries at the end of their training period may be issued a special certificate upon successfully passing the examinations of the Board.

Requirements: Each applicant for certification shall establish to the satisfaction of the Board that:

1. He has been graduated with a degree of Doctor of Medicine, or a degree deemed by the Board to be equivalent thereto, from a medical school located elsewhere than in the United States or Canada.

2. He has satisfactorily passed the qualifying examination given by the Educational Council for Foreign Medical Graduates.

3. He has had not less than three years of training in preventive medicine or in such field thereof, as the case may be, which included at least one year of graduate study in a school of public health or in a school deemed by the Board to offer substantially equivalent training and which also included at least two years of residency training or supervised field experience in preventive medicine or such field thereof, as the case may be, except that one year of such training and experience may be satisfied by a clinical residency in a specialty deemed by the Board to be directly related to preventive medicine or such field thereof, as the case may be.

APPLICATIONS FOR EXAMINATION AND REEXAMINATION

Each application for examination must be made on the prescribed form (which may be obtained from the Secretary of the American Board of Preventive Medicine), and must be filed with the Secretary, ordinarily not later than November 30th for admission to the examination in the spring of the following year. It must be accompanied by the required documentation, application fee, and two recent, clear, unmounted, autographed photographs of the applicant, one of which should be attached to the application and the other unattached.

No member of the Board is authorized to give an opinion as to the eligibility of candidates. The determination of eligibility will be made only by the Board, after receiving full application information. Each candidate must comply with Board regulations in effect at the time the examination is taken and those in effect at the time certificate (if any) is issued, regardless of when his original application was filed.

An applicant declared ineligible for admission to examination may refile or reopen his application on the basis of

new or additional information within three 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 filing of his application is required to file a new application and to pay a new application fee.

Candidates failing the examination may, upon timely application and payment of appropriate fee, be admitted to reexamination within a specified period.

Candidates failing three examinations will not be admitted to subsequent examinations unless the Board so directs.

MULTIPLE CERTIFICATION

A person who has been certified in one affiliated specialty may apply for certification in another affiliated specialty; however, the applicant must meet in full the special requirements for each of the affiliated specialties in which he desires to be examined.

In determining whether the applicant meets such requirements, no period of training or experience, other than graduate study, will be taken into account if the same period shall have been taken into account in determining his eligibility for another affiliated specialty.

FEEES

The application fee is twenty-five (\$25). It must be submitted with application and is not refundable.

The examination fee is one hundred dollars (\$100). It is payable when applicant is notified of acceptance for examination; if paid prior thereto, it is not refundable after such notification has been given.

No additional fee is payable for the issuance of a certificate.

EXAMINATIONS

Examinations will be held from time to time and in various places depending upon need as indicated by applications received. Examinations in some instances will be held in connection with the annual meetings of the nominating organizations and also may be held at other times and at other places so located geographically as to minimize travel for the applicants.

The written examination consists of two parts:

Part one is a comprehensive written examination designed to test the knowledge of the applicant in the basic principles of preventive medicine. Part two is a comprehensive written examination designed to test the knowledge of the applicant in the special field in which he requests certification.

An oral or practical examination is also required, which usually will be held at the completion of the written examination. An endeavor will be made to adapt the details of the oral or practical examination to each candidate's experience and practice.

Candidates for certification in a second or third affiliated specialty will be required to pass only that portion of the written examination relating specifically to such field.

The examiners will report upon each candidate to the assembled Board, by which the result of the examination will be considered.

AMERICAN BOARD OF PROCTOLOGY

(See American Board of Colon and Rectal Surgery)

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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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.

CLASSES OF APPLICANTS

CLASS A

Applicants who graduated from an approved medical school before the foundation of the Board (1934) will not be held to the strict interpretation of the published requirements in formal graduate training. Under such circumstances the Board will consider the training and experience of the applicant and decide whether or not he will be admitted to the examinations. For such graduates the Board will consider ten years of full-time acceptable experience in psychiatry or neurology in lieu of the formal training requirement, all of which has been undertaken in the United States or Canada. Should the candidate then apply for supplementary certification, the Credentials Committee will require five years of additional acceptable experience in the supplementary field.

CLASS B

Applicants who graduated from an approved medical school after 1934 shall fulfill the following special requirements.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association. In the case of an applicant whose medical training has been received outside the United States and Canada, such training must be satisfactory to the aforementioned Council.

2. Satisfactory completion of a year's internship approved by the same Council in General Medicine, General Surgery, Pediatrics or a rotating service.

3. The nine-month wartime internships will be accepted as an equivalent of one year.

SPECIALIZED TRAINING

Admission to the examination for certification in psychiatry or in neurology requires a total of five calendar years 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.

The Board will give not more than six months of credit for not less than six months of training in an approved training center for internal medicine or pediatrics in lieu of six months of experience to candidates for the certificate in psychiatry or neurology but not to candidates for certification in both psychiatry and neurology.

The Board will give credit for one year of training in child psychiatry providing it is the third year of the required 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. After July 1, 1956, training credit for work in the field of child psychiatry may be gained only by participation in a hospital residency training program that is regularly approved. After that date, all independent training approval of psychiatric clinics for children is discontinued.

The lists of training programs approved by this Board and by the Council on Medical Education and Hospitals of the American Medical Association may be found in the current issues of the *Directory of Approved Internships and Residencies* published by the American Medical Association.

TRAINING IN THE ARMED FORCES

For military duty after January 1, 1954, only experience credit will be granted for full-time psychiatric and/or neurologic duties. Training credit will be granted for residency assignments in regularly approved training programs.

Training credit for full-time psychiatric and/or neurologic assignments in unapproved military programs or services between the dates of January 1, 1950, and January 1, 1954, was terminated as of January 1, 1959.

EXAMINATIONS

Dates and places of examinations shall be set by the Board at its discretion and shall be announced in *THE JOURNAL of the American Medical Association*, in the *American Journal of Psychiatry*, in the *Journal of Nervous and Mental Diseases*, 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 exam-

ination 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.

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 Psy-

chiatry, which requires a minimum of four years of approved residency training credit, two of which should be in general psychiatry and two in child psychiatry, and two additional years of experience in child psychiatry. If already certified in general psychiatry, the trainee will need two additional years in an approved child psychiatric residency training program if he has not had training in a program which has been concurrently approved by the Committee on Certification in Child Psychiatry.

One year of the training credit toward the general psychiatric residency training requirement may simultaneously be used as one of the years of training in child psychiatry, provided the program is approved by the Board and its Committee on Certification in Child Psychiatry in both areas. Training in child psychiatry taken during the regular residency training period in 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 dollars (\$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 examination 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
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 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 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 radium physics; (b) medical nuclear physics.

DEFINITIONS

For the purposes of this Board, the following definitions are adopted:

1. *Radiology* is that branch of medicine which deals with the diagnostic and therapeutic application of certain forms of radiant energy such as roentgen 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 radioisotopes, nuclear reactions, and particle accelerators.
5. *Roentgen Ray and Radium Physics* is that branch of radiologic physics which deals with roentgen rays and radium.
6. *Medical Nuclear Physics* is that branch of radiologic physics which deals with radioisotopes, nuclear reactions, and particle accelerators.

GENERAL REQUIREMENTS FOR CERTIFICATES IN FIELD OF RADIOLOGY

Each applicant for admission to an examination of this Board must present evidence that he has fulfilled the following requirements:

A. General Qualifications:

1. Satisfactory moral and ethical standing in the profession.
2. A license to practice medicine in the state or country in which he resides.
3. Assurance that the applicant holds himself out to be a specialist in radiology or one of its branches as defined

under "Definitions" and that he limits his practice within the field of radiology.

4. Assurance that he is a citizen of the United States or Canada, or a citizen of another country of which he is a bona fide resident.

B. General Professional Education:

1. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association. It the applicant is a resident of the United States or one of its possessions and is a graduate of a medical school outside the United States or Canada, he must be a Diplomate of the National Board of Medical Examiners or be screened with approval by an agency approved by the Executive Committee.

2. Completion of an internship, preferably of the general rotating type, of not less than one year in a hospital approved by the same Council.

C. Special Training:

1. After completion of the internship there shall be a period of special training in radiology in clinics, hospitals, or dispensaries recognized and approved by the American Board of Radiology and the Council on Medical Education and Hospitals of the American Medical Association as competent to provide a satisfactory training in radiology. This period of special training shall be as the Board of Trustees by resolution or motion shall determine from time to time.

RADIOLOGY

1. Candidates beginning their training *before* July 1, 1956, must have three years' formal residency training in an approved department of radiology.

2. Candidates beginning their training *on* July 1, 1956, or thereafter must have three years' formal residency training in an approved department of radiology, plus an additional year of either further training or practice.

3. The three-year training period must include the equivalent of six months (total) in pathology and isotopes. Candidates not wishing to be examined in nuclear medicine must have three months' pathology.

DIAGNOSTIC ROENTGENOLOGY

1. Candidates beginning their training *before* July 1, 1956, must have two and one-half years' formal residency training in an approved department of radiology; the equivalent of six months of this time must have been devoted to pathology.

2. Candidates beginning their training *on* July 1, 1956, must have two and one-half years' formal residency training in an approved department of radiology (the equivalent of six months of which time must have been devoted to pathology) plus an additional year of either further training or practice.

3. Candidates beginning their training *on* July 1, 1957, or thereafter must have three years' formal residency training in an approved department of radiology, plus an additional year of either further training or practice. The three-year training period must include the equivalent of three months' training in pathology. Candidates applying for diagnostic roentgenology may expect to be examined in physics.

THERAPEUTIC RADIOLOGY

1. For candidates beginning their training *before* July 1, 1956, *on* July 1, 1956, or July 1, 1957, the *time* requirements are the same as for diagnostic roentgenology (see above). After July 1, 1957, a candidate must have three months' training in pathology and three months' training in isotopes. Candidates applying for therapeutic radiology alone must show evidence of personal experience in the use of intracavitary and interstitial radium or equivalent sources as well as proficiency in roentgen therapy.

EXAMINATIONS

Generally the Board holds two examinations each year—in the spring and in the fall. The policy of the Board is to give oral examinations.

Appointments are offered to candidates in the following order of priority:

1. American citizens.
2. Foreign candidates who intend to return to their country of citizenship.
3. Foreign candidates who show evidence they intend to become American or Canadian citizens.

The examination consists of film interpretation; problems regarding the clinical applications of roentgen rays, radium, and radioactive isotopes; and questions in pathology, physiology, radiobiology, and radiophysics. The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

THE AMERICAN BOARD OF SURGERY

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REQUIREMENTS FOR ADMISSION TO EXAMINATION
GENERAL QUALIFICATIONS

An ethical standing in the profession and a moral status in the community which are satisfactory to the Board.
 Engagement in the practice of surgery.

PRELIMINARY TRAINING

Graduation from an approved medical school in the United States or Canada or from medical schools acceptable to the Board in other countries.

Completion of an internship (straight or rotating) of not less than one year in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association or its equivalent in the opinion of the Board.

SPECIAL TRAINING

The American Board of Surgery is guided by the evaluation of residency training programs made by the Conference Committee on Graduate Training in Surgery and does not itself conduct such surveys.

The Board interprets the term "general surgery" in a comprehensive manner and expects candidates to have knowledge of the basic principles applied in the management of fractures, head injuries, or other forms of trauma, and of the more common problems in gynecologic, neurological, orthopedic, pediatric, plastic, thoracic, and urologic surgery.

BASIC SCIENCES

It is fundamental to the concept of an approved residency in general surgery that the program provide for properly

organized, integrated, and progressively graded clinical training in this specialty. This presupposes a continuity of clinical experience under the supervision of the surgical staff of the hospital or hospitals in which such training is conducted. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences at approved graduate schools of medicine, the Board will not accept these courses as part of a three- or four-year residency program in lieu of clinical experience. Furthermore, the intergration 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 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 consideration by the Examination Committee of the Board. The Committee can recommend acceptance of the candidate for examination in Group 1 or Group 2, provided the evidence indicates the candidate has had adequate operative experience and clinical responsibility as certified by the Chief of Service.

Residency credit will be granted for surgical internship to a candidate who has completed a prior year of acceptable internship when the surgical internship is part of a graded program approved for four years by the Conference Committee.

GROUP 2 PROGRAM

Completion of a graded residency in general surgery of at least three years' duration including the senior year, in an institution or institutions acceptable to the Board and approved for at least three years of training by the Conference Committee on Graduate Training in Surgery is the basic requirement.

Residency credit will not be granted for separate periods of time devoted exclusively to research or a preclinical discipline although the day-to-day integration of these disciplines with clinical surgery is highly desirable. The program must have included three years of clinical surgery and the final year must have been spent in the capacity of senior or chief resident in general surgery.

Two additional years of training beyond the three years of residency to complete a total of five are necessary to meet the requirement for examination. These may include:

(a) Practice of surgery under acceptable supervision (preceptorship). By "acceptable supervision" is meant an arrangement with a preceptor acceptable to the Board who should inform the Board in writing of his willingness to assume responsibility for the candidate's further training. Before the candidate's eligibility for examination can be considered, he will be required to submit to the Board a list of the operative procedures performed by him during the period of supervised practice, and the preceptor will be requested to vouch for the candidate's integrity, surgical judgment, and technical skill. The acceptance of supervised practice in fulfillment of part of the Board's requirements will be contingent upon the candidate's having had adequate clinical opportunities to fortify residency training and considerable responsibility in the care of patients, including the performance of major operative procedures under supervision.

(b) A formal course in surgery and the basic sciences in an approved graduate school of medicine on a full-time basis. Training credit in excess of twelve months will not be granted in this category.

Credit not to exceed six months may be granted for the study of a single basic science such as pathology, physiology, or anatomy.

Credit may be granted for a maximum of twelve months spent in full-time research under a responsible investigator who is acceptable to the Board. A candidate may not claim credit for both graduate study and research years.

(c) Further acceptable surgical residency or fellowship training, either in general surgery or in a recognized surgical specialty.

N.B.: Credit as outlined above under (a), (b), and (c) will be applicable only toward the two years of training which Group 2 candidates must complete in addition to three years of approved residency in general surgery. It will not be considered as basic residency credit.

MILITARY CREDIT

Credit not to exceed one year may be granted to those candidates who have served in military hospitals other than those approved for residency training, provided that the candidate has had a satisfactory surgical assignment with

adequate and diversified clinical material and provided further that his work in surgery is carried out under the supervision of a surgeon acceptable to the Board. For Group 2 candidates any such credit will be considered preceptorship credit.

LICENSE TO PRACTICE

The Board requires, prior to issuance of a certificate, that candidates have a valid license to practice medicine except in those situations in the United States or Canada in which a license to practice is not required, such as the practice of surgery by commissioned officers in the Army, Navy, or Public Health Services of these countries.

FOREIGN-TRAINED CANDIDATES

In exceptional instances and after individual evaluation, the Examination Committee of the Board may grant some credit for foreign graduate training.

APPLICATIONS

Prospective candidates for examination by the Board should carefully read the Board's requirements as set forth in the Board's *Booklet of Information*. If, after becoming familiar with the requirements, a candidate needs advice about his training, or believes he has completed the requirements, he should submit a brief chronological outline of his training, including precise dates, using the Evaluation Form which will be furnished on request.

Candidates are urged to file the Evaluation Form several months before completing their training requirements if they wish to receive Application for Examination forms for the Part I examination in December of the same year.

Candidates not graduated from an approved medical school in the United States or Canada, and those requesting some credit for foreign graduate training (see above), must submit the Evaluation Form not later than March 1 of the year in which examination is desired.

Application for Examination forms are not forwarded until candidates are within several months of completing their training requirements and appear to have met all other requirements of the Board.

Applications should be returned by Aug. 1 if consideration is desired for examination in Part 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.

THE FOUNDERS GROUP

The Founders Group, to which were admitted those who had already amply demonstrated their fitness as trained specialists in surgery, was closed in January, 1940.

EXAMINATION

The qualifying examination is divided into Part 1 (written) and Part 2 (oral). In both of these a knowledge of the practical application of the sciences fundamental to surgery is required.

PART 1

The examination is given simultaneously in as many centers throughout the United States as the Board may determine suitable for the purpose and sometimes by special arrangement in certain centers abroad. It is held once annually on the first Wednesday of December.

The Part 1 examination is of the objective, multiple-choice type, and is administered during a one-half-day session. This examination is designed to cover general surgical problems and the sciences basic to surgery. Questions are of various types, and are based upon the analysis of case histories, cause and effect relationships, and other pertinent situations. The examinations are composed by members of the Board with the technical assistance of the Educational Testing Service.

PART 2

Examinations usually are held in ten different centers in the United States each year, September through May. These examinations are conducted by members of the Board and selected Diplomates acting as guest examiners.

The Part 2 examination is oral and practical and requires the candidate's presence for one day. Candidates are examined in Clinical Surgery and in Basic Sciences, including diagnosis, management of patients, and the application of anatomy, pathology, physiology, biochemistry, and bacteriology to surgical problems. In pathology, emphasis is placed on an understanding of disease process and their clinical implications. The identification of gross and microscopic lesions and the interpretation of roentgenograms also may be included.

REEXAMINATION

PART 1: Candidates who fail Part 1 are required to wait one year before they can be eligible for reexamination.

PART 2: Candidates who fail Part 2 in its entirety or in Clinical Surgery are required to wait one year before they can be eligible for reexamination. Those who fail only in Basic Sciences are required to wait six months.

Should a candidate fail a reexamination in Part 1, or a reexamination in Part 2 in its entirety or in Clinical Surgery, the Examination Committee will consider an appeal for the privilege of further examination after the lapse of two years, provided he has demonstrated initiative in furthering his professional development. The Board, however, on the basis of its judgment, may deny a candidate the privilege of further examination.

Candidates who fail a reexamination in the Basic Sciences are required to wait one year before they can be eligible for further examination.

FEES

The fee for examination is one hundred seventy-five dollars (\$175) payable as follows: twenty-five dollars (\$25) for registration, seventy-five dollars (\$75) for Part 1 and seventy-five dollars (\$75) for Part 2.

The fee for reexamination in Part 1 is seventy-five dollars (\$75). Fees for reexamination in Part 2 are as follows: seventy-five dollars (\$75) for reexamination in Part 2 in its entirety, and fifty dollars (\$50) for reexamination in Clinical Surgery only, or in Basic Sciences only.

The Board is a nonprofit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the training of surgeons. The members of the Board, except the Secretary-Treasurer, serve without remuneration.

CERTIFICATION IN THORACIC SURGERY

Diplomates of the American Board of Surgery wishing to become certified in thoracic surgery are advised to communicate with the Secretary of the Board of Thoracic Surgery, Dr. William M. Tuttle, 1151 Taylor Ave., Detroit 2, Mich. This Board is an affiliate of the American Board of Surgery.

BOARD OF THORACIC SURGERY

(An Affiliate of the American Board of Surgery)

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JOHN W. STRIEDER, Boston
WILLIAM M. TUTTLE, Secretary-Treasurer, 1151 Taylor Ave., Detroit 2, Mich.

REQUIREMENTS FOR EXAMINATION

1. Certification by the American Board of Surgery.
2. Two years training 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 re-examination will be fifty dollars (\$50).

AMERICAN BOARD OF UROLOGY

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- ROBERT LICH, JR., Louisville, Ky.
- WM. NILES WISHARD, JR., Secretary-Treasurer, Minneapolis
- or
- MRS. RUBY L. CRIGGS, 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.