

Directory of Approved Internships and Residencies

1969-70

THE NATIONAL INTERN MATCHING PROGRAM FOR 1970
ESSENTIALS OF AN APPROVED INTERNSHIP
ESSENTIAL OF APPROVED RESIDENCIES
REQUIREMENTS FOR CERTIFICATION BY AMERICA SPECIALTY BOARDS
ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION IN THE UNITED
STATES

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OF
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AND RESIDENCIES

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INCLUDES:

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Directory of Approved Internships and Residencies

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The information published in this DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES as pp. 1-30 appears in the November 24, 1969 (Education Number) of *The Journal of the American Medical Association*, and will be listed under the appropriate Journal page numbers in the Index Number of JAMA dated

For assistance in preparing material for publication, the Department of Graduate Medical Education is especially indebted to Miss Valeda Carbonneau, Miss Yolanda Dioguardi, Miss Marilyn Krenek, and Miss Kathleen McCaffrey.

December 28, 1969.

The other material published in this Directory does not appear in the November 24, 1969, issue of JAMA but will be indexed in the December 28 issue of JAMA with the reference abbreviation of "Dir." The DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES can thus be bound as a part of the November 24 issue, along with the regular copies of JAMA that make up Volume 210.

Annual Report on Graduate Medical Education in the United States

This is the 43rd Annual Report on Graduate Medical Education in the United States, consisting of an analysis of the distribution and performance of approved internship and residency programs for the academic year 1968-1969. Except where otherwise specified, the data reported here were obtained from hospitals as of September 1, 1968, and therefore the performance data are one year old when published. Most tables contain a column listing the projected positions to be offered for the academic year 1970-1971.

The Education Number of *The Journal*, for November 24, 1969, will also include the material in this Annual Report, plus the two following sections on Special Studies and Special Reports, Announcements, and Notices. The remainder of the *Directory of Approved Internships and Residencies* is too large to be included in *The Journal*, so that only the above three portions will actually be published twice.

The *Directory of Approved Internships and Residencies*, a complete manual of information pertaining to graduate medical education, includes a Consolidated List of Hospitals and other institutions approved for graduate training, a detailed list of approved internship programs, detailed lists of approved residency programs by specialty, the Essentials of an Approved Internship, the Essentials of Approved Residencies, the requirements of the American specialty boards, full details of the National Intern and Resident Matching Program (NIRMP), and an extract of the medical licensure requirements, which were published in full in the State Board Number of *The Journal* for June 16, 1969.

The *Directory of Approved Internships and Residencies* also serves as the Directory of the National Intern and Resident Matching Program. The *Directory* is distributed to all fourth-year medical students in the United States for use by them in the NIRMP; in addition, it is distributed to all third-year students to enable them to become familiar, by the time they enter the fourth year of undergraduate medical education, with the established programs and the policies pertaining to graduate medical education. Approximately 50,000 copies of the *Directory* are published and distributed to all institutions, organizations, and agencies in the United States having need for it. Copies are sent to the United States Department of State for its Information Centers in many overseas locations, and to each of the recognized foreign medical schools listed in the *World Directory of Medical Schools*, published by the World Health Organization. It is intended that at least one copy of the *Directory* be available to each medical school library, in the United States and elsewhere throughout the world, to be bound with the library copies of *JAMA*. The Educational Council for Foreign Medical Graduates (ECFMG) performs a valuable service for the Council on Medical Education in distributing "tearsheets" of lists of the approved internships and residencies to interested foreign physicians upon inquiry. Copies of the *Directory*, as well as of the separate Essentials and Board requirements, are available on request.

Two additional sections follow immediately after the Annual Report. The first consists of Special Studies, indicating the distribution of internships on a basis of NIRMP data, the presence of osteopaths on hospital attending staffs, negro physicians serving in internships and residencies, the availability of part-time programs for women, and tables on the distribution of foreign graduates according to country of origin.

The second section, Special Reports, Announcements, and Notices, relates to changes in policy of the various Review Committees, or of specialty boards, revisions in the Essentials,

new guides to residency programs, residency appointment procedures, policies on foreign graduates, and policies on the new family practice programs.

Education Programs in Foreign Countries

The performance data in the *Directory of Approved Internships and Residencies* are limited to programs in the United States, Puerto Rico, and the Canal Zone. Information is not compiled on graduate training opportunities in other countries except for a list of junior rotating internships in Canada. These internships in Canada are approved by the Canadian Medical Association, and are listed in this *Directory* simply as a courtesy and a service to our Canadian neighbors. Their acceptability for purposes of licensure in the United States is determined individually by each of the state medical boards, and this information is tabulated in the annual State Board Number of *The Journal* for June 16, 1969, pp. 2098-2099.

Statistical Reports

The *Directory* for 1968-69 was delayed because of difficulties encountered in converting from a manual to a computer-assisted production. All fourth-year medical students received a special Preprint of the internship information in December of 1968, so that they were able to participate in the NIRMP for 1969 on schedule and without error.

The *Directory* is now published with the aid of computerized typesetting, and some errors inevitably creep in because of the complexity of the operation. Continued efforts will be made to simplify some of the *Directory* lists by eliminating irrelevant material.

Internship Programs

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

Table 1.—Number of Internships, 1959-1968

	Number of Hospitals	Number of Internship Positions Offered	Number of Internship Positions Filled	Percentage of Positions Filled
1959-1960 . . .	865	12,580	10,253	82
1960-1961 . . .	864	12,547	9,115	73
1961-1962 . . .	816	12,074	8,173	68
1962-1963 . . .	789	12,024	8,805	73
1963-1964 . . .	765	12,229	9,636	79
1964-1965 . . .	757	12,728	10,097	79
1965-1966 . . .	772	12,954	9,670	75
1966-1967 . . .	816	13,569	10,366	76
1967-1968 . . .	853	13,761	10,419	76
1968-1969 . . .	821	14,112	10,464	75

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Table 2.—Number of Internships by Type of Service

Type of Internship	Affiliated Status	No. of Approved Programs	Number of Internships				Interns on Duty			Total Positions Offered 1970-1971
			Total Positions Offered Sept. 1, 1968	Positions Filled Sept. 1, 1968	Positions Vacant Sept. 1, 1968	Percentage Positions Filled	Graduates U.S., Canada Sept. 1, 1968	Foreign Graduates Sept. 1, 1968	Percentage of Foreign Grads. in Filled Positions	
ROTATING—										
NO MAJOR EMPHASIS										
	Affiliated	238	2,600	2,156	444	82	1,669	487	22	2,318
	Non-Affiliated	343	3,089	1,998	1,091	64	759	1,239	62	2,962
	Total	581	5,689	4,154	1,535	73	2,428	1,726	41	5,280
ROTATING—										
MAJOR EMPHASIS ON:										
Internal Medicine										
	Affiliated	180	903	705	198	78	586	119	17	892
	Non-Affiliated	159	521	381	140	73	140	241	63	548
	Total	339	1,424	1,086	338	76	726	380	33	1,440
Surgery										
	Affiliated	187	986	726	260	81	552	174	24	983
	Non-Affiliated	185	715	494	221	69	164	330	67	759
	Total	372	1,701	1,220	481	77	716	504	41	1,742
Obstetrics and Gynecology										
	Affiliated	120	251	136	115	54	99	37	27	324
	Non-Affiliated	98	168	92	76	54	37	55	60	183
	Total	218	419	228	191	54	136	92	30	507
Pediatrics										
	Affiliated	111	249	159	90	63	119	40	25	264
	Non-Affiliated	86	147	76	71	51	24	52	68	157
	Total	197	396	235	161	59	143	92	39	421
Pathology										
	Affiliated	74	95	54	41	56	40	14	26	112
	Non-Affiliated	46	49	21	28	42	10	11	52	56
	Total	120	144	75	69	52	50	25	33	168
Psychiatry										
	Affiliated	55	83	48	35	57	42	6	12	119
	Non-Affiliated	26	40	25	15	62	15	10	40	46
	Total	81	123	73	50	59	57	18	22	165
Radiology										
	Affiliated	56	72	35	37	48	28	7	20	81
	Non-Affiliated	35	34	16	18	47	11	5	31	40
	Total	91	106	51	55	48	39	12	23	121
Anesthesiology										
	Affiliated	52	55	26	29	47	22	4	15	66
	Non-Affiliated	34	38	11	25	30	7	4	38	41
	Total	86	91	37	54	40	29	8	22	107
Total Rotating (Major Emphasis)										
	Affiliated	835	2,694	1,889	805	70	1,488	401	21	2,841
	Non-Affiliated	669	1,710	1,116	594	65	408	708	63	1,830
	Total	1,504	4,404	3,005	1,399	68	1,896	1,109	37	4,671
STRAIGHT										
Internal Medicine										
	Affiliated	181	1,720	1,535	185	89	1,421	114	7	2,000
	Non-Affiliated	46	146	113	33	77	72	41	36	210
	Total	227	1,866	1,648	218	88	1,493	155	9	2,210
Surgery										
	Affiliated	142	981	832	149	84	687	145	17	1,160
	Non-Affiliated	41	106	49	57	46	10	39	79	138
	Total	183	1,087	881	206	81	697	184	21	1,298
Pediatrics										
	Affiliated	124	670	563	107	84	508	55	10	774
	Non-Affiliated	17	35	21	14	60	13	8	38	45
	Total	141	705	584	121	82	521	63	11	819
Pathology										
	Affiliated	110	287	164	123	57	138	26	16	320
	Non-Affiliated	21	27	10	17	37	7	3	30	35
	Total	131	314	174	140	55	145	29	17	355
Obstetrics and Gynecology										
	Affiliated	16	44	17	27	38	14	3	18	44
	Non-Affiliated	5	3	1	2	33	..	1	100	6
	Total	21	47	18	29	38	14	4	22	50
Total Straight										
	Affiliated	573	3,702	3,111	591	84	2,768	343	11	4,298
	Non-Affiliated	130	317	194	123	61	102	92	47	434
	Total	703	4,019	3,305	714	82	2,870	435	13	4,732
GRAND TOTALS										
	Affiliated	1,646	8,896	7,156	1,840	80	5,925	1,231	17	9,457
	Non-Affiliated	1,142	5,116	3,308	1,808	64	1,269	2,039	62	5,226
	Total	2,788	14,112	10,464	3,648	74	7,194	3,270	31	14,683

Table 1 is the ten-year record on internship supply and demand. These data will become progressively less significant as compared to the total data for all interns and residents, as an increasing number of specialties organize the total period of graduate years as a continuum, so that the free-standing internship will become less evident. These data show that the total number of hospitals offering internships decreased by 32 over the year before. While the number of internship positions filled has been reasonably constant for the past three years, the number of positions offered has continued to increase, with the total of 14,112 the highest ever offered. As a result, 74% of the available positions were filled, a decrease of 2% over the previous two years.

Table 2 indicates that 7,194 U.S. and Canadian graduates were serving as interns on September 1, 1968. The total of U.S. graduates for the year 1967-68 was 7,973, so that presumably at least 879 of these U.S. graduates did not immediately begin an internship.

Internships by Type of Service

This is the third year of the present format for Table 2, identifying internships according to type, medical school affiliation, and the number and percentage of positions filled for each group by both domestic and foreign graduates.

This is also the third year the performance data have been available after the redefinition of rotating internships and the elimination of the mixed internship as a separate entity. Initially, following the flexible definition of the rotating internship, the number of individual programs listed increased by 65%. For the second year under this program, the total number of programs increased only by 2% over the previous year. For this past year, as of September 1, 1968, the total number of new programs, 2,788, is essentially the same as the year before, although the 14,112 available positions was a 3% increase over the previous year.

The proportion between rotating and straight internships remained approximately the same as before with 25% straight and 75% rotating. Among the rotating internships, the standard rotating without major emphasis in any particular field comprised 21% of the programs, while rotating internships with major emphasis in one of eight areas comprised 54%. In essentially every category of internship, whether straight or rotating, there were decreases in the number of programs in the non-affiliated hospitals and increases in the hospitals affiliated with medical schools. While there was an overall increase of only 20 internship programs, this reflected an increase of 135 programs in affiliated hospitals and a decrease of 115 programs in non-affiliated hospitals.

Table 3.—Types of Internship Programs Offered
1959-1968

	Types of Programs								Totals
	Rotating—No Major Emphasis		Rotating with Emphasis on a Specialty*		Straight		Family and General Practice		
	Num- ber	Per- centage	Num- ber	Per- centage	Num- ber	Per- centage	Num- ber	Per- centage	
1959-60....	816	75	33	3	246	22	..	..	1,097
1960-61....	817	70	69	6	276	24	5	..	1,167
1961-62....	737	61	107	9	359	30	9	..	1,212
1962-63....	697	56	133	11	391	32	14	1	1,235
1963-64....	661	52	153	12	432	34	17	1	1,263
1964-65....	658	50	189	14	467	35	14	1	1,328
1965-66....	641	45	251	17	531	37	17	1	1,440
1966-67....	568	24	1,211	51	582	24	17	5	2,378
1967-68....	563	20	1,502	54	687	25	16	..	2,768
1968-69....	581	21	1,504	54	703	25	..	..	2,788

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

Table 3 shows the ten-year trend in distribution of rotating and straight internships. For the three years since 1966-67 the increase in total programs by about two-thirds over the previous years has been quite constant. Straight internship programs represent approximately one-fourth of all internship programs, standard rotating internships rep-

resent about one-fifth, and rotating internships with emphasis on a specialty represent about one-half of all programs.

Study of the distribution of interns in filled positions indicates that the largest number, 4,154, or 40%, were in standard rotating internships, 3,005, or 29%, were in rotating specialty internships, and 3,305, or 31%, in straight internships. According to hospital affiliation, 48% of the interns in standard rotating internships were in non-affiliated hospitals, 37% of the rotating specialty interns were in non-affiliated hospitals, and only 6% of the straight interns were in non-affiliated hospitals. The total of 3,270 foreign medical graduates on duty as of September 1, 1968, was an increase of 357, or 12%, over the previous year. This is the first time that the total of foreign interns has exceeded 3,000, and the first time that their proportion of all interns has reached 31%.

The two types of internships approved by the Council are (1) Rotating, which includes training of 12 to 24 months on two or more clinical services, of which one must consist of not less than four months on the internal medicine service; in a 12-month internship, either the remaining time may be divided between the surgical, pediatric, and obstetrics-gynecology services, or a specific service may be identified for four to eight months of major emphasis and listed in the *Directory* with an appropriate footnote; (2) Straight, providing training on a single medical, surgical, pediatric, obstetric-gynecology, or pathology service in a hospital holding full approval for a residency program in that specialty.

For 1968-1969, the average number of internship positions available per hospital was 17.1, and the average number of interns on duty was 12.7. Because the average number of programs per hospital was 3.4, the average number of positions available per program was 5, and the theoretical average number of interns on duty per program was 3.7.

Pilot Family Practice and General Practice Programs

While 16 pilot family practice and pilot general practice programs were in existence as of September 1, 1967, they have all been discontinued with the development of new standards for family practice programs. Some 20 programs have now been established, and in most cases, the first year is now included on the internship list.

Two-Year Internships

In accord with the sentiment of the House of Delegates, the Council staff has continued to emphasize the possibility of establishing two-year internships in hospitals having fully approved one-year internships, particularly those interested in preparing young physicians for general practice.

The 18 hospitals approved on this basis are identified in the list of approved internships by a special footnote indicating that the hospital may offer some appointments of longer than 12 months' duration. Thus, the hospitals are not bound to offer a specific number of two-year internships, nor to offer a full 12-month appointment following the initial 12-month internship, if the trainee desires a shorter appointment.

Internships by Type of Hospital Control

Table 4 again includes the term "combined hospitals," which was introduced the two previous years because of the growing tendency of individual programs to use the resources of hospitals in more than one of the listed categories. The number of hospitals decreased from 40 to 37, and the number of programs decreased from 164 to 134. The percentage of positions filled in this category is 74%, identical with that for all hospitals, but the foreign graduates comprised only 16%, or approximately one-half the proportion for all hospitals involved in intern training.

As before, the group of federal hospitals comprised only 7% of the total, obtained 6% of the interns, and obtained only 8% of the U.S. and Canadian graduates. Of all the positions filled in the federal hospitals, the Army and Navy each obtained about 30% of the interns, the U.S. Public

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

Control	No. of Hospitals	No. of Approved Programs	Number of Internships				Number of Interns on Duty			Total Internship Positions Offered 1970-1971
			Total Positions Offered Sept. 1, 1968	Total Positions Filled Sept. 1, 1968	Positions Vacant Sept. 1, 1968	Percentage Filled	Grads., U.S., Canada Sept. 1, 1968	Foreign Graduates Sept. 1, 1968	Percentage For. Grads. in Filled Positions	
Combined Hospitals.....	37	134	942	701	241	74	592	109	16	1,060
Totals.....	37	134	942	701	241	74	592	109	16	1,060
Federal										
U. S. Air Force.....	4	26	92	65	27	71	65	0	..	146
U. S. Army.....	7	28	203	175	28	86	174	1	..	198
U. S. Navy.....	11	38	175	172	3	98	171	1	..	166
U. S. Public Health Service.....	7	17	131	112	19	85	109	3	3	120
Veterans Administration.....	25	6	83	47	36	57	29	18	38	83
Other Federal.....	2	3	28	16	12	57	16	0	..	28
Totals.....	56	118	712	587	125	82	564	23	4	741
Governmental Non-Federal										
State.....	34	199	1,025	779	246	76	723	56	7	1,196
County.....	37	147	1,190	1,030	151	87	874	165	16	1,142
City.....	33	109	702	563	139	80	312	251	45	694
City-County.....	12	36	352	268	84	76	244	24	9	384
Hospital District.....	10	21	158	123	35	78	107	16	13	158
Totals.....	126	512	3,427	2,772	655	81	2,260	512	18	3,574
Non-Governmental Non-Profit										
Church Related.....	196	669	2,655	1,653	1,002	62	851	802	49	2,762
Non-Profit Corporation.....	388	1,301	6,053	4,502	1,551	74	2,759	1,743	39	6,212
Totals.....	584	1,970	8,708	6,155	2,553	71	3,610	2,545	41	8,974
Proprietary and Miscellaneous										
Corporation.....	8	19	84	54	30	64	12	42	78	88
Miscellaneous.....	10	35	239	195	44	82	156	39	20	246
Totals.....	18	54	323	249	74	77	168	81	32	334
Grand Totals.....	821	2,788	14,112	10,464	3,648	74	7,194	3,270	31	14,683

Health Service 19%, and the Veterans Administration only 8%. Among the military services, the Air Force had the poorest record with only 71% of their positions filled, while the V.A. and the other federal services each filled only 57% of their positions. While 38% of the positions in V.A. hospitals were filled by foreign graduates, the overall proportion of foreign graduates in the federal services was only 4%.

The difference in size and attractiveness between the governmental non-federal hospitals and non-governmental non-profit hospitals is shown by the fact that the governmental non-federal group represented only 15% of all hospitals, but obtained 26% of the available interns; whereas the non-governmental non-profit hospitals represented 71% of the total, and had 71% of the programs, but obtained only 59% of the interns. In addition, they represented 70% of the vacancies, whereas the former group had only 18% of the vacancies. The governmental non-federal hospitals obtained 31% of the U.S. and Canadian graduates and only 16% of the foreign graduates, and showed 81% of all positions filled. On the other hand, the non-governmental non-profit group filled only 71% of their positions, obtained only 50% of the U.S. and Canadian graduates, but obtained 78% of the foreign graduates. Further comparison of the two groups of hospitals indicates that the percentages of foreign graduates in filled positions in governmental non-federal hospitals was 18%, while it was 41% in the non-governmental non-profit group. The overall percentage of foreign graduates is 31%, but the single group with the highest proportion of foreign graduates was the church-related hospitals with 49% foreign graduates in the filled positions. These data are consistent with the record in the past years. While there is a slight reduction in the total number of hospitals involved in intern training in each of the groups, the largest shift was in the non-governmental non-profit group of hospitals, which represents 71% of the total, where the non-profit corporation hospitals increased by 19, and the church-related hospitals decreased by 31. Clearly, when judged by their recruitment data, the hospitals with the poorest rec-

ords as educational institutions are the community hospitals which are church related and not affiliated with other educational institutions.

Study of the projected internship positions to be offered for the year 1970-1971 indicates the appetite for interns continues unabated, with the overall total increasing by 571, or 4%, and with each group of hospitals seeking about the same percentage increase.

Internships by Medical School Affiliation and Bed Capacity

Table 5, confirming the increasing affiliation of hospitals with medical schools, indicates that, for the first time, more than half, or 52%, are in that category.

The hospitals not affiliated with medical schools were smaller in size, with 83% having less than 500 beds, and the majority being in the 300-500 bed category.

For the affiliated hospital group, 74% are above 300 beds in size, and those in the largest single group of 162, or 38%, have over 500 beds.

While the overall percentage of filled positions was 74%, 80% of the affiliated hospital positions were filled, but only 65% of the non-affiliated.

The affiliated hospitals obtained 82% of U.S. and Canadian graduates, while the non-affiliated hospitals obtained only 18%, or 1,269. This number of U.S. and Canadian graduates comprised only 38% of all interns filling positions in non-affiliated hospitals, in contrast to the 5,925, or 83%, of interns in filled positions in affiliated hospitals.

The 2,039 foreign graduates in non-affiliated hospitals were 62% of all those available, and they also comprised 62% of all interns on duty in non-affiliated hospitals. The 1,231 foreign graduates in affiliated hospitals comprised 38% of all foreign graduates serving as interns, but only 17% of the interns in affiliated hospitals.

Thus, in approximate terms, there are 4.5 times as many U.S. and Canadian graduates in affiliated hospitals as there are in non-affiliated hospitals. There are six times as many

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

Classification	No. of Hospitals	No. of Approved Programs	Number of Internships				Number of Interns on Duty			
			Total Positions Offered Sept. 1, 1968	Total Positions Filled Sept. 1, 1968	Positions Vacant Sept. 1, 1968	Percentage Filled	Graduates U.S., Canada Sept. 1, 1968	Foreign Graduates Sept. 1, 1968	Percentage For. Grads. in Filled Positions	Total Internship Positions Offered 1970-1971
Non-Affiliated										
Combined Hospitals	14	35	301	181	120	60	68	113	62	309
Less than 200 beds	27	41	190	130	60	68	21	109	89	197
200-299	97	221	993	658	335	66	145	513	78	1,011
300-499	185	557	2,394	1,481	913	62	528	953	64	2,414
500-over	67	288	1,238	858	380	69	507	351	41	1,295
Totals	390	1,142	6,116	3,308	1,808	65	1,269	2,036	62	5,226
Affiliated										
Combined Hospitals	36	145	887	729	158	82	669	60	8	1,005
Less than 200 beds	23	30	143	98	45	69	67	31	32	159
200-299	54	123	613	435	178	71	300	135	31	694
300-499	156	628	2,563	1,891	672	74	1,432	459	24	2,744
500-over	162	720	4,790	4,003	787	84	3,457	546	14	4,855
Totals	431	1,646	8,996	7,156	1,840	80	5,925	1,231	17	9,457
Grand Totals	821	2,788	14,112	10,464	3,648	74	7,194	3,270	31	14,683

U.S. and Canadian graduates as there are foreign medical graduates in affiliated hospitals. On the other hand, the ratio of foreign graduates on duty in non-affiliated hospitals to U.S. and Canadian graduates in those same hospitals is 1.6:1. The ratio of foreign graduates in non-affiliated hospitals is also 1.6:1.

Internships by Census Region and State

Table 6 indicates that there was a decrease by approximately 4% in the number of individual hospitals identified for intern training; but this does not mean less facilities are available, but that increasing numbers of hospitals are combining their resources. The number of approved programs and the number of positions offered continue to increase each year.

Since there were 351 more positions offered, but only 45 more positions filled than for the previous year, the overall percentage of positions filled was 74%, or 2% less than the previous year. The comparative performance in each of the census divisions fluctuated only slightly, except for the Mountain division, which increased by 6%, and the East South Central division and the Canal Zone and Puerto Rico, each of which decreased by 6%.

In most census divisions, there was an increase in the percent of foreign graduates in filled positions, with the most marked increase in the New England and West South Central division. In New England, 20% more foreign graduates were on duty, with the result that the foreign graduates in filled positions in New England increased to 45%. This was second only to the perennially high Middle Atlantic states of New Jersey, New York, and Pennsylvania, where the 47% foreign graduates in filled positions was 1% more than the year before. In the West South Central division, there were 43% more foreign graduates, due largely to an increase in the state of Texas, but the percentage of foreign graduates in filled positions in that division increased only to 11%.

The eight states in which no foreign graduates were appointed as of September 1, 1968, were Maine, New Hampshire, Vermont, Nebraska, South Dakota, South Carolina, Mississippi, and New Mexico. As before, the Canal Zone also had no foreign graduates. States with 50% or more foreign graduates in filled positions were Connecticut 59%, Rhode Island 63%, Florida 50%, and New Jersey, whose 314 foreign graduates comprised 87% of all interns in that state. As for previous years, the Middle Atlantic states of New Jersey, New York, and Pennsylvania, led other areas in recruitment of foreign graduates, where the 1,409 on duty were 43% of all available foreign graduates, and where they constituted 47% of all interns in filled positions in those three states. The 825 foreign graduates in New York state comprised 25% of

all foreign graduates, but they constituted 45% of all the interns in New York state.

Only the states of New Hampshire and Vermont and the Canal Zone filled 100% of their available positions.

The only census division, besides the Possessions, that filled less than 60% of available positions was the West North Central. Those states filling 60% or less of their available positions were Indiana, Wisconsin, Iowa, Kansas, Nebraska, North Dakota, Delaware, South Carolina, West Virginia, Louisiana, Utah, and the Commonwealth of Puerto Rico.

The census division with the best record was the Pacific division, comprising California, Hawaii, Oregon, and Washington, where 89% of the positions were filled. This is also the only census division whose projected total of internship positions offered for 1970-1971 is less than those offered for 1968-1969.

National Intern and Resident Matching Program

In 1969, the NIRMP was in its second year of reorganization, having changed its title in order to prepare for the development of resident matching programs. To date, there has been no disturbance in the operation of intern matching programs, and even though the 1968-69 *Directory of Approved Internships and Residencies* was delayed in publication, a special Preprint of the internship lists was distributed to all fourth-year students in December of 1968, so that the 1969 Matching Program operated on schedule and without error.

Although consideration is now being given to a variety of mechanisms for coordinating intern and resident matching programs, it is not anticipated that the intern matching program for 1970 will be significantly altered.

Matching program XVIII, for 1969-1970, as concluded in March, 1969, offered 15,045 internships, even though the *Directory* listed only 14,845 available as of July 1, 1969. This discrepancy is accounted for by program adjustments after the *Directory* had gone to press. There were 8,393 participants, of which 8,114, or 97%, were matched and 279, or 3%, were unmatched. The number of foreign medical graduates participating increased from 449 the previous year to 487 last year, and of these, 63, or 13%, were unmatched.

There were 717 participating hospitals, 68% of which received their first or second choice of interns. On the other hand, 79% of the students received a first or second choice of hospitals. Of the 717 hospitals, only 86, or 12%, received 100% of their quota; and 214, or 30%, received none through the operation of the matching program.

At the Annual Meeting of the NIRMP Board of Directors, May 22, 1969, it was determined that the problem of effective participation of foreign medical graduates had become

GRADUATE MEDICAL EDUCATION

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

Census Region, Division, and State	No. of Hospitals	No. of Approved Programs	Number of Internships				Number of Interns on Duty			Total Internship Positions Offered 1970-1971
			Total Positions Offered Sept. 1, 1968	Total Positions Filled Sept. 1, 1968	Positions Vacant Sept. 1, 1968	Percentage Filled	Graduates, U.S., Canada Sept. 1, 1968	Foreign Graduates Sept. 1, 1968	Percentage For. Grads. in Filled Positions	
NORTHEAST										
New England										
Connecticut.....	20	56	272	204	68	75	84	120	59	275
Maine.....	1	4	12	9	3	75	9	...	..	12
Massachusetts.....	29	82	397	355	42	89	211	144	41	413
New Hampshire.....	1	3	18	18	..	100	18	...	..	30
Rhode Island.....	6	14	82	64	18	78	24	40	63	78
Vermont.....	1	4	23	23	..	100	23	...	..	38
Totals.....	58	163	84	83	131	84	369	304	45	848
Middle Atlantic										
New Jersey.....	39	125	580	361	219	62	47	314	87	567
New York.....	102	401	2,275	1,850	425	81	1,025	825	45	2,360
Pennsylvania.....	75	266	1,102	793	309	72	523	270	34	1,105
Totals.....	216	792	3,957	3,004	953	76	1,595	1,409	47	4,032
NORTH CENTRAL										
East North Central										
Illinois.....	44	165	949	728	221	77	368	360	49	997
Indiana.....	13	22	220	133	87	60	123	10	8	222
Michigan.....	37	161	582	389	193	67	229	160	41	655
Ohio.....	51	217	876	624	252	71	376	248	40	925
Wisconsin.....	14	47	226	122	104	54	87	35	29	236
Totals.....	159	612	2,853	1,996	857	70	1,183	813	41	3,035
West North Central										
Iowa.....	7	30	89	26	63	29	23	3	12	139
Kansas.....	5	38	90	50	40	56	37	13	26	102
Minnesota.....	16	31	270	176	94	65	140	36	20	302
Missouri.....	20	82	426	274	152	64	209	65	24	405
Nebraska.....	10	31	105	47	58	45	47	..	..	119
North Dakota.....	1	1	12	3	9	25	2	1	33	12
South Dakota.....	2	3	12	8	4	67	8	..	..	13
Totals.....	81	216	1,004	584	420	58	466	118	20	1,092
SOUTH										
South Atlantic										
Delaware.....	1	7	23	8	15	35	7	1	13	29
District of Columbia.....	10	36	202	166	36	82	118	48	29	215
Florida.....	20	61	276	169	107	61	84	85	50	356
Georgia.....	13	56	272	183	89	67	173	10	5	324
Maryland.....	22	84	418	360	58	84	200	150	43	462
North Carolina.....	9	32	236	180	56	76	143	37	21	205
South Carolina.....	4	20	78	33	45	42	33	..	..	104
Virginia.....	11	46	281	216	65	77	167	49	23	239
West Virginia.....	7	36	97	27	70	28	16	11	41	98
Totals.....	97	378	1,883	1,332	551	71	941	391	29	2,032
East South Central										
Alabama.....	9	21	140	89	51	64	87	2	2	155
Kentucky.....	9	26	119	82	37	69	72	10	12	118
Mississippi.....	3	16	57	37	20	65	37	..	..	57
Tennessee.....	12	55	271	177	94	65	172	5	3	308
Totals.....	33	118	587	385	202	66	368	17	4	638
West South Central										
Arkansas.....	3	22	60	28	32	47	28	..	..	58
Louisiana.....	5	22	115	62	53	54	61	1	2	120
Oklahoma.....	9	28	87	61	26	70	58	3	5	102
Texas.....	30	101	517	422	95	82	363	59	14	560
Totals.....	47	173	779	573	206	74	510	63	21	840
WEST										
Mountain										
Arizona.....	7	31	115	94	21	82	69	25	27	111
Colorado.....	11	28	205	190	15	93	180	10	5	207
New Mexico.....	1	8	26	23	3	88	23	..	..	33
Utah.....	7	14	57	29	28	51	24	5	17	64
Totals.....	26	81	403	336	67	83	296	40	12	415
Pacific										
California.....	54	164	1,291	1,160	131	90	1,120	40	3	1,230
Hawaii.....	5	10	78	69	9	88	56	13	19	80
Oregon.....	7	23	101	83	18	82	75	8	10	98
Washington.....	13	32	210	176	34	84	149	27	15	177
Totals.....	79	229	1,680	1,488	192	89	1,400	88	8	1,585
POSSESSIONS										
Territories & Possessions										
Canal Zone.....	1	1	16	16	..	100	16	..	..	16
Puerto Rico.....	6	25	146	77	69	53	50	27	35	152
Totals.....	7	26	162	93	69	57	66	27	29	168
Non-Inpatient Institutions*.....	38	..	..	..	..	..	..	..	..	..
Grand Totals.....	821	2,788	14,112	10,464	3,648	74	7,194	3,270	31	14,683

*In these cases, the approved program is in the name of an activity other than a hospital, although the facilities of one or more hospitals are used in the training of interns.

so great that the following specific requirements were established for participation in matching program XVIII for 1971:

- 1) The foreign medical graduate must complete and return the Student Agreement no later than November 1, 1969.
- 2) ECFMG examination, including the English test, must have been taken and passed no later than the September 9, 1969, examination.
- 3) A copy of the ECFMG certificate must be received at the NIRMP office no later than February 1, 1970.

Internship Salaries

The annual internship salaries published in Table 7 re-

Table 7.—Annual Internship Salaries

Annual Salary Offered	Programs in Affiliated Hospitals	Programs in Non-Affiliated Hospitals	Total Programs
Data not available.....	184	39	223
Not Applicable.....	0	2	2
0- 500.....	0	0	0
501- 1,000.....	0	0	0
1,001- 1,500.....	0	0	0
1,501- 2,000.....	0	0	0
2,001- 2,500.....	0	0	0
2,501- 3,000.....	0	0	0
3,001- 3,500.....	0	0	0
3,501- 4,000.....	0	1	1
4,001- 4,500.....	25	10	35
4,501- 5,000.....	95	43	138
5,001- 5,500.....	102	56	158
5,501- 6,000.....	339	185	524
6,001- 6,500.....	167	77	244
6,501- 7,000.....	138	135	273
7,001- 7,500.....	251	243	494
7,501- 8,000.....	123	136	259
8,001- 8,500.....	101	59	160
8,501- 9,000.....	70	113	183
9,001- 9,500.....	30	16	46
9,501-10,000.....	21	25	46
Over 10,000.....	0	2	2
Totals.....	1,646	1,142	2,788

Mean —Annual Salary.....	\$6,011	\$6,851	\$6,355
Median—Annual Salary.....	\$6,001-6,500	\$6,501-7,000	\$6,001-6,500
Mode —Annual Salary.....	\$5,501-6,000	\$7,001-7,500	\$5,501-6,000

resent averages of the salaries reported in the *Directory* as being offered by each hospital to its interns. No attempt is made to calculate the value of board and room or other pre-

Table 8.—Activity of Residency Review Committees—July 1, 1967, to June 30, 1968

Specialty*	No. of Meetings Held	Programs Added to Approved List	Programs Granted Continued Approval	Programs Granted Increased or Decreased Approval	Programs on which Further Data were Required	Programs with Progress Reports for Review	Programs Placed or Continued on Probation	Programs on which Approval was Withdrawn	Programs on which Approval was Withheld	Total Programs Reviewed
Anesthesiology.....	2	5	33	21	9	3	12	12	6	101
Aerospace Medicine**.....	2	0	2	0	0	1	0	0	0	3
Colon & Rectal Surgery.....	1	0	2	0	2	2	0	0	0	6
Child Psychiatry**.....	2	7	25	5	1	13	1	2	1	55
Dermatology.....	1	2	17	2	3	3	2	1	0	30
General Practice.....	2	3	32	0	2	3	9	12	0	61
General Preventive Med.**.....	2	5	2	0	2	3	0	1	0	13
Internal Medicine.....	3	20	94	0	23	77	22	20	4	260
Neurological Surgery.....	2	0	28	—	5	3	0	2	3	41
Neurology**.....	2	2	8	8	—	7	—	—	—	25
Obstetrics-Gynecology.....	3	5	95	6	19	69	10	19	0	223
Occup. Med. (Academic)**.....	2	0	0	0	0	0	0	0	0	0
Occup. Med. (In-Plant)**.....	2	2	1	0	2	1	0	0	0	6
Ophthalmology.....	2	1	39	2	1	7	4	1	1	56
Orthopedic Surgery.....	2	6	63	7	26	31	7	1	3	144
Otolaryngology.....	2	2	32	0	4	12	6	1	1	58
Pediatric Allergy**.....	2	7	9	1	1	2	2	1	1	24
Pediatric Cardiology**.....	2	4	11	0	4	7	0	0	2	28
Pediatrics**.....	2	9	62	3	11	28	16	15	3	147
Physical Medicine and Rehabilitation.....	2	4	12	6	3	3	4	4	—	36
Plastic Surgery.....	2	6	19	3	5	15	1	0	0	49
Psychiatry**.....	2	9	35	17	9	15	10	2	1	98
Public Health**.....	2	2	8	2	1	2	0	0	0	15
Radiology.....	2	20	39	22	13	49	20	5	11	179
Surgery.....	3	7	115	23	15	41	18	19	4	242
Thoracic Surgery.....	2	1	15	15	2	3	4	2	1	43
Urology.....	2	5	47	—	6	38	7	8	1	112
Totals*.....	37	134	845	143	169	438	155	128	43	2,055

*Residencies in Pathology are approved in collaboration with the American Board of Pathology, without a review committee; a subcommittee of the Council on Medical Education reviews 1-2 year residencies in General Surgery.

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

requisites, and information is not sought as to extra-curricular activities that produce additional income. These averages are, therefore, approximations, but they allow a comparison of the overall annual change.

In addition, Table 16 affords a comparison of the change in intern salaries and residency salaries over the past ten years.

As was expected, the increase for 1968-1969 is the sharpest rise in the past 10 years. For the year 1967-1968, there was a 30% increase over the salaries paid two years earlier. For 1968-1969, the increase over the previous year was \$1,399, or 28% in one year.

The data were calculated on responses from a total of 2,563 programs in hospitals both with and without medical school affiliation. The average of \$6,851 in non-affiliated hospitals is \$840 greater than the average in affiliated hospitals. The increase in average salary in affiliated hospitals was \$1,118, or 23%, and in non-affiliated hospitals was \$1,821, or 36%, over the average one year earlier. The overall average of \$6,355 is \$1,315 more than the average beginning salary for a resident one year before.

For the previous year there was only one salary in each group of affiliated and non-affiliated hospitals paying between \$9,500 and \$10,000. For the past year, there were 46 salaries in this range, and two programs in non-affiliated hospitals paid over \$10,000.

The June 24, 1969, report of the AAMC-COTH survey of interns and residents salaries is limited to 234 out of 821 hospitals having internships, but confirms the fact that the average internship salary is now greater than \$6,000 per year.

Residency Programs

Since 1962, because of the expressed interest of the House of Delegates, additional material is included in these reports on evaluation and approval of residency programs. A detailed description of the process is carried in the Annual Report for 1962. Over the past year, arrangements were concluded so that future review of straight internships would be carried on by the same committees reviewing the residency programs in those specialties.

Table 8 indicates the volume of Residency Review Committee activity during the year July 1, 1968, to June 30, 1969, for the 27 specialties in which the Residency Review Committee mechanism is utilized. The specialty of pathology is the only field in which the specialty board concerned has not chosen to request the Council to collaborate in the organization of a committee for the joint review of residency programs.

Between July 1, 1968, and June 30, 1969, the 19 Residency Review Committees held 37 meetings. The frequency of meetings of each committee varied from one to three times per year, and the meetings are held in various locations throughout the United States.

The actions of these committees are communicated by letter from the committee's Secretary directly to the program director and the hospital administrator concerned. No public announcement is made of the actions of these committees, so that even an adverse recommendation remains confidential to the hospital officials involved. Even though the committee action is favorable, the letter of notification often contains constructive recommendations.

By comparing the published lists in the annual Directories, deletions and additions may be noted. The interests of residents-in-training are always safeguarded by careful notation in the files of the AMA, as well as the specialty boards concerned, so that credit may be extended in individual cases for up to one year for some programs which have been deleted from the Directory.

A total of 2,055 programs was reviewed, with over 200 each in internal medicine, obstetrics-gynecology, and surgery, and over 100 each reviewed in anesthesiology, orthopedic surgery, pediatrics, radiology, and urology. Approval was withdrawn from 128 programs, approval was withheld on 43 new applications, 155 programs were placed or continued on probation, and 134 programs were added to the approved list.

Table 9 is a summary of survey activities of the field representatives of the Department of Graduate Medical Education for the year ending June 30, 1969. It is intended that all approved programs be reviewed approximately every

Table 9.—Survey Activities of Field Representatives

Year Ending June 30	1964	1965	1966	1967	1968	1969
Hospitals Visited	1,115	1,152	1,020	953	923	807
Internships Reviewed	364	290	278	77	252	220
Residencies Reviewed	2,008	2,068	1,827	1,829	1,822	1,702
Total Programs Reviewed	2,372	2,358	2,105	1,906	2,074	1,922

three years, with the result that about one third of all programs are reviewed each year by the field representatives. The total of all survey activities is greater than those listed under Table 9, since most Residency Review Committees also ask specialists to do surveys for specific purposes. This increased survey activity is evidence of the concern of all specialty groups over the importance of thorough and equitable evaluation of graduate educational programs.

Residencies by Specialty

Tables 10 and 27 are the only two tables including residencies in the fields of preventive medicine and forensic medicine. These programs function largely outside of hospitals, and therefore all tables except these two provide statistics limited to residency programs established primarily within hospitals. Thus, Table 10 and Table 27 include statistics on 96 programs, with positions for 527 residents which are not included in the other tables. The total 4,614 approved programs is a decrease of 181 over the previous year. The continually declining number of individually approved programs along with the steadily increasing number of positions offered is evidence of the continuing trend for individual programs to combine into integrated programs which utilize the resources of more than one hospital.

Table 10 contains data on the same 29 specialty fields as reported last year, including the six conducted outside of hospitals. The same ten major specialties offered over 1,000 positions, obtained more than 1,000 candidates, and comprised 83% of all the positions offered. The three specialties each accounting for more than 1,000 vacant positions were internal medicine, pathology, and psychiatry. The rank order of the ten specialties, according to positions offered was: internal medicine 7,169, surgery 6,739, psychiatry 4,844,

Table 10.—Number of Residencies, by Specialty

Specialty	Number of Approved Programs	Number of Residencies				Number of Residents on Duty			
		Total Positions Offered Sept. 1, 1968	Total Positions Filled Sept. 1, 1968	Positions Vacant Sept. 1, 1968	Percentage Filled Sept. 1, 1968	Graduates, U.S., Canada Sept. 1, 1968	Foreign Graduates Sept. 1, 1968	Percentage For. Grads. in Filled Positions	Total Positions Offered 1970-1971
Anesthesiology	193	1,919	1,502	417	78	754	748	50	2,099
Colon and Rectal Surgery	14	34	29	5	85	13	16	55	32
Dermatology	79	541	512	29	95	467	45	9	577
General Practice	154	902	402	500	45	180	222	55	980
Internal Medicine	419	7,169	6,183	1,006	86	4,016	2,147	35	7,970
Neurological Surgery	86	547	504	43	92	392	112	22	564
Neurology	94	837	684	153	82	505	179	26	914
Obstetrics and Gynecology	358	2,872	2,503	369	87	1,583	920	37	3,070
Ophthalmology	159	1,291	1,238	53	96	1,156	82	7	1,354
Orthopedic Surgery	234	1,871	1,758	113	94	1,550	208	12	2,102
Otolaryngology	106	923	873	50	95	766	107	12	1,008
Pathology	639	3,573	2,230	1,343	62	1,159	1,071	48	3,698
Pediatrics	260	2,539	2,185	354	86	1,262	923	42	2,750
Pediatric Allergy	41	87	65	22	75	51	14	22	99
Pediatric Cardiology	53	156	125	31	80	59	66	53	170
Physical Medicine	65	477	277	200	58	167	110	40	508
Plastic Surgery	73	218	201	17	92	156	45	22	245
Psychiatry	260	4,844	3,620	1,224	75	2,554	1,066	29	5,236
Psychiatry-Child	117	664	473	191	71	382	91	19	728
Radiology	272	2,637	2,240	397	85	1,783	457	20	3,136
Surgery	570	6,739	6,064	675	90	3,833	2,231	37	7,654
Thoracic Surgery	93	308	279	24	91	157	122	44	355
Urology	179	958	867	91	91	648	219	25	1,001
Totals	4,518	42,106	34,794	7,312	83	23,593	11,201	32	46,260
Other than hospitals:									
Aerospace Medicine	4	116	78	37	68	77	1	1	115
General Preventive Medicine	21	206	104	102	50	95	9	9	206
Occupational Medicine (Academic)	7	48	18	40	45	17	1	6	58
Occupational Medicine (In-Plant)	21	28	2	26	7	2	0	0	28
Public Health	24	100	40	60	40	26	14	35	99
Forensic Pathology	19	29	11	20	35	6	5	45	29
Totals	96	527	253	285	48	223	30	12	535
Grand Totals	4,614	42,644	35,047	7,597	82	23,816	11,231	32	46,785

42,633

pathology 3,573, obstetrics and gynecology 2,872, radiology 2,637, pediatrics 2,539, anesthesiology 1,919, orthopedic surgery 1,871, and ophthalmology 1,291. There were eight specialties with 90% or more of the residency positions filled, varying from surgery with 90% filled to ophthalmology with 96% filled. Six of these fields were in the surgical specialties.

The least successful hospital residencies were pathology with 62% filled, physical medicine with 58% filled, and general practice with 45% filled. For the non-hospital residency programs, only aerospace medicine had more than 50% of the positions filled.

While the non-hospital residencies filled only 48% of

their positions, they attracted very few foreign graduates, with the result that only 12% of the residencies were filled by foreign physicians. Among the hospital residencies, the lowest proportions of foreign medical graduates were in the same specialties having the highest proportions of filled positions.

Although a small number of residencies in family practice were established in the spring of 1969, so few were activated that their inclusion in the tables would be meaningless. The tables for next year will include family practice as an additional specialty, bringing the total fields identified for residency training to 30.

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

Specialty	Number Approved Programs	Number of Residencies				Number of Residents on Duty			
		Total Positions Offered Sept. 1, 1968	Total Positions Filled Sept. 1, 1968	Positions Vacant Sept. 1, 1968	Percentage Filled Sept. 1, 1968	Graduates, U.S., Canada Sept. 1, 1968	Foreign Graduates Sept. 1, 1968	Percentage For. Grads. in Filled Positions	Total Positions Offered 1970-1971
Affiliated									
Anesthesiology	148	1,655	1,326	329	80	707	619	47	1,822
Colon and Rectal Surgery	10	25	22	3	14	6	16	73	23
Dermatology	73	506	480	26	88	437	43	9	543
General Practice	45	232	105	127	45	82	23	22	257
Internal Medicine	273	5,608	4,874	734	87	3,529	1,345	28	6,151
Neurological Surgery	78	500	461	39	92	360	101	22	515
Neurology	88	785	641	144	82	481	160	25	861
Obstetrics and Gynecology	215	2,102	1,841	261	88	1,287	554	30	2,242
Ophthalmology	129	1,112	1,074	38	97	1,008	66	6	1,167
Orthopedic Surgery	171	1,569	1,489	80	95	1,351	138	9	1,770
Otolaryngology	93	819	779	40	95	689	90	12	901
Pathology	339	2,434	1,696	738	70	986	710	42	2,530
Pediatrics	181	2,095	1,827	268	87	1,149	678	37	2,267
Pediatric Allergy	39	81	63	18	78	50	13	21	93
Pediatric Cardiology	52	154	124	30	81	59	65	52	168
Physical Medicine	57	440	267	173	61	157	110	41	467
Plastic Surgery	62	195	181	14	93	142	39	22	220
Psychiatry	171	3,446	2,703	743	78	2,100	603	22	3,843
Psychiatry-Child	82	502	375	127	75	310	65	17	566
Radiology	189	2,213	1,924	289	87	1,554	370	19	2,631
Surgery	305	4,813	4,420	393	92	3,250	1,170	26	5,604
Thoracic Surgery	76	259	230	29	89	141	89	39	310
Urology	140	807	732	75	91	582	150	20	852
Totals	3,016	32,352	27,634	4,718	85	20,417	7,217	26	35,803
Non-Affiliated									
Anesthesiology	45	264	176	88	67	47	129	73	277
Colon and Rectal Surgery	4	9	7	2	78	7	0	0	9
Dermatology	6	35	32	3	91	30	2	6	34
General Practice	109	670	297	373	44	98	199	67	723
Internal Medicine	146	1,561	1,289	272	83	487	802	62	1,819
Neurological Surgery	8	47	43	4	96	32	11	26	49
Neurology	6	52	43	9	83	24	19	44	53
Obstetrics and Gynecology	143	770	662	108	86	296	366	55	828
Ophthalmology	30	179	164	15	92	148	16	10	187
Orthopedic Surgery	63	302	269	33	89	199	70	27	332
Otolaryngology	13	104	94	10	90	77	17	18	107
Pathology	300	1,139	534	605	47	173	361	68	1,168
Pediatrics	79	444	358	86	81	113	245	68	483
Pediatric Allergy	2	6	2	4	33	1	1	50	6
Pediatric Cardiology	1	2	1	1	50	0	1	100	2
Physical Medicine	8	37	10	27	27	10	0	0	41
Plastic Surgery	11	23	20	3	87	14	6	30	25
Psychiatry	89	1,398	917	481	66	454	463	50	1,393
Psychiatry-Child	35	162	98	64	60	72	26	27	162
Radiology	83	424	316	108	75	229	87	28	505
Surgery	265	1,926	1,644	282	85	583	1,061	65	2,050
Thoracic Surgery	17	49	49	0	100	16	33	67	45
Urology	39	151	135	16	89	66	69	51	149
Totals	1,502	9,754	7,160	2,594	73	3,176	3,984	56	10,447
Grand Totals	4,518	42,106	34,794	7,312	83	23,593	11,201	32	46,250

Table 11 is a refinement of Table 10, omitting the programs outside of hospitals, and separating the programs into those with and without medical school affiliation. Study of these tables over a series of years indicates the continuing more favorable position of the programs in hospitals having medical school affiliations. While the total number of approved programs decreased by 184, or 4%, over the previous year, programs in affiliated hospitals increased by 41, or 1%, and decreased in the non-affiliated hospitals by 225, or 13%. As a result, the 3,016 approved programs in the affiliated hospitals constitute 67% of the total, and thus, for the first time, the ratio between the residency programs in affiliated as compared to non-affiliated hospitals is 2:1. While the affiliated hospitals supported 67% of the approved residency programs, they offered 77% of the available positions, and obtained 79% of the available interns. The overall percentage of positions filled was 83%, with the affiliated hospitals filling

85% of their positions and the non-affiliated hospitals filling only 73% of theirs.

U.S. and Canadian graduates comprised 68% of all trainees on duty, but the affiliated hospitals obtained 87% of these graduates. Foreign graduates comprised 32% of all trainees, but the affiliated hospitals obtained 64% of such available foreign medical graduates. While foreign graduates filled 26% of the positions in affiliated hospitals, they filled 56% of the positions in non-affiliated hospitals.

The final column of Table 11, listing total positions offered for 1970-1971, follows the trend noted last year in that the affiliated hospitals contemplate offering 3,946 more (12%) positions than were offered in 1969-1970, while the non-affiliated hospitals expect to offer 1,564, less (13%) than they were offering in the 1969-1970 period. This would support the suggestion offered last year that at least some of the non-affiliated hospitals recognize that they have been

offering unrealistically high numbers of positions.

As for last year, the only field offering more programs in non-affiliated hospitals than in affiliated hospitals was general practice, with 71% of the programs in non-affiliated hospitals. In affiliated hospitals, the 105 filled positions represented only 45% of the positions offered in those hospitals, and foreign graduates comprised only 9% of those filled positions. In non-affiliated hospitals, on the other hand, the 297 filled positions were almost three times the number of those filled in affiliated hospitals, but they still represented only 44% of all the positions offered in the non-affiliated hospitals, and 67% of the filled positions were held by foreign medical graduates. The non-affiliated hospitals accounted for 75% of the vacant positions in general practice. The only specialty with less than 50% of the residency positions filled in affiliated hospitals was general practice. In non-affiliated hospitals, in addition to general practice with 44% filled, pathology filled 47%, pediatric allergy 33%, pediatric cardiology 50%, and physical medicine 27%.

First-Year Positions

Table 11A was added last year for the first time to permit study of the distribution of first-year positions by specialty as a measure of the possible volume of applicants, if residency matching programs develop in the future.

The comparative data are very similar to those reported for the previous year. Total first-year positions offered are 36% of the total positions offered for all years. Total positions filled are 37% of positions filled for all years.

Of the 12,721 filled first-year positions, 8,573, or 67%, were U.S. and Canadian graduates. These first-year positions filled by U.S. and Canadian graduates were 36% of the positions filled in all years by U.S. and Canadian graduates.

For affiliated hospitals, the foreign graduates filled 26% of the first-year positions while they filled 58% of the first-year positions in the non-affiliated hospitals. Of the 8,573 U.S. and Canadian graduates in first-year positions, 86% were in affiliated hospitals. Of the total of 4,148 foreign graduates in such positions, 62% were in affiliated hospitals.

Table 11A.—Number of First-Year Residencies, by Specialty, in Affiliated and Nonaffiliated Hospitals

Specialty	No. of Approved Programs	Number of Residencies				Number of Residents on Duty			Total Positions Offered 1970-1971
		Total Positions Offered Sept. 1, 1968	Total Positions Filled Sept. 1, 1968	Positions Vacant Sept. 1, 1968	Percentage Filled Sept. 1, 1968	Graduates, U.S., Canada Sept. 1, 1968	Foreign Graduates Sept. 1, 1968	Percentage For. Grads. in Filled Positions	
Affiliated									
Anesthesiology.....	148	721	592	129	82	331	261	44	712
Colon and Rectal Surgery.....	10	10	6	4	60	2	4	67	15
Dermatology.....	73	167	156	11	93	136	20	13	177
General Practice.....	45	119	69	50	58	52	17	25	122
Internal Medicine.....	273	2,262	2,048	214	91	1,592	456	22	2,417
Neurological Surgery.....	78	120	111	9	93	86	25	23	111
Neurology.....	88	273	232	41	85	178	54	23	299
Obstetrics and Gynecology.....	215	627	546	81	87	358	188	34	652
Ophthalmology.....	129	372	362	10	97	337	25	7	368
Orthopedic Surgery.....	171	349	327	22	94	296	31	9	412
Otolaryngology.....	93	196	180	16	92	158	22	12	204
Pathology.....	339	716	482	234	67	260	222	46	704
Pediatrics.....	181	946	827	119	87	536	291	35	953
Pediatric Allergy.....	39	46	39	7	85	32	7	18	46
Pediatric Cardiology.....	52	68	54	14	79	30	24	44	70
Physical Medicine.....	57	149	94	55	63	61	33	35	150
Plastic Surgery.....	62	89	82	7	92	67	15	18	99
Psychiatry.....	171	1,191	937	254	79	697	240	26	1,244
Psychiatry-Child.....	82	151	99	52	66	83	16	16	154
Radiology.....	189	789	724	65	92	600	124	17	774
Surgery.....	305	1,861	1,704	157	92	1,312	392	23	1,887
Thoracic Surgery.....	76	126	108	18	86	64	44	41	15
Urology.....	140	210	184	25	88	141	43	23	217
Totals.....	3,016	11,558	9,963	1,595	86	7,409	2,554	26	11,802
Non-Affiliated									
Anesthesiology.....	45	125	85	40	68	18	67	79	121
Colon and Rectal Surgery.....	4	4	0	4	0	0	0	0	4
Dermatology.....	6	12	10	2	83	9	1	10	13
General Practice.....	109	358	187	171	52	64	123	66	360
Internal Medicine.....	146	623	541	82	87	209	332	61	633
Neurological Surgery.....	8	9	8	1	87	7	1	13	11
Neurology.....	6	20	17	3	85	12	5	29	17
Obstetrics and Gynecology.....	143	252	213	39	85	75	138	65	260
Ophthalmology.....	30	59	56	3	95	49	7	13	60
Orthopedic Surgery.....	63	94	76	18	81	60	16	21	85
Otolaryngology.....	13	30	26	4	87	20	6	23	31
Pathology.....	300	393	179	214	46	42	137	77	361
Pediatrics.....	79	215	175	40	81	60	115	66	224
Pediatric Allergy.....	2	3	2	1	67	1	1	50	3
Pediatric Cardiology.....	1	1	0	100	0	0	1	100	1
Physical Medicine.....	8	12	1	11	8	1	0	0	18
Plastic Surgery.....	11	9	8	1	89	6	2	25	12
Psychiatry.....	89	466	272	194	58	131	141	52	467
Psychiatry-Child.....	35	40	19	21	47	16	3	16	32
Radiology.....	83	152	125	27	82	87	38	30	169
Surgery.....	265	857	690	167	81	268	422	61	888
Thoracic Surgery.....	17	29	29	0	100	10	19	66	29
Urology.....	39	44	38	0	86	19	19	50	45
Totals.....	1,502	3,807	2,758	1,045	72	1,164	1,594	58	3,844
Grand Totals.....	4,518	15,365	12,721	2,640	83	8,573	4,148	33	15,646

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

Control	No. of Hospitals	No. of Approved Programs	Number of Residencies				Number of Residents on Duty			
			Total Positions Offered Sept. 1, 1968	Total Positions Filled Sept. 1, 1968	Positions Vacant Sept. 1, 1968	Percentage Filled Sept. 1, 1968	Graduates, U.S., Canada Sept. 1, 1968	Foreign Graduates Sept. 1, 1968	Percentage For. Grads. in Filled Positions	Total Positions Offered 1970-1971
Combined Hospitals	157	747	12,503	11,079	1,424	89	8,580	2,499	23	14,125
Totals	157	747	12,503	11,079	1,424	89	8,580	2,499	23	14,125
Federal										
U. S. Air Force	6	30	221	156	65	71	156	0	0	222
U. S. Army	16	83	738	686	52	93	664	22	3	751
U. S. Navy	11	74	563	525	38	93	520	5	1	574
U. S. Public Health Service	13	33	290	234	56	81	232	2	1	279
Veterans Administration	91	176	1,461	1,115	346	76	538	577	52	1,537
Other Federal	3	11	91	51	40	56	39	12	24	94
Totals	140	407	3,364	2,767	597	82	2,149	618	22	3,457
Governmental (nonfederal)										
State	188	439	4,530	3,483	1,047	77	2,455	1,028	30	4,832
County	55	189	1,969	1,687	282	86	1,215	472	28	2,202
City	45	135	1,437	1,152	285	80	556	596	52	1,539
City-County	17	66	426	325	101	76	220	105	32	535
Hospital District	13	24	250	215	35	86	158	57	27	287
Totals	318	859	8,612	6,862	1,750	80	4,604	2,258	33	9,395
Nongovernmental nonprofit										
Church Related	224	602	3,396	2,477	919	73	1,160	1,317	53	3,601
Non-profit Corporation	574	1,821	13,291	10,846	2,445	82	6,539	4,307	40	14,551
Totals	798	2,423	16,687	13,323	3,364	80	7,699	5,624	42	18,152
Proprietary and Miscellaneous										
Corporation	15	21	121	88	33	73	42	46	52	125
Miscellaneous	21	61	819	675	144	82	519	156	23	996
Totals	36	82	940	763	177	81	561	202	28	1,121
Grand Totals	1,449	4,518	42,106	34,794	7,312	83	23,593	11,201	32	46,250

Residencies by Type of Hospital Control

Table 12 contains the category of "combined hospitals" to designate training programs supported through a combination of resources of several hospitals under different sponsorships. The total of 157 such hospitals is 14 less than for the previous year. The programs in these combined hospitals were 89% filled, for the best record of any of the four groups of hospitals identified in Table 12.

These 157 hospitals represented only 11% of the total of the 1,449, and they represented only 17% of the 4,518 approved programs. They offered 30% of the 42,106 available positions, obtained 32% of the 34,794 available residents, and obtained 36% of the 23,593 U.S. and Canadian graduates on duty. They obtained only 22% of the 11,201 foreign graduates on duty. Foreign graduates filled only 23% of the positions in these combined hospitals, even though their proportion as residents in all programs was 32%, the same as for the previous year.

The total of 1,449 hospitals was 43 less than the previous year, and the total of 4,518 approved programs was 184 less than the previous year. In spite of this reduction in the number of hospitals and the number of programs, the total positions offered increased by 933 over the previous year, while the total positions filled increased by 1,285, or 4%, of the previous year's figure. This increase in positions filled was made up of 689 additional U.S. and Canadian graduates and 596 additional foreign graduates over the number reported the previous year.

As was true for internship performance, the largest group, the non-governmental, non-profit hospitals, including both church-related and non-profit corporations, had a relatively poor recruitment record. The 798 hospitals comprised 55% of the total, they supported 54% of the approved programs, offered only 40% of the total available positions, and obtained only 38% of the available residents. While 80% of the positions in these hospitals were filled, the 3,364 unfilled positions, actually comprised 46% of all unfilled residency positions. This group of hospitals obtained 33% of the U.S. and Canadian graduates, but they accepted 50% of all available

foreign graduates.

By contrast, the 140 federal hospitals was the same number as last year, comprising 10% of all hospitals, offering 9% of all approved programs, and 8% of all positions, and obtaining 8% of all available residents. They obtained 9% of the U.S. and Canadian graduates available and 6% of the available foreign graduates. While the 597 vacancies were 18% of the total positions offered in federal hospitals, they comprised only 8% of the vacancies for all hospitals.

Within the federal hospital system, the Veterans Administration obtained 40% of all of the federal residents, but this comprised only 3% of all residents on duty in the U.S. It is noted that programs in Veterans Administration Hospitals contribute heavily to the group listed in the top of the table as "combined hospitals." Only within Veterans Administration Hospitals did the Federal Services accept significant numbers of foreign graduates, where they comprised 50% of residents in filled positions. The other categories in which foreign graduates comprised over 50% were city hospitals, church-related hospitals, and proprietary hospitals classified as corporations.

For 1970-1971 all categories of hospitals offer more positions, so that the total projected available positions of 46,250 represents a 5% increase over the positions offered for 1969-1970.

Residencies by Medical School Affiliation and Bed Capacity

Table 13 reveals the continued realignment of hospitals through affiliation with medical schools. While there was an overall decline of 43 in the total number of hospitals offering residencies, this was 3% less than the previous year; but the decline of 73 hospitals in the non-affiliated group was a 9% decrease, while the affiliated group increased by 30 hospitals, or 7%. The generally unfavorable position of the non-affiliated hospitals is indicated by the fact that they comprised 48% of all hospitals, supported only 33% of the approved programs, offered only 23% of the available positions, but obtained only 20% of the available residents. While

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

Classification	No. of Hospitals	No. of Approved Programs	Number of Residencies				Number of Residents on Duty			
			Total Positions Offered Sept. 1, 1968	Total Positions Filled Sept. 1, 1968	Positions Vacant Sept. 1, 1968	Percentage Filled Sept. 1 1968	Graduates, U.S., Canada Sept. 1, 1968	Foreign Graduates Sept. 1, 1968	Percentage For. Grads. in Filled Positions	Total Positions Offered 1970-1971
Nonaffiliated										
Combined Hospitals.....	77	134	1,348	1,043	305	77	652	391	37	1,414
Less Than 200 Beds.....	120	120	609	388	221	64	159	229	59	619
200-299.....	133	201	1,042	765	277	73	259	506	66	1,100
300-499.....	214	586	2,944	2,072	872	70	708	1,364	66	3,154
500-Over.....	154	464	3,811	2,892	919	76	1,398	1,494	52	4,160
Totals.....	698	1,505	9,754	7,160	2,594	73	3,176	3,984	56	10,447
Affiliated										
Combined Hospitals.....	141	718	12,086	10,741	1,345	89	8,443	2,298	21	13,704
Less Than 200 Beds.....	108	101	764	609	155	80	506	103	17	804
200-299.....	79	151	981	785	196	80	477	308	39	1,061
300-499.....	194	740	5,240	4,132	1,108	79	2,715	1,417	34	5,809
500-Over.....	229	1,303	13,281	11,367	1,914	86	8,276	3,091	27	14,425
Totals.....	751	3,013	32,352	27,634	4,718	85	20,417	7,217	26	35,803
Grand Totals.....	1,449	4,518	42,106	34,794	7,312	83	23,593	11,201	32	46,250

they obtained 23% of the U.S. and Canadian graduates, they obtained 36% of the foreign graduates. As a result, foreign graduates filled 56% of the positions in non-affiliated hospitals, but only 26% of the positions in affiliated hospitals.

While the shift of significant numbers of hospitals into the group known as "combined hospitals" makes more difficult comparison of hospital performance according to bed size, it is nevertheless true that the affiliated hospitals represent those with the greater number of beds. The affiliated hospitals represented 52% of the total, they obtained 80% of the available residents, but contributed to 65% of the vacancies, even though their programs were 85% filled in contrast to the non-affiliated hospitals whose programs were only 73% filled. While the affiliated hospitals obtained 87% of the U.S. and Canadian graduates, they also obtained the lion's share of the foreign graduates—64%, in comparison to the distribution of foreign graduates as interns in affiliated hospitals where the percentage is only 17%. This indicates that foreign medical graduates who have good records as interns tend to be accepted more readily into affiliated hospitals at the residency level.

Residencies by Census, Region, Division, and State

Table 14 contains the same category of non-inpatient institutions as contained in Table 6, to identify those programs in which approval is in the name of a group or other activity, even though hospital facilities are utilized in the training program.

The 34,794 residents on duty as of September 1, 1968, represented 83% of all available positions, for a gain of 2% over the previous year. The 11,201 foreign graduates comprised 32% of all residents on duty, the same percentage as the previous year, although there is an actual increase of 596 such foreign residents.

It must be noted that the total of approved programs offered was 184 less than the previous year; and each census division shared in this reduction of programs except for a gain in the East South Central Division where the gain was in the state of Alabama, and in the Mountain Division where the gain was primarily in the state of Arizona.

As for many years, the Middle Atlantic Division with the three populous states of New Jersey, New York, and Pennsylvania yielded the largest group of data. In this division 47% of the hospitals offered 25% of the programs and 26% of the available positions. These hospitals obtained 26% of the available residents and accounted for 23% of the vacancies. This group obtained 21% of the available U.S. graduates and 39% of the available foreign graduates. Foreign graduates filled 47% of the positions in these three states, however. It should be noticed that New Jersey hospitals offered considerably fewer positions than the year before, and filled more positions, so that the percentage of filled positions in that state rose from 51% to 74%. New Jersey obtained ten

less U.S. graduates but 78 more foreign graduates, with the result that foreign graduates filled 78% of all positions in the state of New Jersey, a new record for any state. The percentage of foreign graduates in this census division was also higher than in any other division, being followed by the East North Central Division with 41%, and the New England Division with 38%.

It is interesting to note that the three divisions—Middle Atlantic, East North Central, and South Atlantic, comprising 18 states, appointed 50% of all available U.S. graduates, but appointed 73% of all available foreign graduates as residents.

The only state filling over 90% of its positions was Maryland, with a figure of 91% filled, but it achieved this record by filling 43% of the positions with foreign graduates. There were ten states with 45% or more of their residency positions filled by foreign graduates—ranking from the highest, New Jersey with 78%, through Delaware, Connecticut, Rhode Island, Puerto Rico, West Virginia, New York, Illinois, Arizona, down to Michigan with 45%. In addition to Puerto Rico, the nine states with less than 70% of their positions filled were: Indiana, Nebraska, North Dakota, South Carolina, West Virginia, Alabama, Oklahoma, New Mexico, and South Dakota, the state with the lowest record of 50% filled positions.

Residency Salaries

Although the annual questionnaire requests the range of salaries for publication in the Directory, it has been the custom over the years to analyze and report only the beginning salary for the first-year resident. Averages for these first-year salaries are tabulated for both affiliated and non-affiliated hospitals, but no attempt is made to calculate or report the value of partial or full maintenance or other fringe benefits.

These data apply only to 4,969 programs, because data were not available on 420 in affiliated hospitals and 158 in non-affiliated hospitals. These data should be compared with those in Table 7 for intern salaries, because for the first time, the average of beginning salaries for residents is less than the average salary reported for interns. It must be remembered that these data are somewhat fictitious, but still they are calculated by the same method each year, and therefore do indicate the trend. The average of \$5,860 for a beginning resident's salary in affiliated hospitals was \$151 less than the intern's salaries in those same hospitals. The average beginning salary of \$6,907 for residents in non-affiliated hospitals was only \$56 more than the comparable figure for interns' salaries. As a result, the average beginning salary for all residents was \$6,217, or \$138 less than the overall average salary for interns. For the previous year, the average beginning resident's salary in affiliated hospitals was also reported as \$138 per year less than the average annual salary of interns in that same group of affiliated hospitals.

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

Census Region, Division, and State	No. of Hospitals	No. of Approved Programs	Number of Residencies				Number of Residents on Duty			
			Total Positions Offered Sept. 1, 1968	Total Positions Filled Sept. 1, 1968	Positions Vacant Sept. 1, 1968	Percentage Filled Sept. 1, 1968	Graduates, U.S., Canada Sept. 1, 1968	Foreign Graduates Sept. 1, 1968	Percentage For. Grads. in Filled Positions	Total Positions Offered 1970-1971
NORTHEAST										
New England										
Connecticut	31	98	784	640	144	79	358	282	57	785
Maine	3	9	42	30	12	71	24	6	20	44
Massachusetts	67	195	1,854	1,649	205	88	1,117	532	34	2,046
New Hampshire	2	12	86	60	26	70	46	14	23	89
Rhode Island	11	22	166	133	33	80	57	76	57	159
Vermont	3	15	122	100	22	82	89	11	11	125
Totals	117	351	3,054	2,612	442	85	1,691	921	38	3,248
Middle Atlantic										
New Jersey	60	138	851	631	220	74	138	493	78	916
New York	170	651	7,155	6,261	894	88	3,185	3,076	49	7,704
Pennsylvania	107	356	2,837	2,301	536	79	1,515	786	36	3,157
Totals	337	1,145	10,843	9,193	1,650	84	4,838	4,355	47	11,777
NORTH CENTRAL										
East North Central										
Illinois	62	226	2,201	1,902	299	86	1,025	877	46	2,368
Indiana	20	50	391	269	122	69	244	25	9	410
Michigan	57	188	2,022	1,701	321	84	916	785	45	2,101
Ohio	73	263	2,395	1,846	549	77	1,038	808	44	2,476
Wisconsin	27	78	779	601	178	74	488	113	21	7,819
Totals	239	805	7,788	6,319	1,469	81	3,711	2,608	41	8,174
West North Central										
Iowa	12	32	364	304	60	84	243	61	20	388
Kansas	13	34	414	305	109	75	200	96	30	417
Minnesota	23	97	2,068	1,765	303	85	1,330	435	23	2,693
Missouri	41	130	1,247	975	272	78	664	311	32	1,382
Nebraska	11	21	138	90	48	65	79	11	12	178
North Dakota	5	4	16	10	6	63	7	3	30	13
South Dakota	3	2	12	6	6	50	6	..	..	12
Totals	108	320	4,259	3,455	804	80	2,538	917	26	5,083
SOUTH										
South Atlantic										
Delaware	4	12	84	53	31	63	16	37	70	84
District of Columbia	17	98	963	835	128	87	550	285	34	1,002
Florida	29	94	756	682	74	87	467	215	39	868
Georgia	20	65	659	464	195	70	395	69	15	692
Maryland	36	128	1,077	977	100	91	559	418	43	1,169
North Carolina	20	84	748	607	141	81	549	58	10	839
South Carolina	10	26	214	133	81	62	124	9	7	222
Virginia	29	90	720	552	168	77	428	124	22	757
West Virginia	12	38	202	134	68	66	64	70	52	221
Totals	177	635	5,423	4,437	986	81	3,152	1,285	30	5,854
East South Central										
Alabama	13	83	360	242	118	67	223	19	8	411
Kentucky	19	46	375	288	87	77	216	72	25	404
Mississippi	7	22	188	133	55	71	122	11	8	190
Tennessee	22	89	706	570	136	81	489	81	14	769
Totals	61	240	1,629	1,233	396	76	1,050	183	15	1,774
West South Central										
Arkansas	5	26	170	128	42	75	111	17	13	191
Louisiana	17	81	810	649	161	78	556	93	17	816
Oklahoma	12	28	131	77	54	59	69	8	10	175
Texas	46	172	1,677	1,428	249	85	1,178	250	18	2,016
Totals	80	307	2,788	2,282	506	82	1,914	366	17	3,198
WEST										
Mountain										
Arizona	13	51	196	138	58	70	75	63	46	259
Colorado	18	64	563	480	83	85	433	47	10	630
Nevada	1	1	..	..	..	..	..	..	..	2
New Mexico	8	16	135	74	61	55	60	14	19	147
Utah	9	30	204	154	50	75	135	19	12	230
Totals	49	162	1,098	846	252	77	703	143	17	1,268
Pacific										
Alaska	1	1	1	1	..	100	1	..	..	1
California	112	418	3,968	3,420	548	86	3,209	211	6	4,514
Hawaii	8	18	146	129	17	88	98	31	24	149
Oregon	8	30	257	220	37	86	197	23	10	276
Washington	18	48	494	435	59	88	392	43	10	539
Totals	147	515	4,866	4,205	661	87	3,897	308	7	5,479
POSSESSIONS										
Territories & Possessions										
Canal Zone	1	8	33	29	4	88	20	9	31	36
Puerto Rico	11	30	325	183	142	56	79	104	57	359
Totals	12	38	358	212	146	59	99	113	53	395
Non-Inpatient Institutions*	122	..	..	..	..	..	..	..	..	..
Grand Totals	1,449	4,518	42,106	34,794	7,312	83	23,593	11,201	32	46,250

*In these cases, the approved program is in the name of an activity other than a hospital, although the facilities of one or more hospitals are used in the training of residents.

Table 15.—Annual Salaries Offered Residents

Annual Salary Offered	In Affiliated Hospitals	In Non-Affiliated Hospitals	Totals
Data not Available	420	158	578
0- 500	1	0	1
500- 1,000	1	1	2
1,001- 1,500	0	1	1
1,501- 2,000	0	0	0
2,001- 2,500	0	0	0
2,501- 3,000	0	0	0
3,001- 3,500	0	0	0
3,501- 4,000	1	3	4
4,001- 4,500	8	3	11
4,501- 5,000	25	20	45
5,001- 5,500	238	21	259
5,501- 6,000	299	99	398
6,001- 6,500	486	71	557
6,501- 7,000	549	178	727
7,001- 7,500	462	190	652
7,501- 8,000	423	222	645
8,001- 8,500	396	205	601
8,501- 9,000	234	127	361
9,001- 9,500	145	90	235
9,501-10,000	145	106	251
10,001-10,500	64	36	100
10,501-11,000	32	16	48
11,001-11,500	15	9	24
11,501-12,000	11	10	21
12,001-12,500	12	2	14
12,501-13,000	3	2	5
Over 13,000	4	3	7
Totals	3,974	1,573	5,547
Mean—Annual Salary	\$5,860	\$6,907	\$6,217
Median—Annual Salary	\$7,001-7,500	\$7,501-8,000	\$7,001-7,500
Mode—Annual Salary	\$6,501-7,000	\$7,501-8,000	\$6,501-7,000

Table 7 tabulates the average salaries for interns and residents in affiliated and non-affiliated hospitals over the past ten years, and indicates that, for the past eight years, the increase in average salaries for residents has been 88% while for interns it has been 127%. For the year 1968-1969, the average salary for interns is 14% greater in non-affiliated hospitals than in affiliated hospitals. For residents, the average salary in non-affiliated hospitals is 18% greater than in the affiliated hospitals. For 1968-1969, the average salary for interns is 2% greater than the average beginning salary for a resident. The following section on special studies contains an additional table analyzing salaries according to hospital sponsorship.

Table 16.—Average Salaries of Interns and Residents

	INTERNS		Total	RESIDENTS		Total
	Affiliated	Non-Affiliated		Affiliated	Non-Affiliated	
1959-60	\$1,992	\$2,484	\$ —	\$ —	\$ —	\$ —
1960-61	2,136	2,628	—	2,520	2,940	—
1961-62	2,292	2,988	2,796	2,776	3,604	3,300
1962-63	2,625	3,485	3,039	3,398	4,037	3,684
1963-64	3,053	3,678	3,425	3,739	4,309	4,037
1964-65	3,245	3,707	3,529	3,775	4,163	3,989
1965-66	3,578	4,071	3,797	3,818	4,059	3,931
1966-67	4,139	4,521	4,322	4,095	4,557	4,295
1967-68	4,893	5,030	4,956	4,755	5,532	5,040
1968-69	6,011	6,851	6,355	5,800	6,907	6,217

Foreign Medical Graduates

These reports of recent years have merged the data on foreign medical graduates in the various tables with those for all other graduates, and the columns have been arranged to facilitate comparative study. Graduates of Canadian medical schools are not regarded as foreign medical graduates, because the accreditation mechanism for the Canadian medical schools is the same as that for medical schools in the United States and Puerto Rico. Accordingly, graduates of Canadian or Puerto Rican medical schools are not required to have ECFMG certification.

Table 17 is an eight-year summary of the distribution of foreign medical graduates as interns, residents, and as "other" types of trainees. With the imposition of the ECFMG deadline in 1961, the totals for 1961-1962 dropped by about 10% from the year before. Thereafter, the totals have steadily increased annually, so that each year's total is a new record. The total for 1968-1969 of 18,547 is a 12%

Table 17.—Foreign Medical Graduates in Training Programs

	1961-62	1962-63	1963-64	1964-65	1965-66	1966-67	1967-68	1968-69
Interns	1,273	1,669	2,556	2,821	2,361	2,793	2,913	3,270
Residents	7,723	7,062	7,052	8,153	9,113	9,505	10,627	11,231
Others	—	1,024	1,791	1,925	2,355	2,566	3,077	4,046
Totals	8,996	9,755	11,409	12,899	13,829	14,864	16,617	18,547

increase over the year before, which was, in turn, a 12% increase over the year before that. Of the total, the distribution of foreign graduates among the three categories is about the same as the year before, with 3,270, or 18%, as interns, 11,231, or 60%, as residents, and 4,046, or 22%, as other trainees. The total number of interns increased by 12% over the 1967-1968 figures; the total number of residents increased by 6%, but the category of other trainees increased by 31%.

Additional detailed data on foreign medical graduates, assembled as of December 31, 1968, are included within the following section on Special Studies. These represent the more detailed processing of data on all categories of trainees through the resources of the Circulation and Records Department of the AMA. These data list all foreign countries from which foreign graduates have come to the U.S. training programs and provide data on citizenship and visa status.

Educational Council for Foreign Medical Graduates

The Educational Council for Foreign Medical Graduates was incorporated in 1956, and began operation on October 1, 1957, under the sponsorship of the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Federation of State Medical Boards of the United States. In August of 1966, the ECFMG offices moved from Evanston, Illinois, to the new building of the National Board of Medical Examiners at 3930 Chestnut Street, Philadelphia, Pennsylvania 19104, (Tel. Area Code 215, 386-1300).

A summary of the activities of the ECFMG is not included in this Annual Report, as an excellent summary of those activities is included in the June 16, 1969 State Board Number of The JAMA. Included among the tables is one showing the results of ECFMG examinations for the year 1968 by medical school, tabulating the number who took the examination and the number who passed from each foreign medical school.

Other Graduate Trainees by Specialties

Table 18 lists the physicians reported as engaged in graduate training activities other than internships and residencies, such as research or teaching fellowships, clinical traineeships, or other type of activities leading towards specialization and possible specialty board certification. The total of 8,111 was a gain of 899, or 12%, over the previous year. While the total of U.S. and Canadian trainees declined by 70 over the previous year, the total of 4,046 foreign graduates represented a gain of 969, or 31% more than the previous year. As a result, foreign graduates now total 50% of all graduate trainees in categories other than interns and residents.

Of the 23 categories listed in Table 18, foreign medical graduates exceeded 50% in the seven categories of anesthesiology, general practice, obstetrics and gynecology, pathology, pediatrics, surgery, and thoracic surgery.

Hospital Necropsy Rates

The various Review Committees regard the necropsy rate of the hospital or of the individual service as an important index of the interest of the hospital staff in conducting an educational program with high academic standards. In some specialties, the Residency Review Committees require a necropsy rate appreciably higher than the minimal rates stated in the "Essentials." There is increasing concern on the part of each of the committees that attention be paid to the manner in which necropsies are used in the educational

Table 18.—Other Graduate Trainees by Specialty

	Non-foreign Graduates Trainees	Foreign Graduates Trainees	Total No. of Trainees	Percentage of Foreign Graduates
Anesthesiology.....	84	155	239	65
Colon and Rectal Surgery..	4	1	5	20
Dermatology.....	57	14	71	20
General Practice.....	62	112	174	64
Internal Medicine.....	1,369	751	2,120	35
Neurological Surgery.....	45	21	66	32
Neurology.....	117	45	162	28
Obstetrics and Gynecology..	114	196	310	63
Ophthalmology.....	103	33	136	24
Orthopedic Surgery.....	130	73	203	36
Otolaryngology.....	62	24	86	28
Pathology.....	213	314	527	60
Pediatrics.....	424	1,317	1,741	76
Pediatric Allergy.....	34	13	47	28
Pediatric Cardiology.....	44	31	75	41
Physical Medicine.....	26	25	51	49
Plastic Surgery.....	26	10	36	28
Psychiatry.....	432	259	691	38
Psychiatry—Child.....	161	56	217	26
Radiology.....	188	118	306	39
Surgery.....	264	375	639	59
Thoracic Surgery.....	33	53	86	62
Urology.....	73	50	123	41
Totals.....	4,085	4,046	8,131	50

process, quite aside from the percentage reported by the hospital annually.

Candidates for internship or residency appointments should note that the Consolidated List of Hospitals contains the hospital necropsy percentage, the list of approved internships contains the total number of deaths per hospital, and the lists of the individual residency programs contain data on the number of deaths and the necropsy percentage by hospital service.

Directors of Medical Education

Tables 19 and 20 indicate the geographic and specialty distribution of directors of medical education. For the first time, the numbers listed exceeded 1,000, but this was largely because of a three-fold increase in the numbers listed in the category of part-time non-salaried. There were modest reductions in both the full-time and the part-time directors of medical education. As a result, the proportion of full-time salaried directors of medical education fell from the previous 60% to the present 51%, and the part-time salaried group was reduced from 30% to 25%. The part-time non-salaried group now comprises 22% of all directors of medical education.

As before, the specialty of internal medicine supplied 35% of all directors of medical education, while 12% were listed in psychiatry, 11% in surgery, and a miscellaneous group not falling into any of the standard specialties comprised 16% of the total.

Hospital Staffing Patterns

Table 21 includes a column which was omitted accidentally last year. This column indicates the proportion of approved programs in each specialty represented by full-time program directors, using the totals of approved programs in each specialty from Table 10. This column headed "Percentage of Programs" indicates that the six specialties in which over 80% of the program directors are full-time are neurology with 81%, physical medicine and rehabilitation 85%, pediatric cardiology 86%, anesthesiology 87%, radiology 89%, and pathology 90%.

Those specialties in which less than 50% of the program directors were full-time were orthopedic surgery 47%, ophthalmology 47%, obstetrics and gynecology 46%, plastic surgery 44%, colon and rectal surgery 43%, and general practice 40%. Only in the specialty of general practice did the number of full-time directors of residency programs in non-

Table 19.—Directors of Medical Education by State

State	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Alabama.....	5	1	2	3	11
Alaska.....	1	..	..	..	1
Arizona.....	5	1	..	2	8
Arkansas.....	2	2	..	..	4
California.....	58	13	..	17	88
Canal Zone.....	..	1	..	..	1
Colorado.....	12	2	..	3	17
Connecticut.....	10	10	..	6	26
Delaware.....	3	..	..	..	3
District of Columbia	11	1	..	2	14
Florida.....	16	1	..	3	20
Georgia.....	12	3	..	1	16
Hawaii.....	3	5	..	..	8
Illinois.....	26	14	1	11	52
Indiana.....	6	7	..	4	17
Iowa.....	5	4	..	2	11
Kansas.....	4	2	..	2	8
Kentucky.....	8	3	..	4	15
Louisiana.....	4	2	..	3	9
Maine.....	..	1	..	1	2
Maryland.....	17	5	1	5	28
Massachusetts.....	17	19	1	12	49
Michigan.....	26	10	3	8	47
Minnesota.....	9	2	..	9	20
Mississippi.....	4	1	..	1	6
Missouri.....	15	7	..	3	25
Nebraska.....	4	5	..	1	10
New Jersey.....	25	16	..	15	56
New Mexico.....	2	1	..	4	7
New York.....	65	31	2	27	125
North Carolina.....	11	1	..	3	15
North Dakota.....	..	..	..	3	3
Ohio.....	26	17	2	12	57
Oklahoma.....	5	4	..	3	12
Oregon.....	6	2	..	1	9
Pennsylvania.....	41	23	1	25	90
Puerto Rico.....	3	3	..	4	10
Rhode Island.....	5	5	..	..	10
South Carolina.....	5	1	..	2	8
South Dakota.....	1	1	..	1	3
Tennessee.....	9	3	..	3	15
Texas.....	19	7	1	9	36
Utah.....	3	3	..	3	9
Vermont.....	1	..	..	..	1
Virginia.....	13	5	1	5	24
Washington.....	7	7	1	2	17
West Virginia.....	3	3	..	5	11
Wisconsin.....	9	6	..	6	21
Totals.....	642	261	16	236	1,055

affiliated hospitals exceed the number in affiliated hospitals. In the specialty of pathology, 46% of the full-time directors were in non-affiliated hospitals, while the comparable figure for internal medicine is 27% and for surgery is 33%.

While there was a decline in the total number of full-time directors of residency programs, this paralleled the decline in the total number of approved programs, with the result that the percentage of approved residency programs having full-time directors remained at 67%, the same as for the previous year.

Miscellaneous Data

In the Directory, the Consolidated List contains a column which identifies those hospitals with restrictions on the appointment of interns and residents. Questions on interns were answered by approximately 798 hospitals and for residents by approximately 1,259 hospitals. In both cases, the figures are almost identical. Less than a half of one per cent of the hospitals restricted appointments to men. Only 9% of the hospitals required U.S. citizenship, and 9% did not accept graduates of foreign medical schools.

As a service to the American Dental Association, information is gathered on the availability of intern and resident

Table 20.—Directors of Medical Education by Specialty

Specialty	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Anesthesiology	2	2	3	3	10
Colon and Rectal Surgery	..	1	1	..	2
Dermatology	..	..	..	..	..
General Practice	9	5	..	7	21
Internal Medicine	199	110	1	54	364
Neurological Surgery	1	..	..	..	1
Neurology	3	3	..	1	7
Obstetrics-Gynecology	9	10	..	11	30
Ophthalmology	2	..	..	2	4
Orthopedic Surgery	13	11	2	14	40
Otolaryngology	1	..	..	3	4
Pathology	11	6	3	17	37
Pediatrics	44	5	..	6	55
Pediatric Allergy	1	2	..	..	3
Pediatric Cardiology	1	..	..	..	1
Physical Med & Rehab	9	4	..	5	18
Plastic Surgery	1	..	..	..	1
Psychiatry	82	21	..	21	124
Psychiatry-Child	12	5	..	7	24
Radiology	..	3	..	5	8
Surgery	47	32	4	29	112
Thoracic Surgery	8	6	..	1	15
Urology	1	5	1	1	8
Miscellaneous	86	30	1	49	166
Totals	542	261	16	236	1,055

appointments in dentistry. In responses from 1,460 hospitals, 262 hospitals stated that they offered dental intern appointments, and that they had 590 dental interns on duty; 222 hospitals indicated that they offered dental residency appointments, and reported 592 dental residents on duty.

Supply and Demand

Since 1962, additional information has been included in this Annual Report in response to interest expressed by the House of Delegates relating to supply and demand in the specialty fields in the U.S. At the June, 1964, Annual Convention, the Reference Committee on Medical Education commented on the difficulty and complexity of attempting to define the terms "supply" and "demand" in an ever-changing field such as medical practice.

Table 22 on distribution of physicians in the U.S. and Possessions as of December 31, 1967, is a repeat of the table which was published last year. This is derived from a 1967 publication of the AMA Department of Survey Research entitled, "Distribution of Physicians, Hospitals, and Hospital Beds in the U.S., 1967." This table affords a comparison of the general overall distribution of physicians in the ten leading specialties and in general practice.

While this same general type of table has been published annually since 1962, it was not possible to prepare a new table for distribution of physicians as of December 31, 1968, at this time. An attempt is being made to redefine the specialty fields of practice for physicians to identify more precisely the primary and secondary fields of practice. This has led to a delay in assembling the data, and accordingly, the table published as of December 31, 1967, is being repeated. It is felt that this is a reasonably safe procedure, inasmuch as the proportion of graduate trainees in each specialty in comparison to the proportion of all physicians has been quite constant in recent years. The following three narrative paragraphs were taken directly from last year's report with reference to Table 22.

"Although the total of 308,630 physicians represented an increase of 3% over the previous year, the total of 68,920 physicians in general practice was 22%, or 1% less than the previous year, of all physicians. Trainees in general practice comprised only 1% of all general practitioners, and these trainees made up only 1.5% of all trainees in all fields. The ten leading specialties fell in the same rank order as before,

Table 21.—Full-Time Directors of Residency Programs

Specialty	In Affiliated Hospitals	In Non-Affiliated Hospitals	Total	Percentage of Total Programs
Anesthesiology	129	38	167	87
Colon and Rectal Surgery	3	3	6	43
Dermatology	48	5	53	67
General Practice	19	43	62	40
Internal Medicine	208	76	284	68
Neurological Surgery	54	5	59	67
Neurology	70	6	76	81
Obstetrics and Gynecology	133	32	165	46
Ophthalmology	63	12	75	47
Orthopedic Surgery	92	18	110	47
Otolaryngology	61	8	69	65
Pathology	309	266	575	90
Pediatrics	147	38	185	71
Pediatric Allergy	26	1	27	66
Pediatric Cardiology	46	0	46	86
Physical Medicine	49	6	55	85
Plastic Surgery	29	3	32	44
Psychiatry	135	70	205	79
Psychiatry-Child	62	24	86	74
Radiology	170	72	242	89
Surgery	193	95	288	51
Thoracic Surgery	56	12	68	73
Urology	78	19	97	54
Totals	2,180	852	3,032	67

and for each specialty, the percentage of trainees in relation to total trainees was exactly the same as for last year. When trainees in each field are compared to the total of physicians in those fields, there is again a very marked similarity to last year's figures, except that surgical trainees comprised 24% of all surgeons, an increase of 1%, while pediatrics gained 1%, radiology gained 2%, and psychiatry and pathology each decreased 1%, when compared to all physicians in those fields.

"Again, the data for pathology stand out in striking contrast to the others. The 2,221 trainees in pathology comprised 23% of all the pathologists in the United States. Although pathologists comprised 3% of all physicians, pathology residents comprised 5% of all residents; nevertheless, the percentage of internships and residencies filled in the field of pathology was only 56%, the lowest of all fields, and this figure is 4% less than for the previous year. Thus, there is a great surplus of approved residencies in the field of pathology as compared to the other fields.

Table 22.—Distribution of Physicians in the U. S. and Possessions, December 31, 1967

Field of Practice	All Interns, Residents and Fellows				% of Internships and Residencies Filled in This Field	
	All Physicians		% of Total M.D.'s in This Field			
	Number	% of Total Physicians	No. on Duty	% of Total on Duty		
General Practice	68,920	22	713	1	1.5	57
Internal Medicine	42,325	14	8,055*	19	17	86
Surgery	29,687	10	6,989*	24	15	88
Psychiatry	19,749	6	3,825	18	8	76
Obstetrics-Gynecology	17,964	6	2,667*	15	6	87
Pediatrics	17,348	6	3,232*	19	7	86
Radiology	10,727	3	1,993	19	4	83
Anesthesiology	9,630	3	1,296	13	3	75
Pathology	9,471	3	2,221*	23	5	56
Ophthalmology	9,083	3	1,247	14	3	96
Orthopedic Surgery	8,426	3	1,557	18	3	92
Totals	243,330	79	33,565	14	72	..
Others	65,300	21	13,291	20	28	..
Grand Totals	308,630*	100%	46,856	15%	100%	..

*Includes Straight Internships

"The proportions of trainees in each of the 11 fields, except the field of general practice, was greater, as compared to the total trainees, than were the corresponding proportions of these specialists as compared to all physicians. Thus, while surgeons represented 10% of all physicians, they represented 15% of all residents. While psychiatrists represented 6% of all physicians, they represented 8% of all residents. While general practitioners represented 22% of all physicians, they represented only 1.5% of all trainees. Furthermore, only 57% of the residencies in this field were filled."

Physicians Placement Service

Each year, through the courtesy of the staff of the Physicians' Placement Service of the AMA Department of Health Education, additional data are provided which bear on the problem of supply and demand.

Table 23.—Annual Statistical Report, Physicians' Placement Service

	Physicians Seeking Opportunities		Opportunities Offered	
	Number	Percentage	Number	Percentage
Total	2,635	100	3,600	100
General Practice.....	208	8	1,060	29
Allergy.....	16	1	25	1
Anesthesiology.....	63	2	85	2
Dermatology.....	58	2	44	1
ENT-EENT.....	77	3	138	4
Internal Medicine.....	528	20	635	18
Miscellaneous*.....	211	8	389	11
Neuro-Surgery.....	21	1	23	1
Ob-Gyn.....	224	8	158	4
Ophthalmology.....	117	4	111	3
Orthopedics.....	121	5	128	4
Pathology.....	106	4	37	1
Pediatrics.....	128	5	306	8
Psychiatry & Neurology.....	104	4	108	3
Radiology.....	82	3	75	2
Surgery.....	448	17	170	5
Urology.....	123	5	108	3

*These files break down into four principal categories: Occupational Medicine, pharmaceutical medicine, public health, and school health.

Table 23 is a summary of registrations with the AMA Placement Service, in which comparisons have been made between applications of physicians seeking placement and the opportunities to practice medicine as received from communities, institutions, and other organizations and individuals. For 1968, registrations totalled 6,235, with 2,635 applications processed from physicians seeking opportunities, and 3,600 opportunities for practice registered. This was a limited sample, and therefore, may not accurately reflect conditions throughout the U.S., especially since many community needs are handled through local or state placement services.

As has been true for recent years, the two large areas of imbalance are general practice and surgery, where there is an undersupply of physicians in the former, and an apparent oversupply in the latter. Comparative studies for the general practice area for the past five years indicate that the physician applicants have fallen progressively from 14% to 8% of the total while the opportunities for practice have fallen progressively from 41% to 29%. For surgery on the other hand, the number of physician applicants have moved only from 16% to 17% of all applicants in the past five years, while the number of opportunities have increased only from 4% to 5% of all those listed. The other specialties in which there are lesser degrees of imbalance are obstetrics-gynecology, where there are 8% physician applicants but only 4% opportunities, and pathology, where there are 4% physician applicants and only 1% opportunities. The reverse is true for pediatrics where there were 5% physician applicants and 8% opportunities offered.

The great majority of physicians applying were under 40 years of age, were American citizens, and were graduates of American medical schools. Most had completed their military obligations, and all but a small percentage of the specialists were board eligible or board certified.

With few exceptions, opportunities existed in most specialties in all parts of the country. For 1968, the largest percentage of opportunities was located in the midwest.

State placement services and occasionally county medical societies can almost always offer supplemental information about specific or potential openings. Some specialty and professional organizations also offer placement assistance. Should an applicant have narrowed his choice of location to one or two cities or areas, it is wise for him to begin making inquiries as far as 18 months in advance of his date of availability. The placement service has coordinated international and overseas requests for the fourth year, handling 176 inquiries from physicians, of whom 91 completed physicians' questionnaires, and there were 14 new opportunities registered. The service also continues placement activities for retired physicians and locum tenens positions, although the volume of these activities was not great.

Among special activities of the Physicians' Placement Service is a close liaison relationship with the Sears Roebuck Foundation's Community Medical Assistance program.

During 1968, the Placement Service, in cooperation with the American Urological Association, established a pilot program aimed at placing urology residents. After eight months of operation, there had been 25 physician registrations and five hospital residency opportunities received. At the end of the first year's operation in April, 1969, the urology residen-

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

	Hospitals		Hospital Beds	
	Number of Hospitals	% of Total	Number of Beds	% of Total
Hospitals with Approved Programs:				
Major Medical School Affiliation.....	376	5	195,065	12
Limited Medical School Affiliation.....	182	3	109,601	7
Graduate Medical School Affiliation.....	141	2	71,140	4
No Medical School Affiliation.....	750	11	383,594	23
Totals	1,449	20	769,400	46
Hospitals without Approved Programs.....	5,688	80	903,803	54
Grand Totals (A.H.A.)	7,137	100	1,663,203	100

cy pilot program had handled 58 physician inquiries, accepted 34 physician registrations, and noted that seven physician registrations were closed. There were seven hospital inquiries with 11 residency vacancy registrations and four residency vacancy registrations closed. This program will be continued through 1969 in order to complete the second year of the pilot program before considering further efforts to place residents through this mechanism.

Hospital Facilities

Tables 24, 24A, and 25 show the relationship of educational programs, medical school affiliation, and hospital beds in hospitals in the United States. The data for total hospital

Table 24A.—Hospital Affiliation with Medical Schools

	1962-63	1963-64	1964-65	1965-66	1966-67	1967-68	1968-69	1969-70
Hospitals with:								
Major Affiliations.....	243	245	117	187	275	339	327	376
Limited Affiliations.....	130	135	118	116	141	137	174	182
Affiliation for Graduate Programs only.....	...	60	44	66	101	121	130	141
Total Hospitals with Affiliations	373	440	389	369	517	607	631	699
Hospitals without Affiliations.....								
Totals	1,091	1,110	1,034	1,017	850	905	781	750
Hospitals with Approved Programs ...	1,464	1,550	1,423	1,386	1,367	1,512	1,412	1,449

beds and for total hospitals registered by the American Hospital Association were obtained from the August 1, 1969 Guide Issue of the AHA journal, "Hospitals."

For 1968, the American Hospital Association listed 7,137 hospitals, a decrease of 35 over the previous year. The grand total of hospital beds was 1,663,203, or a decrease of 7,922 over the previous year.

The total of 1,449 hospitals with approved graduate educational programs was an increase of 37 over the previous year. Of this group, 669, or 48%, had medical school affiliations, while 750, or 52%, did not.

This table indicates that 20% of the hospitals in the United States had approved teaching programs, and that these hospitals had 46% of the total beds in hospitals throughout the country. Thus, four-fifths of the hospitals with 54% of the hospital beds in the United States, are hospitals not having approved internship and residency training programs.

Table 24A on hospital affiliation with medical schools indicates a trend over the past eight years. For the year 1969-1970, there is an increase of 49 hospitals with major affiliations with medical schools, an increase of eight in the number with a limited affiliation, and an increase of 11 of those having affiliation for graduate programs only, so that the total hospitals with affiliations increased by 68, or 10%, over the figure for the previous year. On the other hand, the number of hospitals without medical school affiliation decreased by 31, or 4%, as compared with the previous year. Over the eight-year period, the total number of hospitals with approved training programs decreased by 15 in number,

or 1%, and yet the hospitals with approved training programs that are affiliated with medical schools increased by 87%. The number of hospitals with approved programs, but without medical school affiliation, decreased by 341 in number, or 31% less than the figure shown for 1962-1963.

Table 25 indicates that a total increase of 37 hospitals over the previous year results from a decrease of 18 for the present 65 hospitals having internships only, an increase of 48 for the 625 hospitals having residencies only, and an increase of only seven for the hospitals having internships and residencies. While the hospitals with internships only comprised 5% of all teaching hospitals, they represent only 2% of the teaching hospital beds. The hospitals with residencies only represent 43% of the teaching hospitals and 50% of the teaching beds. The hospitals with both internships and residencies represent 52% of the teaching hospitals and 48% of the teaching hospital beds. In terms of all hospitals and all beds, these 1,449 hospitals are 20% of all U.S. hospitals, and the 759,400 beds are 46% of all U.S. hospital beds.

Present Status of Graduate Training Programs

Table 26.—Distribution of House Officers by Source of Medical Education

	Affiliated Hospitals			Non-Affiliated Hospitals		
	Schools in U.S. & Canada	Foreign Schools	All Schools	Schools in U.S. & Canada	Foreign Schools	All Schools
Interns.....	5,925	1,231	7,156	1,269	2,039	3,308
Residents.....	20,417	7,217	27,634	3,176	3,984	7,160
Totals.....	26,342	8,448	34,790	4,445	6,023	10,468

Table 26 tabulates the distribution of house officers in hospitals according to the location of the schools from which they graduated and the status of affiliation of the hospitals in which they are serving. A total of 45,258 interns and residents served in all hospitals with approved programs. The hospitals affiliated with medical schools secured 34,790, or 77%, of the total number, a difference over the previous year of 6% in favor of the affiliated hospitals. In the affiliated hospitals, interns accounted for 21% of the total staff, while interns accounted for 46% of the total house staff in non-affiliated hospitals.

In the affiliated hospitals, interns comprised 22% of the

Table 25.—Relation of Training Programs to U.S. Teaching Hospital Beds

Hospitals with:	Hospitals		Hospital Beds	
	No.	% of Total	No.	% of all Hosp. Beds
Internships Only.....	65	5	18,912	2
Residencies Only.....	625	43	375,749	50
Internships and Residencies.....	759	52	364,739	48
Totals.....	1,449	100	759,400	100

Table 27.—Status of Internship and Residency Programs in the United States

	Internships					Residencies								
	Total Offered	Filled by		Filled Federal Services*		Total Offered	Filled by		Filled Federal Services*		Total Vacant			
		Total Filled	Non-foreign Grad-uates	Foreign Grad-uates	VA		Other	Total Filled	Non-foreign Grad-uates	Foreign Grad-uates		VA	Other	
1968-1969	14,112	10,464	7,194	3,270	47	540	3,648	42,044	35,047	23,816	11,231	1,115	1,652	7,597
1967-1968	13,761	10,419	7,506	2,913	74	575	3,342	41,695	33,743	23,116	10,627	1,329	1,531	7,952
1966-1967	13,569	10,366	7,573	2,793	73	663	3,203	39,384	32,505	22,548	9,502	1,590	1,548	7,334
1965-1966	12,954	9,670	7,309	2,361##	93	613	3,284	38,979	31,898	22,765	9,133##	1,753	1,352	7,074
1964-1965	12,728	10,077	7,276	2,821	46	563	2,631	38,750	31,005	22,852	8,153	2,127	1,353	7,749
1963-1964	12,229	9,636	7,070	2,566	45	569	2,593	37,357	29,485	22,433	7,052	2,104	1,338	7,728
1962-1963	12,024	8,805	7,138	1,669	41	533	3,219	36,502	29,239	22,433	7,062	2,464	1,223	7,263
1961-1962	12,074	8,173	6,900	1,273	42	581	3,901	35,403	29,637	21,914	7,723#	2,602	1,249	5,766
1960-1961†††	12,547	9,115	7,362	1,753#	71	576	3,432	32,736	28,447	20,265	8,182	2,830	1,177	4,339
1959-1960	12,580	10,253	7,708	2,545	55	584	2,327	31,733	27,590	20,619	6,912	2,650	1,456	4,143
1958-1959	12,469	10,352	8,037	2,315	25	567	2,117	31,818	26,758	20,716	6,042	2,453	1,267	5,060
1957-1958	12,325	10,198	8,119	2,079	48	566	2,127	30,595	24,976	19,433	5,543	2,403	1,049	5,619
1956-1957	11,895	9,893	7,905	1,988	58	532	2,002	28,528	23,012	18,259	4,753	2,304	1,276	5,516
1955-1956	11,616	9,603	7,744	1,859	55	495	2,013	26,516	21,425	17,251	4,174	2,353	624	5,091
1954-1955	11,048	9,066	7,305	1,761	88	470	1,982	25,486	20,494	17,219	3,275	2,252	657	4,992
1953-1954	10,542	8,275	6,488	1,787	88	433	2,267	23,630	18,619	14,817	3,802	2,072	639	5,011
1952-1953	10,548	7,645	6,292	1,353	88	393	2,903	22,292	16,867	13,832	3,035	2,021	768	5,425
1951-1952	10,044	7,866	6,750	1,116	67	472	2,178	20,645	15,851	13,018	2,233	2,120	761	4,794
1950-1951	9,370	7,030	6,308	722	...	435	2,340	19,364	14,495	13,145	1,350	...	...	4,869
1949-1950	9,124	7,313	...	...	...	...	1,811	18,669	17,490	...	...	...	...	1,179
1948-1949	9,027	7,248	...	...	...	...	1,779	17,293	...	...	...	...	...	...
1947-1948	8,683	6,902	...	...	...	...	1,781	15,172	...	...	...	...	...	...
1946-1947	8,584	...	...	...	...	...	...	12,003	...	...	...	...	...	...
1945-1946	8,429	...	...	...	...	...	...	8,930	...	...	...	...	...	...
World War II	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1941-1942	8,182	...	...	...	...	...	...	5,256	...	...	...	...	...	...

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

U.S. and Canadian graduates, while interns comprised only 15% of the graduates of foreign schools serving in affiliated hospitals. In the non-affiliated hospitals, interns comprised 29% of the U.S. and Canadian graduates, but 34% of the graduates of foreign schools. Of all house officers on duty in affiliated hospitals, 26,342, or 76%, were graduates of U.S. and Canadian schools, while 8,448, or 23%, were graduates of foreign schools. In non-affiliated hospitals, 4,445, or 42%, of all house officers were graduates of U.S. and Canadian schools, while 6,023, or 58%, were graduates of foreign schools.

As was described last year, the progressively more favorable performance of the affiliated hospitals was indicated by the fact that, of the 30,787 U.S. and Canadian graduates serving as interns and residents in all hospitals with approved programs, 26,342 in affiliated hospitals represented 86%, as compared to 79% last year and 72% the year before. Out of the total of 14,471 graduates of foreign schools serving as interns and residents in all hospitals with approved programs, the 8,448 in affiliated hospitals represented 58%, as compared to 53% last year and 47% the year before.

The total of U.S. and Canadian graduates increased by 377 over the previous year, while the total for foreign graduates increased by 953.

Foreign medical graduates comprised 17% of interns in affiliated hospitals, a gain of 3% over the previous year, while they constituted 62% of the interns in non-affiliated hospitals, a gain of 12% over the previous year. Of all foreign medical graduates serving in affiliated hospitals, 7,217, or 85%, served as residents, while in non-affiliated hospitals, the 3,984 foreign graduates serving as residents comprised 66% of the foreign graduate house staff, a percentage of 3% less than the year before.

Table 27 is a cumulative table, showing the status of

internships and residencies in the United States since World War II. This table and Table 10 are the only tables that include the total number of residencies offered and filled in programs both in hospitals and outside of hospitals. The total number of positions offered as of September 1, 1968, was 56,745, of which 45,511, or 80%, were filled, the same as for the last year. Chart I represents in graphic fashion the data recorded in Table 27. Note that the chart indicates the date on which residencies were authorized in the Veterans Administration, the dates of the Smith-Mundt Act and the Fulbright-Hays Act authorizing the Exchange-Visitor Program, the date upon which ECFMG requirements were established, and the amendments to the Immigration and Nationality Act.

Table 28.—Distribution of Trainees in Hospital Programs, September 1, 1968

	U.S. and Canadian Graduates	Foreign Medical Graduates	Totals
Interns.....	7,194 (21%)	3,270 (18%)	10,464 (20%)
Residents.....	23,593 (68%)	11,201 (60%)	34,794 (65%)
Other Trainees.....	4,065 (11%)	4,046 (22%)	8,111 (15%)
Totals.....	34,852 (100%)	18,517 (100%)	53,369 (100%)

Table 28 is a summary table, adding the category of "other trainees" to the categories of interns and residents, and tabulating them according to the source of their medical education. Last year, the total of these trainees from all sources exceeded 50,000 for the first time. For September 1, 1968, the total of 53,369 was 4% greater than the year before. The 34,852 U.S. and Canadian graduates comprised 65% of the total trainees on duty, while interns made up 20%, residents 65%, and other trainees 15% of the total.

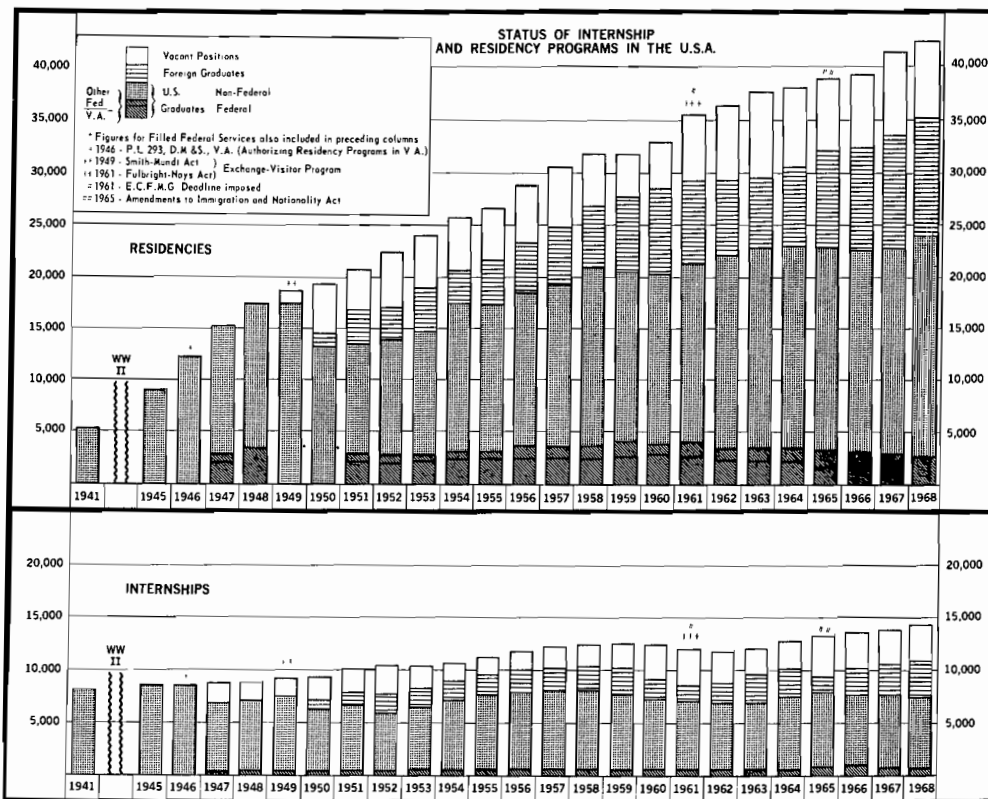


Chart I., Status of Internship and Residency Programs in the United States.

Special Studies in Graduate Medical Education

1. Intern Distribution Through the National Intern and Resident Matching Program

This is the third year that data on intern matching from the National Intern and Residency Matching Program (NIRMP) have been compared, in an effort to analyze the choices of interns on a basis of the new and more flexible definition of the rotating internship. The distribution of straight internships is also included.

Table 1 contains the basic data on rotating and straight internships tabulated for all hospitals and divided according to those affiliated with medical schools, those not affiliated, and the federal services. These data indicate that the total numbers matched to all hospitals—8,114, was only 54% of the total number sought—15,045. The affiliated hospitals obtained 70% of the interns they sought, while the non-affiliated hospitals obtained only 28%, and the federal services obtained 78% of the number sought through NIRMP. Of the total numbers sought, affiliated hospitals sought 56%, the non-affiliated 46%, and the federal services 4%. Of the total numbers matched, 73% went to the affiliated hospitals, 21% to the non-affiliated, and 6% to the federal hospitals.

Table 2 is an analysis of similar data, but arranged in the opposite direction to indicate success of recruitment for the three types of hospitals for the two types of internships. These tables indicate, as for the previous year, that while the proportion of rotating and straight internships sought by affiliated hospitals is approximately equal, the proportion sought by non-affiliated hospitals was 92% rotating and 8% straight internships. For all hospitals, while 68% of all the internships sought were rotating, only 54% of those matched were in this category. Table 2 indicates further that the affiliated hospitals sought 40% of the rotating internships and

matched 56% of the interns choosing that category. The non-affiliated hospitals sought 55% of the rotating internships, but obtained only 35% of the interns choosing that category.

Table 3 indicates that the affiliated hospitals matched 70% of the positions they sought, 3% less than the previous year; the non-affiliated hospitals matched 28% of the positions they sought, 4% less than the previous year; while the federal hospitals matched 78% of the positions they sought, 6% less than the year before, and 14% less than the year before that.

Table 4 shows the 10 different listings for rotating internships, but does not include the discontinued pilot family practice and general practice programs nor the two-year internships. It does include the five straight internship categories listed for the first time last year. For the first four categories in the list of rotating internships, these represented both 95% of the positions sought and 95% of the positions matched. The largest single category of these four was identified as Rotating^{a-b}, indicating that the hospital has the option of offering either the standard rotating without any major or a rotating with a major in any one of eight fields. In other words, the most popular category for matching and the number against which the largest number of interns were matched was the category indicating that the hospital was prepared to offer any one of the nine types of rotating internships. For straight internships, the specialties of medicine and surgery represented 74% of the positions sought and 81% of the positions matched, while including pediatrics brings the total straight internships sought to 92% of all offered, and 99% of those matched. The most popular single internship was the straight medical internship, in which the 2,018 matched represented 55% of the total straight internships matched and 25% of the 8,114 total interns matched.

Table 1.—Numbers Sought and Matched by Types of Internships

Types of Internships	NUMBERS SOUGHT							
	All Hospitals		Affiliated Hospitals		Non-Affiliated Hospitals		Federal Services	
	Sought	% of Total Sought	Sought	% of Total Sought	Sought	% of Total Sought	Sought	% of Total Sought
Rotating.....	10,162	68%	4,078	48%	5,546	92%	538	86%
Straight.....	4,883	32%	4,331	52%	466	8%	86	14%
Totals.....	15,045	100%	8,409	100%	6,012	100%	624	100%
Types of Internships	NUMBERS MATCHED							
	All Hospitals		Affiliated Hospitals		Non-Affiliated Hospitals		Federal Services	
	Matched	% of Total Matched	Matched	% of Total Matched	Matched	% of Total Matched	Matched	% of Total Matched
Rotating.....	4,353	54%	2,428	41%	1,515	88%	410	84%
Straight.....	3,761	46%	3,487	59%	197	12%	77	16%
Totals.....	8,114	100%	5,915	100%	1,712	100%	487	100%

Table 2.—Number Sought and Matched by Type of Hospital

HOSPITALS	TYPES OF INTERNSHIPS SOUGHT						TYPES OF INTERNSHIPS MATCHED					
	Total Sought		Rotating Sought		Straight Sought		Total Matched		Rotating Matched		Straight Matched	
	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Affiliated.....	8,409	56	4,078	40	4,331	80	5,915	73	2,428	56	3,487	93
Non-Affiliated.....	6,012	40	5,546	55	466	9	1,712	21	1,515	35	197	5
Federal Services.....	624	4	538	5	86	2	487	6	410	9	77	2
Totals.....	15,045	100	10,162	100	4,883	100	8,114	100	4,353	100	3,761	100

Table 3.—Numbers Sought and Matched, by Type of Hospital

Types of Internships	ALL HOSPITALS			AFFILIATED HOSPITALS			NON-AFFILIATED HOSPITALS			FEDERAL SERVICES		
	Sought	Matched	(%)	Sought	Matched	(%)	Sought	Matched	(%)	Sought	Matched	(%)
Rotating.....	10,162	4,353	43%	4,078	2,428	60%	5,546	1,515	27%	538	410	76
Straight.....	4,883	3,761	77%	4,331	3,487	81%	466	197	42%	86	77	90
Totals.....	15,045	8,114	54%	8,409	5,915	70%	6,012	1,712	28%	624	487	78

Those rotating internships identified separately with matching code numbers to indicate emphasis on the specialties of obstetrics-gynecology, pediatrics, psychiatry, pathology, radiology, and anesthesiology each matched less than 100 interns; and together represented only 5% of the total positions sought and 5% of the total matched. For each category the numbers matched were very similar to those for the previous year, except for anesthesiology, in which the increase of interns matched was from seven to 16, hardly an impressive record. These data should be carefully studied by all concerned with the problem of simplifying the listing, while maintaining maximum freedom for the hospital to match interns to the program of their choice. If separate listings for rotating internships are continued in the future, it might be wise to limit the list to the four large categories of Rotating⁰, Rotating¹, Rotating², and Rotating⁰⁻³.

Table 5 contains the programs in Table 4, but rearranged in the pattern of Table 3, and includes a footnote defining the types of rotating internships that may be offered.

It will be noted that, of all the internships matched in all hospitals, rotating internships comprized 54% of the positions,

Table 4.—Types of Internships Sought and Matched, by Programs

Rotating Internships	Major Emphasis	Number Sought	Total Programs	
			% of Total Sought	% of Total Matched
Rotating ⁰⁻³	Varied	4,449	44	44
Rotating ⁰	None	3,381	33	31
Rotating ¹	Surgery	1,211	12	12
Rotating ²	Medicine	630	6	8
Rotating ³	Obstetrics-Gynecology	164	2	1
Rotating ⁴	Pediatrics	150	1	2
Rotating ⁵	Psychiatry	75	0.9	1
Rotating ⁶	Pathology	41	0.6	0.2
Rotating ⁷	Radiology	31	0.3	0.4
Rotating ⁸	Anesthesiology	30	0.2	0.4
Total Rotating Internships		10,162	100.0%	100.0%
Straight Internships				
Medicine		2,347	48	55
Surgery		1,283	26	26
Pediatrics		853	18	18
Pathology		345	7	0.9
Obstetrics-Gynecology		55	1	0.1
Total Straight Internships		4,883	100%	100%

Table 5.—Numbers Sought and Matched by Types of Internships

Rotating Internships	Code	POSITIONS IN: ALL HOSPITALS			POSITIONS IN: AFFILIATED HOSPITALS			POSITIONS IN: NONAFFILIATED HOSPITALS			POSITIONS IN: FEDERAL SERVICES		
		Sought	Matched	(%)	Sought	Matched	(%)	Sought	Matched	(%)	Sought	Matched	(%)
Rotating ⁰⁻³	20	4,449	1,901	43	1,520	798	52	2,557	857	34	372	246	66
Rotating ⁰	11	3,381	1,339	40	1,308	884	68	2,073	455	22	—	—	—
Rotating ¹	13	1,211	538	44	475	275	58	570	99	17	166	164	99
Rotating ²	12	630	354	56	395	275	70	235	79	34	—	—	—
Rotating ³	15	164	52	32	122	50	40	42	2	5	—	—	—
Rotating ⁴	14	150	81	54	122	77	63	28	4	14	—	—	—
Rotating ⁵	76	75	45	60	60	34	56	15	11	73	—	—	—
Rotating ⁶	86	41	11	27	28	9	32	13	2	15	—	—	—
Rotating ⁷	42	31	16	52	23	11	47	8	5	63	—	—	—
Rotating ⁸	77	30	16	53	25	15	60	5	1	20	—	—	—
Total Rotating		10,162	4,353	43	4,078	2,428	60	5,546	1,515	27	538	410	76
Straight Internships													
Medicine	32	2,347	2,018	86	2,062	1,830	89	233	138	59	52	50	96
Surgery	33	1,283	952	74	1,125	899	80	131	32	24	27	21	78
Pediatrics	34	853	648	76	800	622	78	48	21	44	5	5	100
Pathology	36	345	118	34	296	111	38	47	6	13	2	1	50
Obstetrics-Gynecology	35	55	25	45	48	25	52	7	—	—	—	—	—
Total Straight		4,883	3,761	77	4,331	3,487	81	466	197	42	86	77	90

Types of Rotating: Rotating⁰⁻⁴—4 or 5 months on Medicine; 2 or 3 months on other rotations.
 Rotating⁰⁻⁸—More than one type of rotating offered under single NIRMP code number.
 Rotating¹—4 to 6 months on Medicine; at least 4 months on Surgery.
 Rotating²—6 to 8 months on Medicine; elective assignments of at least 2 month's duration.
 Rotating³—4 to 6 months on Medicine; at least 4 months on Pediatrics.
 Rotating⁴—4 to 6 months on Medicine; at least 4 months on Obstetrics-Gynecology.
 Rotating⁵—4 to 6 months on Medicine; at least 4 months on Psychiatry.
 Rotating⁶—4 to 6 months on Medicine; at least 4 months on Pathology.
 Rotating⁷—4 to 6 months on Medicine; at least 4 months on Radiology.
 Rotating⁸—4 to 6 months on Medicine; at least 4 months on Anesthesiology.
 Rotating⁰⁰—2-Year Programs included in Rotating⁰⁻⁸.

Table 6.—Average Salaries

Control	Internships						Residencies					
	Affiliated		Non-Affiliated		Total		Affiliated		Non-Affiliated		Total	
	Av. Salary	No. of Progs.	Av. Salary	No. of Progs.	Av. Salary	No. of Progs.	Av. Salary	No. of Progs.	Av. Salary	No. of Progs.	Av. Salary	No. of Progs.
Federal												
U.S. Air Force	N/A		N/A		N/A		N/A		N/A		N/A	
U.S. Army	N/A		N/A		N/A		N/A		N/A		N/A	
U.S. Navy	N/A		N/A		N/A		N/A		N/A		N/A	
U.S.P.H.S.	N/A		N/A		N/A		N/A		N/A		N/A	
Veterans Admin.	\$6,610	7	\$.....	.....	\$6,610	7	\$7,065	602	\$7,724	37	\$7,105	639
Other Federal	6,324	2	8,691	1	7,113	3	7,829	2	9,734	9	9,353	11
Totals		9		1		10		604		46		650
Governmental Non-Federal												
State	5,763	198	5,472	5	5,756	203	6,833	582	8,891	96	7,124	678
County	6,806	111	7,493	36	6,977	147	7,647	245	8,557	71	7,833	316
City	6,907	86	7,476	43	7,136	129	7,637	179	8,536	50	7,831	229
City-County	6,545	28	6,412	8	6,514	36	7,215	119	7,489	17	7,252	136
Hospital District	6,246	15	7,920	6	6,665	21	7,128	48	7,290	11	7,156	59
Totals		438		98		536		1,173		245		1,418
Non-Profit												
Church Related	6,907	308	6,952	363	6,932	671	7,336	376	7,686	371	7,512	747
Non-Profit Corp.	6,972	698	7,148	611	7,056	1,309	7,698	1,466	7,784	795	7,728	2,260
Totals		1,006		974		1,980		1,841		1,166		3,007
Proprietary												
Individ. & Partnership												
Corporation	5,609	11	6,487	8	5,978	19	6,300	12	7,458	12	6,879	24
Miscellaneous	7,096	103	7,496	31	7,206	134	8,583	171	8,418	44	8,546	215
Totals		114		39		153		183		56		239
Grand Totals		1,567		1,112		2,679		3,801		1,513		5,314

while straight internships comprised 46%. Among the affiliated hospitals, the total interns matched were 5,915, but of this total 41% were rotating internships and 59% were straight. Among the non-affiliated hospitals, on the other hand, a total of 1,712 were matched, of which 88% were rotating internships and only 12% straight.

2. Salaries by Sponsorship

As was noted in the section on the Annual Report, Table 6 is an attempt to divide average starting salaries for interns and residents in both affiliated and non-affiliated hospitals according to their grouping as to federal, governmental non-federal, non-governmental non-profit, and proprietary. There is a statistical hazard in reporting average salaries in this manner, because extremes tend to skew averages.

Additional details will not be published on salaries according to individual state or according to individual specialties. These data can be secured by studying the individual lists contained in the Directory of Approved Internships and Residencies, if desired.

3. Foreign Medical Graduates

This is the fourth year for which data on foreign medical graduates have been made available through the data processing resources of the AMA Circulation and Records Department. These data were reported as of December 31, 1968, while the data in the Annual Report were reported as of September 1, 1968, on the basis of a questionnaire to hospitals. In spite of the time and source differences, however, these two sets of data are in close agreement.

Table 7 shows the ten foreign countries with medical schools contributing the highest proportion of graduates to U.S. graduate training programs during 1968. Table 7A lists all the foreign countries with medical schools contributing graduates to U.S. training programs as of December 31, 1968.

Table 7 shows that there were no changes in 1968 in the order of the highest three countries—Philippines, India and Korea. However, the total number of interns and residents from the Philippines dropped for the first time since these data became available in 1963. From that year on, the Philip-

Table 7.—Foreign Graduates Contributing Greatest Number of Graduates to U.S. Graduate Programs as of December 31, 1968

Country and Rank Order	Number of Trainees	Percentage of Total Number of Foreign Trainees in the U.S.
Country	No. of Trainees	% of Total
1. Philippines.....	3,689	23.7
2. India.....	1,971	12.7
3. Korea.....	1,194	7.7
4. Thailand.....	721	4.6
5. Iran.....	659	4.2
6. Formosa.....	567	3.6
7. Spain.....	468	3.0
8. Argentina.....	431	2.8
9. Mexico.....	422	2.7
10. Germany.....	379	2.4

ines registered gains in numbers and proportion of graduates in U.S. training programs, reaching 3,774 trainees, or 25.5% of the total in 1967. In 1968, the number of these trainees dropped to 3,689, or 23.7% of the total. India and Korea continued registering gains in number of trainees in U.S. training programs and held the second and third position behind the Philippines by contributing 1,971 and 1,194 trainees, respectively, in 1968. India's graduates went from 11.9% of the total in 1967 to 12.7% of the total in 1968; Korea's graduates went from 6.8% of the total in 1967 to 7.7% of the total in 1968.

Among the top ten countries, Thailand moved from fifth position to fourth, and Spain moved from tenth to seventh position. The top ten countries contributed a total of 10,501 graduates or 67.4% of the total. The remaining 69 other countries contributed 5,081 trainees or 32.6% of the total.

The following section details some additional information on these graduates of foreign medical schools based on available citizenship information.

4. Citizenship and Vista Status of Physicians

As the AMA Circulation and Records Department continues to refine its maintenance and retrieval of data on physicians, significant information can be reported in this section.

This is the first report of citizenship information on all

Table 7A.—Number of Foreign Graduate Trainees in the United States, by Origin of Medical Education as of December 31, 1968

Origin of Medical Training	Interns	Residents	Total	Origin of Medical Training	Interns	Residents	Total
Afghanistan.....	0	7	7	Italy.....	49	247	296
Argentina.....	77	354	431	Japan.....	24	194	218
Australia.....	7	79	86	Korea.....	250	934	1,194
Austria.....	12	51	63	Latvia.....	0	1	1
Belgium.....	9	109	118	Lebanon.....	22	120	142
Bolivia.....	13	55	68	Lithuania.....	0	1	1
Brazil.....	25	94	119	Manchuria.....	1	2	3
Bulgaria.....	2	4	6	Mexico.....	85	337	422
Burma.....	17	14	31	Netherlands.....	10	55	65
Ceylon.....	8	3	11	New Zealand.....	0	21	21
Chile.....	7	36	43	Nicaragua.....	4	13	17
China.....	18	43	61	Nigeria.....	0	10	10
Colombia.....	53	275	328	North Vietnam.....	0	1	1
Congo.....	0	1	1	Norway.....	0	5	5
Costa Rico.....	0	2	2	Pakistan.....	122	254	376
Cuba.....	59	288	347	Panama.....	0	15	15
Czechoslovakia.....	18	37	55	Paraguay.....	12	24	36
Denmark.....	11	10	21	Peru.....	52	167	219
Dominican Republic.....	23	93	116	Philippines.....	524	3,165	3,689
Ecuador.....	11	19	30	Poland.....	16	70	86
Egypt.....	30	109	139	Portugal.....	5	24	29
El Salvador.....	9	29	38	Romania.....	10	54	64
England.....	10	131	141	Scotland.....	9	52	61
Estonia.....	0	0	0	Singapore-Malaya.....	2	7	9
Finland.....	1	7	8	South Africa.....	7	58	65
Formosa.....	181	386	567	South Vietnam.....	0	8	8
France.....	5	58	63	Spain.....	101	367	468
Germany.....	78	301	379	Sudan.....	0	2	2
Greece.....	16	111	127	Sweden.....	2	7	9
Haiti.....	25	97	122	Switzerland.....	38	225	263
Honduras.....	4	15	19	Syria.....	13	48	61
Hong Kong.....	14	31	45	Thailand.....	157	564	721
Hungary.....	1	31	32	Turkey.....	6	87	93
Iceland.....	0	31	31	Union of Soviet Socialist Republics.....	3	3	6
India.....	297	1,674	1,971	Uruguay.....	3	8	11
Indonesia.....	7	11	18	Venezuela.....	10	42	52
Iran.....	168	491	659	Wales.....	0	3	3
Iraq.....	10	87	97	West Indies.....	1	16	17
Ireland.....	36	155	191	Yugoslavia.....	20	73	93
Israel.....	3	84	87				
				Totals.....	2,828	12,754	15,582

physicians. Table 8 shows the available data as of December 31, 1967, in comparison with the data as of December 31, 1968, from the AMA physicians' files on the citizenship and visa data of all physicians. Separate figures are given for interns, for residents, and for trainees, by origin of medical education and by country of citizenship. Also indicated are the number of U.S. graduates with foreign citizenship, and the U.S. citizens who are graduates of foreign medical schools.

In Table 8A, the available information on all physicians who have graduated from foreign medical schools is classified by country of citizenship and subdivided into classifications of interns and residents, trainees, and other physicians.

The largest increase in 1968 over 1967 occurred in the number of foreign citizens graduating from foreign medical schools in the "other physicians" classification, from 7,521 in 1967 to 10,193, an increase of 2,671, or 35%. This classification includes those shown in the permanent visa status (02) of foreign medical school graduates with foreign citizenship in Table 8. These physicians, who are foreign citizens with a permanent visa status, probably will become U.S. naturalized citizens.

Table 8A indicates that 17,899, or 30% of the foreign medical graduates are interns, residents, and trainees. Of the interns and residents and trainees, almost 80% of these are foreign citizens; the remainder are U.S. or Canadian

Table 8.—Citizenship and Visa Data on all Physicians by Country of Citizenship, 1967 and 1968

County of Citizenship	Totals	December 31, 1967 TYPE OF VISA			Totals	December 31, 1968 TYPE OF VISA		
		00 (None)	02 (Permanent)	Others		00 (None)	02 (Permanent)	Others
ALL PHYSICIANS:								
U.S. Graduates								
United States.....	246,390	246,390	15	15	251,509	251,470	15	15
Canada.....	71	10	48	13	70	10	48	12
Foreign.....	406	12	234	412	412	12	238	162
Not Coded.....	10,777	.....	.....	10,777	10,234	.....	.....	10,234
TOTAL.....	257,644	246,382	297	10,965	282,225	251,501	301	10,423
Foreign Medical School Graduates								
United States.....	25,483	25,378	87	18	25,676	25,573	86	17
Canada.....	1,772	43	1,204	525	1,870	45	1,234	591
Foreign.....	20,921	52	8,022	12,847	24,474	162	9,251	15,061
Not Coded.....	5,323	.....	.....	5,323	5,962	.....	.....	5,962
TOTAL.....	53,499	25,473	9,313	18,713	57,982	25,780	10,571	21,631
INTERNS AND RESIDENTS:*								
U.S. Graduates								
United States.....	28,455	28,450	1	4	29,859	29,856	.....	3
Canada.....	17	.....	10	7	13	.....	8	5
Foreign.....	162	2	76	84	135	2	66	67
Not Coded.....	2,597	.....	.....	2,597	1,905	.....	.....	1,905
TOTAL.....	31,231	28,452	87	2,692	31,912	29,858	74	1,980
Foreign Medical School Graduates								
United States.....	1,394	1,372	17	5	1,327	1,311	13	3
Canada.....	369	5	145	219	272	4	93	175
Foreign.....	12,706	17	2,726	9,963	13,543	11	2,750	10,782
Not Coded.....	1,258	.....	.....	1,258	1,253	.....	.....	1,253
TOTAL.....	15,727	1,394	2,888	11,445	16,395	1,326	2,856	12,213
TRAINEES*								
U.S. Graduates								
United States.....	3,056	3,056	.....	.....	2,828	2,828	.....	.....
Canada.....	3	1	2	.....	3	1	2	.....
Foreign.....	10	1	3	6	11	1	3	7
Not Coded.....	10711	.....	.....	107	110	.....	.....	110
TOTAL.....	3,176	3,058	5	113	2,952	2,830	5	117
Foreign Medical School Graduates								
United States.....	497	497	.....	.....	483	483	.....	.....
Canada.....	78	4	51	23	76	3	46	27
Foreign.....	694	5	321	368	738	4	329	405
Not Coded.....	190	.....	.....	190	207	.....	.....	207
TOTAL.....	1,459	506	372	581	1,504	490	375	639

*Included in "All Physicians" Category

Table 8A.—Foreign Medical Graduates by Country of Citizenship and Status as of December 31

Citizenship	1967				1968			
	1 All Physicians (includes columns 2, 3, 4)	2 Interns & Residents	3 Trainees	4 Other Physicians	5 All Physicians (includes columns 6, 7, 8)	6 Interns & Residents	7 Trainees	8 Other Physicians
United States.....	25,483*	1,394	497	23,592	25,676*	1,327	483	23,866
Canadian.....	1,772	369	78	1,325	1,870	272	76	1,522
Foreign.....	20,921	12,706	694	7,521	24,474	13,543	738	10,193
Not Coded.....	5,323	1,258	190	3,875	5,962	1,253	207	4,502
TOTAL.....	53,499	15,727	1,459	36,313	57,982	16,395	1,504	40,083

* See Table 8B for further breakdown

Table 8B.—Foreign Medical Graduates Who Are U.S. Citizens, by Source of Citizenship

Source	1967				1968			
	1 All Physicians (includes columns 2, 3, 4)	2 Interns & Residents	3 Trainees	4 Other Physicians	5 All Physicians (includes columns 6, 7, 8)	6 Interns & Residents	7 Trainees Physicians	8 Other
U.S. Native Born.....	8,041	941	90	7,010	8,270	943	87	7,240
Derivative.....	139	13	2	124	138	12	2	124
U.S. Naturalized.....	17,303	440	405	16,458	17,268	372	394	16,502
TOTAL.....	25,483	1,394	497	23,592	25,676	1,327	483	23,866

citizens or have not been coded. This segment of the population may remain relatively constant unless significant changes are made in the immigration laws of the large donor countries or this country.

Table 8B shows the source of U.S. citizenship for the 25,483 physician graduates of foreign medical schools. Approximately 67% of those classified as U.S. citizens are physicians who are U.S. naturalized citizens. Although the total number of U.S. native-born citizens who were graduates of foreign medical schools increased in 1968 over 1967, the number of trainees who are U.S. native born citizens remained fairly constant.

5. Distribution of Interns and Residents by Location of Medical Education and Location of Training

The data on Tables 9, 10, and 11 were compiled because of widespread interest on the source of interns and residents and the success of states with medical schools on retaining their graduates for further training. A study by the AMA Department of Survey Research on the general subject of medical school graduates for the entire physician population as of December 31, 1967, is entitled, "Medical School Alumni, 1967," and was published in 1968 as a Special Statistical Series. Detailed tables on the distribution of medical school graduates by location of practice are shown on pages 471-561 and pages 562-624 of that publication.

The data presented in this section were made available by the AMA Circulation and Records Department and are based on the status of the files as of December 31, of the respective reported years. The tabulations were compiled for a four-year period (1965-1968) identifying (1) the number of interns and residents by the location of their undergraduate medical education (Table 3), and (2) the number of interns and residents by the location of their graduate training and the source of their undergraduate medical education (Tables 10 & 11). By comparing the two sets of data, one can study the success of respective states in retaining their graduates for internship and residency training.

These reports present the available data on the distribution of the intern and resident population, on the source of this population, and on the trends of this population, as a pool or source of physician manpower.

Comparing data from Table 9 with those in Tables 10 and 11, it can be seen that certain states successfully retained a high percentage of their graduates in their training programs. For example, California retained 60% or more of its graduates for internship training and 63% or more for residency training over the four-year period. These figures were obtained by taking the pool of interns or residents in California as shown in Table 9, and comparing the figures with those under the U.S. medical school graduates, "in state" column of Tables 10 and 11, which shows the number of interns or residents graduating from California medical schools—(i.e., for 1968, $848/1343=63\%$ residents). Other states that retained 40% or more of their graduates for internship training over the four-year period were Alabama, Georgia, Texas, Puerto Rico, New York, Michigan, Ohio, Pennsylvania, Indiana, Illinois, Louisiana, Tennessee, and Oklahoma. Those successful in retaining 40% or more graduates for residency training over the four-year period were California, Puerto Rico, Michigan, New York, Texas, Georgia, Louisiana, Alabama, Ohio, and Pennsylvania. Illinois, Indiana, Oklahoma, and Tennessee were able to retain only 30% for residency training while they were successful in retaining 40% for internship training.

6. Negro Physicians in Graduate Education

The questionnaire sent to hospitals indicated that "in their present collaborative endeavors to attract more negroes into medicine through a program of talent recruitment, the American Medical Association and the National Medical Association are obliged to determine both the number and the distribution of negro physicians who are United States citizens and who are interns and residents in United States hospitals." The following data, reported as of September 1, 1968, are incomplete, inasmuch as the replies from some hospitals indicated that legal considerations prevented the reporting of data.

Table 9.—Number of Interns and Residents by Location of Undergraduate Medical Education as of December 31

	INTERNS				RESIDENTS			
	1965	1966	1967	1968	1965	1966	1967	1968
Alabama	67	68	77	72	225	207	209	198
Arkansas	79	78	88	86	210	223	222	215
California	453	464	471	507	1,352	1,255	1,277	1,343
Colorado	81	70	85	87	220	220	221	226
Connecticut	74	74	72	81	259	240	238	230
Dist. of Columbia	271	280	302	315	931	906	941	934
Florida	114	127	129	134	247	282	320	349
Georgia	162	162	160	159	468	459	484	489
Illinois	514	522	534	557	1,680	1,680	1,749	1,765
Indiana	164	171	184	212	349	370	415	453
Iowa	97	115	117	126	287	280	293	314
Kansas	100	111	105	99	286	284	299	322
Kentucky	114	158	145	153	234	252	305	304
Louisiana	247	236	255	242	685	705	712	755
Maryland	175	192	193	204	584	566	633	613
Massachusetts	299	316	339	330	1,137	1,095	1,016	1,044
Michigan	273	259	280	314	833	803	837	867
Minnesota	145	135	156	156	361	356	374	428
Mississippi	61	68	69	65	162	178	187	181
Missouri	251	260	252	265	755	742	763	805
Nebraska	141	149	144	153	394	402	412	433
New Jersey	67	71	67	72	193	208	224	219
New Mexico	0	0	0	19	0	0	0	0
New York	961	966	996	1,051	3,189	3,224	3,292	3,294
North Carolina	195	196	205	207	582	635	687	651
Ohio	308	309	311	317	882	899	932	998
Oklahoma	95	95	91	95	244	237	254	276
Oregon	75	78	80	68	204	207	217	228
Pennsylvania	633	647	640	667	2,049	2,108	2,164	2,118
Puerto Rico	43	47	45	44	122	140	140	148
South Carolina	81	69	80	66	201	208	230	241
Tennessee	264	245	247	220	865	870	870	863
Texas	294	283	319	329	881	902	873	902
Utah	57	44	53	53	144	142	142	160
Vermont	41	45	46	45	129	142	139	143
Virginia	144	142	149	148	485	470	475	454
Washington	65	80	80	83	243	236	241	223
West Virginia	57	56	54	59	44	61	99	118
Wisconsin	169	167	188	186	553	520	537	562
Total	7,431	7,555	7,808	8,046	22,669	22,714	23,423	23,866

Tables 12, 13, and 14 reveal that 801 negro physicians were serving as interns and residents as of September 1, 1968. Of these, 563, or 70%, were graduates of U.S. or Canadian medical schools, and 238, or 30%, were graduates of foreign medical schools.

Table 12 shows that 194 negroes were serving internships in 21 states plus the District of Columbia and Puerto Rico; that 119, or 61%, were U.S. or Canadian graduates; and 75, or 39%, were foreign graduates.

There were 607 serving residencies in 35 states, plus the Canal Zone, the District of Columbia, and Puerto Rico, with 444, or 73%, of them U.S. or Canadian graduates and 163,

or 27%, foreign graduates as indicated in Table 13. All regions of the country were represented, with the larger numbers reported in the most populous states.

Distribution of negroes in residencies according to medical specialties (Table 14) is representative of the distribution of residents generally, with the first five specialties in rank order being general surgery, internal medicine, psychiatry, obstetrics-gynecology, and pathology. The only hospital specialties not represented are colon and rectal surgery, pediatric allergy, and pediatric cardiology. For residencies served predominantly outside of hospitals, negroes were serving residencies in the fields of occupational

Table 10.—Distribution of Interns by Location of Training and Source of Medical Education as of December 31

Location	1965				Total	1968				Total
	U.S. Medical School Graduates		Canadian Med. School Grads.	Foreign Med. School Grads.		U.S. Medical School Graduates		Canadian Med. School Grads.	Foreign Med. School Grads.	
	In State	Out of State				In State	Out of State			
Alabama.....	43	24	0	0	67	48	42	0	1	91
Arizona.....	0	38	0	19	57	0	58	0	28	86
Arkansas.....	35	7	0	0	42	20	8	0	0	28
California.....	277	597	16	33	923	299	753	24	33	1,109
Canal Zone.....	0	8	1	1	10	0	16	0	0	16
Colorado.....	15	93	0	16	124	7	158	2	12	179
Connecticut.....	16	78	1	95	190	17	87	1	107	212
Delaware.....	0	3	0	9	12	0	6	0	0	6
District of Columbia.....	52	51	0	36	139	49	80	0	49	178
Florida.....	39	99	2	58	198	48	104	3	78	233
Georgia.....	94	71	0	5	170	66	90	0	8	164
Hawaii.....	0	20	0	9	29	0	24	1	16	41
Illinois.....	243	148	6	230	627	240	139	2	339	720
Indiana.....	78	35	0	0	113	110	28	0	2	140
Iowa.....	13	36	0	7	56	19	45	0	15	79
Kansas.....	21	28	0	9	58	21	23	0	10	54
Kentucky.....	32	31	0	10	73	40	32	2	10	84
Louisiana.....	114	30	2	5	151	109	56	2	2	169
Maine.....	0	13	1	0	14	0	9	0	0	9
Maryland.....	81	120	2	89	292	76	99	1	143	319
Massachusetts.....	100	130	2	69	301	117	165	6	109	397
Michigan.....	134	119	9	104	366	157	108	6	136	407
Minnesota.....	58	97	1	27	183	50	87	3	28	168
Mississippi.....	20	0	0	0	20	21	3	0	0	24
Missouri.....	88	108	0	35	231	106	97	2	40	245
Montana.....	0	0	0	0	0	0	1	0	0	1
Nebraska.....	65	3	0	1	69	44	3	0	0	47
Nevada.....	0	0	0	0	0	0	0	0	0	0
New Hampshire.....	0	14	2	0	16	0	17	1	0	18
New Jersey.....	24	71	2	198	295	16	32	0	261	309
New Mexico.....	0	18	0	0	18	2	19	0	0	21
New York.....	510	454	17	573	1,554	555	490	7	749	1,801
North Carolina.....	70	64	0	6	140	42	105	2	18	167
North Dakota.....	0	3	0	0	3	0	2	0	0	2
Ohio.....	149	220	6	170	535	139	249	2	224	614
Oklahoma.....	41	14	0	0	55	44	37	0	2	83
Oregon.....	10	49	0	5	64	14	65	0	7	86
Pennsylvania.....	300	176	6	215	697	328	227	7	213	775
Puerto Rico.....	24	6	0	8	38	22	1	0	25	48
Rhode Island.....	0	16	1	29	46	0	26	1	32	59
South Carolina.....	25	22	0	1	48	35	13	0	0	48
South Dakota.....	0	13	0	0	13	0	8	0	0	8
Tennessee.....	112	73	2	2	189	90	52	0	1	143
Texas.....	169	112	0	12	293	147	146	1	48	342
Utah.....	27	38	1	1	67	16	46	0	4	66
Vermont.....	0	15	3	1	19	2	32	0	1	35
Virginia.....	48	82	1	29	160	48	94	1	26	169
Washington.....	9	83	0	8	100	12	110	6	6	134
West Virginia.....	22	12	0	12	46	13	11	0	6	30
Wisconsin.....	28	60	1	39	128	24	62	0	29	115
Total.....	3,186	3,602	85	2,176	9,049	3,213	4,165	83	2,818	10,279
U.S. Air Force.....	0	122	0	0	122	0	80	0	0	80
U.S. Army.....	0	194	0	0	194	0	182	0	2	184
U.S. Navy.....	0	178	0	0	178	0	178	1	1	180
U.S. Public Health Service.....	0	108	0	1	109	0	113	0	0	113
Veterans Administration.....	0	30	0	0	30	0	100	0	6	106
Total.....	0	632	0	1	633	0	653	1	9	663
Temporarily Foreign.....	0	11	10	0	21	0	15	5	1	21
Grand Total.....	3,186	4,245	95	2,177	9,703	3,213	4,833	89	2,828	10,963

medicine and forensic pathology.

In comparison with the data for total internships filled, negroes represented 1.7% of U.S. or Canadian graduates, and 2.3% of foreign graduates serving as interns.

For residencies, negroes comprised 1.9% of all residents who were graduates of U.S. or Canadian schools and 1.5% of residents who were graduates of foreign schools. Of the total of 45,511 interns and residents on duty, the 801 negroes comprised 1.8%.

7. Osteopathic Physicians on Hospital Attending Staffs

For the third year, questions were asked as to appointment of osteopathic physicians to hospital attending staffs, as a part of the questionnaire sent to 1,449 hospitals. Of these, 270 or 19% indicated that osteopathic physicians were eligible for attending-staff appointments. Of the total number in which such appointments could be made, 13 hospitals affiliated with medical schools had actually made such appointments, while, for the non-affiliated hospitals, 60 hos-

Table 11.—Distribution of Residents by Location of Training and Source of Medical Education as of December 31

Location	1965				Total	1966				Total
	U.S. Medical School Graduates		Canadian Med. School Grads.	Foreign Med. School Grads.		U.S. Medical School Graduates		Canadian Med. School Grads.	Foreign Med. School Grads.	
	In State	Out of State				In State	Out of State			
Alabama	104	72	0	7	183	106	85	0	17	208
Arizona	0	41	2	54	97	0	64	0	64	128
Arkansas	80	25	0	4	109	71	28	0	4	103
California	922	1,346	92	102	2,462	848	1,747	86	152	2,833
Canal Zone	0	12	1	6	19	0	13	0	6	19
Colorado	74	254	10	79	417	53	358	13	75	499
Connecticut	46	288	28	231	593	46	280	19	284	629
Delaware	0	20	0	32	52	0	14	1	39	54
District of Columbia	165	133	6	241	545	156	169	6	307	638
Florida	88	277	8	249	622	127	340	8	253	728
Georgia	226	164	0	86	467	223	232	2	78	535
Hawaii	0	29	8	19	56	0	19	12	25	56
Illinois	562	274	33	688	1,557	580	321	20	847	1,768
Indiana	168	110	1	19	298	178	99	0	24	301
Iowa	115	129	10	36	290	105	115	4	54	278
Kansas	92	103	9	70	274	88	101	10	78	277
Kentucky	92	84	2	68	246	89	90	3	77	259
Louisiana	327	137	4	28	496	311	135	1	66	513
Maine	0	20	0	4	24	0	20	4	8	32
Maryland	229	382	33	456	1,100	203	410	24	510	1,147
Massachusetts	410	739	76	589	1,814	401	770	66	640	1,877
Michigan	469	448	124	556	1,597	416	412	61	789	1,678
Minnesota	157	561	89	203	1,010	169	569	64	230	1,032
Mississippi	61	37	0	4	102	79	24	0	11	114
Missouri	248	299	16	258	821	237	332	10	360	939
Montana	0	0	0	0	0	0	1	0	0	1
Nebraska	84	14	0	14	112	94	15	0	8	87
Nevada	0	0	0	0	0	0	2	0	0	2
New Hampshire	0	35	1	7	43	0	42	2	14	58
New Jersey	50	177	3	461	691	24	152	5	526	707
New Mexico	0	30	1	7	39	0	37	1	12	50
New York	1,660	1,330	169	2,866	6,025	1,681	1,365	128	3,496	6,670
North Carolina	228	302	10	53	592	235	297	8	62	602
North Dakota	0	1	0	7	8	0	6	0	3	9
Ohio	367	625	66	799	1,857	414	632	40	920	2,006
Oklahoma	93	68	3	22	186	119	78	2	16	215
Oregon	65	136	8	24	233	83	126	2	31	242
Pennsylvania	867	449	40	686	2,042	873	534	26	879	2,312
Puerto Rico	69	10	0	89	168	91	15	0	131	237
Rhode Island	0	43	3	52	98	0	46	6	76	128
South Carolina	68	33	0	9	110	97	46	3	10	156
South Dakota	0	2	0	1	3	0	6	0	0	6
Tennessee	290	140	3	64	497	275	195	2	81	553
Texas	428	313	19	208	968	465	400	10	294	1,169
Utah	37	79	5	13	134	45	93	4	25	167
Vermont	15	52	2	17	86	18	73	8	10	109
Virginia	162	169	9	153	493	147	252	2	130	531
Washington	79	230	13	46	368	76	270	11	49	406
West Virginia	12	29	1	77	119	33	35	0	78	146
Wisconsin	153	166	4	101	424	166	209	4	112	491
Total	9,362	10,417	912	9,866	30,557	9,422	11,674	678	11,961	33,733
U.S. Air Force	0	356	1	3	360	0	372	2	7	381
U.S. Army	0	565	2	16	583	0	656	2	28	686
U.S. Navy	0	400	9	2	411	0	500	7	6	513
U.S. Public Health Service	0	329	1	11	341	0	405	5	11	421
Veterans Administration	0	1,227	29	318	1,574	0	825	18	731	1,574
Total	0	2,877	42	350	3,269	0	2,758	34	783	3,575
Temporarily Foreign	0	13	7	1	21	0	12	12	12	36
Grand Total	9,362	13,300	961	10,217	33,847	9,422	14,444	724	12,754	37,344

pitals had osteopaths on their staff. Of the affiliated hospitals that appointed osteopaths to their staffs, 5 were federal hospitals, 2 were state hospitals, 1 was a church-related hospital, and 5 were non-profit institutions. Of the non-affiliated hospitals that appointed osteopaths, 9 were federal hospitals, 5 were state hospitals, 5 county, 1 city-county, 8 church-related and 32 non-profit corporations.

As indicated in Table 15, 12 states reported appointments, the same number of states as had reported a year ago, but a slightly differing list of states. The 324 osteopathic physicians appointed to the attending staff were in hospitals in the following states: Florida 1, Illinois, Kansas, Kentucky, and Texas, each 2, Washington 4, Ohio, 6, Michigan 8, Virginia 11, California 39, Pennsylvania 120, and New Jersey 127.

The departmental appointments of the 324 physicians were listed as follows: 141 internal medicine, 85 general practice, 21 obstetrics-gynecology, 15 pediatrics, 6 anesthes-

Table 12.—Negro U.S. Citizens Serving in Internship Programs

	Foreign Graduates Serving Internship	U.S. or Canadian Graduates Serving Internship	Total
Alabama.....	2		2
California.....	3	13	16
Colorado.....	1		1
Connecticut.....	12		12
District of Columbia..	4	22	26
Florida.....	1		1
Hawaii.....	2		2
Illinois.....	6	5	11
Iowa.....	1		1
Maryland.....	1		1
Massachusetts.....	1		1
Michigan.....	7	4	11
Missouri.....	4		4
New York.....	8	35	43
Ohio.....	1	8	9
Oregon.....	1		1
Pennsylvania.....	14	13	27
Puerto Rico.....	2	1	3
Rhode Island.....	14		14
Texas.....	1	4	5
Utah.....	1		1
Virginia.....	1		1
Wisconsin.....	1		1
Totals.....	75	119	194

Table 13.—Negro U.S. Citizens Serving in Residency Programs, by State

	Foreign Graduates Serving Residency	U.S. or Canadian Graduates Serving Residency	Total
Alabama.....	15	2	17
Arizona.....	2		2
California.....	1	67	68
Canal Zone.....	1		1
Colorado.....	1		1
Connecticut.....	3	2	5
Delaware.....	1		1
District of Columbia..	12	45	57
Florida.....		3	3
Georgia.....		2	2
Hawaii.....	2		2
Illinois.....	6	27	33
Indiana.....		3	3
Iowa.....		3	3
Kansas.....		3	3
Kentucky.....		1	1
Louisiana.....		3	3
Maine.....	5		5
Maryland.....	3	14	17
Massachusetts.....	2	6	8
Michigan.....	14	25	39
Minnesota.....		13	13
Missouri.....		24	24
New Jersey.....	3	7	10
New York.....	24	90	114
North Carolina.....	3	3	6
Ohio.....	19	23	42
Oregon.....		1	1
Pennsylvania.....	23	31	54
Puerto Rico.....	5	1	6
Rhode Island.....	5	2	7
Tennessee.....	14	1	15
Texas.....	1	28	29
Utah.....		2	2
Vermont.....		1	1
Virginia.....	3		3
Washington.....		2	2
Wisconsin.....		4	4
Totals.....	163	444	607

Table 14.—Negro U.S. Citizens Serving in Residency Programs, by Specialty

	Foreign Graduates Serving Residency	U.S. or Canadian Graduates Serving Residency	Total
Anesthesiology.....	6	17	23
Child Psychiatry.....		3	3
Dermatology.....	10	10	20
General Practice.....	28	3	31
General Surgery.....	22	88	110
Internal Medicine.....	2	89	91
Neurological Surgery..	2	4	6
Neurology.....	3	6	9
Obstetrics and Gynecology.....	14	51	65
Occupational Medicine		4	4
Ophthalmology.....	1	15	16
Orthopedic Surgery.....	3	23	26
Otolaryngology.....	1	7	8
Pathology.....	23	13	36
Forensic Pathology.....		8	8
Pediatrics.....	11	9	20
Physical Med. and Rehab.....	4	3	7
Plastic Surgery.....		1	1
Psychiatry.....	9	60	69
Radiology.....	7	13	20
Thoracic Surgery.....	4	2	6
Urology.....	13	7	20
Misc. or not Specified.	1	8	9
Totals.....	163	444	607

iology, 4 radiology, 2 each ophthalmology, and urology, 1 each neurology, orthopedic surgery, otolaryngology, colon and rectal surgery, and 24 miscellaneous departmental appointments.

Data were not secured on the other 80% of hospitals in the United States that do not have AMA-approved internship or residency programs, and there may be many other attending-staff appointments of osteopaths in such non-teaching hospitals. The total of 324 staff appointments reported last year, as compared to the year before, which had a total of 295, represents an increase of 39 appointments, or 13%.

It is expected that in the next edition of the Directory of Approved Internships and Residencies it will be possible to indicate the number of osteopathic physicians serving in approved internships. In subsequent issues, there should be available some information on those serving in residencies. As indicated in Table 16, five of the specialty boards have now indicated that qualified osteopathic graduates would be eligible to take the certifying examination given by that specialty. The table indicates the requirements stipulated by each of these boards, which are the American Board of Pathology, the American Board of Pediatrics, the American Board of Physical Medicine and Rehabilitation, the American Board of Preventive Medicine, and the American Board of Radiology.

8. WOMEN IN GRADUATE EDUCATION

A: Women in Internships

The questionnaire sent to hospitals to obtain information for publication in the 1969-70 Directory asked a number of questions on women physicians serving in graduate education as of September 1, 1968. Table 17 shows the distribution of women interns by census region, and also indicates the percentage of women interns in the filled portions for the categories of U.S. and Canadian graduates and of foreign graduates. The 657 women graduates filled 9% of the positions filled by all U.S. and Canadian graduates in internship programs (Table 18), although women graduates made up only 8% of the graduating class as listed in the Journal of the American Medical Association for November 25, 1968.

On the basis of the figures in that issue, there were 641 women who graduated for the year ending June 30, 1968, who were U.S. graduates, and 108 who were Canadian graduates or a total of 749. Thus, the 657 women interns were 88% of the total class, which figure can be compared to the 6,549 men who were serving internships as of September 1, 1968, and who represented 79% of the 8,241 men who graduated for the year ending June 30, 1968. The total

of 7,194 U.S. and Canadian graduates (men and women) is only 80% of the 8,990 listed as graduates as of the end of June, 1968. This number of filled internships, however, does not take into account the number of Canadian (and possibly United States) graduates serving in Canadian internships. Information published by the Canadian Medical Association indicates that approximately 1,200 junior internship positions are offered annually. If one uses the same percentage of filled positions, 80%, in Canada and the United States and subtracts 30% of these as filled by foreign graduates it would seem that 662 positions are filled, and this would bring the total of filled positions in the United States and Canada to about 7,856. The estimated total of 7,856 positions would account for 87% of the graduates for the year ending June 30, 1968, as outlined in Table 19.

As indicated in Table 17, the women U.S. graduates made up 9% of the U.S. graduates in filled internship positions, while the women foreign graduates make up 18% of the positions filled by foreign graduates. Women interns filled 12% of all filled positions. For women who are U.S. or Canadian graduates, the largest proportion filled internships in the West South Central census region, followed by those in the New England region and the Middle Atlantic region. The largest proportion of women foreign graduates were serving as interns in the West North Central region, followed by the West South Central, and the Middle Atlantic census regions.

Hospitals were asked whether they offered part-time appointments to women who were unable to accept full-time appointments because of family responsibilities; 38 affiliated hospitals and 24 unaffiliated hospitals stated that they did. These 62 hospitals comprised 7% of the 857 hospitals that responded to this question.

Hospitals were also asked whether they would consider offering part-time internships to women if requested. Of the 787 hospitals responding to this question, 45% answered affirmatively.

B. Women in Residency Programs

Hospitals were asked to list the number of women serving in residency programs. As shown in Table 20, 6% of the U.S. graduates serving in residencies were women; 16% of the foreign graduates serving in residencies were women foreign graduates. Of the total number of residents serving in all-filled positions, 9% were women. As might be expected, the largest proportion of women residents were in pediatric residencies in which women filled 19% of those positions filled by U.S. graduates, and 41% of those positions filled by foreign graduates for an overall of 27% of all filled pediatric

residency positions. The next largest concentration of women in filled residencies was in anesthesiology, with women filling 13% of those positions filled by U.S. and Canadian graduates; 24% of those filled by foreign graduates, for an overall percentage of 19% of all filled positions. Pathology was the next most popular area with women, and women filled 10% of those positions filled by U. S. and Canadian graduates; 25% of those positions filled by foreign graduates, with 18% of all the filled positions for this specialty.

No women were reported as serving in residencies in colon and rectal surgery, thoracic surgery, or urology, and women were serving in less than 5% of the residencies in neurological surgery, ophthalmology, orthopedic surgery, otolaryngology, pediatric allergy, pediatric cardiology, plastic surgery, surgery, and general preventive medicine. Fields in which they did obtain 10% or more of the filled positions were anesthesiology, general practice, internal medicine, obstetrics-gynecology, pathology, pediatrics, physical medicine and rehabilitation, psychiatry, and child psychiatry.

Hospitals were also asked whether they would offer part-time residencies to women if requested and if satisfactory programs could be organized. To this question, 356 affiliated hospitals and 263 non-affiliated hospitals responded affirmatively, making up 61% of the 1,023 hospitals responding to this question. These hospitals indicated that part-time residencies could be offered in almost any field for which the hospital held approval to offer a residency. Of the seven fields mentioned most frequently by these hospitals pathology was mentioned by 136 of the hospitals, internal medicine by 134 hospitals, psychiatry by 131, pediatrics by 87, surgery by 68, obstetrics-gynecology by 67, and general practice by 45.

C. Refresher Courses for Women Physicians

Hospitals were also asked whether they offered special refresher courses to women who have been out of practice for some time. Only 29 affiliated hospitals and 24 non-affiliated hospitals, or a total of 53 hospitals, indicated that they had offered such courses, out of a total of 1,035 hospitals responding. Five of the hospitals indicated that they offer refresher courses in all departments, whereas 9 indicated that they offered such courses in psychiatry, 8 in internal medicine, 4 each in pathology, physical medicine and rehabilitation, and general practice; refresher courses in child psychiatry were offered in 3 hospitals, in pediatrics in 3 hospitals; refresher courses in anesthesiology, neurology, obstetrics-gynecology, were offered in 2 hospitals each; 1 refresher course each was offered in surgery, otolaryngology, and radiology.

Table 15.—Departmental Appointments of Osteopaths on Attending Staffs, by State And Affiliation Status of the Hospitals

	California	Florida	Illinois	Kansas	Kentucky	Michigan	New Jersey	Ohio	Pennsylvania	Texas	Virginia	Washington	TOTALS
Anesthesiology.....	4	..	..	..	..	..	..	..	1	..	..	1	6
Colon and Rectal Surgery.....	1	..	..	..	..	..	..	..	..	..	..	..	1
General Practice.....	9	..	..	..	..	4	56	4	2	..	10	..	85
Internal Medicine.....	9	..	1	1	..	1	46	1	82	..	..	..	141
Neurology.....	1	..	..	..	..	..	..	..	..	..	..	..	1
Obstetrics-Gynecology.....	..	..	..	..	..	..	2	..	19	..	..	..	21
Ophthalmology.....	1	..	..	..	..	..	..	..	..	..	1	..	2
Orthopedic Surgery.....	1	..	..	..	..	..	..	..	..	..	..	..	1
Otolaryngology.....	..	..	..	..	..	..	1	..	..	..	..	..	1
Pediatrics.....	2	..	..	..	..	2	4	1	6	..	..	..	15
Psychiatry.....	1	..	..	1	..	..	7	..	..	..	..	1	10
Radiology.....	2	..	..	..	..	..	..	..	..	..	..	2	4
Surgery.....	6	..	..	..	..	1	2	..	1	..	..	..	10
Urology.....	1	..	..	..	..	..	..	..	1	..	..	..	2
Miscellaneous.....	1	1	1	..	2	..	9	..	8	2	..	..	24
Totals.....	39	1	2	2	2	6	127	6	120	2	11	4	324
Affiliation Status of Hospitals with Osteopaths on Attending Staffs:													
Affiliated.....	2	0	2	0	0	1	1	0	3	1	0	3	13
Nonaffiliated.....	6	1	0	1	1	2	35	2	10	0	2	0	60
Totals.....	8	1	2	1	1	3	36	2	13	1	2	3	73

Table 16.—Requirements of Specialty Boards for Doctors of Osteopathy

Name of Board	AMA-Approved Internship	AMA-Approved Residency	License
American Board of Pathology.....	..	yes	yes
Pediatrics.....	yes	yes	yes
Physical Medicine and Rehabilitation.....	Equivalent	yes	yes
Preventive Medicine.....	Equivalent	yes	yes
Radiology.....	yes	yes	yes

Note: Each Board has indicated that it will consider, on an individual basis, whether credit can be given for military service, other types of specialty training, or previous practice.

D. Women Physicians on Teaching Staffs

Women currently in practice make a significant contribution to teaching staffs of hospitals approved for graduate education. Affiliated hospitals reported 145 U.S. and Canadian graduates and 50 foreign graduates on their full-time teaching staff, unaffiliated hospitals reported 864 U.S. and Canadian graduates and 160 foreign graduates on their full-time teaching staff, for a total of 1,221 full-time women teachers.

The affiliated hospitals also reported that they had 507 women physicians serving on a part-time basis on their

Table 17.—Women in Filled Internship Positions as of September 1, 1968

Census Region, Division, and State	Women U.S., Can. Graduates	Percentage of Total U.S., Can. Graduates	Women Foreign Graduates	Percentage of Total Foreign Graduates	Total Women in Filled Positions	Percentage in Total Filled Positions
NORTHEAST						
New England						
Connecticut.....	8	10	22	18	30	15
Maine.....	..	..	..	..	66	19
Massachusetts.....	36	17	30	21	66	6
New Hampshire.....	1	6	..	..	1	8
Rhode Island.....	1	4	4	10	5	22
Vermont.....	5	22	..	..	5	16
Totals.....	51	14	56	18	107	..
Middle Atlantic						
New Jersey.....	8	17	85	27	93	26
New York.....	113	11	143	17	256	14
Pennsylvania.....	55	11	58	21	113	14
Totals.....	176	11	286	20	462	15
NORTH CENTRAL						
East North Central						
Illinois.....	35	10	41	11	76	10
Indiana.....	13	11	..	..	13	10
Michigan.....	20	9	24	15	44	11
Ohio.....	31	8	34	14	65	10
Wisconsin.....	5	6	15	43	20	16
Totals.....	104	9	114	14	218	11
West North Central						
Iowa.....	5	22	4	100	9	11
Kansas.....	1	3	2	15	3	6
Minnesota.....	5	4	18	50	23	13
Missouri.....	13	7	10	..	23	13
Nebraska.....	1	2	..	..	1	2
North Dakota.....	..	..	1	100	1	33
South Dakota.....	..	..	..	..	..	..
Totals.....	25	5	35	30	60	10
SOUTH						
South Atlantic						
Delaware.....	..	..	..	..	..	..
District of Columbia.....	22	19	7	15	29	17
Florida.....	11	13	14	16	25	15
Georgia.....	5	3	4	40	9	5
Maryland.....	13	7	28	75	41	12
North Carolina.....	8	6	1	3	9	5
South Carolina.....	..	..	..	..	..	..
Virginia.....	9	5	7	14	16	7
West Virginia.....	1	6	1	9	2	7
Totals.....	69	7	62	16	131	10
East South Central						
Alabama.....	5	6	..	..	5	6
Kentucky.....	10	14	2	20	12	15
Mississippi.....	..	..	..	..	..	..
Tennessee.....	16	9	1	20	17	10
Totals.....	31	8	3	18	34	9
West South Central						
Arkansas.....	3	11	..	..	3	11
Louisiana.....	10	16	2	100	12	19
Oklahoma.....	8	14	1	10	9	15
Texas.....	58	16	12	20	70	17
Totals.....	79	15	15	24	94	16
WEST						
Mountain						
Arizona.....	1	1	6	24	7	7
Colorado.....	4	2	..	..	4	2
New Mexico.....	10	43	..	..	10	43
Utah.....	7	29	1	100	8	27
Totals.....	22	7	7	18	29	9
Pacific						
California.....	78	7	14	35	92	8
Hawaii.....	2	4	3	10	5	7
Oregon.....	3	4	..	..	3	4
Washington.....	13	9	..	..	13	7
Totals.....	96	7	17	19	113	8
POSSESSIONS						
Territories & Possessions						
Canal Zone.....	..	..	..	19	9	12
Puerto Rico.....	4	8	5	..	9	10
Totals.....	4	6	5	19	9	..
Non-Inpatient Institutions	657	9	600	18	1,257	12
GRAND TOTALS						

teaching staff, of whom 422 were U.S. or Canadian graduates and 85 foreign graduates. The unaffiliated hospitals reported a total of 1,263 women serving on a part-time basis, of whom 1,106 were U.S. or Canadian graduates and 157 foreign graduates. In reporting part-time teachers, two or more hospitals may have counted the same individual, so that there is a possibility that the numbers may be slightly inflated. The figures given above would indicate that 1,221 women physicians have appointments as full-time teachers in grad-

uate education, and 1,770 as part-time teachers, or a total of 2,991 women teaching in graduate programs.

9. PAYMENT OF TEACHING STAFF

Several questions were asked of hospitals on the annual report form concerning the payment of teaching staff, and hospitals were asked to designate the number of full-time staff who receive all income as salaried staff members, the number of geographic full-time physicians, the number of

Table 18.—Male and Female Graduates as of June 30, 1968

Graduates of Medical Schools in:	Male	% of Total Class	Female	% of Total Class	Total Class
United States.....	7,332	92	641	8	7,973
Canada.....	909	89	108	11	1,017
Total Graduates	8,241		749	8	8,990

Table 19.—Internships Filled as of September 1, 1968 by U.S. and Canadian Graduates (Estimated)

Internships in:	Males in Filled Positions	% of Total Male Grads. in Class	Females in Filled Positions	% of Total Female Grads. in Class	Total Positions Filled
United States.....	6,547	79	657	88	7,194
Canada (estimated—1,200 offered) 80% filled—less 30% by foreign graduates.....	609*	92*	53*	8*	662*
Total Filled Internships	7,156	87	710	95	7,866

*Estimate

Table 20.—Women in Residencies

	Women U.S. & Canada Graduates	Percentage of U.S. & Canada Grads. in Filled Positions	Women Foreign Graduates	Percentage of Foreign Grads. in Filled Positions	Total Women Residents	Percentage of Filled Positions
Anesthesiology.....	99	13	181	24	280	19
Colon and Rectal Surgery.....	..	..	..	..	..	..
Dermatology.....	33	7	12	27	45	9
General Practice.....	5	3	51	22	56	14
Internal Medicine.....	239	6	385	18	624	10
Neurological Surgery.....	3	1	..	..	3	1
Neurology.....	46	9	15	8	61	9
Obstetrics and Gynecology.....	80	3	225	24	305	12
Ophthalmology.....	33	3	5	6	38	3
Orthopedic Surgery.....	7	..	1	..	8	..
Otolaryngology.....	5	1	1	1	6	1
Pathology.....	120	10	272	25	392	18
Pediatrics.....	246	19	379	41	625	27
Pediatric Allergy.....	1	2	1	7	2	3
Pediatric Cardiology.....	1	2	4	6	5	4
Physical Medicine.....	22	13	33	11	55	20
Plastic Surgery.....	4	3	..	..	4	2
Psychiatry.....	282	11	154	14	436	12
Psychiatry-Child.....	44	12	14	15	58	12
Radiology.....	82	6	41	9	123	5
Surgery.....	65	2	46	2	111	2
Thoracic Surgery.....	..	..	..	..	..	..
Urology.....	..	..	..	..	..	..
General Preventive Medicine.....	2	2	..	..	2	2
Totals.....	1,419	6	1,820	16	3,239	9

part-time attendings who are paid a salary for part-time teaching (excluding consultants and visiting teachers), and the number of volunteer staff who receive no financial compensation.

Much of the information received could not be tabulated in a meaningful manner, but Table 21 indicates the number of part-time attendings paid a salary for part-time teaching. The hospitals that indicated that they paid a salary to attendings for part-time teaching have been tabulated by affiliation or nonaffiliation and by type of hospital control. The table indicates that 305 affiliated hospitals and 268 nonaffiliated hospitals, or a total of 573, pay the part-time attendings a salary. The proportion of hospitals doing so varies from 20% of the church-related hospitals to 59% of the city-county hospitals.

When the information is analyzed on a state and census-region basis, the proportion of hospitals that pay attending physicians a salary for part-time teaching varies from a low of 29% of the hospitals in the South Atlantic census region, which is comprised of Delaware, the District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia and West Virginia, to a high of 57% of the hospitals

in the Mountain census region comprised of Arizona, Colorado, Nevada, New Mexico and Utah. In the East South Central census region, which includes Alabama, Kentucky, Mississippi, and Tennessee, only 31% of the hospitals indicated that attendings were paid as part-time teachers. Most of the other census regions showed variations from 43% of the hospitals to 53%.

Table 21.—Attending Staff Paid for Part-time Teaching, by Type of Hospital

	Affiliated Hospitals	Nonaffiliated Hospitals	All Teaching Hospitals	Percentage of Total Teaching Hospitals
Veterans Adm.....	34	9	43	47
Other Federal.....	1	..	1	33
State.....	50	34	84	45
County.....	20	12	32	58
City.....	14	8	22	49
City-County.....	8	2	10	59
Hospital District.....	2	1	3	23
Church Related.....	45	68	113	20
Non-profit Corporation.....	123	133	256	45
Individual.....	1	..	1	..
Corporation.....	4	1	5	33
Miscellaneous.....	3	..	3	14
Totals.....	305	268	573	40

Special Reports, Announcements, And Notices

POLICY ON OSTEOPATHY

The actions of the House of Delegates of the American Medical Association, while recorded and published separately in the Proceedings, are not ordinarily published in THE JOURNAL. For that reason, the historic action of the House of Delegates at the December, 1968, Clinical Convention is reported here for the convenient reference of all concerned:

Report of Board of Trustees on Osteopathy, December 1968

At the Annual Convention in Atlantic City, June 1967, the House of Delegates authorized the Board of Trustees "to begin prompt negotiations directed toward the beginning conversion of schools of osteopathy to schools of medicine." At the Annual Convention in San Francisco, June 1968, the House expressed disappointment over lack of progress in bringing about conversion of schools of osteopathy and suggested a number of approaches which should be included in a "multi-pronged" plan to bring about an eventual amalgamation of osteopathy with medicine. At both Conventions, the House of Delegates referred to the Board of Trustee resolutions which sought to open AMA-approved internships and residencies to holders of the D. O. degree.

The Board of Trustees has given careful consideration to these directives from the House. The Board is now convinced that the possibility of conversion is not promising, at least in the immediate future. It seems apparent that the conditions under which schools of osteopathy would consider the possibility of conversion would be unacceptable to medicine. Therefore, the Board recommends the following as a statement of objectives and methodology which can be used as guiding principles in a multi-pronged plan to bring about eventual amalgamation of medicine and osteopathy. Variation in the individual states in respect to licensing and/or other legal considerations will require individualized responses to the following general objectives and suggestions for methodology:

Objectives. The American Medical Association seeks to:

1. Assure the provision of the best possible health care to the American people;
2. Make available to students and graduates in osteopathy, education of the same high standards as prevail in undergraduate, graduate and continuing educational programs in medicine;
3. Provide avenues whereby qualified osteopaths may be assimilated into the mainstream of medicine.

Methodology. To achieve these objectives, the American Medical Association:

1. Recommends that each school of osteopathy improve its teaching program by strengthening its faculty and improving its facilities and resources.
2. Invites schools of osteopathy and agencies which accredit them to consult with the AMA and the Liaison Committee of the Council on Medical Education and the Association of American Medical Colleges in an effort to meet the standards required for accredited schools of medicine.
3. Suggests that accredited hospitals may accept qualified osteopaths for appointment to the medical staffs of hospitals.
4. Suggests that each county and state medical society may accept qualified osteopaths as active members and thereby provide for their membership in the American Medical Association.
5. Suggests that each of the American Boards for the medical specialties may accept for examination those osteopaths who have completed AMA-approved internships and residency programs and have met the other regular requirements applicable to all Board candidates.
6. Requests that as specialty boards declare intent to permit examination of osteopathic graduates, appropriate AMA-approved residency programs be opened to qualified graduates of schools of osteopathy.
7. Suggests that AMA-approved internships may be opened to qualified graduates of schools of osteopathy.
8. Recommends that determination of qualification be made at the level of the medical staff of a hospital, the county medical society, or the Review Committees and Boards having appropriate jurisdiction.
9. Suggests that AMA, state and county societies and other affected organizations may proceed to make such constitution and bylaw changes as are necessary to implement the foregoing.

Announcements of Policy to Medical Societies and Hospital Staffs

In April, 1969, a letter was sent by the President of the American Medical Association to all state and county medical societies, providing guidelines on the eligibility of osteopaths for county and state medical society membership. The statement read as follows:

Eligibility of Osteopaths for County and State Medical Society Membership

A number of requests for guidance have been received from county and state medical societies considering amendments of their membership requirements in order to implement the policy statement on osteopathy adopted by the House of Delegates at the 1968 Clinical Convention. The policy statement "suggests that each county and state medical society may accept qualified osteopaths as active members and thereby provide for their membership in the American Medical Association." The policy statement also suggests that the AMA and constituent and component societies "may proceed to make such constitution and bylaw changes as are necessary to implement the foregoing."

The question of how "qualified" is to be defined for the purposes of accepting "qualified osteopaths" has been raised in a number of inquiries received. The Board of Trustees Committee on Osteopathy believes that an osteopath is "qualified" to belong to a county or state medical society (1) if he is legally licensed without limitation of practice in the jurisdiction within which he practices, (2) if he is, in the judgment of the admissions committee, practicing scientific medicine, and (3) if he agrees to abide by the Principles of Medical Ethics of the American Medical Association.

Each county and state medical society, of necessity, will need to determine what constitutional or bylaw amendments are needed, if any, and the language changes that will be acceptable to their members. In those states in which a Doctor of Osteopathy is qualified to practice medicine and surgery in all of its branches and in which the state confers on him unrestricted practice rights and legal recognition as a physician, the following provision might be considered by the *State Medical Association*:

"Regular or Active Members. Every physician duly licensed and registered in the State of _____ to practice medicine in all its branches who is of good moral character and professional standing and a member of his component society, shall be eligible for regular membership."

The following might be considered by state associations that have more detailed provisions in their bylaws:

"Regular or Active Membership. To be eligible to membership in this Association, a person shall possess all of the following qualifications:

- (a) He must be a citizen of the United States,

OR

He must have resided in the United States for at least one year, and he must have filed in an appropriate court of record a declaration of his intention to become a citizen of the United States, which declaration has not been withdrawn.

- (b) He must be licensed to practice medicine and surgery by the licensing authority of the State of _____.
- (c) He must hold the degree of doctor of medicine, doctor of osteopathy or some foreign degree in medicine regarded by the Council of this Association as equivalent thereto.
- (d) He must not be engaged, or profess to be engaged, in the practice of sectarian medicine."

County medical societies might consider the following provisions:

"Eligibility for active or regular membership. Every lawfully registered physician residing or practicing in _____ County, who is of good moral character and professional standing and who does not support or practice or claim to practice, any exclusive system of healing, shall be eligible for membership as provided in the Bylaws."

"Active members. Any resident of the County of _____ who holds an unrevoked, unsuspended license to practice medicine and surgery issued to him by the State of _____ and whose ethical and professional qualifications conform to the standards provided in these Bylaws shall be eligible to file an application for membership in this Association."

A letter was also sent to chiefs of medical staffs and to administrators of hospitals accredited by the Joint Commission, to provide a statement on the guidelines of eligibility of osteopaths for hospital staff privileges. The statement was as follows:

ELIGIBILITY OF QUALIFIED OSTEOPATHS FOR HOSPITAL STAFF PRIVILEGES

Following adoption of the policy statement on osteopathy by the House of Delegates at the 1968 Clinical Convention, a number of requests for guidelines have been received from medical staff members in accredited hospitals. The policy statement "suggests that accredited hospitals may accept qualified osteopaths for appointment to the medical staffs of hospitals." The meaning of "qualified osteopaths" for hospital medical staff membership purposes has raised some questions.

The Board of Trustees believes that for a Doctor of Osteopathy to be qualified to be eligible for appointment to the medical staff of an accredited hospital he should (1) be legally licensed without limitation of practice in the jurisdiction within which he practices, (2) be willing to abide by the Principles of Medical Ethics of the American Medical Association and the bylaws of the hospital, (3) be practicing scientific medicine, and (4) be acceptable to the Credentials Com-

mittee of the hospital. The following general guidelines may be of some assistance:

1. All physicians who have unrestricted licenses to practice medicine and surgery and who are otherwise qualified deserve the privilege of practicing medicine as active medical staff members in hospitals, with a delineation of clinical privileges commensurate with their education, training, experience, personal character and capability.

The appointment of duly licensed physicians to the medical staff of a hospital and the definition of their practice privileges is a function and responsibility of the governing board of the hospital on the recommendation of the organized medical staff.

2. The policy of both the American Hospital Association and the Joint Commission on Accreditation of Hospitals permits hospitals having one or more osteopaths on the staff to be listed or apply for inspection for accreditation. The policy of the AHA was changed in 1959 to permit this and the present Requirements for Listing provide:

"Doctors of medicine, doctors of osteopathy, and doctors of dentistry may admit patients to hospitals registered by the American Hospital Association. (Patients admitted to the hospital by doctors of dentistry must have an admission history and physical examination done by a doctor of medicine or doctor of osteopathy on the staff of the hospital, and the doctor of medicine or osteopathy shall be responsible for the patient's medical care throughout his stay.)

"There shall be an organized medical staff (which may include doctors of osteopathy and dentistry) governed by bylaws adopted by said staff and approved by the governing board of the hospital.

"The hospital shall submit evidence of regular care of the patient by a doctor of medicine, doctor of osteopathy or doctor of dentistry and of general supervision of the clinical work by doctors of medicine."

In 1960, the JCAH changed its policy to permit a hospital with joint M.D.-D.O. staff members to apply for inspection provided it is listed by the AHA and meets the other eligibility requirements.

3. The following language is suggested by the JCAH if the medical staff bylaws require amendment in order to extend eligibility for membership to qualified doctors of osteopathy:

"Members of the medical staff must be legally licensed as physicians and surgeons by the State of _____."

4. The hospital medical staff should establish a system for evaluating individual applicants that is objective, impartial and fair; that is broad enough to recognize professional excellence and limited enough to safeguard patients. Insofar as practicable, individual applicants holding unrestricted licenses to practice medicine and surgery should be evaluated according to the same criteria regardless of the school from which they have graduated.

5. The organized medical staff of each hospital must determine in the case of each applicant whether his practice is based on the same scientific principles as doctors of medicine. The colleges of osteopathy have offered essentially the same curricula and used the same texts as medical schools since the 1950's.

6. Provisional or probationary privileges are recommended for all medical staff appointees for the first year, regardless of their education and experience.

Relation of Osteopaths to Graduate Training Programs

As soon as the House of Delegates had accepted the Report on Osteopathy of the Board of Trustees, at the Clinical Convention in December, 1968, memoranda were sent to hospitals, to state licensing agencies, and to the specialty boards, providing them with a copy of the Report on Osteopathy, and also calling their attention to its relationship to internship and residency programs. The notice sent to hospitals with approved graduate training programs contained the following statement:

"As of January 1, 1969, any graduate of a school of osteopathy is eligible under the following conditions, for appointment to a hospital internship approved by the American Medical Association:

- He must possess a license to practice medicine, which is identical with or equivalent to the full and unrestricted licenses granted graduates of approved schools of medicine in the United States; or
- He must be eligible for such a license, on the completion of the internship, under conditions identical with those which apply to graduates of approved schools of medicine in the United States, and
- He must meet such requirements as are necessary to determine the personal and medical qualifications of applicants for internship positions, as established by the medical staff of the hospital.

"It is incumbent upon each state board of licensure to determine whether a graduate of a school of osteopathy is legally eligible to serve as an intern in a hospital in that state. This might apply particularly in states which do not grant full and unrestricted licenses to osteopaths.

It is not possible, at this time, to provide final policy statements on those matters requiring the further consideration of state boards of licensure and the various medical specialty boards. As rapidly as specialty board policies are determined, residency programs will be identified in the various specialties for which osteopaths are eligible. Several American medical specialty boards have already indicated their intent to declare osteopaths eligible for certification, and their policies are now being developed.

"Some recent D.O. graduates may already have obtained licensure

from states not requiring preliminary internship, but many others will have already completed internship and/or variable periods of residency. It is not possible at this time to state whether any credit will be granted for graduate education in osteopathic hospitals, but it seems unlikely. It is suggested that those D.O. candidates wishing to apply immediately for residencies in specialties be appointed initially to internship positions until the policies of each individual specialty board are established.

"There are several links in the chain which amalgamates osteopathy with medicine. Orderly reception of the osteopath into the mainstream demands conscientious acknowledgement of the importance not only of approved internship and residency training, but also of eligibility for full licensure, hospital staff membership, medical society membership, and specialty board certification when otherwise qualified.

"While determination of the qualifications of the individual candidate for appointment as a resident or intern must be made locally at the level of the medical staff, it is also incumbent upon the local medical staff to advise each candidate of the implications of paragraphs 3 and 4 under Methodology. Each candidate for appointment is entitled to a clear statement as to his eligibility for hospital medical staff appointment and for membership in the local and state medical societies when otherwise qualified. If a candidate for intern or resident appointment is not eligible for subsequent hospital staff and medical society membership, this fact must be clearly stated in the contract or other form of written agreement upon which the intern or resident appointment is based."

The memorandum sent to the state licensing boards called attention to the fact that each board would face a large number and wide variety of types of inquiries from candidates as well as from program directors, and that these inquiries would relate to the legal basis for appointments of graduates of schools of osteopathy as interns or residents in AMA-approved programs, especially if such persons did not hold appropriate licenses to practice medicine in the states in which they were applying for training. Attention was called to the fact that there would probably be inquiries about endorsement of licenses from other states, especially in states which currently do not confer an unrestricted license on doctors of osteopathy.

These matters on which the AMA cannot rule, might require new policy determination by certain state boards.

The letter sent to the specialty boards called attention to the importance of the specialty board role in helping to bring about the desired amalgamation of osteopathy with medicine. The following is a portion of the memorandum sent to the specialty boards:

"This memorandum is intended to emphasize the importance of the roles played by the individual specialty boards in helping bring about the desired amalgamation of osteopathy with medicine. The action of the AMA House of Delegates does not permit program directors to accept osteopaths until after assurance has been received from the appropriate medical specialty boards that osteopaths who have completed residency programs will be accepted for examination.

"Since the AMA has joined with specialty boards and certain other specialty organizations in the review of residency programs, it is necessary that the appropriate parent organizations agree as to eligibility of osteopaths before residency programs are formally opened to them. As rapidly as word is received from the groups concerned, the information will be released through all available AMA channels. This will include notification letters to the hospitals concerned, with copies to the licensing boards and medical society officials of each of the states.

"The purpose of this memorandum is to request a statement as to the requirements of your Board under which graduates of schools of osteopathy can qualify for certification in your specialty. The Boards of Obstetrics and Gynecology, Ophthalmology, and Preventive Medicine have already declared their willingness to establish such requirements, and others have urged positive AMA action as a guide to their own policies.

"The specific information requested of your Board is:

- Internship requirements—AMA approved, (other equivalent), or credit for AOA internship.
- Residency requirement—AMA approved, (other equivalent, such as fellowship); or credit for AOA residency.
- Practice requirement—Credit for past practice as osteopath, service in armed forces, etc.
- Licensure requirement—equivalent with license for M.D., etc.
- Other requirements—if different from those for graduates of approved schools of medicine.

"This office has already been deluged with inquiries from candidates, program directors, and federal departments and agencies. If your Board has not established policy in this area at this time, it is hoped you will advise of the date on which the Board will consider this matter for final decision. It is desirable to project the dates by which decisions will be reached, in the interest of future candidates, as well as to protect this office and the offices of the Board Secretaries from unnecessary correspondence."

Revision of "Essentials of an Approved Internship"

At the meeting of the House of Delegates in July, 1969, changes were made in the "Essentials of an Approved Internship" to permit osteopaths to participate in AMA-approved internships under the following conditions:

"As of January 1, 1969, any graduate of a school of osteopathy is eligible under the following conditions for appointment to a hospital internship approved by the American Medical Association:

A. He must possess a license to practice medicine which is identical with or wholly equivalent to a full and unrestricted license granted graduates of approved schools of medicine in the United States; or,

B. He must be eligible for such a license, on the completion of the internship, under conditions identical with those which apply to graduates of approved schools of medicine in the United States, and

C. He must meet such requirements as are necessary to determine the personal and medical qualifications of such applicants for internship positions as established by the medical staff of the hospital."

At the time this report went to press, osteopathic candidates for internship had not been declared eligible to participate in the National Intern and Resident Matching program for March 1970, but this matter is being studied by a committee of the National Intern and Resident Matching Program. Osteopathic candidates are eligible to be appointed to approved internship programs outside the Matching Program at the present time, in accordance with the above revision of the Essentials.

Revision of "Essentials of Approved Residencies"

The House of Delegates also took action at the same Clinical Session to permit graduates of schools of osteopathy to serve in residencies provided the corresponding specialty board for that residency has established conditions under which the osteopathic graduate would be acceptable to that board for examination for certification.

The following section was added to the general requirements in the "Essentials of Approved Residencies:"

Graduates of schools of osteopathy who hold only the D.O. Degree are eligible for appointment to residencies only in those specialties for which the corresponding specialty board has established conditions under which the Doctor of Osteopathy will be acceptable to the board for examination for certification. (Most, but not all, specialty boards have an established policy under which they will accept former Doctors of Osteopathy who now hold an M.D. degree from the California College of Medicine, now the University of California College of Medicine, Irvine.)

As of September 1, 1969, five of the specialty boards have indicated that they will accept graduates of osteopathic schools under certain specified conditions. The five boards are: American Board of Pathology, American Board of Pediatrics, American Board of Physical Medicine and Rehabilitation, American Board of Preventive Medicine, American Board of Radiology.

The "Essentials of an Approved Internship" and the "Essentials of Approved Residencies" were also reviewed to make it possible for osteopathic physicians to serve on the teaching staff, and the following revised statement has been inserted in each of these documents:

The teaching staff should be composed of physicians and other health professionals qualified on the basis of educational background and professional accomplishments, oriented to the requirements and responsibilities of the teaching assignment, and motivated to assign acceptable priority to teaching duties.

II. INTERNSHIPS

A. Straight Internship Review Procedure

Beginning in the fall of 1969, straight internships in a specialty will be reviewed whenever the residency in that specialty is being reviewed. Such straight internships will then be evaluated by the Residency Review Committee in that specialty, or, in the case of pathology, by the Institutions Committee of the American Board of Pathology and by the council on Medical Education. This procedure has been instituted so that the entire program in a specialty as planned by the director of the program will be evaluated by the same review committee.

Rotating internships which may include internships in which as much as 8 months is spent in a specialty along with 4 months in internal medicine, will continue to be

evaluated by the Internship Review Committee. The latter Committee will also review any straight internships in a hospital with both straight and rotating internships if the residency for that specialty is not currently being evaluated by the residency review committee.

B. Participation of Foreign Medical Graduates in the Intern Matching Program

The National Intern and Resident Matching Program has issued a statement outlining the following requirements for graduates of foreign medical schools who wish to participate in the National Intern and Resident Matching Program, for internship, beginning approximately July 1, 1970:

1. The Student Agreement Form must be completed and mailed to the NIRMP office for receipt no later than November 1, 1969. All information requested on this form must be fully completed before registration can be finalized.

2. The ECFMG examination has been taken and passed, including the English test, or the candidate must pass the examination given on September 10.

3. The ECFMG educational requirements must be completed no later than early January 1970, and credentials sent to the ECFMG early enough for the Interim Certificate to be issued before February 1, 1970. A copy of the Interim or Permanent Certificate must be forwarded to the NIRMP office for receipt no later than February 1, 1970.

4. The candidate must be certain that permission will be given to leave his country in June 1970.

Candidates have been asked not to apply to participate in the National Intern and Resident Matching Program unless all of the above requirements can be met. If these conditions have not been met by a graduate of a foreign medical school by February 1, 1970, his name will be automatically withdrawn from the National Intern and Resident Matching Program at that time.

III. FAMILY PRACTICE

A. Listings of Programs

In the residency section of the Directory a list of the residencies in family practice that have been approved indicates the basic information on these programs, showing the number of positions offered for the three years of the training program.

These programs are organized to provide a first year which would be creditable as an internship, should the candidate not wish to continue in the remainder of the program; accordingly, the programs are also included in the list of approved internships, so that candidates may participate in the National Intern and Resident Matching Program.

These programs differ significantly from the residencies in general practice, which will continue to be approved and to be listed in the Directory of Approved Internships and Residencies. Because these two types of programs do differ, a specific application must be made if a hospital with a residency in general practice now wishes to obtain approval to offer a residency in family practice. Requests for application information should be addressed to the Department of Graduate Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

With the approval of residencies in family practice, all approvals for pilot programs in general practice and pilot programs in family practice, which listings formerly appeared in copies of the Directory prior to the Directory for 1968-69, have been withdrawn. Some institutions which formerly offered the pilot programs now have received approval to offer residencies in family practice; others have received approval to offer a two-year internship, which is listed in the internship pages as a "Rotating 00" program.

The new residencies in family practice became eligible for approval after the House of Delegates approved the addition of a section to the "Essentials of Approved Residencies" pertaining to residencies in family practice. This addition now appears in the document as published in this edition of the Directory. Separate copies of the material relating to residencies in family practice can be obtained by writing to the Department of Graduate Medical Education, American Medical Association.

B. American Board of Family Practice

At a meeting in February, 1969, the Liaison Committee for Specialty Boards, acting upon the recommendations of the Advisory Committee for Medical Specialties and the Council on Medical Education of the American Medical Association, approved the application of the American Board of Family Practice as an approved examining board in a medical specialty.

As soon as the new Board has had an opportunity to establish its requirements, additional information on the Board will be included in the appropriate section of the Directory of Approved Internships and Residencies. The number of certificates granted each year will also be included as soon as the Board begins examining candidates. It is estimated that examinations may be given in early 1970. Information concerning the Board's requirements will be published as soon as the data become available. The Secretary of the Board is Nicholas J. Pisacano, M.D., University of Kentucky Medical Center, Lexington, Kentucky 40506.

IV. RESIDENCY PROGRAMS

A. Revision of "Essentials of Approved Residencies"

1. Changes Relating to Osteopathy

At the beginning of this section a comprehensive statement on osteopathy indicates that several revisions have been made during the past twelve months in the "Essentials of Approved Residencies" relating to the participation of graduates of schools of osteopathy in residency programs and as members of the teaching staff. These revisions are outlined in detail in the above material.

2. Part-Time Residencies for Women

A section, corresponding to a similar section added last year in the "Essentials of an Approved Internship," makes provision for part-time residencies for women if a program director wishes to accept female physicians for part-time residency duty. If the program director wishes to arrange to accept female physicians for part-time residency duties, he must justify to the appropriate residency review committee the manner in which the program will be arranged so as to provide the equivalent of full residency experience. He must also make certain that any part-time plan is fair to the other residents and fully compatible with the hospital's training program and responsibilities in the care of patients. He must also verify for the resident that the appropriate specialty board agrees that the projected part-time residency will qualify the candidate for examination upon completion of the program.

B. Anesthesiology

As approved by the House of Delegates in June, 1969, the "Essentials of Approved Residencies" now indicate that, after July 1, 1973, only those residencies qualifying to offer three years of training in anesthesiology shall be approved. Applications for two-year programs are no longer being accepted, but those two-year programs currently approved will have an opportunity to qualify for approval to offer a three-year program prior to the cut-off date of July 1, 1973.

In the listings of residencies in this edition of the Directory, the Residency Review Committee for Anesthesiology, which represents the Council on Medical Education of the American Medical Association and the American Board of Anesthesiology, agreed that the categories previously designated by the letters A, B, and C, should not be indicated in the Directory, as they will not be used in designating the three-year programs hereafter. The areas of training, however, represented by these designations will continue to receive consideration when the three-year programs are being reviewed and evaluated.

At the June, 1969, meeting of the House of Delegates, a further revision was made, to permit approval of specialized institutions to offer one year of training in anesthesiology,

and these programs will be listed in the Directory of Approved Internships and Residencies as soon as there is an opportunity to evaluate them. To qualify for this category of approved training, a program must demonstrate that it offers an educational experience that is substantially different from, and not generally available in, the first two years of clinical training in anesthesiology.

C. Training in Child Neurology

A section added to the "Essentials of Approved Residencies," under residencies in neurology lists the requirements for training in child neurology. Training programs providing competence in child neurology are to be conducted only in a setting in which there are approved programs in pediatrics, and the training program in child neurology must be closely related to a full, three-year program in neurology. Training directors contemplating development of programs in child neurology should review the "Essentials" for pediatrics and for neurology, especially as the latter relates to training in sciences basic to neurology, including psychiatry, the neurology of learning, genetics, and embryology. A year of a pediatric residency is required, and it should be designed to provide the candidate with a wide variety of experiences in the care of sick children, including those with mental retardation. The program should also encompass experience in a newborn nursery and in problems dealing with growth and development of the normal child and adolescent. The setting for training in child neurology should also include a neurosurgical service, and the program director should plan to provide the resident with an opportunity to develop an understanding of the psychiatric problems of disease in children.

Training in child neurology will not be offered as a separate residency, but will be a part of a three-year program in neurology.

D. Radiology—Special Fields

In this Directory, for the first time, programs are listed offering three-year residencies in diagnostic radiology and three-year residencies in therapeutic radiology. These lists appear immediately following residencies in radiology.

The list is necessarily brief, as it has not been possible to evaluate promptly all programs for which approval has been requested. Additional programs will be evaluated by the Residency Review Committee at its meetings during the fall of 1969 and the spring of 1970, for listing in the next edition of the Directory.

E. Surgery Residencies

As previously announced, the Conference Committee on Graduation Education in Surgery and its three sponsoring bodies—the American Board of Surgery, the American College of Surgeons, and the Council on Medical Education of the American Medical Association—agreed upon the following policy relating to Type II (3-year) residencies in surgery:

1. No new applications for Type II (3-year) programs will be accepted after June 30, 1968.
2. Approval of all Type II (3-year) programs will be discontinued by June 30, 1972.

Although no new applications for approval of 3-year residency programs have been accepted during the past year, all currently approved 3-year programs will have until June 30, 1972, nearly three years, to take the steps necessary to reorganize to meet the requirements for approval as Type I (4-year) programs. The currently approved Type II programs are being surveyed in accordance with the policy of surveying all approved residency programs regularly. Program directors may make appointments to approved 3-year programs, provided such appointments will terminate by June 30, 1972.

F. Thoracic Surgery

The "Essentials of Approved Residencies" relating to residencies in thoracic surgery now require that the thoracic

surgical experience encompass two years of graded responsibility in all aspects of this field, and that they include 12 months of senior responsibility in thoracic and cardiovascular surgery.

Although it is preferred that the two years of training in thoracic surgery be consecutive, and that the 12 months of senior responsibility also be consecutive, a continuous residency program of five or more years, designed to give the resident a year of senior responsibility in general surgery and a year of senior responsibility in thoracic surgery, may be approved by the Residency Review Committee for Thoracic Surgery, providing the other requirements for such approval have been met. These requirements are stated in the text of the revised section on thoracic surgery in the "Essentials."

Programs in thoracic surgery that do not provide two years of training, including 12 months of senior responsibility, will not be approved after July 1, 1970. No new applications for programs offering one year of training are now being accepted.

V. RESIDENCY APPOINTMENT PROCEDURES

A. Uniform Appointment Dates for Internal Medicine

As outlined last year, procedures for a uniform appointment date for first year residencies in internal medicine are continuing to be developed. This program is in its third year of operation, and for the second year is being monitored by the AMA Department of Graduate Medical Education, although initial sponsorship came from the Association of Professors of Medicine. Hospitals that participate in the program agreed to the following conditions:

1. Residencies to individuals presently in internships, may not be offered before 9:00 a.m. EST on Wednesday, November 12, 1969.
2. The intern applicants to first-year residencies must give their response to the residency program director within 24 hours of the time they are contacted. (It is urged that all contacts outside the parent institution be made by telephone whenever possible.)
3. Candidates who have completed an internship prior to June 30, 1969, and who are in fellowship training, the Armed Forces, the United States Public Health Service, etc., are exempt from the November 12, 1969, date.
4. Prospective residents going directly into specialty programs in neurology or dermatology are exempt from the November 12, 1969, date.
5. The uniform appointment date is applicable only to first-year residents, and does not apply to second and third-year residents.

B. Matching Program for Orthopedic Surgery

For the second year, a residency matching program in orthopedic surgery is being sponsored by the American Academy of Orthopedic Surgeons in conjunction with the National Intern and Resident Matching Program. A directory of training programs in orthopedic surgery was distributed August 29, 1969; applicants and program directors have until October 31, 1969, to submit rank order lists of preferences to the NIRMP in Evanston, Illinois; the list will be confirmed during the period from November 17, 1969 to December 1, 1969. The matching will then take place, and the results will be mailed from the NIRMP office to both applicants and program directors during the period from December 15, 1969, to January 1, 1970.

C. Matching Program for Radiology

A residency matching program for radiology will be initiated in 1969, sponsored by the American College of Radiology in cooperation with the National Intern and Resident Matching Program.

Under the time-table set for this matching program, the rank order lists of applicants and of program directors are to be sent to the NIRMP office by October 15, 1969. Confirmation of rank order lists will be mailed from November 3, 1969, to a deadline date of November 14, 1969. Participants in the program will be notified of the results of the matching process by December 12, 1969.

VI. SPECIALTY BOARD POLICIES

A. American Board of Internal Medicine

The JAMA of August 11, 1968, contained an announcement of the changes in the requirements for certification by the American Board of Internal Medicine.

The specific requirements are listed in the section of the Directory entitled "Requirements for Certification," and basically involve the establishment of two types of certificates. Candidates who have completed a minimum of two full years of postdoctoral education in internal medicine may take a "qualifying examination" provided they are currently in a third year of postdoctoral education in internal medicine or a related field at the time they undertake that examination.

Candidates who pass the qualifying examination and provide evidence that they have completed the required three postdoctoral years of education will be awarded a certificate attesting to these accomplishments. The announcement of the board states that this certificate has been proposed as the qualifying agent for many physicians preparing themselves for the practice of internal medicine with the goal of serving as a general internist or primary physician. During the required third year of education, the physician may acquire those special skills necessary for this type of practice.

A second certificate will be offered designating as Diplomates those who have passed the qualifying examination in internal medicine, have completed a minimum of four years of postdoctoral education, and have passed an "advanced examination."

A candidate may elect whether he will undertake the advanced examination in the field of general internal medicine or in one of the subspecialty areas of internal medicine, in which a subspecialty board has been established.

As a third alternative, if the candidate has completed the required training in a subspecialty area not related to an established subspecialty board, he will be examined in his subspecialty fields by the American Board of Internal Medicine. In addition to having completed two years of postdoctoral education in general internal medicine and having passed the qualifying examination in internal medicine, candidates for advanced examination will have selected two years of training appropriate to the field in which they plan to be examined.

A time schedule for the phasing out of the current written examination, and for the implementation of the new requirements is included in the announcement published in the August 11 issue, and also in the detailed statement of the requirements under "Requirements for Certification."

VII. ADDITIONAL ANNOUNCEMENTS

A. Guide for Residencies in Pediatrics

A Guide for Residencies in Pediatrics was prepared and distributed during the past year to current program directors.

Copies are available for those who are interested in obtaining additional information on the requirements for a residency in this field, as the book is intended primarily for program directors.

B. Professional Liability Insurance for the Intern and Resident

During the past year, hospitals were reminded that reprints on "Professional Liability Insurance for the Intern and Resident," were available. This article was originally published in the JAMA July 5, 1965. A supply of the reprint is still available, and copies will be sent without charge to hospitals that wish to distribute these reprints to members of their house staff.

C. Proposed Standards for Accreditation of Hospitals

In July, 1969, the Joint Commission on Accreditation of Hospitals issued from its headquarters in Chicago, a "provisional draft" of "Proposed Standards for Accreditation of Hospitals."

The document is a result of the vote taken by the Board of Commissioners in August, 1966, to "review, re-evaluate, and rewrite the hospital accreditation standards and their supplemental interpretation to attain these two objectives:

A. To raise and strengthen the standards from the present level of minimum essential to the level of optimum achievable and to assure their suitability to the modern state of the art;

B. To simplify and clarify the language of standards and interpretation to remove all possible ambiguities and misunderstandings.

The provisional draft sets forth the standards to be met and provides interpretive material on them. The Joint Commission has indicated that, in preparing the present revisions, nearly 250 experts participated in committee work as advisors and many other individuals gave useful opinions on the various matters. An open discussion was also engendered at sessions for hospital and medical representatives provided under the auspices of the American Hospital Association and the American Medical Association.

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

Introduction.—This index is intended to facilitate identification of the significant policy developments in the field of Graduate Medical Education over the past 11 years. Prior to 1961, an issue of *The JAMA* was identified as the Internship and Residency Number of *The Journal*. In 1961, with alteration of the format of the *Directory of Approved Internships and Residencies*, it was no longer possible to include the *Directory* in an issue of *The Journal*. As a result, the first 24 pages comprising the Annual Report for 1960-1961 were not published in *The Journal*, and will only be found in medical libraries if the entire *Directory* was bound or filed with Vol. 177 of *The Journal*.

Since 1962, after discontinuance of the Internship and Residency Number, the Annual Reports have been included in the Education Number of *The Journal*, and are also published in the *Directory*, along with a section on Special Reports, Announcements, and Notices. Many statements in these sections relate to policies of the AMA and other organizations.

Accordingly, the following index to the *JAMA* refers either to the Internship and Residency Numbers prior to 1961, the *Directory of Approved Internships and Residencies* for 1961, or the Education Number of *The Journal* from 1962 through 1969.

1. Affiliation Between Hospitals and Medical Schools.
 - a. Policy on Identifying Hospital Affiliation with Medical Schools. JAMA 194:788, Nov. 15, 1965.
2. Clinical Records Forms.
 - a. Utilization of Short Form Clinical Record in Teaching Hospitals. JAMA 194:787, Nov. 15, 1965.
3. Director of Medical Education.
 - a. Hospital Director of Medical Education. Editorial. JAMA 171:845, Oct. 10, 1959; JAMA 177: 641, Sept. 2, 1961.
 - b. Functions and Status of Director of Medical Education. JAMA 177: 614-619, Sept. 2, 1961; JAMA 192:1055-1060, June 21, 1965.
4. Economic Factors in Graduate Medical Education.
 - a. Special Report on Stipends, Maintenance, Health, and Malpractice Insurance. JAMA 171:671, Oct. 10, 1959; JAMA 174:578, Oct. 8, 1960; JAMA 177:6,9, Sept. 2, 1961.
 - b. What Price Whistles. Editorial. JAMA 174:572, Oct. 8, 1960.
 - c. Moonlighting—Policy of Pennsylvania State Board of Medical Education and Licensure. JAMA 194:789, Nov. 15, 1965.
 - d. "Sunlighting—In Outside Employment of Residents." JAMA 202:791, Nov. 20, 1967.
 - e. Economic Factors in Graduate Medical Education. Editorial. JAMA 177:23, Sept. 2, 1961.
 - f. Policy on Outside Employment of Interns and Residents. JAMA 177:17, Sept. 2, 1961.
 - g. AMA Policy Statement on Financial Support of Interns and Residents. JAMA 177:16, Sept. 2, 1961. (Directory of Approved Internships and Residencies); JAMA 190:631, Nov. 16, 1964.
- h. Costs and Financing of Graduate Training Programs. JAMA 177:13-14, Sept. 2, 1961. (Directory of Approved Internships and Residencies).
- i. Financial Assistance for Graduate Study in Medicine. JAMA 194:788, Nov. 15, 1965.
- j. Compensation of House Officers—Special Report of Council on Medical Service and Council on Medical Education. Proceedings of the House of Delegates, June 16-20, 1963, pp. 76-80.
- k. Joint Report of Council on Medical Education and Council on Medical Service on Graduate Medical Education and Remuneration of House Officers. Proceedings of House of Delegates, Nov. 28-30, 1966, pp. 165-170. JAMA 202:790-791, Nov. 20, 1967.
5. Externships.
 - a. Externships for Foreign Medical Students. JAMA 194:782-783, Nov. 15, 1965; Memorandum, April 4, 1966. JAMA 198:900, Nov. 21, 1966.
 - b. Employment of Medical Students as Externs. (Legal Aspects) JAMA 194:789, Nov. 15, 1965; JAMA 196: adv. pp. 327-328, April 4, 1966.
6. Family Practice.
 - a. Establishment of Family Practice Programs. JAMA 171:582-583, Oct. 10, 1959.
 - b. Report on Preparation for Family Practice. JAMA 177:19-22, Sept. 2, 1961 (Directory of Approved Internships and Residencies); JAMA 182, 775-777, Nov. 17, 1962.
 - c. Pilot programs in family practice and general practice discontinued; "Essentials for Family Practice Programs" being prepared. JAMA 206, Nov. 1968.
 - d. *Essentials* approved; programs being reviewed. JAMA 210, Nov. 24, 1969.
7. Foreign Medical Graduates.
 - a. Responsibility of Sponsors for Program Transfers and Broken Contracts. JAMA 186:687-688, Nov. 16, 1963; JAMA 190:639, Nov. 16, 1964.
 - b. Relation of ECFMG Certification to California Licensure Requirements. JAMA 190:638-639, Nov. 16, 1964.
 - c. Discontinuance of Temporary ECFMG Certificate. JAMA 190:639, Nov. 16, 1964.
 - d. ECFMG Requirements for Foreign Medical Faculty Members. JAMA 194:783, Nov. 15, 1965.
 - e. Modification of Policy on ECFMG for U.S. Citizens who are Graduates of Foreign Medical Schools. JAMA 202, Nov. 20, 1967.
 - f. Restatement of policy on ECFMG. JAMA 206, Nov. 25, 1968.
 - g. Participation in National Intern and Resident Matching Program. JAMA 210, Nov. 24, 1969.
8. Graduate Training Outside the United States. JAMA 190:639, Nov. 16, 1964.
9. Internship—Policies and Status.
 - a. Policy on Straight Internships in Obstetrics-Gynecology. JAMA 165:458, Oct. 5, 1957.
 - b. Future of the Internship. Editorial. JAMA 165:604, Oct. 5, 1957.
 - c. No single Panacea for Internship. Editorial. JAMA 168:693, Oct. 4, 1958.
 - d. Policy on Approval of Internships. JAMA 171:846-847, Oct. 10, 1959.
 - e. Revision of Essentials: Utilization of Ambulatory Patients, Instruction in Anesthesiology, Part-Time Internships. JAMA 194:787, Nov. 15, 1965.
 - f. Revision of Essentials: Agreement Between Intern or Resident and Hospital. JAMA 198:893, Nov. 21, 1966.
 - g. Review procedure on straight internships. JAMA 210, Nov. 24, 1969.
 - h. Revision of Essentials: Revision of Definition of Rotating Internship. JAMA 198:893, Nov. 21, 1966.
 - i. Statement on Internships by the American Board of Pediatrics. JAMA 198:897, Nov. 21, 1966.
 - j. Symbol for Early Starting Date on Internships. JAMA 202:787, Nov. 20, 1967.
 - k. Legality of internship prior to graduation from medical school. JAMA 206:2043, Nov. 25, 1968.
10. Negro Physicians in Graduate Education. JAMA 210, Nov. 24, 1969.
11. Legal Obligations of Hospital and House Staffs.
 - a. Responsibility of Hospital Staff to House Officers and Service Patients. Editorial. JAMA 182:812, Nov. 17, 1962.
 - b. Malpractice Insurance for Interns and Residents. JAMA 193:55-60, July, 1965. JAMA 206:2046, Nov. 25, 1968.

12. Osteopaths.
 - a. Policy on Participation of Osteopaths in Approved Graduate Training Programs.
JAMA 182:779, Nov. 17, 1962;
JAMA 190:639-640, Nov. 16, 1964;
JAMA 194:783, Nov. 15, 1965.
 - b. Eligibility of Former Osteopaths for Certification.
JAMA 198:898, Nov. 21, 1966.
JAMA 206, Nov. 25, 1968.
 - c. Implementation of Board of Trustees Report of December 1968, relating to county and state medical society membership, hospital staffs, internships and residencies.
JAMA 210, Nov. 24, 1969.
 13. Residencies in Specialties.
 - a. Background and Development of Residency Review and Conference Committees.
JAMA 165:60-64, Sept. 7, 1957.
 - b. Policy of Conference Committee on Graduate Education in Surgery on 3-4 Year Programs in Surgery. Editorial.
JAMA 171:843-844, Oct. 10, 1959.
 - c. Guides for Residency Programs in Specialties.
JAMA 186:687, Nov. 16, 1963.
JAMA 206, Nov. 25, 1968.
 - d. Policy on Approval of Thoracic Surgery Residencies.
JAMA 186:689, Nov. 16, 1963;
JAMA 190:642, Nov. 16, 1964.
JAMA 210, Nov. 20, 1964.
 - e. Responsibility of Residency Program Director for Statistics.
JAMA 186:689, Nov. 16, 1963.
 - f. Definition of "Responsible Surgeon."
JAMA 190:641, Nov. 16, 1964.
 - g. Internal Medicine Subspecialty Residencies Discontinued.
JAMA 174:817-818, Oct. 8, 1960;
JAMA 177:18, Sept. 2, 1961;
JAMA 182:778, Nov. 17, 1962.
 - h. Standards for Residency Programs in Neurology and Psychiatry.
JAMA 198:895, Nov. 21, 1966.
 - i. Residency Matching Programs.
JAMA 198:898, Nov. 21, 1966 (Psychiatry);
JAMA 206:2046, Nov. 25, 1968 (Psychiatry, Pediatrics).
JAMA 210, Nov. 24, 1969 (Radiology, Orthopedic Surgery)
 - j. General Surgery—Conversion of Type II (3 years) programs to Type I (4 year) programs.
JAMA 202:788, Nov. 20, 1967;
JAMA 206:2045, Nov. 25, 1968.
JAMA 210, Nov. 24, 1969.
 - k. Uniform Appointment Dates for First-Year Residencies.
JAMA 202, Nov. 20, 1967;
JAMA 206:2045, Nov. 25, 1968.
 - l. Pilot Placement Service for Residencies in Urology.
JAMA 206:2046, Nov. 25, 1968.
 - m. Guide for Residencies in Internal Medicine; Policies on Training in Broad Field of Internal Medicine and on Affiliations Clarified.
JAMA 206:2044, Nov. 25, 1968.
 - n. Revision of "Essentials" in Anesthesiology, General Practice, Physical Medicine and Rehabilitation, and Psychiatry.
JAMA 206, Nov. 25, 1968.
 - o. Revision of "Essentials" in Anesthesiology, Neurology (Child Neurology), Thoracic Surgery.
JAMA 210, Nov. 24, 1969.
 - p. Residencies in Diagnostic Radiology and Therapeutic Radiology separately approved and listed.
JAMA 210, Nov. 24, 1969.
 - q. Part-time Residencies for Women.
JAMA 210, Nov. 24, 1969.
14. Role of Council on Medical Education.
 - a. Relationship of Hospital Accreditation by Joint Commission on Accreditation to Approval of Graduate Training Programs.
JAMA 190:638, Nov. 16, 1964.
 - b. Activities and Accomplishments of the American Medical Association in the Field of Graduate Medical Education.
J. Med. Educ. 36:1210-1217, Sept., 1961.
 - c. The Role of the Council on Medical Education and Hospitals of the American Medical Association.
J. Med. Educ. 34:819-825, Aug., 1959.
 15. Selective Service.
 - a. Relation of Internship to Selective Service Requirements.
JAMA 182:779, Nov. 17, 1962.
 16. Specialty Boards.
 - a. Essentials for Approval of Examining Boards in Medical Specialties—Revision.
JAMA 186:688, Nov. 16, 1963;
JAMA 194:784-786, Nov. 15, 1965.
 - b. Approved and Non-Approved Specialty Boards. Editorial.
JAMA 194:823, Nov. 15, 1965.
 - c. Policy of American Board of Surgery on 1-2 Year Programs.
JAMA 186:688-689, Nov. 16, 1963.
 - d. Requirements for Examination by Both the American Board of Internal Medicine and the American Board of Pediatrics.
JAMA 206:2044, Nov. 25, 1968.
 - e. American Board of Family Practice Approved.
JAMA 210, Nov. 24, 1969.
 - f. American Board of Internal Medicine Requirements.
JAMA 210, Nov. 24, 1969.
 17. Women in Graduate Medical Attention.
JAMA 210, Nov. 24, 1969.

Consolidated List of Hospitals

With Approved Graduate Training Programs

Council on Medical Education of the American Medical Association

Revised to June 30, 1969

Hospitals, 1,449

Internship Programs, 2,788

Residency Programs, 4,614

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

To save space, the word "Hospital" has been omitted when it is the last word of the name of the institution.

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

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

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

1. The house staff is selected by officials of a specific medical school department or by a joint committee of the hospital teaching staff and the medical school faculty.

2. There is some degree of actual exchange of residents between the G hospital and the principal medical school teaching hospital.

3. There is regularly scheduled participation of medical school faculty (other than the hospital's own attending staff) in teaching programs at the G hospital.

4. There is a contractual agreement (with or without financial commitment) for assistance in the organization and supervision of the graduate program in the G hospital.

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

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

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

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

Footnote¹—Appointments are restricted to men only.

Footnote²—U.S. citizenship is a requirement for appointment. Footnote³—Graduates of foreign medical schools are not eligible for appointment.

Footnote⁴—Dental internships are available.

Footnote⁵—Dental residencies are available.

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

Whenever the information could be shown with reasonable accuracy, the number of graduates of foreign and nonforeign medical schools serving in each hospital as of September 1, 1968, is shown as a separate figure for interns and residents. The information was provided by individual hospitals, on the annual questionnaire completed for this Directory. The numbers published do not include those who were listed as serving in the hospital in capacities other than those of intern or resident.

In some cases, because of the complexity of programs in relationship to other hospitals, numbers have not been published; in a few cases, specific figures were not furnished. The absence of numbers in these columns may indicate that either no one was serving in the program as of September 1, 1968, or that the program is so organized that individual participants are appointed to an integrated program and therefore serving during the program in more than one hospital.

The numbers of internship and residency positions are shown for the academic year beginning July 1, 1970, to provide an indication of the training potential of each hospital, insofar as it is possible to indicate this in a list. Some figures may represent duplications in situations in which several hospitals participate in combined training programs for one or more specialties; others may not reflect the large number of trainees regularly rotating to the institution from other programs.

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

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

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

Abbreviations used to indicate the specialty or area of training designated in internship and residency programs are listed on page 84, preceding the list of code numbers for medical schools.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
ALABAMA										
Birmingham										
Baptist Medical Center 800 Montclair Rd, 35213	L-10	Church	...	301	9	29	...	...	...	Int: Rot.; Res: Surg., Path., Rad.
Birmingham Baptist 701 Princeton Ave, 35211	L-10	Church	...	427	10	31	...	...	...	Int: Rot.; Res: Surg., Path., Rad.
Birmingham Baptist Hospitals 701 Princeton Ave., 35211	L-10	Church	3	...	...	...	...	2	24	Int: Rot.; Res: Surg., Path., Rad.
Carraway Methodist 1615 North 25th St., 35234	L-10	Church	2	392	8	43	...	13	16	Int: Rot., St. Med.; Res: G.P., Surg., Med., ObG., Path., Urol.
Children's 1601 6th Ave S, 35233	M-10	NP Corp	...	128	...	...	...	17	35	Int: Rot., St. Med., St. Surg., St. Ped., St. Path.; Res: Neurosurg., Ortho., Otol., Ped., Urol.
Crippled Children's Clinic and Hospital 620 South 19th St, 35233	M-10	NP Corp	2,3	100	14	100	...	2	2	Res: Neur., Ortho., Urol.
Eye Foundation 1720 8th Ave South, 35233	...	NP Corp	2,3	44	7	0	...	4	6	Res: Oph.
St. Vincent 2701 Ninth Court South, 35205	L-10	NP Corp	1,2,3	193	7	41	...	5	8	Int: Rot.;
University of Alabama Medical Center, 619 South 19th St, 35233	M-10X	Misc.	3	...	...	...	2	40	67	Int: Rot., St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Child Psych., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., PMR, G. Prev. Med., Psych., Rad., Thor., Urol.
University of Alabama Hospitals and Clinics 619 South 19th St, 35233	M-10X	State	4,3	650	10	57	...	6	18	Int: Rot., St. Med., St. Surg., St. Ped., St. Path.; Res: Anes., Child Psych., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., PMR, Psych., Rad., Thor., Urol.
Veterans Admin. 700 South 19th Street, 35233	M-10	VA	4,5	479	21	73	...	1	3	Int: Rot., St. Med., St. Surg., St. Path.; Res: Derm., Surg., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Thor., Urol.
Fairfield										
Lloyd Noland P. O. Box 538, 35064	...	NP Corp	...	306	9	45	...	10	14	Int: Rot.; Res: Anes., Derm., Surg., Med., ObG., Ortho., Path., Ped.
Mobile										
Mobile General 2451 Fillingim St., 36617	L-10	County	3	270	8	52	...	17	20	Int: Rot.; Res: Surg., Med., ObG., Ortho., Path., Ped., Urol.
Montgomery										
Montgomery Baptist 2105 East South Blvd, 36111	L-10	Church	3	195	1	...	...	...	...	Int: Rot.;
Montgomery Regional Foundation (Includes Montgomery Baptist Hospital and St. Margaret's Hospital)	L-10	Misc.	3	...	...	...	...	...	8	Int: Rot.;
St. Margaret's 834 Adams St, 36104	L-10	Church	3	235	...	...	...	...	...	Int: Rot.;
Tuscaloosa										
Druid City 809 Birmingham Ave, 35401	...	Cy-Co	3	438	7	20	...	...	1	Res: Path.
Tuskegee										
Veterans Admin., 36083	...	VA	2,4,5	1315	153	36	...	2	9	Res: Surg., Oph., PMR
ALASKA										
Anchorage										
U. S. Public Health Service Alaska Native Medical Center Third and Gambell Streets, 99501	G-91	USPHS	2,3,4	329	22	79	...	...	...	Res: Surg., Ortho.
ARIZONA										
Phoenix										
Arizona State 2500 E. Van Buren St., 85008	...	State	2	1092	257	49	...	...	18	Res: Psych.
Barrow Neurological Institute of St. Joseph's Hospital 350 W. Thomas Rd., 85013	...	Church	3	...	...	...	1	5	8	Res: Neurosurg., Neur.
Crippled Children's 1825 E Garfield, 85006	G-16	State	...	84	15	69	...	5	8	Res: Ortho., Plast.
Good Samaritan 1033 E. Mc Dowell Rd., 85006	...	NP Corp	...	520	8	44	...	24	28	Int: Rot.; Res: G.P., Surg., Med., ObG., Path., Ped., Ped. Card., PMR, Plast., Rad.
Maricopa County General 3435 West Durango St., 85009	...	County	...	453	9	50	8	19	24	Int: Rot.; Res: Anes., Surg., Med., ObG., Path., Ped., Plast.
Memorial 1200 S. 5th Ave, 85003	...	NP Corp	...	170	9	39	...	...	10	Int: Rot.;
Phoenix Integrated Surgical Residency (Includes Good Samaritan Hospital, U. S. Public Health Service Indian Hospital and Veterans Admin. Hospital)	...	Misc.	...	...	...	...	1	1	14	Res: Surg.
St. Joseph's 350 West Thomas Rd, 85013	...	Church	...	450	7	61	...	24	24	Int: Rot.;
State of Arizona Department of Health 1624 W. Adams St., 85007	...	State	...	...	...	...	5	13	31	Res: Surg., Med., ObG., Path., Ped., Rad.
U. S. Public Health Service Indian 1550 E Indian School Rd, 85014	...	USPHS	2	137	...	57	...	4	6	Res: Surg., Surg., Ped.
Veterans Admin. 7th St and Indian School Rd, 85012	...	VA	...	77	...	77	...	...	6	Res: Surg., Med.
Tucson										
Pima County General 2900 South Sixth Ave, 85713	...	County	...	140	10	60	...	...	...	Int: Rot., St. Med., St. Surg.; Res: G.P., Surg., Med., Ped.
St. Mary's West St. Mary's Rd, 85703	...	Church	...	270	8	48	...	...	...	Int: Rot., St. Med., St. Surg.; Res: G.P., Surg., Med.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Neurology Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program	
							Foreign	Non-Foreign			
CALIFORNIA—Continued											
Loma Linda											
Loma Linda University 11234 Anderson St, 92354	M-12X	Church	...	360	...	66	1	13	27 Int:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.;	
Loma Linda University Affiliated Hospitals(Includes Loma Linda University Hospital and Riverside General Hospital, Riverside)	M-12X	...	...	...	...	...	3	29	46 Res:	Anes.,Surg.,ObG.,Path.,Ped.
Long Beach											
Long Beach Community 1720 Termino Ave, 90804	...	NP Corp	3	300	8	47	...	1	2 Res:	Ortho.	
Memorial Hospital of Long Beach 2801 Atlantic Ave, 90801	M-95	NP Corp	...	545	9	43	...	18	22 Int:	Rot.,St.Path.;	
St. Mary's Long Beach 509 East Tenth St, 90813	...	NP Corp	3	341	6	42	...	12	12 Int:	Rot.;	
Veterans Admin. 5901 E 7th, 90801	M-95	VA	4,5	1675	67	59	38	81	144 Res:	Derm.,Surg.,Med.,Neurosurg.,Oph., Ortho.,Otol.,Path.,PMR,Psych., Rad.,Thor.,Urol.	
Los Angeles											
California 1414 South Hope St, 90015	...	NP Corp	...	325	8	44	4	4	8 Int:	Rot.;	
Cedars-Sinai Medical Center(Includes Cedars of Lebanon Hospital Division and Mount Sinai Hospital Division) 4833 Fountain Ave., 90029	L-13	Misc.	3	...	...	...	3	31	30 Int:	Rot.,St.Med.,St.Ped.;
Cedars of Lebanon Hospital Div. 4833 Fountain Ave., 90029	L-13	NP Corp	...	508	8	44	...	...	7 Int:	Rot.,St.Med.;
Childrens Hospital of Los Angeles 4650 Sunset Blvd, 90027	M-14#	NP Corp	3	302	7	85	...	16	16 Int:	Rot.,St.Ped.;	
Hollywood Presbyterian 1322 North Vermont Av., 90027	...	NP Corp	2,3	264	6	25	...	35	47 Res:	Ortho.,Path.,Ped.,Ped.Card.,Thor. ObG.,Oph.	
Hospital of the Good Samaritan Medical Center 1212 Shatto St, 90017	G-14	NP Corp	...	391	9	49	...	10	12 Int:	Rot.;	
Kaiser Foundation 4867 Sunset Blvd, 90027	...	NP Corp	...	449	7	41	...	19	52 Res:	Surg.,Med.,Path.,Thor.	
Los Angeles County Harbor General - See Torrance, Calif. Los Angeles County-U.S.C. Medical Center 1200 No. State St., 90033	M-14#	County	3,3	2105	7	41	...	228	238 Int:	Rot.,St.Med.,	
Mount Sinai Hospital Division 8720 Beverly Blvd., 90048	L-13	NP Corp	...	237	9	38	...	...	...	Int: Rot.;
Office of Chief Medical Examiner-Coroner County of Los Angeles Hall of Justice, 90012	...	County	...	...	...	...	...	...	15 Res:	For.Path.
Orthopaedic 2400 S Flower St, 90007	G-14	City	3	162	9	78	...	19	17 Res:	Ortho.	
Queen of Angels 2301 Bellevue Ave, 90026	...	Church	...	352	7	...	7	...	14 Int:	Rot.;	
Reiss-Davis Child Study Center 9760 West Pico Blvd, 90035	...	NP Corp	...	...	...	...	1	4	8 Res:	Child Psych.
Santa Fe Memorial 610 So. St. Louis St., 90023	L-14	NP Corp	...	189	10	...	...	...	...	Int: Rot.;
Santa Fe Memorial-Children's Shriners Hospital for Crippled Children 3160 Geneva St, 91502	...	NP Corp	2	60	63	0	...	3	9 Int:	Rot.;	
U. C. L. A. Medical Center, 90024	M-13X	NP Corp	4	368	8	79	...	36	53 Int:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.;	
U.C.L.A. Affiliated Hospitals,	M-13	Misc.	3	24	69	320 Res:	Anes.,Child Psych.,Derm.,Surg., Med.,Neurosurg.,Neur.,ObG.,Oph., Ortho.,Otol.,Path.,Ped.,Ped.All., Ped.Card.,Rad.,Psych.,Rad., Thor.,Urol.
University of California Hospital - See U.C.L.A. University of California Sch. of Pub. Hlth. and Sch. of Med., 90024	...	State	...	...	...	...	...	10	21 Res:	Occ.Med.,G.Prev.Med.
Veterans Admin. Center, Brentwood Wilshire & Sawtelle Blvds, 90073	G-13	VA	4	1400	332	70	5	13	36 Res:	Psych.	
Veterans Admin. Center-Wadsworth Wilshire & Sawtelle Blvds., 90073	M-13	Misc.	2,4,5	1182	31	69	...	36	36 Int:	Rot.,St.Med.;	
Veterans Admin. (Sepulveda) 16111 Plummer St, 91343	...	VA	4	906	99	68	6	10	24 Res:	Surg.,Med.,Psych.	
White Memorial Medical Center 1720 Brooklyn Ave, 90033	...	Church	...	279	8	54	2	11	17 Int:	Rot.,St.Med.,St.Surg.,St.Ped.;	
Los Gatos											
Community Hospital-Los Gatos-Saratoga 815 Pollard Rd, 95030	...	NP Corp	3	165	5	66	...	...	2 Res:	Path.
Martinez											
Contra Costa County Medical Services 2500 Alhambra Ave, 94553	...	County	...	360	10	61	...	12	12 Res:	G.P.	
Veterans Admin. 150 Muir Rd, 94553	...	VA	4	498	30	75	12	11	28 Res:	Surg.,Med.,Neur.,Path.,Psych., Urol.	
Modesto											
Scenic General 830 Scenic Dr, 95350	...	County	...	297	12	27	...	6	7 Res:	G.P.	
Mountain View											
El Camino 2500 Grant Rd, 94040	...	Dist.	2,3	400	6	52	...	2	2 Res:	Path.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program	
							Foreign	Non-Foreign			
CALIFORNIA—Continued											
Newport Beach											
Hoag Memorial Hospital Presbyterian 301 Newport Blvd., 92660	G-95	Church	...	270	...	...	...	...	6 Res:	F.P.
Norwalk											
Metropolitan State 11400 So. Norwalk Blvd., 90650	L-95	State	2	3053	...	40	1	18	24 Res:	Psych.	
Oakland											
Children's Hospital Medical Center of Northern California 51st and Grove Streets, 94609	L-16,G-15	NP Corp	4,5	142	5	81	...	6	6 Int:	St.Ped.;	
Highland General 2701 - 14th Ave, 94606	G-16	Cy-Co	4,5	893	7	41	1	41	42 Int:	Rot.;	
Kaiser Foundation 280 West Mac Arthur Blvd., 94611	...	NP Corp	...	275	6	56	...	...	24 Int:	Rot.;
Naval 8750 Mountain Blvd., 94627	...	USN	2,3,4,5	1150	24	81	...	17	24 Int:	Rot.,St.Med.,St.Surg.;	
Samuel Merritt Hawthorne Ave. and Webster St., 94609	G-16	NP Corp	3	326	...	43	...	...	2 Res:	Ortho.,Path.
Western Laboratories 2945 Webster St, 94609	...	Corp.	...	...	...	...	...	...	...	For.Path.
Olive View											
Olive View 14701 Foothill Blvd, 91330	...	County	3	749	111	58	1	3	7 Res:	Psych.,Thor.	
Orange											
ChildrensHospital of Orange County 1109 W La Veta, 92668	M-95#	NP Corp	...	104	5	87	...	...	...	Int: St.Ped.;
Orange County Medical Center 101 Manchester Ave, 92668	M-95#	County	3	686	8	98	...	43	44 Int:	Rot.,St.Med.,St.Surg.,St.Ped.;	
University of California (Irvine) Affiliated Hospitals.	M-95	Misc.	3	...	...	...	...	2	4 Int:	St.Ped.;
Palo Alto											
Palo Alto-Stanford Hospital Center- See Stanford University, Stanford Veterans Admin. 3801 Miranda Ave, 94304	M-15#	VA	4	2046	161	71	...	...	...	Int: St.Med.;
Pasadena											
Huntington Memorial 100 Congress St, 91105	...	NP Corp	...	391	8	58	...	12	12 Int:	Rot.;	
Pasadena Child Guidance Clinic 56 Waverly Dr, 91105	...	NP Corp	...	...	...	...	...	15	32 Res:	Surg.,Med.,Neurosurg.,Path.,Plast.
Patton											
Patton State 26802 Highland Ave, 92369	M-12#	State	2	2433	483	45	...	8	18 Res:	Psych.	
Pomona											
Pacific State 3530 Pomona Blvd., 91766	...	Misc.	3	87	...	73	...	1	3 Res:	Psych.	
Riverside											
Riverside General 9851 Magnolia Ave, 92503	M-12#	County	3	447	12	60	...	16	16 Int:	Rot.;	
Sacramento											
Mercy Hospital of Sacramento 4001 J Street, 95819	...	NP Corp	2,3	361	6	31	...	...	2 Res:	Path.
Sacramento Medical Center 2315 Stockton Blvd, 95817	M-102,G-16	Cy-Co	...	620	12	59	...	32	40 Int:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.;	
Sutter Community Hospitals of Sacramento 2820 L Street, 95816	...	NP Corp	...	551	7	31	...	5	19	96 Res:	Anes.,G.P.,Surg.,Med.,Neur.,ObG., Oph.,Ortho.,Path.,Ped.,PMR
Salinas											
General Hospital of Monterey County P. O. Box 1611, 93901	...	County	2	311	16	68	...	...	10 Res:	G.P.
San Bernardino											
San Bernardino County General 780 East Gilbert, 92404	L-12	County	...	439	10	63	...	18	21 Rot.:	...	
San Diego											
Childrens 8001 Frost St, 92123	G-103	NP Corp	3	90	4	81	...	...	...	Res: Ortho.
Donald N. Sharp Memorial Community 7901 Frost St, 92123	G-103	Church	...	295	...	...	...	...	4 Res:	Ortho.,Path.
Mercy Hospital and Medical Center 4077 Fifth Ave, 92103	G-103	Church	3	498	7	51	...	15	16 Int:	Rot.,St.Path.;	
Naval 1402 S. Grand Blvd., 63104	G-103	USN	2,3,4,5	2444	25	71	...	12	16 Res:	Anes.,Surg.,Med.,ObG.,Ortho., Path.	
San Diego Residency Program, University Hospital of San Diego County 225 W Dickinson, 92103	M-103X	Misc. NP Corp	3	398	12	63	...	8	48 Int:	Rot.,St.Med.,St.Surg.;	
San Francisco											
Children's Hospital and Adult Medical Center 3700 California St., 94119	M-16	NP Corp	3	330	7	52	...	14	15 Int:	Rot.,St.Ped.;	

CONSOLIDATED LIST OF HOSPITALS

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							Foreign	Non-Foreign		
CALIFORNIA, San Francisco—Continued										
Claire Zellerbach Saroni Memorial Tumor Inst. (See Mount Zion Hospital and Medical Center) 1600 Divisadero St., 94115	...	NP Corp	Res: Rad., Ther. Rad.
Franklin Castro & Duboce Sts, 94114	G-16	NP Corp	3	248	...	...	...	...	...	Res: Neurosurg., Ortho., Plast.
French 4131 Geary Blvd., 94118	...	NP Corp	...	208	8	45	1	7	10 Int: Rot.; 6 Res: Surg., Med., Path.	
Harkness Community Hospital and Medical Center 1400 Fell St., 94117	G-16	NP Corp	...	450	11	51	...	12	23 Int: Rot., St. Path.; 12 Res: Surg., Path., Urol.	
H. C. Moffitt-University of California Hospitals 3rd & Parnassus, 94122	M-16X	NP Corp	4,5	556	10	78	1	37	39 Int: St. Med., St. Surg., St. Ped., St. Path.; 25 Res: Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Rad., Thor., Urol.	
Kaiser Foundation 2425 Geary Blvd., 94115	L-16	NP Corp	...	293	7	64	...	22	26 Int: Rot., St. Med., St. Surg., St. Path.; 45 Res: Surg., Med., ObG., Path., Ped., Ped. All.	
Langley Porter Neuropsychiatric Institute 401 Parnassus Ave., 94122	M-16#	USPHS	2	105	51	100	...	40	74 Res: Child Psych., Psych.	
Letterman General Presidio of San Francisco, 94129	L-16	USA	2,4,5	800	33	75	...	24	28 Int: Rot., St. Med., St. Surg., St. Ped.; 110 Res: Derm., Surg., Med., Neur., ObG., Oph., Ortho., Path., Ped., PMR, Psych., Rad., Thor., Urol.	
Mount Zion Hospital and Medical Center 1600 Divisadero St., 94115	L-16	NP Corp	4	451	10	55	...	27	30 Int: Rot., St. Surg., St. Ped.; 65 Rs: Child Psych., Surg., Med., ObG., Path., Ped., Psych., Rad.	
Pacific Medical Center and Affiliated Hospitals, Pacific Medical Center-Presbyterian Clay & Webster Sts, 94115	L-16	Misc. NP Corp	...	242	9	66	...	6	6 Res: Neur.; 20 Int: Rot., St. Med.; 33 Res: Derm., Surg., Med., Neur., ObG., Oph., Ortho., Path., Psych.	
St. Francis Memorial 900 Hyde St., 94109	...	NP Corp	3	336	10	37	...	4	12 Res: Path., Plast., Psych.	
St. Joseph's 355 Buena Vista Ave East, 94417	...	Church	...	215	10	35	...	1	6 Int: Rot.; 2 Res: Surg., Ortho., Path.	
St. Luke's 1580 Valencia St., 94110	...	Church	3	252	8	45	3	4	9 Int: Rot.; 10 Res: Path.	
St. Mary's Hospital and Medical Center 2200 Hayes St., 94117	L-16	Church	...	460	12	54	...	17	22 Int: Rot.; 48 Res: Child Psych., Surg., Ortho., Path., Ped., Psych., Rad.	
San Francisco Community Mental Health Services 101 Grove St., 94102	...	Cy-Co	2,3	92	11	75	...	5	12 Res: Psych.	
San Francisco General 1001 Potrero, 94110	M-16#	Cy-Co	2,4,5	918	12	46	...	64	60 Int: Rot., St. Med., St. Path.; ... Res: Anes., Surg., Med., Neurosurg., ObG., Ortho., Otol., Path., Ped., Plast., Rad., Urol.	
San Francisco Tri-Hospital Radiology Program (Includes Children's Hospital and Adult Medical Center, Mount Zion Hospital and Medical Center, St. Mary's Hospital and Medical Center, Claire Zellerbach Saroni Memorial Tumor Institute)	...	Misc.	...	...	...	...	1	17	30 Res: Rad.	
Shriners Hospital for Crippled Children 1651-19th Ave., 94122	G-16	NP Corp	2	60	75	...	...	...	...	Res: Ortho.
U. S. Public Health Service 15th Ave & Lake St., 94118	L-16	USPHS	2,4	388	18	68	...	20	20 Int: Rot., St. Med., St. Surg.; 31 Res: Surg., Med., Oph., Ortho.	
University of California Program	M-16	Misc.	...	...	...	...	3	320	352 Res: Anes., Child Psych., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Rad., Thor., Urol.	
Veterans Admin. 4150 Clement St., 94121	M-16#	VA	2,4	377	29	77	...	3	3 Res: Derm., Surg., Med., Neurosurg., Oph., Ortho., Otol., Path., Plast., Rad., Urol.	
San Jose										
Agnews State, 95114	...	State	...	2922	...	32	...	16	16 Res: Psych.	
O'Connor 2105 Forest Ave., 95114	...	Church	3	265	6	...	...	1	2 Int: Rot.; 4 Res: Path.	
Santa Clara County Medical Examiner-Coroner's Office	...	County	...	...	...	...	...	...	...	Res: For. Path.
Santa Clara Valley Med Ctr, 95128	...	County	...	...	...	...	...	...	...	Res: For. Path.
Santa Clara Valley Medical Center 751 South Bascom, 95128	L-15,16	County	...	481	10	76	...	32	32 Int: Rot.; 37 Res: Anes., Surg., Med., ObG., Otol., Path., Ped., Rad., Urol.	
San Mateo										
Crystal Springs Rehabilitation Center 1100 Polhemus Rd., 94402	...	County	...	200	178	...	...	...	...	Res: PMR
San Mateo County General 222 W. 39th Ave., 94403	M-15#	County	...	204	10	72	...	5	18 Res: Derm., Surg., Med., Oph., Ped., Psych.	
San Pablo										
Brookside 2000 Vale Rd., 94806	...	Dist.	2	245	7	36	...	...	4	Res: Path.
Santa Barbara										
Santa Barbara Cottage 320 W Pueblo St., 93105	...	NP Corp	3	335	7	49	...	...	...	Int: Rot.; 2 Res: G.P., Surg., Med., Path., Rad.
Santa Barbara General San Antonio Rd., 93105	...	County	3	255	21	47	...	...	...	Int: Rot.; ... Res: G.P., Surg., Med., Rad.
Santa Barbara General-Cottage Hospitals	...	Misc.	...	...	...	...	2	10	17 Int: Rot.; 12 Res: G.P., Surg., Med., Rad.	
Santa Clara										
Kaiser Foundation 900 Kiely Blvd., 95051	G-15	NP Corp	3	156	5	58	...	...	...	Res: ObG.
Santa Monica										
St. John's 1328 22nd St., 90404	...	Church	...	398	7	47	...	...	3	Res: Surg., Path.
Santa Monica 1250-16th St., 90404	...	NP Corp	...	273	7	34	7	1	12 Int: Rot.;	
Santa Rosa										
Community Hospital of Sonoma County 3325 Chanate Rd., 95402	...	County	...	263	12	75	...	12	14 Res: G.P.	

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							Foreign	Non-Foreign		
CALIFORNIA—Continued										
Stanford										
Stanford University Affiliated Hospitals,	M-15	Misc.	3	17	17 Int: 269 Res:	St. Med.; Anes., Child Psych., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Otol., Path., Ped., Ped. Card., PMR, Plast., Psych., Rad., Urol.
Stanford University, 94305	M-15X	NP Corp	...	576	8	62	3	19	26 Int: 70 Res:	St. Surg., St. Ped., St. Path.; Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Rad., Urol.
Stanford University Child Psychiatry Clinic, 94305	M-15	NP Corp	3	...	...	...	...	7	5 Res:	Child Psych.
Stockton										
San Joaquin General .....	...	County	2	291	8	74	...	20	20 Int: 25 Res:	Rot.; Surg., Med., ObG., Path., Ped.
P. O. Box 1020, 95201 .....	...	State	2	1968	1115	54	1	5	12 Res:	Psych.
Stockton State .....	...	State	2,3	1828	309	72	...	22	40 Res:	Psych.
Talmage										
Mendocino State .....	...	State	2,3	1828	309	72	...	22	40 Res:	Psych.
P. O. Box X, 95481 .....	...	State	2,3	1828	309	72	...	22	40 Res:	Psych.
Torrance										
Los Angeles County Harbor General	M-13#	County	2,4	712	8	54	...	56	64 Int: 158 Res:	Rot., St. Med., St. Surg., St. Ped., St. Path.; Anes., Child Psych., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Psych., Rad., Thor., Urol.
1000 West Carson St, 90509	M-13#	County	2,4	712	8	54	2	120	158 Res:	Anes., Child Psych., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Psych., Rad., Thor., Urol.
Ventura										
General Hospital Ventura County .....	...	Cy-Co	...	300	...	28	...	19	34 Res:	F.P., G.P.
3291 Loma Vista Rd, 93003 .....	...	Cy-Co	...	300	...	28	...	19	34 Res:	F.P., G.P.
CANAL ZONE										
Balboa Heights										
Gorgas, .....	...	Other	...	365	10	63	...	16	16 Int: 36 Res:	Rot.; Surg., Med., ObG., Oph., Ortho., Path., Ped., Urol.
P.O. Box O, .....	...	Other	...	365	10	63	9	20	36 Res:	Surg., Med., ObG., Oph., Ortho., Path., Ped., Urol.
COLORADO										
Colorado Springs										
Penrose .....	...	Church	3	374	8	65	...	6	16 Res:	Path., Rad.
2215 N. Cascade Ave, 80907 .....	...	Church	3	186	7	53	...	...	2 Res:	G.P.
St. Francis .....	...	Church	3	186	7	53	...	...	2 Res:	G.P.
800 E. Pikes Peak Ave, 80903 .....	...	Church	3	186	7	53	...	...	2 Res:	G.P.
Denver										
Children's	L-17	NP Corp	...	221	5	88	...	4	6 Int: 10 Res:	St. Ped.; Ortho., Path., Ped., Ped. All., Ped. Card.
1056 E. 19th Ave., 80218	L-17	NP Corp	...	221	5	88	3	...	10 Res:	Ortho., Path., Ped., Ped. All., Ped. Card.
Children's Asthma Research Institute and Hospital - See Jewish National Home for Asthmatic Children										
Colorado General Hospital - See University of Colorado Medical Center										
Colorado Psychopathic - See University of Colorado Medical Center										
Denver General	M-17	Cy-Co	4,3	311	9	72	...	33	29 Int: 17 Res:	Rot., St. Med., St. Surg.; Derm., G.P., Surg., Med., Neur., ObG., Oph., Ortho., Otol., Path., For. Path., Ped., Psych., Rad., Urol.
W 6th Ave. & Cherokee St., 80204	M-17	Cy-Co	4,3	311	9	72	1	11	17 Res:	Derm., G.P., Surg., Med., Neur., ObG., Oph., Ortho., Otol., Path., For. Path., Ped., Psych., Rad., Urol.
Fitzsimons General	L-17	USA	2,3	1720	27	85	...	21	26 Int: 73 Res:	Rot., St. Med., St. Surg., St. Ped.; Surg., Med., ObG., Oph., Ortho., Otol., Path., Ped., Rad., Thor., Psych.
Peoria and E Colfax, 80240	L-17	USA	2,3	1720	27	85	...	65	73 Res:	Rot., St. Med., St. Surg., St. Ped.; Surg., Med., ObG., Oph., Ortho., Otol., Path., Ped., Rad., Thor., Psych.
Fort Logan Mental Health Center	G-17	State	...	301	165	67	1	2	18 Res:	Psych.
3520 W. Oxford Ave, 80236	G-17	State	...	301	165	67	1	2	18 Res:	Psych.
General Rose Memorial	G-17	NP Corp	3	400	9	50	...	12	12 Int: 15 Res:	Rot.; Surg., Path., Rad.
1050 Clermont St, 80220	G-17	NP Corp	3	400	9	50	6	4	15 Res:	Surg., Path., Rad.
Jewish National Home for Asthmatic Children and Children's Asthma Research Institute and Hospital	G-17	NP Corp	3	160	...	...	4	2	5 Res:	Ped. All.
3401 West 19th Ave, 80204	G-17	NP Corp	3	160	...	...	4	2	5 Res:	Ped. All.
Mercy .....	...	Church	...	370	7	49	8	...	11 Int: 8 Res:	Rot.; G.P., Surg., Path.
1619 Milwaukee St, 80206 .....	...	Church	...	370	7	49	10	1	8 Res:	G.P., Surg., Path.
Porter Memorial .....	...	Church	3	264	7	50	...	...	...	Path.
2525 South Downing, 80210 .....	...	Church	3	264	7	50	...	...	...	Path.
Presbyterian Medical Center	G-17	NP Corp	...	435	8	56	...	22	23 Int: 24 Res:	Rot.; Surg., Med., Path., Rad.
1719 19th Ave., 80218	G-17	NP Corp	...	435	8	56	...	22	24 Res:	Surg., Med., Path., Rad.
St. Anthony .....	...	NP Corp	4	555	7	46	2	1	10 Int: 20 Res:	Rot.; G.P., Path.
W. 16th at Raleigh, 80204 .....	...	NP Corp	4	555	7	46	1	...	20 Res:	G.P., Path.
St. Joseph .....	...	Church	...	538	7	54	...	16	16 Int: 40 Res:	Rot.; G.P., Surg., Med., ObG., Path., Rad.
1835 Franklin St, 80218 .....	...	Church	...	538	7	54	7	23	40 Res:	G.P., Surg., Med., ObG., Path., Rad.
St. Luke's .....	...	Church	...	442	9	52	...	11	10 Int: 17 Res:	Rot.; Surg., Path., Rad.
601 E Nineteenth Ave, 80203 .....	...	Church	...	442	9	52	...	15	17 Res:	Surg., Path., Rad.
University of Colorado Affiliated Hospitals,	M-17	Misc.	3	...	...	...	...	4	6 Int: 258 Res:	Rot.; Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Psych., Rad., Urol.
4200 East 9th Ave, 80220	M-17X	State	...	398	9	88	...	50	54 Int: 98 Res:	Rot., St. Med., St. Surg., St. Ped., St. Path.; Anes., Child Psych., Derm., G.P., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Psych., Rad., Urol.
Veterans Admin.	M-17#	VA	...	441	20	85	...	...	...	Anes., Derm., Surg., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Psych., Rad., Thor., Urol.
1055 Clermont St, 80220	M-17#	VA	...	441	20	85	...	...	...	Anes., Derm., Surg., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Psych., Rad., Thor., Urol.
Greeley										
Weld County General .....	...	County	3	350	7	...	...	6	6 Int:	Rot.;
16th St. and 17th Ave, 80631 .....	...	County	3	350	7	...	...	6	6 Int:	Rot.;
Pueblo										
Colorado State	G-17	State	...	2351	951	61	5	...	16 Res:	Surg., Psych.
1600 West 24th St, 81003	G-17	State	...	2351	951	61	5	...	16 Res:	Surg., Psych.
St. Mary-Corwin	Church	...	488	9	28	2 Res:	Path.
1008 Minnequa Ave, 81004	Church	...	488	9	28	2 Res:	Path.

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							Foreign	Non-Foreign			
CONNECTICUT											
Bridgeport											
Bridgeport	NP Corp	...	549	7	45	13	...	14 Int:	Rot.,St.Med.;	
267 Grant St, 06602	25	3	36 Res:	G.P.,Surg.,Med.,ObG.,Path.,Rad.	
St. Vincent's	Church	...	357	7	45	...	1	12 Int:	Rot.,St.Med.,St.Surg.;	
2820 Main St, 06606	8	12	28 Res:	Surg.,Med.,ObG.,Path.,Rad.	
Bristol											
Bristol	NP Corp	...	190	7	31	7	...	7 Int:	Rot.;	
Brewster Rd, 06010	
Danbury											
Danbury	NP Corp	...	259	8	36	7	...	12 Int:	Rot.;	
Hospital Ave, 06810	4	...	12 Res:	G.P.,Surg.,Path.	
Derby											
Griffin	NP Corp	...	187	8	38	4	...	9 Int:	Rot.;	
130 Division St, 06418	1	...	4 Res:	Path.	
Greenwich											
Greenwich	NP Corp	...	350	9	66	...	14	14 Int:	Rot.;	
Perryridge Rd, 06830	8	10 Res:	Surg.,Med.,Path.	
Hartford											
Hartford	L-104	NP Corp	...	890	9	53	...	25	33 Int:	Rot.,St.Med.,St.Path.;	
80 Seymour St., 06115	21	46	86 Res:	Anes.,Dig.Rad.,Surg.,Med.,Neuro-surg.,ObG.,Ortho.,Path.,Ped.,Rad.,Urol.	
Institute of Living	NP Corp	...	419	248	67	3	26	40 Res:	Psych.,	
400 Washington St., 06106	
Institute of Living-Children's Clinic	NP Corp	3	...	...	...	...	1	2 Res:	Child Psych.	
17 Essex St., 06102	
Mount Sinai	L-104	NP Corp	...	...	...	...	12	...	12 Int:	Rot.;
500 Blue Hills Ave, 06112	8 Res:	Med.,ObG.	
St. Francis	L-104	Church	4,5	625	9	44	1	6	12 Int:	Rot.;	
114 Woodland St, 06105	20	14	44 Res:	Anes.,Surg.,Med.,ObG.,Path.,Ped.,Urol.	
University of Connecticut Affiliated Hospitals(Includes University of Connecticut Hospital-Mc Cook Division and Veterans Admin. Hospital, Newington)	2	20 Int:	Rot.,St.Med.,St.Ped.;	
University of Connecticut Hospital-Mc Cook Division	M-104X	State	...	129	10	74	27 Res:	Surg.,Path.,Urol.
2 Holcomb St, 06112	16 Res:	Surg.,Med.,Path.,Ped.,Urol.
Manchester											
Manchester Memorial	NP Corp	...	334	7	40	7	...	6 Int:	Rot.;	
71 Haynes St, 06040	1	...	4 Res:	Path.	
Meriden											
Meriden	NP Corp	...	...	...	...	...	...	8 Int:	Rot.;	
181 Cook Ave, 06450	
Middletown											
Connecticut Valley	State	4	1598	...	37	14	3	...	Res: Psych.	
P.O. Box 351, 06457	
Middlesex Memorial	L-104	NP Corp	3	254	7	44	6	...	7 Int:	Rot.;	
28 Crescent St, 06457	2 Res:	Path.	
New Britain											
New Britain General	L-104	NP Corp	...	350	8	50	8	1	12 Int:	Rot.;	
100 Grand St, 06050	15	4	23 Res:	Surg.,Med.,ObG.,Path.	
New Canaan											
Silver Hill Foundation	NP Corp	3	65	60	32	...	...	2 Res:	Psych.	
Valley Road, 06840	
New Haven											
Hospital of St. Raphael	Church	4,5	490	9	40	15	3	29 Int:	Rot.,St.Med.,St.Surg.,St.Ped.;	
1450 Chapel St, 06511	61	7	60 Res:	Anes.,Surg.,Med.,ObG.,Ortho.,Otol.,Path.,Ped.,Rad.,Thor.	
Yale-New Haven	M-18#	NP Corp	4,5	732	8	60	...	56	52 Int:	Rot.,St.Med.,St.Surg.,St.Ped.,St.Path.;	
789 Howard Ave, 06504	10	77	93 Res:	Anes.,Derm.,Surg.,Med.,Neurosurg.,Neur.,ObG.,Oph.,Ortho.,Otol.,Path.,Ped.,Ped.Card.,Psych.,Rad.,Thor.,Urol.	
New Haven											
Yale-New Haven Medical Center,	M-18	...	...	...	...	...	...	...	...	Int: Rot.,St.Med.,St.Surg.,St.Ped.,St.Path.;
333 Cedar St, 06511	10	140	153 Res: Anes.,Derm.,Surg.,Med.,Neur.,ObG.,Oph.,Ortho.,Otol.,Path.,Ped.,Ped.Card.,Psych.,Rad.,Thor.,Urol.
Newington											
Newington Children's	NP Corp	3,5	166	34	50	...	...	...	Res: Ortho.,Urol.	
181 E. Cedar St., 06111	
Veterans Admin.	M-104#	VA	...	213	26	69	...	...	...	Int: Rot.,St.Med.;
555 Willard Ave, 06111	2 Res:	Surg.,Surg.,Med.,Med.,Path.,Urol.	
New London											
Lawrence and Memorial Hospitals	NP Corp	...	327	7	45	1	2	8 Res:	Surg.,ObG.	
365 Montauk Ave, 06320	
Newtown											
Fairfield Hills	State	...	2854	143	37	21	7	33 Res:	Psych.	
Box W, 06470	
Norwalk											
Norwalk	NP Corp	...	483	8	53	11	...	18 Int:	Rot.;	
24 Stevens St, 06856	13	1	15 Res:	Surg.,Path.,Ped.	
Norwich											
Norwich	State	...	3192	27	42	16	...	24 Res:	Psych.	
Box 508, 06360	
Shelton											
Laurel Heights, 06484	State	3	213	256	55	...	...	...	Res: Med.	
Stamford											
Stamford	NP Corp	...	401	10	54	12	1	15 Int:	Rot.;	
Shelburne Rd and W. Broad, 06902	15	...	21 Res:	Surg.,Med.,ObG.,Path.	
Waterbury											
St. Mary's	Church	4	410	10	43	6	...	12 Int:	Rot.;	
56 Franklin St, 06702	17 Res:	Surg.,Med.,Path.	
Waterbury	NP Corp	4	452	8	45	4	...	7 Int:	Rot.;	
64 Robbins St, 06720	11	2	20 Res:	Anes.,Surg.,Med.,Path.,Ped.,Urol.	

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							Foreign	Non-Foreign		
CONNECTICUT—Continued										
West Haven										
Veterans Admin. West Spring St, 06516	M-18#	VA	2,4	849	66	51	1	2	6 Res:	Surg.,Med.,Neurosurg.,Neur.,Ortho., Path.,Psych.,Rad.,Urol.
DELAWARE										
Dover										
Delaware State Board of Health Federal St., 19901	...	State	...	...	...	...	...	...	...	Res: Pub.Health
New Castle										
Delaware State, 19720	L-73	State	2,4,5	1262	52	33	5	2	9 Res:	Psych.
Wilmington										
Alfred I. Du Pont Institute of the Nemours Foundation Rockland Rd., P.O. Box 269, 19899	...	NP Corp	3	60	26	0	...	4	6 Res:	Ortho.,Plast.
Delaware Division, Wilmington Medical Center - See Wilmington Medical Center	...	...	...	...	...	...	...	...	...	...
E. I. Du Pont De Nemours and Company, Inc., 19898	...	Corp.	...	...	...	...	...	...	2 Res:	Occ.Med.
Memorial Division, Wilmington Medical Center - See Wilmington Medical Center	...	...	...	...	...	...	...	...	...	...
Veterans Admin., 19805	G-73	VA	...	300	26	51	...	...	...	Res: Surg.,Oph.,Ortho.
Wilmington General Division, Wilmington Medical Center - See Wilmington Medical Center	...	...	...	...	...	...	...	...	...	...
Wilmington Medical Center Box 1668, 19899	...	NP Corp	4,5	1007	9	54	1	7	27 Int: 69 Res:	Rot.,St.Med.,St.Surg.,St.Ped.: G.P.,Surg.,Med.,ObG.,Oph.,Path., Ped.,Plast.,Urol.
DISTRICT OF COLUMBIA										
Washington										
Armed Forces Institute of Pathology Dept of Defense, 20305	...	Other	...	...	...	...	...	1	22 Res:	Oph.,Path.,For.Path.
Catholic University of America 4th and Michigan Ave. N. E., 20017	...	NP Corp	3	...	...	...	...	...	2 Res:	Child Psych.
Children's Hospital of the District of Columbia 2125 - 13th St., N. W., 20009	M-19,20 L-21#	NP Corp	2,4	228	5	93	...	6	9 Int: 56 Res:	St.Ped.: Child Psych.,Surg.,Neurosurg., Neurosurg.,Neur.,Oph.,Ortho., Path.,Ped.,Ped.All.,Ped.Card., Urol.
Columbia Hospital for Women 2425 L St. N. W., 20037	M-20,L-19	NP Corp	3	153	4	83	...	...	...	Res: ObG.
District of Columbia General 19th St. & Mass. Ave., S. E., 20003	M-19,20, 21#	City	4,5	910	11	61	9	34	46 Int: 40 Res:	Rot.,St.Med.,St.Surg.,St.Ped.: F.P.,Surg.,Med.,Neurosurg.,ObG., Oph.,Ortho.,Otol.,Path.,Ped., Rad.,Thor.,Urol.
District of Columbia General (Crippled Children's Unit), Doctors 1815 Eye Street, N. W., 20006	M-19,20	City Corp.	...	323	10	58	...	...	...	Res: Ortho. 12 Int: Rot.: 11 Res: Surg.,Med.,Path.
Doctors Hospital - Sibley Memorial, Eastern Dispensary and Casualty 708 Massachusetts Avenue, 20002	...	Misc. NP Corp	3	...	...	...	...	...	...	4 Res: Path. 14 Res: G.P.,Surg.
Freedmen's 6th and Bryant Streets, N. W., 20001	M-21X	NP Corp	4,5	497	12	37	8	9	32 Int: 70 Res:	Rot.,St.Ped.: Anes.,Derm.,F.P.,Surg.,Med.,ObG., Oph.,Path.,Ped.,Psych.,Urol.
Georgetown University 3800 Reservoir Rd. N. W., 20007	M-19	NP Corp	5	399	9	...	...	28	35 Int: 38	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.: 134 Res: Anes.,Child Psych.,Surg.,Med., Neurosurg.,Neur.,ObG.,Oph.,Ortho., Otol.,Path.,Ped.,Ped.All.,PMR, Plast.,Psych.,Rad.,Urol.
Georgetown University Affiliated Hospitals, ...	M-19	Misc.	3	...	...	...	19	52	77 Res:	Surg.,Neurosurg.,Neur.,Oph.,Ortho., Otol.,Plast.,Urol.
George Washington University 901 23rd Street, N. W., 20037	M-20	NP Corp	5	455	9	59	...	16	21 Int: 73 Res:	St.Med.,St.Surg.,St.Path.: Anes.,Surg.,Med.,Neurosurg.,ObG., Oph.,Ortho.,Path.,PMR,Plast., Psych.,Rad.,Thor.,Urol.
George Washington University Affiliated Hospitals,	M-20	Misc.	3	...	...	...	17	55	89 Res:	Surg.,Neurosurg.,ObG.,Oph.,Ortho., Thor.,Urol.
Govt. of the Dist. of Columbia Dept. of Pub. Hlth. 300 Indiana Ave. N. W., 20001	...	...	...	...	...	...	...	2	5 Res:	Pub.Health
Howard University Affiliated Hospitals, Malcolm Grow U.S.A.F. Andrews Air Force Base, 20331	M-21 L-20	Misc. USAF	3 2,4,5	...	...	...	...	2	15 4 Res:	F.P.,Surg. G.P.,Surg.
National Aeronautics and Space Administration 600 Independence Ave. S. W., 20546	...	Fed.	...	...	...	...	...	...	1 Res:	Occ.Med.
Providence 1150 Varnum St., N. E., 20017	L-19,G-21	Church	4	367	7	54	23	1	22 Int: 30 Res:	Rot.,St.Med.,St.Surg.: Surg.,Med.,ObG.,Path.,Ped.
St. Elizabeths 2800 Nichols Avenue S. E., 20032	M-20	Other	4	6228	...	38	...	...	12 Int: 38 Res:	Rot.: Oph.,Path.,Psych.
Sibley Memorial 5255 Loughboro Rd., N. W., 20016	G-19	Church	...	335	8	49	2	2	2 Res:	Surg.,Oph.,Ortho.,Path.
Veterans Admin. 50 Irving St. N. W., 20422	M-19,20 L-21	VA	4,5	702	21	68	2	13	16 Int: ...	St.Med.: Surg.,Med.,Neurosurg.,Neur.,Oph., Ortho.,Otol.,Path.,PMR,Plast., Rad.,Urol.
Walter Reed Army Institute of Research Walter Reed Army Medical Center, 20012	...	USA	...	...	...	...	...	8	10 Res:	G.Prev.Med.
Walter Reed General 6825 16th Street, N. W., 20012	L-19,20, 21	USA	2,4,5	1564	43	82	...	27	30 Int: 9	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.: 203 Res: Anes.,Child Psych.,Derm.,Surg., Med.,Neurosurg.,Neur.,ObG.,Oph., Ortho.,Otol.,Path.,Ped.,Plast., Psych.,Rad.,Thor.,Urol.
Washington Hospital Center 110 Irving St., N. W., 20010	M-20	NP Corp	4,5	829	8	64	9	31	42 Int: 109 Res:	Rot.,St.Med.,St.Surg.: Anes.,Surg.,Med.,Neurosurg.,ObG., Oph.,Ortho.,Otol.,Path.,Rad., Urol.
FLORIDA										
Bartow										
Polk General P O Box 816, 33830	...	County	...	169	11	32	6	2	6 Int: ...	Rot.: Surg.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
FLORIDA—Continued										
Bay Pines										
Veterans Admin. Center, 33504		VA	²	660	34	41	...	...	...	Res: Urol.
Daytona Beach										
Halifax District		Dist.		537	10	...	0	0	8 Int:	Rot.;
Clyde Morris Blvd., 32015							...	...	10 Res:	G.P.
Fort Lauderdale										
Broward General		Dist.	³	554	9	40	9	1	10 Res:	Surg.,ObG.,Path.
1600 S. Andrews Ave, 33316										
Gainesville										
University of Florida Affiliated Hospitals,	M-22	Misc.		...	...	...	4	53	69 Res:	Anes.,Surg.,Med.,Neurosurg.,Oph.,
Veterans Admin., 32601	M-22	VA	^{3,4}	360	22	78	...	...	...	Anes.,Surg.,Med.,Neurosurg.,Neur.,
										Oph.,Ortho.,Otol.,Path.,Plast.,
										Psych.,Urol.
William A. Shands Teaching Hospital and Clinics	M-22X	State		405	10	72	...	30	41 Int:	St.Med.,St.Surg.,St.Ped.,St.Path.:
University of Florida, 32601							12	101	149 Res:	Anes.,Child Psych.,Surg.,Med.,
										Neurosurg.,Neur.,ObG.,Oph.,Ortho.,
										Otol.,Path.,Ped.,Ped.Card.,Plast.,
										Psych.,Rad.,Thor.,Urol.
Hollywood										
Memorial		Dist.	³	438	8	42	...	1	2 Res:	Path.
3501 Johnson St., 33021										
Jacksonville										
Baptist Memorial		Church		415	7	38	2	...	14 Int:	Rot.,St.Path.:
800 Miami Rd, 32207							2	...	4 Res:	Surg.,Med.,ObG.,Ortho.,Path.,
										Ped.
Duval Medical Center	G-22	Cy-Co	³	256	9	40	8	7	38 Int:	Rot.,St.Med.,St.Surg.,St.Ped.,
2000 Jefferson St., P. O. Box 2751, 32203										St.Path.:
							3	0	9 Res:	G.P.,Surg.,Med.,ObG.,Oph.,Ortho.,
										Path.,Ped.,Plast.,Rad.,Urol.
Florida State Board of Health		State		...	...	...	...	3	10 Res:	Pub.Health
1217 Pearl St., 32206										
Hope Haven Children's		NP Corp	³	72	8	93	...	...	...	Res: Ortho.
5720 Atlantic Blvd, 32207										
Jacksonville Hospitals Educational Program,		Misc.		...	...	...	20	28	84 Res:	Surg.,Med.,ObG.,Ortho.,Ped.,
										Plast.
Naval		USN	^{2,3}	450	16	77	...	8	10 Int:	Rot.;
Naval Air Station, 32214								8	8 Res:	G.P.
St. Luke's		NP Corp	³	239	8	33	...	...	...	Res: Surg.,Med.,ObG.,Ped.
1900 Boulevard, 32206										
St. Vincent's		NP Corp		370	7	41	10	2	20 Int:	Rot.,St.Path.:
Barrs & St. Johns Ave, 32204							5	...	6 Res:	G.P.,Surg.,Med.,ObG.,Path.,Ped.,
										Plast.,Urol.
Lake City										
Veterans Admin.	G-22	VA		468	32	60	...	...	...	Res: Surg.
South Marion St, 32055										
Lakeland										
Lakeland General		City		490	8	28	...	...	...	Res: Surg.
P. O. Drawer 448, 33802										
Lakeland General-Polk General Hospitals,		Misc.		...	...	...	5	1	8 Res:	Surg.
Miami										
Jackson Memorial	M-23	NP Corp		1246	12	50	...	...	...	Int: Rot.,St.Med.,St.Surg.,St.Ped.,
1700 N W 10th Ave, 33136										St.Path.:
							37	88	147 Res:	Anes.,Derm.,G.P.,Surg.,Med.,Neuro-
										surg.,Neur.,ObG.,Oph.,Ortho.,Otol.,
										Path.,Ped.,Plast.,Psych.,Rad.,
										Thor.,Urol.
Office of Medical Examiner of Dade County		County		...	...	...	...	...	...	Res: For.Path.
1700 N W 10th Ave, 33136										
University of Miami Affiliated Hospitals,	M-23	Misc.		...	...	...	4	86	97 Int:	Rot.,St.Med.,St.Surg.,St.Ped.,
										St.Path.:
							47	162	239 Res:	Anes.,Surg.,Med.,Neurosurg.,Neur.,
										Oph.,Otol.,Path.,Ped.,Plast.,
										Rad.,Thor.,Urol.
University of Miami Family Health Center				...	...	...	3	8	27 Res:	F.P.
Jackson Memorial Hospital, 33136										
Variety Children's	G-23	NP Corp		154	6	70	2	...	6 Int:	St.Ped.:
6125 S W 31st St, 33155							11	...	16 Res:	Anes.,Surg.,Ortho.,Path.,Ped.
Veterans Admin.	M-23	VA		632	23	67	...	...	...	Int: Rot.,St.Med.,St.Surg.,St.Path.:
1201 N.W. 16th St., 33125							6	...	13 Res:	Anes.,Surg.,Med.,Neurosurg.,Neur.,
										Oph.,Otol.,Path.,PMR,Rad.,Thor.,
										Urol.
Miami Beach										
Mount Sinai Hospital of Greater Miami		NP Corp	⁴	632	12	38	22	7	37 Int:	Rot.,St.Med.,St.Surg.,St.Path.:
4300 Alton Rd, 33140							49	6	74 Res:	Anes.,Surg.,Med.,ObG.,Ortho.,
										Path.,Rad.,Urol.
St. Francis		Church		190	10	41	12	...	12 Int:	Rot.;
250 West 63rd St, 33141							3	...	3 Res:	Surg.
Orlando										
Florida Sanitarium and Hospital		Church	^{2,3}	411	9	35	...	...	6 Int:	Rot.;
601 E. Rollins, 32802									2 Res:	Path.
Orange Memorial		NP Corp		733	8	48	17	...	18 Int:	Rot.;
1416 South Orange Ave, 32806							29	20	53 Res:	Surg.,Med.,ObG.,Ortho.,Path.,
										Plast.,Urol.
Pensacola										
Baptist		Church		328	7	39	...	...	...	Int: Rot.;
1000 W. Moreno St, 32501									...	Surg.,Med.,ObG.,Path.,Ped.
Escambia General		County		143	6	47	...	...	...	Int: Rot.;
1200 W. Leonard St, 32501									...	Surg.,Med.,ObG.,Path.,Ped.
Naval Aerospace Medical Institute		USN		...	...	...	...	...	19 Res:	Aero.Med.
U. S. Naval Aviation Medical Center, 32512										
Pensacola Educational Program		Misc.	³	...	...	...	...	7	12 Int:	Rot.;
5151 N. 9th Ave., 32504							2	6	26 Res:	Surg.,Med.,ObG.,Path.,Ped.
Sacred Heart		Church		250	6	34	...	...	...	Int: Rot.;
5151 N. Ninth Avenue, 32504									...	Surg.,Med.,ObG.,Path.,Ped.
St. Petersburg										
Mound Park		NP Corp		688	11	24	...	...	16 Int:	Rot.;
701 Sixth St South, 33701							1	3	14 Res:	G.P.,Surg.,ObG.,Path.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Neurology Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program	
							Foreign	Non-Foreign			
FLORIDA—Continued											
Tampa											
Tampa General Davis Islands, 33606	...	County	...	608	8	45	...	14	23 Int: 63 Res:	Rot., St. Path.; Anes., Surg., Med., ObG., Otol., Path., Ped., Rad., Urol.	
Tarpon Springs											
Anclote Manor P.O. Box 1224, 33589	...	NP Corp	2	76	700	0	...	...	...	Res: Psych.
GEORGIA											
Atlanta											
Crawford W. Long Memorial 35 Linden Ave. N. E., 30308	G-25X	Church	...	436	7	36	2	...	12 Int: 34 Res:	Rot.; Surg., Med., ObG., Path.	
Emory University 1364 Clifton Rd., N. E., 30322	M-25X	NP Corp	...	335	8	61	...	...	4 Int: 6 Res:	St. Med., St. Surg., St. Path.; Anes., Child Psych., Derm., Surg., Med., Neurosurg., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Thor.
Emory University Affiliated Hospitals (Includes Emory University Hospital, Grady Memorial Hospital, Henrietta Eggleston Hospital, Veterans Admin. Hospital, and Georgia Warm Springs Foundation, Warm Springs)	...	Misc.	3	Int: 242 Res:	St. Med., St. Surg., St. Path.; Anes., Derm., Surg., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Ped., PMR, Psych., Rad., Thor.
Emory University Hospital-Grady Memorial, ... Emory University Hospital-Veterans Admin., ... Georgia Baptist 300 Boulevard, N. E., 30312 Georgia Mental Health Institute 1256 Briarcliff Rd N E, 30306 Grady Memorial 80 Butler St., S. E., 30303	M-25 M-25 L-25# M-25#	Misc. Misc. Church State County	3 3 3 4,5	Int: 20 Int: 20 Int: 16 Int: 25 Res: 5 Res:	St. Surg.; St. Med.; Rot., St. Med., St. Surg., St. ObG.; Surg., Med., ObG., Ortho. Child Psych., Psych.
Henrietta Eggleston Hospital for Children 1405 Clifton Road, N.E., 30333	M-25#	NP Corp	...	100	5	62	Int: 3 Res:	St. Surg.; Surg., Neurosurg., Ortho., Otol., Ped.
Piedmont 1968 Peachtree Road, N.W., 30309 St. Joseph's Infirmary 265 Ivy Street, N E, 30303 State of Georgia Department of Public Health 47 Trinity Ave. S. W., 30334 Veterans Admin. Box 29457, 30329	...	NP Corp Church State VA	...	286 309 ...	8 8 ...	35 43	Int: 10 Int: 13 Res: 7 Int: 13 Res: 2 Res:	Rot.; Surg., Med., Path. Rot., St. Surg., St. Path.; Surg., Path., Urol. Pub. Health
Augusta											
Eugene Talmadge Memorial 1120 Fifteenth, 30902	M-24X	State	3	400	15	74	...	15	38 Int: 50 Res:	Rot., St. Med., St. Surg., St. Ped., St. Path.; Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Path., Ped., Ped. Card., Psych., Rad., Thor., Urol.	
Medical College of Georgia Hospitals (Includes Eugene Talmadge Memorial Hospital, University Hospital, Veterans Admin. Hospital)	M-24	Misc.	3	...	...	...	6	85	122 Res:	Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Path., Ped., Psych., Rad., Thor., Urol.
University University Place, 30902	M-24	County	4,5	465	8	23	...	5	18 Int: 3 Res:	Rot.; Derm., Surg., Med., Neurosurg., ObG., Oph., Ortho., Path., Ped.	
Veterans Admin. Wrightsboro Rd, 30904	M-24#	VA	3,5	1601	190	65	1	2	9 Res:	Derm., Surg., Med., Neurosurg., Oph., Ortho., Psych., Thor.	
Columbus											
Medical Center 710 Center Ave, 31901	...	City	...	489	8	36	2	7	16 Int: 12 Res:	Rot.; G.P., Ortho.	
Decatur											
Scottish Rite Hospital for Crippled Children 321 W Hill St, 30030	...	NP Corp	3	60	...	...	...	...	3 Res:	Ortho.
Fort Benning											
Martin Army, 31905	...	USA	2,4,5	1150	11	42	...	5	6 Res:	Surg.	
Macon											
Macon 777 Hemlock St, 31201	...	Cy-Co	2,3	509	7	20	...	19	18 Int: 31 Res:	Rot.; G.P., Surg., ObG.	
Milledgeville											
Central State P.O. Box 325, 31062	...	State	...	10399	81	20	18	3	30 Res:	Psych., Psych.	
Rome											
Battley State, 30161 Floyd Turner Mc Call Blvd., 30161	...	State Dist.	...	478 261	111 6	58 15	Res: 9 Int:	Thor. Rot.;
Savannah											
Memorial Medical Center Waters Ave. at 63rd St., 31405	...	County	...	335	9	31	...	13	18 Int: 19 Res:	Rot.; Surg., ObG., Path., Urol.	
Warm Springs											
Georgia Warm Springs Foundation, 31830	...	NP Corp	3	260	38	0	...	2	12 Res:	PMR, PMR	
HAWAII											
Honolulu											
Hawaii Integrated Psychiatric Training Program, Honolulu Integrated Surgical Residency, Kapiolani Maternity and Gynecological 1319 Punahou St, 96814 Kauikoolani Children's 226 N Kuakini St, 96817 Kuakini Hospital and Home 347 N Kuakini St, 96817	M-105 M-105 M-105 M-105 M-105 M-105	Misc. Misc. NP Corp NP Corp NP Corp NP Corp	3 3 3 3 3 3	Res: 15 Res: 18 Res: 3 Res: 3 Int: 12 Res: 12 Int: 2 Res:	Psych. Surg. ObG. Rot.; Ped. Rot.; Surg., Path.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
HAWAII, Honolulu—Continued										
Queen's 1301 Punchbowl St, 96813	M-105,L-47 G-16	NP Corp	4	466	8	54	2	13	17 Int: Rot. 17 Res: Surg.,Med.,ObG.,Path.,Psych.,Rad.	
St. Francis 2260 Liliha St, 96817	M-105	Church	4	256	8	41	2	9	12 Int: Rot. 9 Res: Surg.,Med.,ObG.,Path.	
Shriners Hospital for Crippled Children 1310 Punahou St, 96814	L-105,G-16	NP Corp	3	60	91	...	...	...	Res: Ortho.	
Tripler General A. P. O. San Francisco, 96438	M-105,G-16	USA	2,4,5	1000	17	82	...	31	34 Int: Rot.,St.Med.,St.Surg.,St.Ped.,St.Path.; 67 Res: Surg.,Med.,ObG.,Ortho.,Path.,Ped.,Rad.,Urol.	
University of Hawaii Affiliated Hospitals, University of Hawaii School of Public Health, 96822	M-105	Misc.	3	...	...	...	1	5	9 Res: ObG.	
...	...	State	...	...	...	...	...	5	9 Res: G.Prev.Med.	
Kaneohe										
Hawaii State Keahala Rd, 96744	...	State	...	...	...	...	...	...	Res: Psych.	
IDAHO										
Idaho Falls										
U. S. Atomic Energy Commission Idaho Operations Office P. O. Box 2108.	...	...	...	...	...	...	...	...	1 Res: Occ.Med.	
ILLINOIS										
Berwyn										
Mac Neal Memorial 3249 Oak Park Ave, 60402	...	NP Corp	...	431	9	46	14	1	20 Int: Rot. 21 Res: G.P.,Surg.,ObG.,Path.	
Chicago										
American Hospital of Chicago 850 W. Irving Park, 60613	...	NP Corp	...	168	12	31	4	...	6 Res: Surg.,Path.	
Augustana 411 West Dickens Ave., 60614	...	Church	...	350	11	39	6	...	12 Int: Rot. 3 Res: Path.	
Chicago Maternity Center 1336 S. Newberry Ave., 60608	L-27	NP Corp	3	...	...	...	...	...	Res: ObG.	
Chicago Medical School Affiliated Hospitals(Includes Mount Sinai Medical Center of Chicago and Schwab Rehabilitation Hospital)	M-26	...	...	...	...	...	19	2	24 Int: Rot.,St.Med.,St.Surg.,St.Path.; 8 Res: Anes.,Surg.,Med.,ObG.,Path.,Ped.,PMR,Psych.,Urol.	
Chicago State 6500 W Irving Park Rd, 60634	L-26,27	State	3	2600	700	15	...	...	Res: Psych.	
Chicago State Tuberculosis Sanitarium 1919 W Taylor, 60612	...	State	...	346	171	29	...	1	1 Res: Thor.	
Chicago Wesley Memorial 250 East Superior St, 60611	M-27#	Church	3	650	13	64	...	34	33 Int: Rot.,St.Med.,St.Surg.,St.Path.,St.ObG.; 15 Res: Anes.,Surg.,Med.,Neurosurg.,Neur.,ObG.,Oph.,Ortho.,Otol.,Path.,Plast.,Psych.,Rad.,Urol.	
Children's Memorial 2300 Children's Plaza, 60614	M-27#	NP Corp	4,5	236	8	85	...	8	10 Int: St.Ped.; 46 Res: Anes.,Child Psych.,Surg.,Neurosurg.,Neur.,Oph.,Ortho.,Otol.,Path.,Ped.,Ped.Card.,Rad.,Thor.,Urol.	
City of Chicago Municipal Tuberculosis Sanitarium 5601 N Pulaski Rd, 60646	L-28	City	3	760	...	...	...	2	3 Res: Thor.	
Columbus 2520 N Lakeview Ave, 60614	...	Church	...	407	12	36	20	...	26 Int: Rot.; 10 Res: Surg.,Med.,Path.,Rad.	
Columbus-Cuneo Medical Center,	...	Misc.	3	...	...	...	20	...	26 Int: Rot.; 8 Res: Surg.,Med.	
Cook County Coroner's Office, Institute of Forensic Pathology 1828 W Polk St, 60612	...	County	...	...	...	...	...	...	2 Res: For.Path.	
Cook County 1825 W Harrison St, 60612	M-26,27, 28,29,30	County	3	2500	9	47	78	52	147 Int: Rot.,St.Med.,St.Surg.,St.Ped.,St.Path.; 304 Res: Anes.,Derm.,Surg.,Med.,Neurosurg.,ObG.,Oph.,Ortho.,Otol.,Path.,Ped.,Ped.Card.,Plast.,Rad.,Thor.,Urol.	
Edgewater 5700 N Ashland Ave, 60626	...	NP Corp	...	389	10	35	14	...	24 Int: Rot.; 4 Res: Path.	
Englewood 6001 South Green St, 60621	...	NP Corp	3	169	8	36	2	...	2 Res: Path.	
Frank Cuneo 750 W Montrose, 60613	...	Church	...	171	10	43	...	...	Int: Rot.; Res: Surg.,Med.,Path.	
Grant 551 Grant Pl, 60614	...	NP Corp	...	340	10	48	18	...	17 Int: Rot.; 18 Res: G.P.,Surg.,Path.	
Henrotin 109 W. Oak St., 60610	...	NP Corp	3	192	...	...	...	...	8 Int: Rot.	
Holy Cross 2701 West 68th St, 60629	...	Church	2,3	380	10	37	...	...	18 Int: Rot.	
Illinois Central 5800 Stony Island Ave, 60637	L-30	NP Corp	...	275	12	42	5	...	13 Int: Rot.; 5 Res: Surg.,Path.	
Illinois Eye and Ear Infirmary 1855 W. Taylor St., 60612	M-30	State	3	100	7	10	...	...	Res: Oph.,Otol.	
Illinois Masonic Medical Center 836 W Wellington Ave, 60657	G-28	NP Corp	...	544	11	44	24	9	39 Int: Rot.,St.Med.,St.Surg.; 48 Res: Anes.,Surg.,Med.,ObG.,Path.,Ped.,Rad.	
Illinois State Psychiatric Institute 1601 West Taylor St, 60612	M-26#,L-27, 28,30	State	...	310	83	0	25	19	64 Res: Psych.	
Institute for Juvenile Research 907 South Wolcott Ave, 60612	L-30	State	3	...	...	...	1	...	14 Res: Child Psych.	
Jackson Park 7531 Stony Island Ave, 60649	...	NP Corp	...	182	9	41	6	...	10 Res: G.P.,Path.	
Louis A. Weiss Memorial 4646 N. Marine Dr, 60640	...	NP Corp	...	250	11	45	2	4	12 Int: Rot.; 31 Res: G.P.,Med.,Path.	
Mercy Hospital and Medical Center 2510 Martin Luther King Drive, 60616	L-28	Church	...	520	11	46	3	4	15 Int: Rot.,St.Med.,St.Surg.,St.Path.; 53 Res: Surg.,Med.,ObG.,Path.,Ped.,Rad.,Urol.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Neurology Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program	
							Foreign	Non-Foreign			
ILLINOIS, Chicago—Continued											
Michael Reese Hospital and Medical Center 2929 South Ellis Ave. 60616	L-29,G-27	NP Corp	4,5	933	11	57	5	45	53 Int: 177 Res:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.: Anes.,Child Psych.,Surg.,Med., ObG.,Oph.,Ortho.,Otol.,Path., Ped.,Ped.All.,PMR,Psych.,Rad., Urol.	
Mount Sinai Hospital Medical Center of Chicago 2755 West 15th St. 60608	M-26#	NP Corp	4	383	10	64	19 69	2 4	36 Int: 82 Res:	Rot.,St.Med.,St.Surg.,St.Path.: Anes.,Surg.,Med.,ObG.,Path., Ped.,PMR,Psych.,Urol.	
Northwestern University Medical Center(Includes Chicago Wesley Memorial Hospital, Children's Memorial Hospital, Evanston Hospital (Evanston), Passavant Memorial Hospital, Veterans Admin. Research Hospital)	M-27	Misc.	3	Int: 279 Res:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.,St.ObG.: Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,Neur.,ObG.,Oph.,Ortho., Otol.,Path.,Ped.,PMR,Psych., Rad.,Urol.
Northwestern University Medical Center - Cook County	M-27	Misc.	...	...	...	...	9	57	53 Res:	Ortho.,Plast.
Norwegian-American 1044 North Francisco Ave. 60622	...	NP Corp	...	244	9	29	10	...	10 Int: 12 Res:	Rot.: G.P.,Surg.	
Passavant Memorial 303 E. Superior St. 60611	M-27#;G-93	NP Corp	...	378	10	60	...	27 5	27 Int: 10 Res:	Rot.,St.Med.: Anes.,Surg.,Med.,ObG.,Oph.,Ortho., Otol.,Path.,Plast.,Psych.,Rad., Urol.	
Presbyterian-St. Luke's 1753 W. Congress Pkwy., 60612	M-30#	NP Corp	4	837	10	69	...	42 111	44 Int: 156 Res:	St.Med.,St.Surg.,St.Ped.,St.Path.: Anes.,Child Psych.,Surg.,Med., Neurosurg.,Neur.,ObG.,Oph.,Ortho., Otol.,Path.,Ped.,Ped.All.,Ped.Card., Plast.,Psych.,Rad.,Thor.,Urol.	
Ravenswood 1931 W. Wilson Ave., 60640	...	NP Corp	...	282	9	31	10	...	12 Int: 13 Res:	Rot.: G.P.,Surg.,Path.	
Rehabilitation Institute of Chicago 401 East Ohio, 60611	L-27	NP Corp	...	71	53	...	...	2	6 Res:	PMR
Resurrection 7435 W. Taicott Ave. 60631	...	Church	...	265	8	48	10	...	12 Int:	Rot.:	
St. Anne's 4950 W. Thomas St., 60651	L-28,G-27	NP Corp	...	427	9	28	9	...	18 Int: 8 Res:	Rot.: Surg.,Ortho.	
St. Anthony De Padua 2875 W. 19th St. 60623	...	NP Corp	...	208	9	31	2	...	2 Res:	Surg.	
St. Elizabeth's 1431 N. Claremont Ave. 60622	...	Church	...	362	7	25	12	...	12 Int:	Rot.:	
St. Frances Xavier Cabrini 811 South Lytle, 60607	...	Church	3	214	9	33	...	...	12 Res:	G.P.,Surg.,Path.
St. Joseph 2900 North Lake Shore Dr., 60657	L-28	Church	...	488	11	47	20 25	5 5	26 Int: 30 Res:	Rot.,St.Path.: Surg.,Med.,ObG.,Path.	
St. Mary of Nazareth 1120 N. Leavitt St., 60622	...	Church	...	...	...	...	...	...	20 Int:	Rot.:
Schwab Rehabilitation 1401 S. California Blvd., 60608	M-26#	NP Corp	...	88	49	...	...	...	...	Res: PMR
Shriners Hospital for Crippled Children 2211 N. Oak Park Ave., 60635	...	NP Corp	...	68	42	...	...	...	...	Res: Ortho.
South Chicago Community 2320 E. 93rd St. 60617	...	NP Corp	3	300	9	27	8	...	12 Int:	Rot.:	
Swedish Covenant 5145 N. California Ave., 60625	...	Church	...	235	11	34	11	...	12 Int:	Rot.:	
University of Chicago Hospitals and Clinics 950 East 59 St. 60637	M-29X	NP Corp	4,5	684	10	72	4	50	57 Int: 213 Res:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.,St.ObG.: Anes.,Child Psych.,Derm.,Surg., Med.,Neurosurg.,Neur.,ObG.,Oph., Ortho.,Otol.,Path.,Ped.,Ped.Card., Psych.,Rad.,Thor.,Urol.	
University of Illinois Affiliated Hospitals(Includes University of Illinois Research and Educational Hospitals and Veterans Admin. Hospital (West Side))	M-30#	Misc.	4	...	...	...	...	14 99	30 Int: 169 Res:	St.Med.: Surg.,Med.,Neurosurg.,Neur.,Oph., Ortho.,Otol.,PMR,Plast.,Urol.
University of Illinois Research and Educational Hospitals 840 S. Wood St. 60612	M-30X	State	4,5	591	13	72	3 36	18 40	24 Int: 89 Res:	St.Med.,St.Surg.,St.Ped.,St.Path.: Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,ObG.,Oph.,Ortho.,Otol., Path.,Ped.,Ped.Card.,PMR,Plast., Psych.,Rad.,Urol.	
Veterans Admin.(West Side) 820 S. Damen Ave. 60612	M-30	VA	4,5	545	23	75	...	...	...	Int: St.Med.: Surg.,Med.,Ortho.,Path.,PMR, Psych.,Urol.
Veterans Admin. Research 333 E. Huron St., 60611	M-27	VA	3,4	505	24	67	9	...	6 Res:	Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,Oph.,Ortho.,Otol.,Path., PMR,Plast.,Psych.,Rad.,Urol.	
Decatur											
Decatur Memorial 2300 N. Edward, 62526	...	Misc.	3	343	8	27	...	...	9 Int:	Rot.:
Downey											
Veterans Admin., 60064	L-27	VA	3	2487	528	69	...	...	...	Res: Psych.
Evanston											
Evanston 2650 Ridge Ave. 60201	M-27#	NP Corp	4	515	9	62	4 5	30 11	41 Int: 17 Res:	Rot.,St.Med.,St.Path.: Anes.,Surg.,Med.,Neurosurg.,ObG., Oph.,Ortho.,Path.,Ped.,Plast., Psych.,Rad.	
St. Francis 355 Ridge Ave. 60202	G-27,28	Church	...	505	10	55	22 20	1 6	24 Int: 33 Res:	Rot.,St.Med.,St.Surg.: G.P.,Surg.,Med.,ObG.,Ortho., Path.,Ped.,Plast.,Rad.	
Evergreen Park											
Little Company of Mary 2800 West 95th St. 60642	L-28	Church	...	579	9	37	5 26	...	24 Int: 36 Res:	Rot.: Surg.,ObG.,Path.,Rad.	

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
INDIANA, Indianapolis—Continued										
Marion County General 960 Locke St. 46207	M-31 #	Cy-Co	4,5	673	...	70	2 3	28 13	35 Int: 19 Res:	Rot.; Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Urol.
Methodist Hospital of Indiana 1604 N. Capitol Ave., 46202	...	Church	...	1081	10	45	...	21	33 Int: 69 Res:	Rot., St. Med., St. Surg., St. Ped., St. Path.; Anes., G.P., Surg., Med., Neurosurg., ObG., Ortho., Otol., Path., Ped., Rad., Urol.
Robert W. Long St. Vincent's 120 West Fall Creek, 46208	M-31X	State Church	3	350	8	40	...	6	11 Int: 13 Res:	Ortho., Rot., St. Path.; Surg., ObG., Ortho., Path., Rad.
Veterans Admin. 1481 West Tenth St. 46202	M-31 #	VA	2,4,5	671	29	70	2	8	...	Anes., Surg., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Plast., Psych., Rad., Urol.
Lafayette St. Elizabeth 1501 Hartford St. 47904	...	Church	...	363	9	20	1	...	4 Res:	Path.
Mishawaka St. Joseph 215 W. 4th St., 46544	...	Church	3	120	7	22	...	...	...	Res: Path.
Muncie Ball Memorial 2401 University Ave., 47303	...	NP Corp	2,3	527	9	34	8	...	12 Int: 5 Res:	Rot.; Surg., Path.
South Bend Memorial Hospital of South Bend 615 N Michigan St. 46601	...	NP Corp	3	370	10	33	...	12	12 Int: 4 Res:	Rot.; G.P., Path.
St. Joseph's 811 E Madison St. 46622	...	Church	2,3	343	9	32	...	5	10 Int: 5 Res:	Rot.; G.P., Path.
South Bend Medical Foundation Hospitals 531 North Main St. 46601	...	Misc.	...	1154	8	27	...	3	3 Int: 12 Res:	St. Path.; Path.
IOWA										
Cedar Rapids										
Cedar Rapids Internship Program Mercy 835 Sixth Ave. S. E., 52403	L-32	Misc. Church	3	305	7	41	1	...	23 Int: ... Int:	Rot.; Rot;
St. Luke's Methodist 1026 A Ave. N.E., 52402	L-32	Church	...	432	8	45	...	...	...	Res: Surg.
St. Luke's Methodist Hospital-Mercy	...	Misc.	3	...	...	...	1	7	23 Int: 3 Res:	Rot.; Surg.
Cherokee Mental Health Institute 1200 W Cedar St., 51012	...	State	3	526	84	77	1	6	12 Res:	Psych.
Des Moines										
Broadlawn Polk County 18th & Hickman Rd, 50314	L-32	County	...	170	7	34	0	6	12 Int: 4 Res:	Rot.; G.P., Surg.
Des Moines Child Guidance Center 1206 Pleasant St. 50309	...	NP Corp	...	0	...	...	3	1	...	Child Psych.
Iowa Lutheran 716 Parnell Ave. 50316	L-32	Church	3	380	11	25	1	3	14 Int:	Rot;
Iowa Methodist 1200 Pleasant, 50308	L-32	Church	...	570	9	49	1	6	15 Int: 23 Res:	Rot., St. Med., St. Ped.; Surg., Path., Ped., Rad.
Mercy 6th and University, 50314	L-32	Church	...	300	8	...	2	11	16 Int: 5 Res:	Rot., St. Path.; Path.
Veterans Admin. Center 30th and Euclid Aves, 50308	...	VA	...	358	21	49	12	5	18 Res:	Surg., Path., Urol.
Independence Mental Health Institute, 50644	...	State	...	541	71	65	11	4	16 Res:	Psych.
Iowa City										
State Psychopathic 500 Newton Rd, 52240	M-32X	State	3	80	43	...	3	19	29 Res:	Child Psych., Psych.
State University of Iowa Affiliated Hospitals	M-32	Misc.	3	...	...	...	20	109	160 Res:	Anes., Surg., Med., Neurosurg., Neur., Oph., Otol.
University of Iowa Hospitals Newton Rd, 52240	M-32X	State	4,5	1125	10	70	...	...	53 Int: 108 Res:	Rot., St. Med., St. Surg., St. Ped., St. Path.; Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. Card., Rad., Thor., Urol.
Veterans Admin. Highway 6-West, 52240	M-32 #	VA	4,5	475	273	76	1	1	4 Res:	Anes., Surg., Med., Neurosurg., Neur., Oph., Otol., Path.
KANSAS										
Kansas City										
Bethany 51 N 12th St. 66102	...	NP Corp	...	290	8	34	3	...	8 Int:	Rot;
University of Kansas Medical Center 39th & Rainbow, 66103	M-33X	State	...	540	9	71	4	18	42 Int: 203 Res:	Rot., St. Med., St. Surg., St. Ped., St. Path.; Anes., Child Psych., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Plast., Psych., Rad., Thor., Urol.
University of Kansas Medical Center-Children's Mercy	...	Misc.	...	...	...	...	2	2	3 Res:	Ped. All.
Topeka										
C. F. Menninger Memorial 3617 W 6th St Box 829, 66601	...	NP Corp	3	148	277	...	...	...	...	Res: Psych.
Children's Division, the Menninger Foundation 3617 W. 6th St., 66601	...	NP Corp	3	...	...	...	3	11	16 Res:	Child Psych.
Menninger School of Psychiatry	...	Misc.	...	...	...	...	26	49	109 Res:	Psych.
Topeka State 2700 West Sixth, 66606	...	State	3	997	...	81	...	...	...	Res: Psych.
Veterans Admin. 2200 Gage Blvd., 66622	...	VA	...	1011	167	79	Res: Psych.
Wadsworth Veterans Admin. Center. 66089	...	VA	4,5	648	83	62	5	2	8 Res:	Surg., Urol.

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							Foreign	Non-Foreign		
KANSAS—Continued										
Wichita										
St. Francis 929 N. St. Francis, 67214	G-33	Church	...	860	10	58	6 5	8 7	22 Int. 38 Res.	Rot., St. Med., St. Surg.; Anes., G.P., Surg., Med., Ortho., Path., Rad., Urol.
St. Joseph Hospital and Rehabilitation Center ... 3400 Grand Ave., 67218	...	NP Corp	...	411	8	24	...	...	10 Int. ...	Rot.; Path.
St. Joseph Hospital and Rehabilitation Center-Veterans Admin. Center, ... Veterans Admin. Center, ... 5500 East Kellogg, 67218	G-33	Misc. VA	...	252	24	60	11	2 2	4 Res. 15 Res.	Path. Surg., Med., Ortho., Path., Urol.
Wesley Medical Center 550 North Hillside, 67214	G-33	Church	...	539	8	32	...	11 13	20 Int. 45 Res.	Rot.; F.P., Surg., Med., Ortho., Path.
KENTUCKY										
Covington										
St. Elizabeth 21st St. and Eastern Ave., 41014	...	Church	...	368	8	21	...	...	12 Int.	Rot.;
Fort Campbell										
U. S. Army, 42223	...	USA	2	450	9	80	...	5	5 Res.	Surg.
Fort Knox										
Ireland Army, 40121	...	USA	1,2,4,5	500	11	67	...	6	6 Res.	Surg.
Frankfort										
Department of Health State of Kentucky 275 E. Main St., 40601	...	State	...	...	...	...	...	...	2 Res.	Pub. Health
Harlan										
Harlan Appalachian Regional, 40831	L-34	NP Corp	...	179	9	23	10	2	14 Res.	Surg., Path.
Lexington										
Good Samaritan 310 South Limestone St, 40508	L-34	Church	...	231	7	17	...	...	...	Res: Ortho.
National Institute of Mental Health Clinical Research Center Leestown Pike, 40507	...	USPHS	2,4,5	1086	148	0	...	...	...	Res: Psych.
St. Joseph 1400 Harrodsburg Rd, 40504	L-34	Church	...	305	7	38	...	...	...	Int: Rot., St. Med., St. Surg., St. Ped., St. Path.;
Shriners Hospital for Crippled Children 1900 Richmond Rd, 40502	L-34,G-27	NP Corp	...	50	55	...	...	...	...	Res: Surg., Ortho., Path., Plast., Urol. Ortho.
University 800 Rose St, 40506	M-34X	State	4,5	375	10	50	...	1 20	34 Int. 34 Res.	Rot.; Anes., Surg., Med., Neurosurg., ObG., Oph., Ortho., Path., Ped., Ped. All., Plast., Psych., Rad., Urol.
Univ. of Kentucky College of Med., Dept. of Comm. Med. ... Medical Center, 40506	...	...	...	...	...	...	...	3	6 Res.	G. Prev. Med.
University of Kentucky-Lexington Residency Program, ...	M-34	Misc.	...	...	...	...	3	5	9 Res.	Ortho.
University of Kentucky Medical Center (Includes University Hospital, St. Joseph Hospital, and Veterans Admin. Hospital)	M-34	Misc.	3	...	...	...	1	36	48 Int.	Rot., St. Med., St. Surg., St. Ped., St. Path.;
Veterans Admin. ... Leestown Pike, 40507	M-34#	VA	5	1120	156	59	...	...	...	Res: Anes., Surg., Med., Ortho., Plast., Psych., Rad., Urol.
Louisville										
Central State, 40223	...	State	3	1037	330	41	...	...	...	Res: Psych.
Children's Hospital 226 East Chestnut St, 40202	M-35	NP Corp	3	139	6	...	...	1	...	Int: Rot.; 2 Res: Anes., Surg., Neurosurg., Oph., Otol., Path., Ped., Ped. All., Ped. Card., Rad., Thor., Urol.
Jewish 217 E. Chestnut St, 40202	L-35	NP Corp	3	260	...	...	...	...	...	Int: Rot.; ...
John N. Norton Memorial Infirmary 231 West Oak St, 40203	G-35	NP Corp	...	307	9	37	6	...	6 Int.	Rot.; Surg., Thor.
Kosair Crippled Children 982 Eastern Pkwy, 40217	G-27	NP Corp	...	90	29	...	...	...	6 Res.	Surg., Neurosurg., Psych. Ortho.
Louisville Child Guidance Clinic 206 East Chestnut, 40202	G-35	NP Corp	2	...	...	...	...	1	4 Res.	Child Psych., Psych.
Louisville General 323 E. Chestnut St., 40202	M-35	Cy-Co	4,5	385	8	48	...	...	...	Int: Rot., St. Med., St. Surg., St. Ped., St. Path.;
Rehabilitation Center 220 East Madison St., 40202	...	NP Corp	...	30	31	...	...	1	2 Res.	PMR
St. Joseph Infirmary 735 Eastern Parkway, 40217	...	Church	...	496	7	37	3 15	9 9	24 Int. 25 Res.	Rot.; Surg., Med., ObG., Ped., Rad.
University of Louisville Affiliated Hospitals (Includes Children's Hospital, Jewish Hospital, Louisville General Hospital, Veterans Admin. Hospital)	M-35	Misc.	3	...	...	...	...	27	40 Int.	Rot., St. Med., St. Surg., St. Ped., St. Path.;
Veterans Admin. ... Mellwood & Zorn Ave, 40202	L-35	VA	4,5	476	21	60	...	3	10 Res.	Rot.; Surg., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., Psych., Rad., Thor., Urol.
LOUISIANA										
Alexandria										
Veterans Admin., 71301	G-37	VA	...	465	33	42	Res: Urol.
Baton Rouge										
Earl K. Long Memorial 5825 Airline Hwy., 70805	G-36	15 Int.	Rot.;

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							Foreign	Non-Foreign		
LOUISIANA, Baton Rouge—Continued										
Louisiana State University Affiliated Hospitals (Includes Earl K. Long Memorial Hospital)	G-36	Int: Rot.;
Independence Lallie Kemp Charity Highway 51, Box 7, 70443	M-37#	State	...	...	...	...	...	...	...	Res: Surg.
Lafayette Lafayette Charity 311 West St. Mary Blvd., 70501	G-36	State	¹	358	7	28	...	...	...	Res: G.P., Surg.
Mandeville Southeast Louisiana P. O. Box 3850, 70448	G-37	State	²	498	60	100	...	...	...	Res: Psych.
Monroe E. A. Conway Memorial 4801 South Grand, 71201	...	State	³	192	7	11	6	...	14	Res: G.P., Surg., Ortho.
New Orleans Charity Hospital of Louisiana 1532 Tulane Ave. 70140	M-36,37#	State	^{4,5}	2220	14	47	...	...	...	Int: Rot., St. Med., St. Surg., St. Ped., St. Path.; 9 58 73 Res: Anes., Derm., G.P., Surg., Surg., Med., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Rad., Thor., Urol., Urol.
Charity Hospital of Louisiana-Louisiana State University Division 1532 Tulane Ave., 70140	M-36	State	...	...	...	...	1	57	63	Int: Rot., St. Med., St. Surg., St. Ped., St. Path.; 10 88 123 Res: G.P., Surg., Med., Neur., ObG., Ortho., Otol., Ped., Ped. All., Ped. Card., Plast., Psych., Thor., Urol.
Charity Hospital of Louisiana-Tulane University Division 1532 Tulane Ave., 70140	M-37	State	...	...	...	...	1	61	63	Int: Rot., St. Med., St. Surg., St. Path.; 19 131 175 Res: Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Ped., Ped. Card., Plast., Psych., Thor., Urol.
Eye, Ear, Nose and Throat 145 Elk Pl, 70112	G-37	Corp.	¹	108	3	66	2	18	17	Res: Oph., Otol.
Louisiana State University Affiliated Hospitals, Ochsner Foundation 1516 Jefferson Highway, 70121	M-36 L-37	Misc. NP Corp	⁵	348	10	73	...	16	19	Res: Surg., Path., Plast. 16 Int: Rot., St. Med., St. Surg.; 13 49 90 Res: Anes., Surg., Med., Neurosurg., ObG., Oph., Ortho., Path., Path., Plast., Col.-Rec., Rad., Thor., Urol.
Southern Baptist 2700 Napolcon Ave, 70115	L-37	Church	...	426	7	39	...	1	24	Int: Rot.; 6 Res: ObG., Plast.
Touro Infirmary 1400 Foucher St, 70115	L-37	NP Corp	...	560	8	...	1	6	20	Int: Rot., St. Med., St. Surg., St. ObG.; 4 5 20 Res: Surg., Med., ObG., Ortho., Path., Plast., Rad., Urol.
Tulane University Affiliated Hospitals, Tulane University School of Medicine 1430 Tulane Ave, 70112	M-37 M-37	NP Corp	...	...	...	...	5	39	50	Res: Neurosurg., Plast., Psych., Urol. 5 Res: Child Psych.
Tulane University School of Public Health and Tropical Medicine, 70112 U. S. Public Health Service 210 State St, 70118	M-37 L-37	USPHS	^{2,4}	403	18	78	...	12	20	Int: Rot.; 23 22 Res: Surg., Med., ObG., Oph., Ortho., Path., Plast., Rad., Urol.
Veterans Admin. 1601 Perdido St, 70140	L-37#	VA	⁴	591	23	59	20	14	36	Res: Anes., Surg., Med., Neurosurg., Oph., Ortho., Path., Plast., Psych., Thor., Urol.
Pineville Hucy P. Long Charity Hospital Boulevard, 71360	M-37#	State	...	...	...	...	...	...	...	Res: G.P., Surg., Ortho.
Shreveport Confederate Memorial Medical Center 1541 Kings Highway, 71103	M-106# G-37	State	^{2,3,4,5}	830	8	44	...	31	40	Int: Rot., St. Ped.; 74 88 Res: Surg., Med., ObG., Oph., Ortho., Otol., Path., Ped., Psych., Rad., Urol.
Shriners Hospital for Crippled Children 3100 Samford Ave., 71103	G-37, 106	NP Corp	^{2,3}	60	64	0	...	3	3	Res: Ortho.
MAINE										
Bangor Eastern Maine General 489 State St., 04401	...	NP Corp	...	312	10	43	1	...	3	Res: Path.
Lewiston Central Maine General 300 Main St, 04240	...	NP Corp	...	265	9	69	...	1	2	Res: Path.
Portland Maine Medical Center 22 Bramhall St, 04102	L-42	NP Corp	...	565	9	49	...	5	12	Int: Rot.; 23 39 Res: Anes., G.P., Surg., Med., Path., Ped., Rad.
MARYLAND										
Baltimore Baltimore City Hospitals 4940 Eastern Ave, 21224	M-38,39	City	^{4,5}	1091	...	55	4	25	33	Int: Rot., St. Med., St. Surg., St. Ped., St. Path.; 33 28 73 Res: Anes., Surg., Med., Neurosurg., Neur., ObG., Ortho., Otol., Path., Ped., Ped.
Baltimore Eye, Ear and Throat Charity - See Maryland General Hospital	...	NP Corp	...	254	8	42	8	...	14	Int: Rot.; 10 12 Res: Surg., ObG.
Bon Secours 2025 W Fayette St, 21223	...	NP Corp	^{4,5}	135	...	...	...	...	...	Res: Ortho.
Children's 3825 Greenspring Ave., 21211	...	NP Corp	...	286	10	27	16	...	18	Int: Rot., St. Med., St. Surg.; 24 24 Res: Surg., Med., ObG.
Church Home and Hospital 100 N Broadway, 21231	L-38	NP Corp	...	171	10	36	9	...	12	Int: Rot.; 11 13 Res: Surg., ObG.
Franklin Square 110 N. Calhoun St, 21223	...	NP Corp	...	400	7	45	18	1	20	Int: Rot., St. Med., St. Ped.; 23 7 40 Res: Surg., Med., ObG., Oph., Otol., Path., Ped.
Greater Baltimore Medical Center 6701 North Charles St, 21204	L-38	NP Corp	...	126	19	0	...	4	4	Res: Ortho.
James Lawrence Kernan Windsor Mill Rd & Forest Park Ave, 21207	G-39	NP Corp	³	126	19	0	...	4	4	Res: Ortho.

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							Foreign	Non-Foreign		
MARYLAND, Baltimore—Continued										
Johns Hopkins 601 North Broadway, 21205	M-38#	NP Corp	4,5	1106	11	59	3	64	69 Int;	St. Med., St. Surg., St. Ped., St. Path., St. ObG.;
							32	203	257 Res;	Anes., Child Psych., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped., Ped. Card., Plast., Psych., Rad., Urol.
Johns Hopkins Affiliated Hospitals, Johns Hopkins Community Pediatric Program (Includes Baltimore City Hospitals, Greater Baltimore Medical Center, Johns Hopkins Hospital, Sinai and Union Memorial Hospital)	M-38	...	...	...	...	...	1	11	15 Res;	Otol.
Johns Hopkins Hospital-Baltimore City Hospitals, Johns Hopkins University School of Hygiene and Public Health 615 N. Wolfe St., 21205	M-38	Misc.	3	...	...	...	1	6	12 Int;	St. Ped.;
							6	13	25 Res;	Ped.
Lutheran Hospital of Maryland 730 Ashburton, 21216	...	Church	...	...	...	...	2	1	12 Res;	Neur.
Maryland General (Includes Baltimore Eye, Ear and Throat Charity Hospital) 827 Linden Ave, 21201	L-39	NP Corp	...	386	11	36	3	1	20 Int;	Rot., St. Med., St. Surg.;
Mercy 301 St. Paul Pl, 21202	M-39	Church	4	334	10	49	10	3	19 Res;	Surg., Med., ObG., Oph., Otol., Path.
							12	7	18 Int;	Rot., St. Med.;
							...	...	25 Res;	Surg., Med., Neurosurg., ObG., Path., Ped.
Montebello State 2201 Argonne Dr, 21218	...	State	3	356	261	0	...	...	...	Res: PMR
Office of the Chief Medical Examiner-Maryland Medical-Legal Foundation 111 Penn St, 21201	...	State	...	...	...	...	2	1	3 Res;	For. Path.
Off. of Chief Med. Examiner, Md. State Dept. Post Mortem Examiners 700 Fleet St., 21202	...	State	...	...	...	...	...	...	1 Res;	Path.
Provident 1514 Division St, 21217	...	NP Corp	4,5	125	9	25	5	...	6 Int;	Rot.;
St. Agnes 1000 Caton Ave, 21229	...	Church	...	414	10	31	3	...	7 Res;	Surg., Path.
St. Joseph 7620 York Rd, 21204	...	Church	...	342	9	45	5	5	12 Int;	Rot.;
Seon Psychiatric Institute 6400 Wabash Ave, 21215	...	NP Corp	...	270	246	18	23	9	41 Res;	Surg., Med., ObG., Path., Ped.
Sinai Hospital of Baltimore Belvedere Ave at Greenspring, 21215	L-38	NP Corp	4	487	9	51	7	1	15 Int;	Rot.;
							29	...	32 Res;	Surg., Med., ObG., Path.
							4	20	24 Int;	Rot., St. Med., St. Surg., St. Ped.;
							44	27	77 Res;	Anes., Surg., Med., ObG., Oph., Path., Ped., PMR, Rad., Urol.
South Baltimore General 3001 South Hanover St., 21230	...	NP Corp	...	366	9	44	1	10	16 Int;	Rot.;
Spring Grove State Wade Ave, 21228	...	State	3,4	2662	68	30	11	1	18 Res;	Surg., Med.
State of Maryland Department of Health 301 W. Preston St., 21201	...	State	...	...	...	...	...	3	12 Res;	Psych.
U.S. Public Health Service 3100 Wyman Park Dr, 21211	...	USPHS	2,4,5	300	18	78	...	18	3 Res;	Pub. Health
Union Memorial 33rd & Calvert St, 21218	G-38	NP Corp	...	414	11	47	1	22	37 Res;	Rot., St. Med.;
University of Maryland 22 S. Greene St, 21201	M-39X	State	4,5	648	12	56	16	6	25 Int;	Surg., Med., ObG., St. Surg., St. Ped.;
							21	10	33 Res;	Rot., St. Med., St. Surg., St. Ped., St. Path., St. ObG.;
							44	89	179 Res;	Anes., Child Psych., Derm., F.P., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Psych., Rad., Thor., Urol.
University of Maryland Affiliated Hospitals, University of Maryland School of Medicine, 21201	M-39	Misc.	...	...	...	...	9	37	52 Res;	Surg., Neurosurg., Otol., PMR
Veterans Admin., 3900 Loch Raven Blvd., 21218	L-39, G-38	VA	4	291	...	51	4	2	...	Res: G. Prev. Med.
Bethesda										
National Institutes of Health-Clinical Center 9000 Rockville Pike, 20014	...	USPHS	2,5	516	32	91	...	15	15 Res;	Derm., Neur., Path., Psych.
Naval Rockville Pike, 20014	L-19, 21	USN	2	1134	20	89	...	17	34 Int;	Rot., St. Med., St. Surg.;
							2	100	108 Res;	Anes., Surg., Med., ObG., Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Thor., Urol.
Suburban 8600 Old Georgetown Rd, 20014	...	NP Corp	...	350	7	53	5	...	6 Int;	Rot.;
							9	...	12 Res;	G.P., Surg., Path.
Cheverly										
Prince George's General, 20785	G-39	County	...	350	...	62	12	...	18 Int;	Rot.;
							20	...	22 Res;	Surg., Med., ObG., Path.
Crownsville										
Crownsville State, 21032	...	State	...	1767	257	19	8	...	15 Res;	Psych.
Edgewood Arsenal										
U. S. Army Environmental Hygiene Agency, 21010	...	USA	...	...	...	...	...	...	2 Res;	Occ. Med.
Fort Howard										
Veterans Admin., 21052	L-38	VA	...	377	34	44	...	...	1 Res;	Urol.
Hagerstown										
Washington County King & Antietam St, 21740	...	NP Corp	...	325	8	31	1	1	3 Res;	Rad.
Mount Wilson										
Mount Wilson State, 21112	G-39	State	...	500	153	...	...	...	...	Res: Thor.
Perry Point										
Veterans Admin., 21902	...	VA	...	1300	422	70	2	...	6 Res;	Psych.
Rockville										
Chestnut Lodge 500 W Moutgomery Ave, 20850	...	Corp.	...	90	270	...	2	2	5 Res;	Psych.
Silver Spring										
U. S. Public Health Service 7915 Eastern Ave., 20910	...	USPHS	...	...	...	...	...	11	36 Res;	G. Prev. Med.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Neonops Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
MARYLAND—Continued										
Sykesville Springfield State, 21784	...	State	^a	3150	...	...	7	1	15 Res:	Psych.
Takoma Park Washington Sanitarium and Hospital 7600 Carroll Ave, 20012	...	Church	^a	287	9	43	7	3	16 Int:	Rot.:
Towson Sheppard and Enoch Pratt York Rd, 21204	...	NP Corp	...	265	120	12	11	15	25 Res:	Psych.
MASSACHUSETTS										
Bedford Veterans Admin. 200 Springs Rd, 01730	...	VA	...	966	851	66	...	...	3 Res:	Psych.
Belmont Beaverbrook Guidance Center 115 Mill St, 02179	...	Misc.	...	0	...	...	...	...	4 Res:	Child Psych.
Mc Lean 115 Mill St, 02178	M-41	NP Corp	...	256	389	80	3	16	30 Res:	Psych.
Beverly Beverly Herrick and Heather, 01915	...	NP Corp	...	285	8	46	3 4	...	8 Int: 8 Res:	Rot.: Surg.,Path.
Boston Beth Israel 330 Brookline Ave, 02215	M-41 #	NP Corp	^a	356	9	57	...	25 14	26 Int: 108 Res:	St.Med.,St.Surg.,St.Path.: Anes.,Child Psych.,Surg.,Med., Neurosurg.,ObG.,Path.,Psych., Rad.
Boston City 818 Harrison Ave., 02118	M-40,41 #, 42 #	City	...	1132	11	48	2 41	81 70	85 Int: 133 Res:	St.Med.,St.Surg.,St.Ped.,St.Path.: Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,ObG.,Oph.,Ortho.,Otol., Path.,Ped.,Psych.,Rad.,Thor., Urol.
Boston Hospital for Women 221 Longwood Ave, 02115	M-41 #	NP Corp	^a	264	565	83	5	12	22 Res:	ObG.,Path.
Boston State 591 Morton St, 02124	M-42,L-40	State	^a	1600	...	...	...	...	35 Res:	Psych.
Boston University - Boston City Hospital Guidance Center 818 Harrison Ave., 02118	...	City	...	...	...	...	...	3	5 Res:	Child Psych.
Boston University-Tufts University Affiliated Hospitals, Boston University Affiliated Hospitals, Carney 2100 Dorchester Ave, 02124	...	Misc.	...	...	...	...	2 15 8	13 44 ...	15 Res: 61 Res: 10 Int:	Oph. Surg.,Med.,Neur.,Otol.,Rad.,Urol. Rot.,St.Med.
Children's Hospital Medical Center 300 Longwood Ave, 02115	M-41 #	NP Corp	^{a,b}	343	9	84	...	10 28	12 Int: 117 Res:	St.Ped.,St.Path.: Child Psych.,Surg.,Neurosurg., Neur.,Ortho.,Path.,Ped.,Ped.All., Ped.Card.,Plast.,Rad.
Children's Hospital Medical Center-Peter Bent Brigham, Commonwealth of Massachusetts Department of Public Health 519 State House, 02133	M-41 #	NP Corp	...	...	...	...	3	13	16 Res:	Neurosurg.,Neur.
Douglas A. Thom Clinic for Children 315 Dartmouth St, 02116	...	NP Corp	...	...	...	...	...	1	4 Res:	Child Psych.
Faulkner 1153 Centre St, 02130	G-41	NP Corp	...	186	12	48	...	1	3 Res:	Med.,Path.
Harvard Medical School Family Health Care Program 83 Francis St., 02115	M-41	...	...	...	...	...	...	4	8 Res:	F.P.
Harvard University School of Public Health 665 Huntington Ave., 02115	...	NP Corp	...	...	...	...	...	16	30 Res:	Occ.Med.,G.Prev.Med.
James Jackson Putnam Children's Center 244 Townsend, 02121	...	NP Corp	...	...	...	...	...	1	4 Res:	Child Psych.
Joint Center for Radiation Therapy 50 Binney St., 02115	...	Misc.	^a	...	...	...	...	...	...	Res: Rad.
Judge Baker Guidance Center 295 Longwood Ave, 02115	...	NP Corp	...	27	3	...	1	6	7 Res:	Child Psych.
Lahey Clinic 605 Commonwealth Ave., 02215	...	NP Corp	...	330	13	52	34	20	70 Res:	Anes.,Derm.,Surg.,Med.,Ortho., Otol.,Col.-Rec.,Rad.,Urol.
Lemuel Shattuck 170 Morton St., 02130	M-42 # L-40,41	State	...	350	32	61	15	3	21 Res:	Med.,Path.
Massachusetts Eye and Ear Infirmary 243 Charles St, 02114	M-41 # L-42	NP Corp	...	179	5	33	4	33	38 Res:	Oph.,Otol.
Massachusetts General Fruit St, 02114	M-41 #	NP Corp	^{a,b,c}	1064	14	65	...	40 203	43 Int: 282 Res:	St.Med.,St.Surg.,St.Ped.,St.Path.: Anes.,Child Psych.,Diag.Rad., Derm.,Surg.,Med.,Neurosurg., Neur.,Ortho.,Path.,Ped.,Psych., Rad.,Urol.
Massachusetts Mental Health Center 74 Fenwood Rd, 02115	M-41 #	State	...	186	71	0	2	77	72 Res:	Child Psych.,Psych.
New England Deaconess 185 Pilgrim Rd, 02215	L-41,G-42	NP Corp	...	360	11	62	...	4 17	8 Int: 41 Res:	Rot.,St.Med.: Anes.,Surg.,Med.,Path.,Rad.,Thor., Urol.
New England Medical Center Hospitals(Includes Boston Dispensary and Rehabilitation Institute, Boston Floating Hospital, New England Center Hospital) 171 Harrison Ave., 02111	M-42 # L-41	NP Corp	^{a,b}	376	11	72	...	25 82	26 Int: 121 Res:	St.Med.,St.Surg.,St.Ped.,St.Path.: Anes.,Child Psych.,Diag.Rad.,Derm., Surg.,Med.,Neurosurg.,Neur.,ObG., Oph.,Path.,Ped.,PMR.Psych.,Rad.
Peter Bent Brigham 721 Huntington Ave, 02115	M-41 #	NP Corp	^a	321	12	78	...	23 81	25 Int: 99 Res:	St.Med.,St.Surg.,St.Path.: Anes.,Surg.,Med.,Neurosurg.,Neur., Ortho.,Path.,Plast.,Psych.,Rad., Urol.
Peter Bent Brigham Hospital-Children's Hospital Medical Center, Peter Bent Brigham-Veterans Admin. (West Roxbury),	M-41 #	NP Corp	...	...	...	...	...	1	2 Res:	Plast.
	...	Misc.	...	...	...	...	2	4	6 Res:	Urol.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
MASSACHUSETTS, Boston—Continued										
St. Elizabeth's Hospital of Boston 736 Cambridge St., Brighton, 02135	M-42#	Church	...	422	9	47	...	17	20 Int: 45 Res:	Rot., St. Med., St. Surg.; Anes., Surg., Med., Neur., ObG., Path., Ped.
St. Margaret's 90 Cushing Ave., Dorchester, 02125	M-42#	Church	...	122	4	0	...	...	...	Res: ObG.
Tufts University Affiliated Hospitals, U.S. Public Health Service 77 Warren St., 02135	M-42 L-40	Misc. USPHS	³ ²	...	...	...	12 1	15 11	29 Res: 12 Int: 7 Res:	Derm., ObG., Otol. Rot.; Surg., Med.
University 750 Harrison Ave., 02118	M-40X	NP Corp	⁴	250	13	57	16 5	...	19 Int: 56 Res:	St. Med., St. Surg., St. Path.; Anes., Derm., Surg., Med., Neur., Oph., Otol., Path., PMR, Psych., Rad., Urol.
Veterans Admin. (Jamaica Plain) 150 S Huntington Ave., 02130	M-40#, 42#	VA	^{4,5}	920	27	52	12 43	...	20 Int: 116 Res:	St. Med.; Anes., Surg., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Psych., Rad., Urol.
Veterans Admin. (West Roxbury) 1400 V.F.W. Parkway, West Roxbury, 02132	L-41	VA	³	300	33	83	4	1	6 Res:	Surg., Med., Ortho., Path., Urol.
Veterans Admin. Hospitals of the Boston Area,	...	Misc.	³	...	...	...	...	...	...	Res: Psych.
Brockton	...	NP Corp	...	251	9	27	...	...	3 Res:	Surg., Path.
Brockton 680 Centre St., 02402	...	VA	⁴	1039	206	61	...	...	6 Res:	Psych.
Veterans Admin. Belmont St., 02401	...	VA	⁴	1039	206	61	...	...	6 Res:	Psych.
Cambridge	...	City	...	131	8	57	4 3	8 2	13 Int: 16 Res:	Rot., St. Path.; Anes., Surg., ObG., Path. Child Psych.
Cambridge 1493 Cambridge St., 02139	L-41	City	...	...	...	...	2	...	3 Res:	Child Psych.
Cambridge Mental Health Center 5 Sacramento St., 02138	...	City	...	...	...	...	...	...	...	...
Harvard Univ. Health Center, Div. of Environmental Health and Safety 75 Mount Auburn St., 02138	...	...	...	...	...	...	...	...	1 Res:	Occ. Med.
Mount Auburn 330 Mount Auburn St., 02138	L-41	NP Corp	...	301	10	59	...	9 4	11 Int: 11 Res:	Rot., St. Path.; Anes., Path., Rad.
Canton	...	State	...	211	...	...	...	...	...	Res: Ortho.
Massachusetts Hospital School Randolph St., 02021	L-40	State	...	211	...	...	...	...	...	Res: Ortho.
Chelsea	...	State	...	268	17	50	1	3	...	Res: Surg., Surg., Med., Urol.
Lawrence F. Quigley Memorial 100 Summit Ave., 02150	L-40	USN	^{2,4,5}	710	15	95	1 1	11 33	6 Int: 37 Res:	Rot.; Anes., Surg., Med., ObG., Ortho., Otol., Ped.
Naval 1 Broadway, 02150	L-40	USN	^{2,4,5}	710	15	95	1 1	11 33	6 Int: 37 Res:	Rot.; Anes., Surg., Med., ObG., Ortho., Otol., Ped.
Fall River	...	NP Corp	...	174	9	37	1	1	3 Res:	Surg.
Truesdale 1820 Highland Ave., 02722	...	NP Corp	...	174	9	37	1	1	3 Res:	Surg.
Union Highland Ave at New Boston Rd., 02720	...	NP Corp	...	303	10	37	9	...	9 Int:	Rot.:
Framingham	...	NP Corp	...	232	6	45	4 ...	5 ...	9 Int: 4 Res:	Rot., St. Path.; Path.
Framingham Union 25 Evergreen St., 01701	L-40	NP Corp	...	232	6	45	4 ...	5 ...	9 Int: 4 Res:	Rot., St. Path.; Path.
Harding	...	State	...	1025	180	23	13	...	14 Res:	Psych.
Medfield State Hospital Rd., 02042	L-40	State	...	1025	180	23	13	...	14 Res:	Psych.
Hathorne	...	State	...	2400	90	30	3	...	6 Res:	Psych.
Danvers State Box 50, 01935	...	State	...	2400	90	30	3	...	6 Res:	Psych.
Lakeville	...	State	...	240	172	50	...	...	...	Res: Ortho.
Lakeville Main St., 02346	...	State	...	240	172	50	...	...	...	Res: Ortho.
Lawrence	...	NP Corp	...	303	8	33	6 ...	...	6 Int: 2 Res:	Rot.; Path.
Lawrence General One Garden St., 01842	...	NP Corp	...	303	8	33	6 ...	...	6 Int: 2 Res:	Rot.; Path.
Lowell	...	NP Corp	...	252	8	41	4	...	4 Res:	G.P.
Lowell General 295 Varnum Ave., 01854	...	NP Corp	...	252	8	41	4	...	4 Res:	G.P.
Lynn	...	NP Corp	...	327	9	34	2 ...	...	6 Int: 3 Res:	Rot.; Path.
Lynn 212 Boston St., 01904	L-40	NP Corp	...	327	9	34	2 ...	...	6 Int: 3 Res:	Rot.; Path.
Malden	...	NP Corp	...	292	9	44	4 ...	...	6 Int: 8 Res:	Rot.; Surg., Med., Path.
Malden Hospital Rd., 02148	L-40	NP Corp	...	292	9	44	4 ...	...	6 Int: 8 Res:	Rot.; Surg., Med., Path.
Newton Lower Falls	...	NP Corp	...	250	9	46	5 8	1 ...	8 Int: 13 Res:	Rot., St. Med.; Med., Path.
Newton-Wellesley 2014 Washington St., 02162	L-42	NP Corp	...	250	9	46	5 8	1 ...	8 Int: 13 Res:	Rot., St. Med.; Med., Path.
Norfolk	...	State	...	...	29	66	3	...	6 Res:	Surg., Path.
Pondville Box 111, 02081	...	State	...	...	29	66	3	...	6 Res:	Surg., Path.
Pittsfield	...	NP Corp	...	412	8	56	14 26	2 ...	18 Int: 31 Res:	Rot.; Anes., Surg., Med., ObG., Path., Ped.
Berkshire Medical Center 725 North St., 01201	G-54	NP Corp	...	412	8	56	14 26	2 ...	18 Int: 31 Res:	Rot.; Anes., Surg., Med., ObG., Path., Ped.
Quincy	...	City	...	383	8	19	...	...	4 Res:	Path.
Quincy City 114 Whitwell St., 02169	...	City	...	383	8	19	...	...	4 Res:	Path.
South Shore Mental Health Center 77 Parking Way., 02169	...	State	...	0	...	...	...	1	1 Res:	Child Psych.
Salem	...	NP Corp	...	261	14	38	6 3	...	12 Int: 4 Res:	Rot.; Path.
Salem 81 Highland Ave., 01970	...	NP Corp	...	261	14	38	6 3	...	12 Int: 4 Res:	Rot.; Path.
Springfield	...	NP Corp	...	60	61	100	...	...	...	Res: Ortho.
Shriners Hospital for Crippled Children 516 Carew St., 01104	...	NP Corp	...	60	61	100	...	...	...	Res: Ortho.
Springfield Hospital Medical Center 759 Chestnut St., 01107	...	NP Corp	...	475	10	36	12 24	...	18 Int: 37 Res:	Rot., St. Med.; Anes., Surg., Med., Path., Ped.
Wesson Maternity 735 Chestnut St., 01107	...	NP Corp	...	115	...	100	3 2	...	6 Res:	ObG.
Stockbridge	...	NP Corp	...	42	300	0	1	...	3 Res:	Psych.
Austen Riggs Center Main St., 01262	...	NP Corp	...	42	300	0	1	...	3 Res:	Psych.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Neurosy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
MASSACHUSETTS—Continued										
Taunton										
Taunton State Hodges Ave. Ext., 02780	...	State	⁵	1607	...	38	2	...	8 Res:	Psych.
Waltham										
Metropolitan State 475 Trapelo Rd., 02154	M-42	State	...	1912	55	32	10	3	17 Res:	Child Psych.,Psych.
Middlesex County Sanatorium 775 Trapelo Rd., 02154	L-41	County	...	190	115	55	...	...	...	Res: Med.
Walter E. Fernald State School 200 Trapelo Rd., 02154	...	State	...	2200	...	54	1	...	1 Res:	Psych.
Waltham Hope Ave., 02154	L-40	NP Corp	...	237	8	38	5	1	7 Int:	Rot.:
Westfield										
Western Massachusetts 91 E. Mountain Rd., 01085	...	State	⁴	141	32	36	3	...	3 Res:	Surg.
West Roxbury										
Veterans Admin. - See Boston										
Worcester										
Memorial 119 Belmont St., 01605	...	NP Corp	⁴	350	7	57	13	1	14 Int:	Rot.:
St. Vincent 25 Winthrop St.	G-19	Church	...	618	11	47	1	17	22 Res:	Surg.,Med.,Ortho.,Path.
Worcester City 26 Queen St., 01610	...	City	^{4,5}	448	10	44	15	9	18 Int:	Rot.,St.Med.:
Worcester State 305 Belmont St., 01604	...	State	...	1263	30	42	17	...	34 Res:	Surg.,Med.,Ortho.,Ped.
Worcester Youth Guidance Center 275 Belmont St., 01604	...	State	...	...	...	...	16	...	20 Int:	Rot.,St.Surg.:
							7	1	19 Res:	Surg.,Ortho.,Path.
							...	...	16 Res:	Psych.
MICHIGAN										
Allen Park										
Veterans Admin. Southfield at Outer Dr., 48101	M-44#	VA	^{4,5}	839	38	56	...	...	...	Res: Derm.,Surg.,Med.,Neur.,Oph.,Ortho., Otol.,Path.,Rad.,Thor.,Urol.
Ann Arbor										
St. Joseph Mercy 326 North Ingalls St., 48104	M-43	Church	...	543	9	49	...	20	20 Int:	Rot.:
University 1405 East Ann St., 48104	M-43X	State	⁵	1039	14	74	3	21	40 Res:	Surg.,Med.,Neurosurg.,ObG.,Ortho., Path.,Plast.,Urol.
							1	9	14 Int:	St.Surg.,St.Ped.,St.Path.,St.ObG.:
							7	50	77 Res:	Anes.,Child Psych.,Derm.,Surg., Med.,Neurosurg.,Neur.,ObG.,Oph., Ortho.,Otol.,Path.,Ped.,Ped.All., Ped.Card.,PMR,Plast.,Psych., Rad.,Thor.,Urol.
University of Michigan Affiliated Hospitals(Includes University Hospital, St. Joseph Mercy Hospital, Veterans Admin. Hospital, Wayne County General Hospital at Eloise)	M-43	Misc.	³	...	...	...	1	67	76 Int:	St.Med.,St.Surg.,St.Ped.,St.Path., St.ObG.:
							35	309	354 Res:	Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,ObG.,Oph.,Ortho.,Path., Plast.,Psych.,Rad.,Urol.
University of Michigan Institute of Industrial Health Medical Center.	...	...	...	...	...	...	...	1	8 Res:	Occ.Med.
University of Michigan School of Public Health, 48104	...	State	...	...	...	...	...	...	2 Res:	G.Prev.Med.
Veterans Admin. 2215 Fuller Rd., 48105	M-43#	VA	^{2,4}	486	25	86	...	...	...	Int: St.Surg.:
							...	...	...	Res: Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,Oph.,Path.,Plast.,Psych., Rad.,Urol.
Dearborn										
Ford Motor Company American Road, 48121	...	Corp.	...	...	...	...	...	...	1 Res:	Occ.Med.
Oakwood 18101 Oakwood Blvd., 48124	...	NP Corp	...	474	8	43	3	10	18 Int:	Rot.:
							6	6	20 Res:	G.P.,Surg.,ObG.,Path.
Detroit										
Alexander Blain Memorial 2201 East Jefferson, 48207	...	NP Corp	...	107	10	15	1	...	5 Res:	Surg.
Children's Hospital of Michigan 5224 St. Antoine, 48202	M-44#	NP Corp	^{2,3}	215	7	66	25	10	4 Int:	St.Ped.:
							...	...	36 Res:	Surg.,Ortho.,Otol.,Path.,Ped., Ped.All.,Thor.,Urol.
Crittenton 1554 Tuxedo Ave., 48206	...	NP Corp	...	176	7	30	4	1	8 Res:	ObG.
Detroit General 1326 St. Antoine, 48226	M-44#	City	^{2,5}	628	14	44	2	27	41 Int:	Rot.,St.Med.,St.Surg.:
							11	...	12 Res:	Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,ObG.,Oph.,Ortho.,Otol., Path.,Ped.,Rad.,Thor.,Urol.
Detroit-Macomb Hospitals(Includes Detroit Memorial Hospital, South Macomb Hospital, Warren)	...	Misc.	³	...	...	...	23	...	26 Int:	Rot.,St.Path.:
							25	...	32 Res:	Surg.,Med.,ObG.,Path.
Detroit Memorial 1420 St. Antoine, 48226	...	NP Corp	³	343	10	47	...	...	...	Int: Rot.,St.Path.:
							...	...	...	Res: Surg.,Med.,Neur.,ObG.,Path., Rad.
Detroit Psychiatric Institute 1151 Taylor, 48202	...	City	...	136	14	50	5	6	21 Res:	Psych.
Evangelical Deaconess 3245 E. Jefferson, 48207	...	Church	...	198	9	30	6	...	10 Int:	Rot.:
General Motors Corporation 3044 W. Grand Blvd., 48202	...	Corp.	...	...	...	...	8	...	10 Res:	G.P.,Surg.
Grace 4160 John R St., 48201	M-44#	NP Corp	...	871	10	48	...	...	1 Res:	Occ.Med.
							11	2	30 Int:	Rot.:
							47	11	69 Res:	Surg.,Med.,Neurosurg.,ObG.,Oph., Ortho.,Path.,Rad.
Harper 3825 Brush St., 48201	M-44#	NP Corp	³	679	10	43	...	6	26 Int:	Rot.:
							24	21	59 Res:	Anes.,Derm.,Surg.,Med.,Neur., ObG.,Oph.,Ortho.,Otol.,Path., Rad.,Thor.,Urol.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program	
							Foreign	Non-Foreign			
MICHIGAN, Detroit—Continued											
Henry Ford 2799 W. Grand Blvd, 48202	...	NP Corp	^a	1060	...	56	119	26	34 Int: 315 Res:	Rot., St. Med., St. Surg., St. Ped.; Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Plast., Psych., Rad., Thor., Urol.	
Herman Kiefer 1151 Taylor Ave, 48202	...	City	...	556	133	44	...	...	...	Res: Rad., Thor.
Hutzel 432 E. Hancock, 48201	M-44#	NP Corp	...	379	8	36	13	1	14 Int: ... Res:	Rot.; Surg., Med., ObG., Path.	
Kirwood General 4059 W. Davison Ave., 48238	...	NP Corp	...	...	...	...	...	...	10 Res:	G.P.
Lafayette Clinic 951 E Lafayette, 48207	M-44#	State	...	160	84	...	9	23	50 Res:	Child Psych., Neur., Psych.	
Metropolitan 1800 Tuxedo Ave, 48206	...	NP Corp	...	166	8	45	4	...	5 Res:	Surg.	
Mount Carmel Mercy 6071 West Outer Drive, 48235	...	Church	...	561	10	47	13	...	24 Int: 48 Res:	Rot.; Surg., Med., ObG., Path., Ped., Rad.	
Rehabilitation Institute 261 Mack Boulevard, 48201	L-44#	NP Corp	...	96	39	56	1	2	6 Res:	PMR	
St. John 22101 Moross Rd, 48236	...	NP Corp	...	540	8	51	16	...	18 Int: 33 Res:	Rot.; Surg., Med., ObG., Path.	
St. Joseph Mercy 2200 East Grand Blvd, 48211	...	Church	...	269	9	39	5	...	9 Int: 4 Res:	Rot.; ObG.	
Sinai Hospital of Detroit 6767 West Outer Dr, 48235	M-44#	NP Corp	^{a, b}	390	9	52	2	14	18 Int: 59 Res:	Rot.; Anes., Surg., Med., ObG., Oph., Path., Psych., Rad., Urol.	
Wayne County Medical Examiner's Office 400 E Lafayette Ave, 48226	...	County	...	...	...	...	...	...	1 Res:	For. Path.
Wayne State University Affiliated Hospitals,	M-44	Misc.	^a	...	...	...	134	101	291 Res:	Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Rad., Thor., Urol.
Eloise											
Wayne County General, 48132	M-43#	County	^{a, b}	481	10	35	Int: 46 Res:	Rot., St. Med., St. Surg., St. Ped., St. ObG.; Surg., Med., Neurosurg., ObG., Ortho., Path., Plast., Psych., Rad., Urol.
Flint											
Hurley 6th & Begole, 48502	L-98	City	...	716	10	48	8	6	20 Int: 53 Res:	Rot.; G.P., Surg., Med., ObG., Path., Ped., Rad.	
Mc Laren General 401 S. Ballenger Highway, 48502	...	NP Corp	...	318	8	46	1	5	12 Int: 16 Res:	Rot.; G.P., Surg., Path.	
St. Joseph 302 Kensington Ave, 48502	...	Church	...	408	9	41	7	...	14 Int: 19 Res:	Rot.; G.P., Path.	
Grand Rapids											
Blodgett Memorial 1840 Wealthy St., S. E., 49506	L-98	NP Corp	...	460	8	76	...	17	17 Int: 28 Res:	Rot., St. Path.; Surg., Med., ObG., Ortho., Path., Rad.	
Butterworth 100 Michigan N.E., 49503	L-98	NP Corp	...	451	8	68	1	19	20 Int: 32 Res:	Rot.; Surg., Med., ObG., Path., Ped., Plast., Rad.	
Ferguson-Droste-Ferguson 72 Sheldon Ave. S.E., 49502	...	NP Corp	...	110	9	47	...	3	3 Res:	Col.-Rec.	
St. Mary's 201 Lafayette, S.E., 49503	...	Church	...	390	8	44	...	...	14 Int: 11 Res:	Rot.; Surg., ObG., Ortho., Path.
St. Mary's Hospital - Blodgett Memorial,	...	Misc.	^a	...	...	...	2	1	6 Res:	ObG.
Grosse Pointe											
Bon Secours 468 Cadieux Rd, 48230	...	Church	...	160	7	42	5	2	10 Int: 6 Res:	Rot.; Surg.	
Highland Park											
Highland Park General 369 Glendale Ave., 48203	...	City	...	268	10	45	14	...	15 Int: 18 Res:	Rot.; Surg., Med., ObG.	
Kalamazoo											
Borgess 1521 Gull Rd, 49001	...	Church	...	333	8	45	1	3	10 Int: 3 Res:	Rot.; Surg., Ortho., Path.	
Borgess-Bronson Hospitals Orthopedic Residency	...	Church	...	...	...	...	2	3	8 Res:	Ortho.
Bronson Methodist 252 E. Lovell, 49006	...	Church	...	435	8	45	...	3	15 Int: 6 Res:	Rot.; Surg., Obg., Ortho., Ped.	
Lansing											
Edward W. Sparrow 1215 E. Michigan Ave., 48902	M-98#	NP Corp	...	455	7	37	1	...	10 Int: 7 Res:	Rot.; Surg., Path.	
Ingham Medical 401 W Greenlawn, 48910	...	County	...	165	8	37	1	1	2 Res:	Thor.	
Michigan Department of Public Health 3500 N. Logan St., 48914	...	State	...	...	...	...	...	...	2 Res:	Pub. Health
St. Lawrence 1210 West Saginaw, 48914	M-98#	NP Corp	...	346	8	43	1	...	4 Res:	Path.	
Midland											
Midland 4005 Orchard Dr, 48640	...	NP Corp	...	224	7	51	...	3	10 Int:	Rot.;	
Northville											
Hawthorn Center 18471 Haggerty, 48167	...	State	...	164	350	...	4	7	14 Res:	Child Psych.	
Northville State 41001 West Seven Mile, 48167	...	State	...	1660	...	41	10	...	18 Res:	Psych.	
Pontiac											
Pontiac General Seminole & W. Huron, 48053	...	City	...	393	7	48	6	4	20 Int: 32 Res:	Rot.; Surg., Med., ObG., Path., Ped.	
Pontiac State 140 Elizabeth Lake Rd, 48053	...	State	...	2213	310	44	14	...	18 Res:	Surg., Surg., Psych.	
St. Joseph Mercy 900 Woodward Ave, 48053	...	Church	...	347	7	48	1	3	12 Int: 29 Res:	Rot.; Surg., Med., ObG., Path., Ped., Rad.	
River Rouge											
Sidney A. Sumbly Memorial 234 Visger Rd, 48218	...	NP Corp	^a	63	10	...	4	...	5 Res:	G.P.	
Royal Oak											
William Beaumont 3601 W Thirteen Mile Rd, 48072	...	NP Corp	...	699	8	36	...	13	26 Int: 79 Res:	Rot., St. Med., St. Surg., St. ObG.; Surg., Med., ObG., Path., Ped., Rad., Urol.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
MICHIGAN—Continued										
Saginaw										
Saginaw Affiliated Hospitals(Includes Saginaw General Hospital, St. Luke's Hospital, St. Mary's Hospital, Vetrans Admin. Hospital) 705 Cooper St., 48602	...	Misc.	³	...	...	...	10	7	26 Int: Rot.; 20 Res: G.P.,Surg.,Ped.	
Saginaw General 1447 N. Harrison, 48602	...	NP Corp	...	294	8	39	...	2	...	Int: Rot.; 6 Res: G.P.,Surg.,ObG.
St. Luke's 705 Cooper St, 48602	...	NP Corp	³	257	8	54	...	...	...	Int: Rot.; 2 Res: G.P.,Surg.,Ped.
St. Mary's 830 S. Jefferson Ave, 48601	...	Church	...	240	8	56	...	...	...	Int: Rot.; Res: G.P.,Surg.
Veteran's Admin 1500 Weiss St, 48602	L-98	VA	³	217	25	54	...	...	...	Int: Rot.; Res: Surg.
Southfield										
Providence 16001 Nine Mile Rd, 48075	...	Church	...	403	11	47	2	2	12 Int: Rot.; 30 Res: Surg.,Med.,ObG.,Path.,Rad.	
Traverse City										
Munson Medical Center, 49684	...	NP Corp	^{2,3}	253	8	...	...	6	8 Int: Rot.; 18 Res: Psych.	
Traverse City State Elmwood & 11th, 49684	...	State	...	2289	...	23	8	8	...	
Warren										
South Macomb 11800 East 12 Mile, 48093	...	NP Corp	³	203	7	52	...	...	...	Int: Rot.; Res: Surg.,Med.,ObG.,Path.
Ypsilanti										
Ypsilanti State 3501 Willis Rd, 48197	G-43	State	...	3000	57	41	10	8	24 Res: Psych.	
MINNESOTA										
Duluth										
St. Luke's 915 E. 1st St., 55805	...	NP Corp	...	384	10	63	...	...	8 Int: Rot.; 4 Res: Path.	
St. Mary's 407 East Third Street, 55805	...	Church	...	344	8	71	...	12	12 Int: Rot.; 4 Res: Path.	
Minneapolis										
Fairview 2312 S. 6th St., 55406	L-45	Church	...	430	36	41	6	11	24 Res: G.P.,Ortho.	
Hennepin County General Fifth and Portland South, 55415	M-45#	County	³	394	10	68	...	48	60 Int: Rot.; 34 Res: Derm.,Surg.,Med.,Neur.,ObG.,Oph.,Ortho.,Otol.,Path.,Ped.,Psych.	
Kenny Rehabilitation Institute 1800 Chicago Ave, 55404	G-45	NP Corp	³	80	27	...	...	...	...	Res: PMR
Mount Sinai 2215 Park Ave, 55404	L-45	NP Corp	³	273	8	65	3	...	14 Int: Rot.; 12 Res: Surg.,Med.,Path.	
Northwestern Hospital of Minneapolis 810 East 27th St, 55407	L-45	Corp.	...	400	9	63	3	2	12 Int: Rot.,St.Med.; 22 Res: Med.,Path.	
St. Barnabas 714 9th Ave. S., 55415	...	Church	...	310	8	60	...	...	...	Int: Rot.; Res: Surg.
St. Barnabas Hospital-Swedish	...	Misc.	³	...	...	...	16	9	24 Int: Rot.; 10 Res: Surg.	
St. Mary's 2414 S Seventh St, 55406	L-45	Church	...	505	8	60	4	2	14 Int: Rot.; Res: ObG.,Ortho.	
Shriners Hospital for Crippled Children 2025 East River Rd, 55414	...	NP Corp	³	60	57	...	...	2	2 Res: Ortho.	
State of Minnesota Department of Health University Campus, 55440	...	State	...	...	...	...	...	...	4 Res: Pub.Health	
Swedish 914 South 8th St, 55404	...	NP Corp	...	429	8	43	...	...	...	Int: Rot.; 6 Res: Surg.,Path.,Rad.
University of Minnesota Affiliated Hospitals(Includes University of Minnesota Hospitals, Veterans Admin. Hospital, and Some Programs at Hennepin County General Hospital, Mount Sinai Hospital, and St. Paul-Ramsey Hospital. St. Paul) ...	M-45	Misc.	³	...	...	...	61	297	410 Res: Anes.,Derm.,Surg.,Med.,Neurosurg.,Neur.,ObG.,Oph.,Otol.,Ped.,PMR,Col.-Rec.,Rad.,Thor.	
University of Minnesota Hospitals 412 Union St. S. E., 55455	M-45X	State	³	847	14	82	2	40	46 Int: St.Med.,St.Surg.,St.Ped.,St.Path.; 113 Res: Anes.,Child Psych.,Derm.,F.P.,Surg.,Med.,Neurosurg.,Neur.,ObG.,Oph.,Ortho.,Otol.,Path.,Ped.,Ped.Card.,PMR,Col.-Rec.,Psych.,Rad.,Thor.,Urol.	
Veterans Admin. 54th St & 48th Ave., So., 55417	M-45#	VA	^{2,3,4,5}	1014	28	4	2	5	12 Int: St.Med.; 54 Res: Anes.,Derm.,Surg.,Med.,Neurosurg.,Neur.,Neur.,Oph.,Ortho.,Otol.,Path.,PMR,Col.-Rec.,Psych.,Rad.,Thor.,Urol.	
Rochester										
Mayo Graduate School of Medicine(Includes Rochester Methodist Hospital and St. Mary's Hospital) 200 First Ave S. W., 55901	L-20,G-45, 93,113	NP Corp	³	1503	...	...	...	...	34 Int: Rot.,St.Med.,St.Surg.,St.Ped.,St.Path.; 162 Res: Anes.,Child Psych.,Derm.,Surg.,Med.,Neurosurg.,Neur.,ObG.,Oph.,Ortho.,Otol.,Path.,Ped.,Ped.All.,Ped.Card.,PMR,Plast.,Col.-Rec.,Psych.,Rad.,Thor.,Urol.	
Rochester Methodist - See Mayo Graduate School of Medicine										
St. Mary's - See Mayo Graduate School of Medicine										
St. Paul										
Amherst H. Wilder Child Guidance Clinic 670 Marshall Ave, 55104	...	NP Corp	³	...	...	...	...	1	2 Res: Child Psych.	
Bethesda Lutheran 559 Capitol Blvd, 55101	...	Church	³	299	8	47	1	3	10 Int: Rot.;	
Charles T. Miller 125 West College Ave, 55102	...	NP Corp	...	375	10	53	...	2	14 Int: Rot.,St.Path.; 17 Res: Surg.,Med.,Oph.,Path.,Rad.,Urol.	
Childrens 311 Pleasant Ave, 55102	L-45	NP Corp	...	99	7	95	3	2	4 Res: Ped.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
MINNESOTA, St. Paul—Continued										
Gillette State Hospital for Crippled Children 1003 East Ivy Ave, 55106	G-45	State	³	146	32	100	...	...	...	Res: Anes.,Ortho.
St. Joseph's 69 W Exchange St, 55102	G-45	Church	...	408	8	33	...	1	14 Int: Rot.; 4 Res: Surg.,ObG.,Path.,Rad.	
St. Luke's 300 Pleasant Ave., 55102	...	NP Corp	...	360	11	39	2	...	12 Int: Rot.; 8 Res: G.P.	
St. Paul-Ramsey 640 Jackson St, 55101	M-45#	Cy-Co	...	583	13	68	3	26	42 Int: Rot.,St.Surg.; 29 Res: Derm.,Surg.,Med.,Neur.,ObG., Oph.,Ortho.,Otol.,Path.,Ped., Ped.All.,Urol.	
MISSISSIPPI										
Biloxi										
U.S. Air Force Keesler A.F.B., 39534	L-37	USAF	^{2,4}	400	13	76	...	12	14 Int: Rot.; 8 Res: Surg.,Med.,ObG.,Ped.	
Veterans Admin. Center, 39531	...	VA	^{2,3}	209	32	61	...	3	6 Res: Psych.	
Jackson										
Mental Health Services, Mississippi State Board of Health P. O. Box 1700, 39205	...	State	³	...	...	...	...	...	...	Res: Psych.
Mississippi Baptist 1190 North State St, 39201	...	Church	³	349	7	34	...	1	12 Int: Rot.;	
State of Mississippi Department of Health 2423 N. State St., 39205	...	State	...	...	...	...	...	...	...	Res: Pub.Health
University 2500 North State St, 39216	M-46X	State	...	344	8	56	...	24	31 Int: Rot.,St.Med.,St.Surg.,St.Ped., St.Path.,St.ObG.; 25 Res: Anes.,Surg.,Med.,Neurosurg.,Neur., ObG.,Oph.,Ortho.,Otol.,Path., Ped.,Ped.Card.,Plast.,Psych., Rad.,Thor.,Urol.	
University of Mississippi Medical Center,.....	M-46	Misc.	³	...	...	...	8	99	133 Res: Anes.,Surg.,Med.,Neurosurg.,Neur., ObG.,Oph.,Ortho.,Otol.,Path., Ped.,Plast.,Psych.,Rad.,Thor., Urol.	
Veterans Admin. Center 1500 E. Woodrow Wilson Dr., 39216	M-46	VA	^{2,3}	498	30	47	...	...	...	Res: Anes.,Surg.,Med.,Neurosurg.,Neur., Oph.,Ortho.,Otol.,Path.,Plast., Psych.,Rad.,Thor.,Urol.
Sanatorium										
Mississippi State Sanatorium, 39112	G-46	State	³	377	150	14	...	...	...	Res: Thor.
Whitfield										
Mississippi State, 39193	L-46	State	³	5179	367	46	...	...	...	Res: Psych.
MISSOURI										
Columbia										
Ellis Fischel State Cancer Business Loop 70 and Garth, 65201	L-47# G-48,49	State	³	104	17	66	...	5	5 Res: Surg.,Surg.,Path.	
University of Missouri Affiliated Hospitals, .....	...	Misc.	³	...	...	...	1	5	6 Res: Urol.	
University of Missouri Medical Center 807 Stadium Rd, 65201	M-47X	State	³	461	12	63	1	18	29 Int: Rot.,St.Med.,St.Surg.,St.Ped., St.Path.;	
University of Missouri School of Medicine Department of Community Health and Medical Practice,	...	State	...	...	...	...	...	...	...	18 91 186 Res: Anes.,Child Psych.,Derm.,G.P., Surg.,Med.,Neurosurg.,ObG.,Oph., Ortho.,Otol.,Path.,Ped.,PMR, Plast.,Psych.,Rad.,Thor.,Urol.
Kansas City										
Children's Mercy 1710 Independence Ave, 64106	M-33,L-47#	NP Corp	³	100	9	78	...	1	6 Int: St.Ped.; 24 Res: Ortho.,Ped.,Ped.All.,Ped.Card., Rad.	
Greater Kansas City Mental Health Foundation, U. of Mo. Sch. of Med. 2200 Mc Coy St, 64108	G-47#	State	...	41	...	...	6	1	12 Res: Child Psych.	
Kansas City General Hospital and Medical Center 24th and Cherry, 64108	L-47# G-33	NP Corp	³	314	10	45	3	9	30 Int: Rot.; 54 Res: Surg.,Med.,Neur.,ObG.,Oph.,Ortho., Path.,Plast.,Psych.,Urol.	
Menorah Medical Center 4949 Rockhill Rd, 64110	G-33	NP Corp	...	337	10	47	1	5	16 Int: Rot.,St.Med.,St.Path.;	
Research and Affiliated Hospitals, .....	...	Misc.	³	...	...	...	12	14	30 Res: G.P.,Surg.,Med.,Path.,Rad.	
Research Hospital and Medical Center Meyer Blvd. at Prospect Ave., 64132	...	NP Corp	³	517	10	38	1	...	4 Res: Rad. 16 Res: F.P.,Path.,Rad.	
St. Joseph 2510 East Linwood, 64128	...	NP Corp	³	272	9	41	...	...	4 Res: Path.	
St. Luke's 44th and Wornall, 64111	L-33	NP Corp	...	477	9	49	1	10	20 Int: Rot.,St.Med.,St.Surg.;	
St. Mary's 101 Memorial Dr, 64108	...	Church	³	385	9	49	...	...	55 Res: Surg.,Med.,ObG.,Ortho.,Path., Rad.,Urol.	
Trinity Lutheran 31st & Wyandotte St., 64108	...	NP Corp	...	275	10	34	1	...	1 Int: St.Path.; 4 Res: Path. 8 Int: Rot.;	
University of Missouri Residency in Psychiatry, Veterans Admin. 4801 Linwood Blvd, 64128	L-47 M-33	Misc. VA	...	501	23	60	22	8	30 Res: Psych. ...	
Western Missouri Mental Health Center 600 E. 22nd St., 64108	G-47#	Misc.	...	...	...	...	...	...	...	Res: Psych.
Mount Vernon										
Missouri State Sanatorium, 65712	...	State	...	548	135	48	...	...	...	Res: Thor.
St. Louis										
Barnes Hospital Group(Operating Barnard, Mc Millan, Renard, St. Louis Maternity, Wohl Memorial Hospitals and Wohl-Washington University Clinics) Barnes Hospital Plaza, 63110	M-49#	NP Corp	...	1070	10	63	3	60	65 Int: Rot.,St.Med.,St.Surg.,St.Path., St.ObG.;	
Cardinal Glennon Memorial Hospital for Children 1465 S Grand Blvd, 63104	M-48	Church	...	175	...	...	...	...	35 203 275 Res: Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,ObG.,Oph.,Ortho.,Otol., Path.,Plast.,Psych.,Rad.,Thor., Urol.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
MISSOURI, St. Louis—Continued										
David P. Wohl Memorial Mental Health Institute	M-48	...	...	...	...	...	...	...	15 Res:	Psych.
Deaconess 6150 Oakland Ave., 63139	...	Church	...	361	11	47	7	...	16 Int:	Rot.;
De Paul 2415 N. Kingshighway Blvd., 63113	...	Church	...	374	10	32	2	2	13 Res:	Surg., ObG.
Firmin Desloge General 1402 S. Grand Blvd., 63104	M-48	Church	...	100	...	...	...	...	4 Res:	Path.
Homer G. Phillips 2601 North Whittier, 63113	M-49#	City	4,5	511	9	28	1	1	...	Res: ObG.
Jewish Hospital of St. Louis 216 So. Kingshighway, 63110	M-49#	NP Corp	4,5	530	11	55	1	16	21 Int:	Rot.;
Lutheran 2639 Miami St., 63118	...	Church	...	414	9	44	11	...	69 Res:	Surg., ObG., Oph., Otol., Path., Ped., Urol.
Malcolm Bliss Mental Health Center 1420 Grattan St., 63104	M-49#	State	...	250	31	50	12	24	21 Int:	St. Med., St. Surg.;
Mallinckrodt Institute of Radiology - See Barnes Hospital Group	...	...	...	...	...	...	...	...	53 Res:	Anes., Surg., Med., ObG., Path., PMR, Psych., Rad.
Missouri Baptist 3015 No. Ballas Rd., 63131	G-47#	Church	...	306	10	48	2	...	12 Int:	Rot.;
Missouri Institute of Psychiatry-St. Louis State 5400 Arsenal, 63139	M-48#, L-47#	Misc.	...	2000	417	40	20	3	24 Res:	Surg., Med., Path.
St. John's Mercy 615 So. New Ballas Rd., 63141	...	Church	...	583	9	49	1	13	24 Res:	Surg., Psych.
St. Louis Children's 500 So. Kingshighway, 63110	M-49#	NP Corp	...	321	9	74	4	15	18 Int:	Rot.;
St. Louis City 1515 Lafayette Ave., 63104	M-48#, 49#	City	...	550	10	55	11	7	28 Res:	Surg., Med., ObG., Path.
St. Louis City (St. Louis University Service) 1515 Lafayette Ave., 63104	M-48	Misc.	...	...	...	...	1	1	12 Int:	Rot.;
St. Louis City (Washington University Service) 1515 Lafayette Ave., 63104	M-49#	Misc.	...	...	...	...	6	4	28 Res:	Surg., Med., ObG., Path.
St. Louis County 601 So. Brentwood, 63105	G-49	County	...	324	14	38	3	3	12 Int:	Rot.;
St. Louis-Little Rock Hospitals 1755 So. Grand Blvd., 63104	...	NP Corp	...	375	13	40	22	1	24 Res:	Surg., Med., ObG.
St. Louis University Group of Hospitals 1402 S. Grand Blvd., 63104	M-48	NP Corp	...	2657	8	...	...	45	11 Res:	Surg.
St. Luke's 5535 Delmar Blvd., 63112	L-49	Corp.	...	380	10	48	...	9	54 Int:	Rot., St. Med., St. Surg., St. Ped., St. Path., St. ObG.;
St. Mary's 6420 Clayton Rd., 63117	M-48	Church	...	511	10	50	2	1	142 Res:	Surg., Med., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad.
Shriners Hospital for Crippled Children 2001 S. Lindbergh Blvd., 63131	...	NP Corp	1,2,3	100	38	...	...	...	16 Int:	Rot., St. Med.;
Veterans Admin. 915 No. Grand Blvd., 63106	M-48#, 49#	VA	4	513	27	74	1	3	22 Res:	Surg., Med., Neurosurg., Path.
Washington University Affiliated Hospitals William Greenleaf Eliot Division of Child Psychiatry (Washington University School of Medicine) 369 N. Taylor Ave., 63108	M-49	Misc.	...	...	...	...	2	56	24 Int:	Rot., St. Med.;
Springfield St. John's 1235 E. Cherokee, 65802	...	Church	2,3	461	9	26	1	...	18 Res:	Med., ObG., Path.
...	...	...	...	...	...	...	...	...	...	Ortho.
...	...	...	...	...	...	...	...	...	8 Res:	Surg., Surg., Oph., Ortho., Otol., Path., Plast., Psych., Rad., Urol.
...	...	...	...	...	...	...	...	...	68 Res:	Otol., Psych., Rad., Urol.
...	...	...	...	...	...	...	...	...	8 Res:	Child Psych.
NEBRASKA										
Lincoln										
Bryan Memorial 4848 Sumner St., 68506	...	Church	...	249	7	45	...	8	10 Int:	Rot.;
Lincoln General 2315 South 16th St., 68502	...	City	...	226	8	40	...	...	6 Int:	Rot.;
Nebraska Orthopedic 1047 South St., 68502	...	State	2,3	85	20	100	...	...	1 Res:	Path.
St. Elizabeth 1145 South St., 68502	...	Church	...	257	8	32	...	3	...	Res: Ortho.
Veterans Admin. 600 South 70th St., 68501	...	VA	3	183	22	80	1	2	6 Int:	Rot.;
...	...	...	...	...	...	...	...	...	4 Res:	Surg., Path.
...	...	...	...	...	...	...	...	...	10 Res:	Surg.
Omaha										
Bishop Clarkson Memorial Dewey Ave at 44th St., 68105	M-51	Church	3	297	7	49	...	...	...	Int: Rot., St. Med., St. Surg., St. Ped.;
Childrens Memorial 44th & Dewey Ave., 68105	M-50, 51	Corp.	3	100	4	86	...	1	8 Res:	Med., Otol., Path.
Creighton Memorial St. Joseph's 2305 South 10th St., 68108	M-50#	NP Corp	2,3	575	12	41	...	17	4 Int:	St. Ped.;
Creighton University Affiliated Hospitals (Includes Creighton Memorial St. Joseph's Hospital, Veterans Admin. Hospital, Douglas County Hospital)	M-50	Misc.	...	...	...	...	...	19	35 Int:	Rot., St. Surg., St. Ped., St. Path.;
Douglas County 4102 Woolworth Ave., 68105	M-50#, 51#	County	3	246	14	51	...	...	22 Res:	Surg., Med., ObG., Path., Rad.
Immanuel 36th and Meredith, 68111	M-50, 51	Church	3	194	7	23	...	9	...	Int: Rot.;
Nebraska Methodist 8303 Dodge St., 68114	M-51	Church	...	327	8	44	...	...	14 Int:	Rot., St. Path.;
Nebraska Psychiatric Institute 602 South 44th Ave., 68105	M-51X	State	3	95	53	0	...	...	1 Res:	Path.
University of Nebraska 42nd and Dewey Ave., 68105	M-51X	State	3	156	9	70	...	...	6 Res:	Child Psych., Psych.
...	...	...	...	...	...	...	3	13	...	Int: Rot., St. Med., St. Ped., St. Path.;
...	...	...	...	...	...	...	...	...	29 Res:	Anes., Surg., Med., Neur., ObG., Oph., Otol., Path., Ped., Rad.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necrosis Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
NEBRASKA, Omaha—Continued										
University of Nebraska Affiliated Hospitals (Includes University of Nebraska Hospital, Veterans Admin. Hospital, Douglas County Hospital, Nebraska Psychiatric Institute)	M-51	Misc.	...	...	...	...	...	9	34 Int: 105 Res:	Rot.: Anes., Surg., Med., Neur., Oph., Otol., Psych., Rad.
Veterans Admin. 4101 Woolworth Ave, 68105	M-50#, 51#	VA	3,4,5	486	25	70	...	...	...	Int: Rot., St. Med., St. Path.; Res: Anes., Surg., Surg., Med., Med., Neur., Oph., Otol., Psych., Rad.
NEVADA										
Las Vegas										
Southern Nevada Memorial 1800 West Charleston Blvd., 89102	...	County	2	285	7	44	...	...	2 Res:	Path.
NEW HAMPSHIRE										
Hanover										
Dartmouth Medical School Affiliated Hospitals (Includes Mary Hitchcock Memorial Hospital and Veterans Admin. Hospital, White River Junction, Vt.)	M-52	Misc.	3	...	...	...	9	36	49 Res:	Derm., Surg., Med., Neurosurg., Ortho., Urol.
Mary Hitchcock Memorial 2 Maynard, 03755	M-52#	NP Corp	...	307	11	86	...	18 5	30 Int: 40 Res:	Rot., St. Med., St. Surg.; Anes., Child Psych., Derm., Surg., Med., Neurosurg., Ortho., Path., Ped., Psych., Rad., Urol.
Manchester										
Veterans Admin 718 Smyth Rd, 03104	G-41	VA	2,3	150	24	37	...	...	...	Res: Surg.
NEW JERSEY										
Atlantic City										
Atlantic City 1925 Pacific Ave, 08401	...	NP Corp	...	372	10	33	8 7	2 2	15 Int: 29 Res:	Rot.: Surg., Med., Path., Rad.
Brown Mills										
Deborah Trenton Rd, 08015	...	Indiv.	...	120	28	86	...	...	...	Res: Thor.
Camden										
Cooper 6th & Stevens St, 08103	M-73	NP Corp	2	594	10	39	...	...	15 Int: 24 Res:	Rot.: Surg., Med., ObG., Ortho., Path., Ped.
Our Lady of Lourdes 1600 Haddon Ave, 08103	...	Church	...	305	8	36	2 1	1 1	10 Int: 4 Res:	Rot.: Path.
West Jersey Mt. Ephraim & Atlantic Ave, 08104	...	NP Corp	4	418	9	36	3 3	6 6	17 Int: 19 Res:	Rot.: F.P., Path.
Cedar Grove										
Essex County Overbrook 1 Fairview Ave, 07009	...	County	...	3246	730	32	2	1	6 Res:	Psych.
East Orange										
East Orange General 300 Central Ave, 07019	...	NP Corp	3	209	9	28	6	...	8 Int: 1 Res:	Rot.: Surg., Path.
Veterans Admin. Tremont Ave., 07019	M-53	VA	3	950	35	56	...	...	...	Int: St. Med.; Surg., Med., Neur., Oph., Ortho., Path., PMR, Plast., Psych., Urol.
Elizabeth										
Elizabeth General Hospital and Dispensary 925 East Jersey St, 07201	...	NP Corp	...	327	10	21	13	...	14 Int: 1 Res:	Rot.: Path.
St. Elizabeth 225 Williamson St, 07207	...	NP Corp	...	313	7	37	20	1	20 Int: 14 Res:	Rot., St. Med.; Med., Path.
Englewood										
Englewood 350 Engle St, 07631	...	NP Corp	4	397	9	44	9 15	...	8 Int: 19 Res:	Rot.: Surg., Med., Path.
Flemington										
Hunterdon Medical Center Route 31, 08822	L-73,75	NP Corp	...	152	7	...	...	...	8	14 Res: F.P., Path.
Fort Dix										
1st Army Headquarters Health Center, 08640	...	USA	...	...	...	...	...	...	2	4 Res: Pub. Health
Walson Army, 08640	...	USA	2	1000	10	66	...	...	8	9 Res: G.P., Surg.
Greystone Park										
New Jersey State, 07950	...	State	...	4200	863	28	4	2	12 Res:	Psych.
Hackensack										
Hackensack 22 Hospital Pl, 07601	...	NP Corp	4	435	8	31	11 15	1 4	16 Int: 22 Res:	Rot.; Anes., Surg., Med., Path.
Hammondon										
New Jersey State Hospital at Ancora P O Ancora Branch, 08037	...	State	...	1900	32	45	12	1	15 Res:	Psych.
Hoboken										
St. Mary 380 Willow Ave, 07030	...	NP Corp	...	318	10	28	7 3	...	15 Int: 4 Res:	Rot.; G.P., Path.
Jersey City										
Berthold S. Pollak Hospital for Chest Diseases 100 Clifton Pl, 07304	...	County	...	622	98	25	...	...	...	Res: Thor.
Christ 176 Palisade Ave, 07306	...	Church	...	348	11	20	16 2	...	16 Int: 2 Res:	Rot.; Path.
Jersey City Medical Center 50 Baldwin Ave, 07304	...	City	4,5	550	11	13	20 39	...	31 Int: 53 Res:	Rot., St. Med., St. Surg., St. Ped.; Surg., Med., Oph., Ortho., Path., Ped., Plast., Urol.
Margaret Hague Maternity 88 Clifton Pl, 07304	...	Cy-Co	...	181	5	11	14	1	12 Res:	ObG.
St. Francis 25 E Hamilton Pl, 07302	...	Church	...	254	12	25	4	...	12 Int:	Rot.:
Livingston										
St. Barnabas Medical Center 94 Old Short Hills Rd, 07039	...	NP Corp	...	730	9	37	19 15	4 1	20 Int: 17 Res:	Rot.; Surg., Med., ObG., Path., Plast.
Long Branch										
Monmouth Medical Center 3rd & Pavilion Avenues, 07740	...	NP Corp	4	461	9	54	14 12	1 10	17 Int: 31 Res:	Rot., St. Surg.; Surg., Med., Ortho., Path., Ped., Rad.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
NEW JERSEY—Continued										
Lyons										
Veterans Admin., 07939	...	VA	...	1881	783	68	3	2	12 Res:	Psych.
Marlboro										
New Jersey State Hospital at Marlboro, 07746	...	State	...	1548	...	13	1	...	9 Res:	Psych.
Montclair										
Mountainside	...	NP Corp	4	361	9	41	3	4	15 Int:	Rot.;
Bay & Highland Avenues, 07042	...						13	4	17 Res:	G.P.,Surg.,Med.,Path.
Morristown										
Morristown Memorial	...	NP Corp	...	382	8	58	5	...	12 Int:	Rot.;
100 Madison Ave, 07960	...						7	2	11 Res:	G.P.,Surg.,Path.,Rad.
Mount Holly										
Burlington County Memorial	...	NP Corp	...	252	10	33	2	...	8 Int:	Rot.;
175 Madison Ave, 08060	...						3	...	4 Res:	ObG.,Path.
Neptune										
Jersey Shore Medical Center-Fitkin	...	NP Corp	...	391	7	42	9	1	14 Int:	Rot.;
1945 Corlies Ave, 07753	...						7	1	15 Res:	Surg.,Med.,ObG.,Path.,Ped.
Newark										
Associated Eye Residencies of New Jersey,	M-53	Misc.	3	...	...	...	3	9	15 Res:	Oph.
Babies Hospital - See United Hospitals of Newark-Babies										
Eye and Ear Infirmary - See United Hospitals of Newark-Eye and Ear Infirmary										
Hospital for Crippled Children - See United Hospitals of Newark-Hospital for Crippled Children										
Martland	M-53	State	4,3	751	8	22	23	10	39 Int:	Rot.,St.Med.,St.Surg.,St.Ped.,
65 Bergen St, 07107	...									
							39	13	60 Res:	Surg.,Med.,ObG.,Oph.,Ortho.,
										Otol.,Path.,Ped.,Plast.,Thor.,
										Urol.
Newark Beth Israel Medical Center	M-53	NP Corp	4	458	9	39	9	4	15 Int:	Rot.;
201 Lyons Ave, 07112	...						22	9	49 Res:	Anes.,Surg.,Med.,ObG.,Path.,
										Ped.,Rad.
Newark City - See Martland Hospital										
New Jersey College of Medicine Affiliated Hospitals,	M-53	Misc.	3	...	...	...	5	9	30 Int:	St.Med.;
							56	9	118 Res:	Med.,Ortho.,Plast.,Psych.,Thor.
Presbyterian - See United Hospitals of Newark-Presbyterian										
St. Michael's Medical Center	...	Church	...	408	9	49	2	11	20 Int:	Rot.,St.Med.;
306 High St, 07102	...						17	11	35 Res:	Surg.,Med.,ObG.,Path.,Ped.
United Hospitals of Newark - Babies, .....	...	NP Corp	...	84	8	71	17	...	12 Res:	Surg.,Ped.
15-19 Roseville Ave, 07107	...									
United Hospitals of Newark, Eye and Ear Infirmary	...	NP Corp	...	65	6	...	...	...	...	Res: Oph.,Otol.
77 Central Ave, 07102	...									
United Hospitals of Newark, Eye and Ear Infirmary-Martland,	M-53	Misc.	3	...	...	...	2	3	6 Res:	Otol.
United Hospitals of Newark-Hospital for Crippled Children	...	NP Corp	...	126	13	...	2	4	...	Res: Ortho.
89 Park Ave, 07104	...									
United Hospitals of Newark-Presbyterian	...	NP Corp	...	293	12	33	2	...	10 Int:	Rot.;
27 South Ninth St, 07107	...						...	...	6 Res:	Surg.,Path.
New Brunswick										
Middlesex General	...	NP Corp	4	293	9	43	10	...	12 Int:	Rot.,St.Med.,St.Surg.;
180 Somerset St, 08901	...						16	...	18 Res:	Surg.,Med.,Path.
St. Peter's General	...	Church	...	380	7	46	7	...	12 Int:	Rot.;
254 Easton Ave, 08903	...						14	1	22 Res:	Surg.,Med.,Path.
Orange										
Hospital Center at Orange(Includes New Jersey Orthopaedic Hospital and Orange Memorial Hospital)	...	NP Corp	...	...	...	...	4	2	6 Res:	Ortho.
New Jersey Orthopaedic	...	NP Corp	...	67	15	50	...	...	...	Res: Ortho.
289 Central Ave, 07051	...									
Orange Memorial	...	NP Corp	...	306	11	46	4	...	10 Int:	Rot.;
188 South Essex Ave, 07051	...						7	...	9 Res:	Surg.,Ortho.
Paramus										
Bergen Pines County	...	County	...	875	...	33	8	...	16 Int:	Rot.;
East Ridgewood Av, 07652	...						12	...	16 Res:	Med.,Path.
Bergen Pines County Hospital-Pascaek Valley,	...	Misc.	3	...	...	...	...	...	6 Res:	Path.
Passaic										
Passaic General	...	NP Corp	...	325	8	33	5	...	8 Int:	Rot.;
350 Boulevard, 07055	...						...	...	2 Res:	Path.
St. Mary's	...	Church	...	226	8	33	7	...	8 Int:	Rot.;
211 Pennington Ave, 07055	...						2	...	2 Res:	Path.
Paterson										
Barnert Memorial Hospital Center	...	NP Corp	...	242	9	39	2	...	2 Res:	Path.
680 Broadway, 07514	...									
Paterson General	...	NP Corp	...	278	9	20	...	...	12 Int:	Rot.;
528 Market St., 07501	...									
St. Joseph's	G-59	NP Corp	...	640	8	44	9	...	12 Int:	Rot.;
703 Main St, 07503	...						25	1	27 Res:	Anes.,Surg.,ObG.,Ortho.,Path.
Perth Amboy										
Perth Amboy General	...	NP Corp	...	537	9	38	17	...	25 Int:	Rot.,St.Path.;
530 New Brunswick Ave, 08861	...						5	1	9 Res:	G.P.,Path.
Phillipsburg										
Warren	...	NP Corp	...	219	8	31	4	...	6 Res:	G.P.
185 Roseberry, 08865	...									
Plainfield										
Muhlenberg	...	NP Corp	...	510	8	53	...	...	16 Int:	Rot.,St.Med.,St.Ped.;
Park Ave. & Randolph Rd., 07061	...						12	3	15 Res:	Med.,Path.,Ped.
Princeton										
New Jersey Neuropsychiatric Institute	...	State	...	1005	498	57	7	5	12 Res:	Psych.
Box 1000, 08540	...									
Princeton	...	NP Corp	...	225	7	63	3	...	6 Int:	Rot.;
253 Witherspoon St, 08540	...						1	2	3 Res:	G.P.
Somers Point										
Shore Memorial	...	NP Corp	...	192	7	29	4	...	5 Res:	G.P.
New York Ave, 08244	...									
Somerville										
Somerset	...	NP Corp	...	319	7	39	11	...	12 Int:	Rot.;
Rehill Ave, 08876	...						1	...	4 Res:	G.P.
Summit										
Overlook	...	NP Corp	...	438	8	36	14	...	14 Int:	Rot.;
193 Morris Ave, 07901	...						8	...	9 Res:	G.P.,Path.,Rad.

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							Foreign	Non-Foreign		
NEW JERSEY—Continued										
Teaneck										
Holy Name	Church	...	350	9	40	1	...	6 Int: Rot.; 4 Res: Path.	
Trenton										
Child Guidance Center of Mercer County .....	...	NP Corp	...	...	...	...	2	...	4 Res: Child Psych.	
532 W State St., 08618										
Helene Fuld .....	...	NP Corp	...	289	9	26	3	...	9 Int: Rot.;	
750 Brunswick Ave, 08638										
Mercer .....	...	NP Corp	...	325	9	36	6	1	12 Int: Rot.;	
446 Bellevue Ave, 08607								1	Res: Path.	
New Jersey State Department of Health .....	...	State	...	...	...	...	...	...	4 Res: Pub.Health	
P. O. Box 1540, 08625										
St. Francis .....	...	Church	...	480	9	43	6	1	16 Int: Rot.,St.Surg.;	
601 Hamilton Ave, 08629									18 Res: Surg.,ObG.,Path.	
Trenton State .....	...	State	...	2832	67	41	13	1	15 Res: Psych.	
Station A, 08625							8	2		
Vineland										
Newcomb .....	...	NP Corp	...	160	8	24	...	...	1 Res: Path.	
66 S State St, 08360										
Westwood										
Pascack Valley .....	...	NP Corp	...	207	8	33	...	...	Res: Path.	
Old Hook Rd, 07675										
NEW MEXICO										
Albuquerque										
Bataan Memorial Methodist	L-96	Church	...	232	8	...	5	7	26 Res: Surg.,Med.,Path.,Ped.,Rad.	
5400 Gibson Blvd. S. E., 87108										
Bernalillo County Medical Center	M-96	County	...	204	8	61	...	23	33 Int: Rot.,St.Med.,St.Surg.,St.Path.;	
2211 Lomas Blvd. N.E., 87106							1	5	6 Res: Surg.,Med.,Neur.,ObG.,Ortho.,	
St. Joseph Hospital	L-96	Church	...	121	...	...	...	...	Res: Rad.	
400 Walter St, 87102										
University of New Mexico Affiliated Hospitals(Includes Bernalillo County Medical Center and Veterans Admin. Hospital)	M-96	Misc.	...	...	...	...	...	...	Int: Rot.;	
Veterans Admin.	M-96	VA	...	550	26	74	...	...	101 Res: Surg.,Med.,Neur.,ObG.,Ortho.,	
2100 Ridgecrest Dr S E, 87108									Path.,Ped.,Psych.,Rad.,Urol.	
Gallup										
U. S. Public Health Service Indian .....	...	USPHS	2,3,4	200	14	41	...	3	12 Res: G.P.	
P. O. Box 1337, 87301										
Las Vegas										
New Mexico State	G-96	State	2	650	9	25	...	...	Res: Psych.	
P O Box 1181 Hot Springs Blvd, 87701										
Los Alamos										
Los Alamos Medical Center .....	...	NP Corp	2,3	98	6	89	...	...	2 Res: G.P.	
3917 West Road, 87544										
Truth Or Consequences										
Carrie Tingley Crippled Children's	G-17,96	State	...	92	45	0	...	...	Res: Ortho.	
1400 South Broadway, 87901										
NEW YORK										
Albany										
Albany Child Guidance Center for Psychiatric Services .....	...	NP Corp	...	...	...	...	...	1	2 Res: Child Psych.	
135 Western Ave, 12203										
Albany Medical Center	M-54#	NP Corp	4	776	10	61	3	47	54 Int: Rot.,St.Med.,St.Ped.,St.Path.;	
New Scotland Ave, 12208							26	40	94 Res: Anes.,Derm.,Surg.,Med.,Neurosurg.,	
Albany Medical College Affiliated Hospitals(Includes Albany Medical Center Hospital, Child's Hospital and Veterans Admin. Hospital)	M-54	Misc.	...	...	...	...	14	49	95 Res: Surg.,Med.,Neurosurg.,Neur.,Oph.,	
Child's	G-54	Church	3	82	6	...	...	...	Otol.,Path.,Urol.	
25 Hackett Blvd, 12208									Res: Oph.,Plast.	
Memorial .....	...	NP Corp	...	233	9	29	8	...	14 Int: Rot.;	
Northern Blvd., 12204							3	...	3 Res: Surg.,Plast.	
St. Peter's	L-54	Church	...	405	9	37	19	...	20 Int: Rot.;	
315 So. Manning Blvd., 12208							21	...	33 Res: Surg.,Med.,ObG.,Path.,Ped.,Plast.	
State of New York Department of Health .....	...	State	...	...	...	...	...	...	3 Res: Path.,G.Prev.Med.,Pub.Health	
84 Holland Ave., 12208										
Veterans Admin.	M-54#	VA	4	1005	47	66	...	...	Res: Surg.,Med.,Neurosurg.,Neur.,Oph.,	
113 Holland Avenue, 12208									Ortho.,Otol.,Path.,Plast.,Psych.,	
Rad.,Thor.,Urol.										
Bay Shore										
Southside .....	...	NP Corp	3	242	5	26	...	...	2 Res: Path.	
Montauk Highway, 11706										
Binghamton										
Binghamton State .....	...	State	...	2486	60	13	8	1	6 Res: Psych.	
425 Robinson Street, 13901										
Bronxville										
Lawrence .....	...	NP Corp	...	300	9	43	11	...	12 Int: Rot.;	
55 Palmer Avenue, 10708							1	...	2 Res: Path.	
Brooklyn										
- See New York City										
Buffalo										
Buffalo General	M-55	NP Corp	4,5	724	13	42	...	...	Int: Rot.,St.Surg.;	
100 High St, 14203									52 Res: Anes.,Surg.,Med.,Neurosurg.,ObG.,	
Buffalo General Hospital-Edward J Meyer Memorial,	M-55	Misc.	3	...	...	...	...	...	Oph.,Ortho.,Otol.,Otol.,Path.,	
Buffalo State	L-55	State	...	2990	...	15	12	2	Col.-Rec.,Rad.,Thor.,Urol.	
400 Forest Avenue, 14213									Int: Rot.,St.Med.;	
Children's Hospital of Buffalo	M-55	NP Corp	4,5	314	5	86	...	10	16 Int: Rot.,St.Ped.;	
219 Bryant St, 14222							11	19	30 Res: Anes.,Surg.,Neurosurg.,ObG.,	
									Ortho.,Otol.,Path.,Ped.,Ped.All.,	
									Ped.Card.,Thor.,Urol.	

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							Foreign	Non-Foreign		
NEW YORK, Buffalo—Continued										
Deaconess Hospital of Buffalo 1001 Humboldt Parkway, 14208	...	NP Corp	...	425	11	43	3	11	20 Int; 54 Res	Rot.; Surg., Med., ObG., Oph., Path., Rad.
Edward J. Meyer Memorial 462 Grider St, 14215	M-55	County	4,5	739	19	49	...	...	66 Res	Int: Rot., St.Surg., St.Ped.; Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Psych., Rad., Urol.
Emergency Hospital of the Diocese of Buffalo 108 Pine St., 14204	...	Church	...	155	...	...	...	...	...	Res: Surg.
Mercy 565 Abbott Road, 14220	...	Church	...	155	14	29	2	17	21 Int; 21 Res	Rot.; Surg., Med., Path.
Millard Fillmore 3 Gates Circle, 14209	L-55	NP Corp	4,5	549	11	44	4	11	22 Int; 56 Res	Int: Rot., St.Surg.; Anes., G.P., Surg., Med., ObG., Path., Rad., Urol.
Roswell Park Memorial Institute 666 Elm Street, 14203	G-55	State	5	313	2021	99	22	2	32 Res	Derm., Surg., ObG., Path., Plast., Rad., Urol.
Roswell Park Memorial Institute-Sisters of Charity, S. U. N. Y. at Buffalo (Affiliated Hospitals (Includes Buffalo General Hospital, Edward J. Meyer Memorial Hospital, Veterans Admin. Hospital, Roswell Park Memorial Institute))	M-55	Misc.	3	...	...	...	3	...	3 Res	Urol.
Sisters of Charity 2157 Main St, 14214	...	Church	...	444	9	40	9	...	18 Int; 37 Res	Rot.; Surg., Med., ObG., Path., Urol.
Veterans Admin. 3495 Bailey Ave, 14215	L-55	VA	2,3,4,5	951	45	59	15	5	36 Res	Surg., Med., Ortho., Otol., Path., PMR, Thor., Urol.
Castle Point										
Veterans Admin., 12511	...	VA	3	258	...	...	...	...	...	Res: Surg.
Central Islip										
Central Islip State Carleton Ave, 11722	...	State	...	8463	...	28	20	6	32 Res	Psych.
Cooperstown										
Mary Imogene Bassett Atwell Rd, 13326	M-57, L-63	NP Corp	3	96	10	72	...	10	13 Int; 14 Res	Int: Rot., St.Med., St.Surg.; Surg., Med., ObG., Path., Ped., Psych.
East Meadow										
Meadowbrook P. O. Box 175, 11554	...	County	4,5	613	10	40	16	13	44 Int; 156 Res	Int: Rot., St.Med., St.Surg., St.Ped.; Anes., Surg., Med., ObG., Oph., Ortho., Path., Ped., Plast., Psych., Rad., Urol.
Elmhurst										
- See New York City										
Elmira										
Arnot-Ogden Memorial Roe Ave, 14901	...	NP Corp	3	...	...	...	...	...	1 Res	Path.
Flushing										
- See New York City										
Glen Cove										
Community Hospital at Glen Cove St. Andrews Lane, 11542	...	NP Corp	...	228	8	47	4	1	8 Int; 11 Res	Int: Rot.; G.P., ObG., Path.
Glen Oaks										
- See New York City										
Governors Island										
- See New York City										
Harrison										
St. Vincent's Hospital & Med. Ctr. of New York Westchester Branch 240 North St, 10528	...	Church	...	135	45	15	...	...	...	Res: Psych.
Huntington										
Huntington 270 Park Ave, 11743	...	NP Corp	3	303	...	...	...	...	4 Res	Path.
Jamaica										
- See New York City										
Johnson City										
Charles S. Wilson Memorial 33-57 Harrison St, 13790	L-63	NP Corp	...	436	10	41	6	3	14 Int; 22 Res	Int: Rot.; Surg., Med., ObG., Path.
Kenmore										
Kenmore Mercy 2950 Elmwood Ave, 14217	...	Church	3	267	9	38	11	...	12 Int	Rot.
Kings Park										
Kings Park State, 11754	...	State	...	7875	...	21	26	4	30 Res	Psych.
Kingston										
Benedictine 105 Marys Ave, 12401	...	Church	3	213	...	16	...	...	...	Res: Path.
Kingston 400 Broadway, 12401	...	NP Corp	3	...	...	...	...	...	...	Res: Path.
Kingston Laboratory Hospitals 400 Broadway, 12401	...	Misc.	...	433	9	23	...	...	2 Res	Path.
Lewiston										
Mount St. Mary's Hospital of Niagara Falls 5300 Military Rd, 14092	...	Church	...	220	9	38	9	...	8 Int; 1 Res	Int: Rot.; Path.
Manhasset										
North Shore Valley Rd, 11030	...	NP Corp	...	347	8	60	3	5	...	Int: St.Med., St.Surg., St.Path.; 12 Res: Surg., Med., ObG., Path., Ped.
Marcy										
Marcy State Box 100, 13403	...	State	...	2806	...	1	8	...	17 Res	Psych.
Middletown										
Middletown State 141 Monhagen Ave, 10940	...	State	...	3414	...	28	8	1	18 Res	Psych.
Mineola										
Nassau First St, 11501	G-59	NP Corp	...	417	9	49	17	11	18 Int; 39 Res	Int: Rot.; Surg., Med., ObG., Ortho., Path., Rad., Urol.
Montrose										
Veterans Admin., 10548	...	VA	4	1756	94	73	...	...	3 Res	Psych.
Mount Kisco										
Northern Westchester East Main St, 10549	...	NP Corp	...	212	7	49	6	1	6 Int; 4 Res	Int: Rot.; Path.

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							Foreign	Non-Foreign			
NEW YORK—Continued											
Mount Vernon											
Mount Vernon	NP Corp	...	345	10	39	9	11	16 Int: 19 Res:	Rot.; Surg.,Med.,ObG.,Path.	
Newburgh											
St. Luke's Hospital of Newburgh .....	...	NP Corp	...	251	9	43	10	5	10 Int: 6 Res:	Rot.; Surg.,Path.
New Hyde Park											
Long Island Jewish	M-61	NP Corp	4,5	281	8	54	...	16	21 Int: 51 Res:	Rot.,St.Med.,St.Ped.; Anes.,Surg.,Med.,ObG.,Oph.,Path., Ped.,Ped.Card.,Rad.,Thor.,Urol.	
Long Island Jewish Hospital Training Program(Includes Long Island Jewish Hospital and Queens Hospital Center, New York City)	M-61	Misc.	36	62	30	57 Int: 95 Res:	Rot.,St.Med.,St.Ped.; Anes.,Med.,ObG.,Oph.,Path.,Ped., Ped.Card.,Thor.,Urol.
New Rochelle											
New Rochelle	G-59	NP Corp	4	343	9	44	14	7	15 Int: 9 Res:	Rot.; Surg.,Path.	
New York City											
(Includes All Hospitals Located Within the Five Boroughs: Bronx, Manhattan, Brooklyn, Queens, Richmond. Use City Indicated Between Street Address and Zip Code; If None Listed, Add New York City To Address.)											
Albert Einstein College of Medicine Affiliated Hospitals(Includes Bronx Municipal Hospital Center, Hospital of the Albert Einstein College of Medicine, Lincoln Hospital)	M-56	Misc.	3	...	...	...	1	64	68 Int: 422 Res:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.; Anes.,Child Psych.,Surg.,Med., Neurosurg.,Neur.,ObG.,Oph.,Ortho., Otol.,Path.,Ped.,Ped.Card.,PMR, Plast.,Psych.,Rad.,Thor.,Urol.
American Telephone and Telegraph Company and Subsidiaries .....	...	...	...	...	...	...	...	...	1 Res:	Occ.Med.
195 Broadway, 10007	...	NP Corp	...	200	15	...	7	1	12 Int: 32 Res:	Rot.,St.Med.,St.Surg.; Surg.,Med.,Path.	
Beekman-Downtown	M-60	City	4,5	1932	18	47	...	...	...	Int: Anes.,Child Psych.,Derm.,Surg., Med.,Neurosurg.,Neur.,ObG.,Oph., Ortho.,Otol.,Path.,Ped.,Ped.Card., PMR,Plast.,Psych.,Rad.,Urol.
Bellevue Hospital Center	M-60	Misc.	3	...	...	...	...	...	...	Int: Rot.,St.Surg.,St.Ped.,St.Path.; 36 Int: Rot.,St.Med.,St.Surg.; 137 Res: Anes.,Surg.,Med.,ObG.,Oph.,Path., Ped.,Plast.,Psych.,Urol.
Bellevue Hospital Center - University, Beth Israel	M-60 G-108 #	NP Corp	3	536	3	29	33	41	...
10 Nathan D. Perlman Pl., 10003	...	NP Corp	3	Res: Child Psych.,Surg.,Med.,Neur., Oph.,PMR,Urol.
Bird S. Coler Memorial Hospital and Home (Unit 3)	M-59#	NP Corp	3	1664	805	41	Res: Child Psych.,Surg.,Med.,Neur., Oph.,PMR,Urol.
Wellfare Island, 10017	...	Church	...	250	8	54	14	1	22 Int: 27 Res:	Rot.,St.Med.,St.Surg.; Surg.,Med.,ObG.,Path.	
Booth Memorial .....	...	NP Corp	...	44	6	...	1	8	9 Res:	Oph.
56-45 Main St., Flushing, 11355	...	NP Corp	4	564	12	31	27	3	27 Int: 82 Res:	Rot.,St.Med.,St.Surg.,St.Ped.; Surg.,Med.,ObG.,Path.,Ped.,Rad.	
Bronx Eye Infirmary .....	...	NP Corp	4	564	12	31	27	3	72 Int:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.; Anes.,Child Psych.,Surg.,Med., Neurosurg.,Neur.,ObG.,Oph.,Ortho., Otol.,Path.,Ped.,Ped.Card.,PMR, Plast.,Psych.,Rad.,Thor.,Urol.
Bronx-Lebanon Hospital Center	M-56#	City	3,4,5	1217	15	38	2	64	Res: Anes.,Child Psych.,Surg.,Med., Neurosurg.,Neur.,ObG.,Oph.,Ortho., Otol.,Path.,Ped.,Ped.Card.,PMR, Plast.,Psych.,Rad.,Thor.,Urol.
1276 Fulton Ave., 10456	...	NP Corp	Res: ObG. Psych.
Bronx Municipal Hospital Center Pelham Pkwy S. & Eastchester Rd., 10461	...	NP Corp	Res: ObG. Psych.
Bronx Municipal Hosp. Ctr.-Hosp. of Albert Einstein Coll. of Medicine	M-56 G-56	Misc. State	3	1300	55	24	3	13	30 Res:	ObG. Psych.	
1500 Waters Pl., Bronx, 10461	...	NP Corp	4,5	397	10	45	15	10	30 Int: 81 Res:	Rot.,St.Med.; Anes.,Surg.,Med.,ObG.,Ortho., Path.,Ped.,Psych.	
Brookdale Hospital Center	G-57	NP Corp	4,5	397	10	45	15	10	30 Int: 81 Res:	Rot.,St.Med.; Anes.,Surg.,Med.,ObG.,Ortho., Path.,Ped.,Psych.	
Linden Blvd. & Rockaway Pkwy., Brooklyn, 11212	...	Misc.	4,5	762	10	42	13	9	42 Int: 223 Res:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.; Surg.,Med.,ObG.,Oph.,Path.,Ped., Rad.,Urol.	
Brooklyn-Cumberland Medical Center(Includes Brooklyn Hospital and Cumberland Hospital) 121 De Kalb Ave, Brooklyn, 11201	M-61	Misc.	4,5	762	10	42	13	9	42 Int: 223 Res:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.; Surg.,Med.,ObG.,Oph.,Path.,Ped., Rad.,Urol.	
Brooklyn Eye and Ear .....	...	NP Corp	3	142	3	25	10	10	21 Res:	Oph.,Otol.
29 Greene Ave., Brooklyn, 11238	...	NP Corp	...	0	...	...	...	...	2 Res:	Child Psych.
Brooklyn Psychiatric Centers .....	...	NP Corp	...	0	...	...	...	...	2 Res:	Child Psych.
189 Montague St., Brooklyn, 11201	...	State	...	2655	590	...	16	5	21 Res:	Psych.	
Brooklyn State	M-61	State	...	2655	590	...	16	5	21 Res:	Psych.	
681 Clarkson Ave., Brooklyn, 11203	...	NP Corp	...	71	6	45	...	...	6 Res:	ObG.
Brooklyn Womens .....	...	NP Corp	...	71	6	45	...	...	6 Res:	ObG.
1395 Eastern Pkwy., Brooklyn, 11233	...	Misc.	...	...	...	...	...	...	...	Int: Rot.; Surg.,ObG.,Ortho.,Path.
Catholic Medical Center of Brooklyn and Queens(Includes Mary Immaculate Division, St. Charles Division, St. Johns Queens Division, and St. Mary's Division)	...	Misc.	...	...	...	...	...	...	...	Int: Rot.; Surg.,ObG.,Ortho.,Path.
City Hospital Center at Elmhurst	G-108#	City	4,5	925	14	36	44	2	50 Int: 114 Res:	Rot.,St.Med.,St.Surg.; Anes.,Child Psych.,Derm.,Surg., Med.,Neurosurg.,Neur.,ObG.,Oph., Ortho.,Otol.,Path.,Ped.,PMR, Plast.,Psych.,Rad.,Urol.	
79-01 Broadway, Elmhurst, 11373	...	City	4,5	925	14	36	44	2	50 Int: 114 Res:	Rot.,St.Med.,St.Surg.; Anes.,Child Psych.,Derm.,Surg., Med.,Neurosurg.,Neur.,ObG.,Oph., Ortho.,Otol.,Path.,Ped.,PMR, Plast.,Psych.,Rad.,Urol.	
Columbia University Affiliated Hospitals(Includes Presbyterian Hospital, New York State Psychiatric Institute) .....	...	Misc.	3	...	...	...	2	56	50 Res:	Child Psych.,Psych.,Thor.
Columbus .....	...	Church	4	290	13	35	10	1	14 Int: 21 Res:	Rot.; Surg.,Med.,Ortho.
227 East 19th St., 10003	...	Church	4	290	13	35	10	1	21 Res:	Surg.,Med.,Ortho.	

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
NEW YORK, New York City—Continued										
Coney Island Ocean & Shore Pkways., Brooklyn, 11235	...	City	4,5	568	14	31	16	1	10 Int: 25 Res:	Rot.,St.Med.,St.ObG.; Anes.,Surg.,Med.,ObG.,Ortho., Path.,Ped.,Urol.
Cornell Cooperating Hospitals(Includes New York Hospital, Memorial Hospital for Cancer and Allied Diseases, Hospital for Special Surgery, and North Shore Hospital, Manhasset)	...	Misc.	...	...	...	...	29	128	63 Int: 160 Res:	St.Med.,St.Surg.,St.Ped.; Anes.,Diag.Rad.,Surg.,Med.,Neuro- surg.,Neur.,Ped.,Rad. Psych.
Creedmoor State 80-45 Winchester Blvd., Queens Village, 11427	L-53	State	...	6339	...	18	28	3	...	Res: Psych.
Cumberland - See Brooklyn-Cumberland Medical Center Flower and Fifth Avenue Hospitals (Unit 1) Fifth Ave. at 106th Street, 10029	M-59X	NP Corp	5	386	9	33	...	...	12 Res:	Rot.,St.Med.,St.Ped.,St.Path.; Anes.,Child Psych.,Derm.,Surg., Med.,Neur.,ObG.,Oph.,Ortho., Path.,Ped.,PMR,Psych.,Rad., Thor.,Urol.
Flushing Hospital and Medical Center Parsons Blvd. & 45th Ave., Flushing, 11355	G-59	NP Corp	4	379	9	42	10	...	16 Int: 31 Res:	Rot.; Surg.,Med.,ObG.,Path.,Ped.
Fordham Southern Blvd & Crotona Ave, 10348	...	City	3	416	...	...	27	19	24 Int: 24 Res:	Rot.; Anes.,Surg.,Med.,ObG.,Path., Ped.,Urol.
Francis Delafield 99 Fort Washington Ave., 10032	M-57#	City	...	261	26	43	5	9	15 Res:	Surg.,Surg.,Path.,Urol.
French 330 West 30th St, 10001	...	NP Corp	...	238	12	50	20	38	12 Int: 11 Res:	Rot.,St.Surg., Surg.,Med.,ObG.,Path.,Ped.
Goldwater Memorial Welfare Island, 10017	L-60	City	3	1102	510	40	...	...	...	Res: PMR
Greenpoint Kingsland & Skillman Aves, Brooklyn, 11211	...	City	4,5	174	10	26	...	...	...	Int: Rot.,St.Med.,St.Surg.,St.Ped.;
Harlem Hospital Center 532 Lenox Ave, 10037	G-57	City	4,5	857	16	25	8	38	43 Int: 44 Res:	Rot.,St.Med.,St.Surg.,St.Ped.; Anes.,Surg.,Med.,ObG.,Ortho., Path.,Ped.,Psych.,Thor.
Headquarters of the First U. S. Army Governors Island,	...	USA	...	...	...	...	...	5	10 Res:	Pub.Health
Hillside 75-59 263 rd St., Glen Oaks, 11004	...	NP Corp	...	201	238	...	1	6	6 Res:	Child Psych.,Psych.
Hillside Hospital Training Program(Includes Hillside Hospital and Queens Hospital Center)	...	Misc.	...	...	...	...	5	30	40 Res:	Psych.
Hospital for Joint Diseases and Medical Center 1919 Madison Ave, 10035	G-108#	NP Corp	4,5	330	17	26	...	6	7 Int: 37 Res:	Rot.,St.Surg.; Anes.,Surg.,Med.,Ortho.,Path.
Hospital for Special Surgery 535 E 70th St, 10021	L-58	NP Corp	...	202	20	58	...	9	24 Res:	Anes.,Diag.Rad.,Ortho.,Rad.
Hospital of the Albert Einstein College of Medicine 1825 Eastchester Rd, 10461	M-56X	NP Corp	3	...	...	...	...	...	...	Res: Anes.,Surg.,Med.,Neurosurg.,Neur., ObG.,Oph.,Ortho.,Otol.,Path., Ped.,Ped.Card.,PMR,Plast.,Psych., Rad.,Thor.,Urol.
House of St. Giles the Cripple 1346 President St., Brooklyn, 11213	...	NP Corp	...	30	4053	0	...	...	...	Res: Ortho.
Institute of Rehabilitation Medicine 400 E 34th St, 10016	M-60	NP Corp	3	140	...	...	...	...	...	Res: PMR
Jamaica 89th Ave & Van Wyck Expy., Jamaica, 11418	G-59	NP Corp	...	280	11	61	6	...	10 Int: 37 Res:	Rot.,St.Surg.; Surg.,Med.,ObG.,Path.,Ped.
Jewish Hospital and Medical Center of Brooklyn 555 Prospect Pl., Brooklyn, 11238	M-61	NP Corp	4,5	638	11	28	23	10	40 Int: 132 Res:	Rot.,St.Med.,St.Surg.,St.Ped.; Anes.,Surg.,Med.,ObG.,Oph.,Ortho., Path.,Ped.,Ped.All.,Rad.,Thor., Urol.
Jewish Memorial Broadway and 196th St., 10040	...	NP Corp	...	199	8	35	5	...	8 Int: 28 Res:	Rot.; Surg.,Med.,ObG.,Path.,Ped.
Kingsbrook Jewish Medical Center 86 East 49th St., Brooklyn, 11203	L-61	NP Corp	4,5	817	762	43	4	...	8 Int: 15 Res:	Rot.; Surg.,Med.,Ortho.,Path.,PMR
Kingsbrook Jewish Medical Center - Unity, Kings County Hospital Center 451 Clarkson Ave., Brooklyn, 11203	M-61#	Misc. City	3 4,5	2550	15	40	22	...	26 Res: 2 Int:	Med. Rot.,St.Med.,St.Surg.,St.Ped., St. Path.;
Knickerbocker 70 Convent Ave, 10027	...	NP Corp	...	216	19	43	3	...	13 Int: 20 Res:	Rot.,St.Med.,St.Surg.; Surg.,Med.,Path.
Lenox Hill 100 E. 77th St., 10021	...	NP Corp	4	585	13	50	5	21	32 Int: 59 Res:	Rot.,St.Med.,St.Surg.,St.Ped.; Surg.,Med.,Neurosurg.,ObG.,Oph., Ortho.,Path.,Ped.,Rad.
Lincoln 320 Concord Ave, 10454	M-56#	City	4,5	350	9	47	1	14	17 Int: 37 Res:	St.Med.,St.Ped.; Anes.,Surg.,Med.,ObG.,Ortho., Otol.,Path.,Ped.,Ped.Card.,PMR, Plast.,Psych.,Urol.
Long Island College 340 Henry St., Brooklyn, 11201	M-61	NP Corp	4	575	10	30	18	15	34 Int: 49 Res:	Rot.,St.Med.,St.Ped.; Surg.,Med.,Neurosurg.,ObG.,Oph., Otol.,Path.,Ped.,Ped.All.,Rad., Urol.
Lutheran Medical Center 4520 Fourth Ave., Brooklyn, 11220	...	NP Corp	...	291	10	41	8	1	11 Int: 32 Res:	Rot.; Surg.,Med.,ObG.,Path.,Ped.
Madeleine Borg Child Guidance Institute 120 West 57th St, 10019	...	NP Corp	...	0	...	...	3	1	9 Res:	Child Psych.
Maimonides Medical Center 4802 Tenth Ave., Brooklyn, 11219	M-61	NP Corp	...	658	14	37	3	42	51 Int: 44 Res:	Rot.,St.Med.,St.Surg.,St.Ped.; Anes.,Surg.,Med.,ObG.,Oph.,Ortho., Path.,Ped.,Psych.,Rad.,Thor., Urol.
Maimonides Medical Center Training Program(Includes Coney Island Hospital and Maimonides Medical Center)	M-61	Misc.	3	...	...	...	...	...	61 Int: 150 Res:	Rot.,St.Med.,St.Surg.,St.Ped., St.ObG.; Anes.,Med.,ObG.,Ortho.,Ped., Urol.
Manhattan Eye, Ear and Throat 210 East 64th St, 10021	L-58	NP Corp	...	176	5	43	2	32	34 Res:	Oph.,Otol.,Plast.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
NEW YORK, New York City—Continued										
Manhattan State Ward's Island, 10035	L-59	State	...	4024	90	31	23	3	...	Res: Psych.
Mary Immaculate Division(Part of Catholic Medical Center of Brooklyn and Queens) 152-11 89th Ave., Jamaica, 11432	...	Church	4	279	10	41	9	1	12 Int: Rot.; 21 Res: Surg.,Path.	
Memorial Hospital for Cancer and Allied Diseases 444 East 68th St., 10021	L-58,G-21	NP Corp	3,5	479	18	56	...	...	...	Int: St.Med.,St.Surg.,St.Ped.; 77 Res: Anes.,Diag.Rad.,Surg.,Surg.,Med., Neurosurg.,Path.,Ped.,Ped.,Rad.
Methodist Hospital of Brooklyn 506 Sixth St., Brooklyn, 11215	L-61	Church	...	529	12	44	16	...	24 Int: Rot.,St.Med.,St.Surg.,St.Ped., St.Path.; 70 2 84 Res: Anes.,Surg.,Med.,ObG.,Path., Ped.,Rad.	
Metropolitan Hospital Center (Unit2) 1901 First Ave., 10029	M-59#	City	3	983	16	35	...	...	...	Int: Rot.,St.Med.,St.Ped.,St.Path.; ...
Misericordia 600 E. 233rd St., 10466	...	Church	4,5	332	11	40	17	1	18 Int: Rot.; ...	Res: Anes.,Surg.,Med.,ObG.,Path., Ped.,Urol.
Misericordia-Fordham Training Program,	...	Misc.	3	...	...	...	86	5	106 Res: Anes.,Surg.,Med.,ObG.,Path., Ped.,Urol.	
Montefiore Hospital and Medical Center 111 East 210th St., 10467	M-56	NP Corp	4	693	16	43	...	...	...	Int: Rot.,St.Med.,St.Ped.; 29 Res: Anes.,Diag.Rad.,Surg.,Med.,Neuro- surg.,Neur.,ObG.,Oph.,Ortho., Path.,Ped.,Ped.Card.,PMR, Plast.,Psych.,Rad.,Ther.Rad., Thor.,Urol.
Montefiore Hospital Training Program,	M-56	Misc.	3	...	...	...	2	56	80 Int: Rot.,St.Med.,St.Ped.; 233 Res: Anes.,Surg.,Med.,ObG.,Ortho., Path.,Ped.,Ped.Card.,PMR,Plast., Rad.,Urol.	
Morrisania City 168th St & Gerard Ave., 10452	...	City	...	331	12	46	...	...	...	Int: Rot.,St.Med.,St.Ped.; ...
Mount Sinai 11 East 100th St., 10029	M-108 #	NP Corp	3,4,5	1176	13	46	...	43	43 Int: St.Med.,St.Surg.,St.Ped.; 126 Res: Anes.,Child Psych.,Derm.,Surg., Med.,Neurosurg.,Neur.,ObG.,Oph., Ortho.,Otol.,Path.,Ped.,Ped.Card., PMR,Plast.,Psych.,Rad.,Thor., Urol.	
Mount Sinai Hospital Training Program(Includes Integrated Residencies of City Hospital Center at Elmhurst and Mount Sinai Hospital)	M-108	Misc.	3	...	...	...	...	...	...	Int: Rot.,St.Med.,St.Surg.,St.Ped.; 190 Res: Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,ObG.,Oph.,Ortho.,Otol., Path.,Ped.,PMR,Plast.,Psych., Rad.,Urol.
Naval - See St. Albans, N.Y.										
New York - See also Cornell Cooperating Hospitals 525 East 68th St., 10021	M-58	NP Corp	4,5	1153	11	71	...	...	...	Int: St.Med.,St.Surg.,St.Path.; 102 Res: Anes.,Child Psych.,Diag.Rad., Derm.,Surg.,Med.,Neurosurg., Neur.,ObG.,Oph.,Otol., Path.,Ped.,Ped.Card.,Plast., Psych.,Rad.,Urol.
New York City Dept. of Health 125 Worth St., 10013	...	State	...	...	...	...	...	5	10 Res: Pub.Health	
New York Eye and Ear Infirmary 310 East 14th St., 10003	...	NP Corp	...	199	6	50	6	27	36 Res: Oph.,Otol.	
New York Hospital-Memorial Hospital for Cancer and Allied Diseases,	M-58	Misc.	3	...	...	...	...	36	38 Int: St.Med.,St.Ped.; 18 Res: Ped. 13 Int: Rot.; 25 Res: Surg.,Med.,ObG.	
New York Infirmary Stuyvesant Sq. & E. 15th Street, 10003	...	NP Corp	...	265	22	31	11	2	23 1 25 Res: Surg.,Med.,ObG.	
New York Medical College - Metropolitan Hospital Center 1 East 105th St., 10029	M-59	Misc.	3	...	...	...	...	63	94 Int: Rot.,St.Med.,St.Ped.,St.Path.; 138 314 Res: Anes.,Child Psych.,Derm.,Surg., Med.,Neur.,ObG.,Oph.,Ortho., Path.,Ped.,PMR,Psych.,Rad., Thor.,Urol.	
New York Polyclinic Medical School and Hospital 345 West 50th St., 10019	...	NP Corp	4,5	333	12	39	12	...	20 Int: Rot.,St.Med.,St.Surg.,St.ObG.; 43 Res: Anes.,Surg.,Med.,ObG.,Oph.,Ortho., Path.,Ped.,Urol.	
New York Polyclinic-St. Clare's Hospitals, New York State Psychiatric Institute 722 W. 168th St., 10032	M-57#	Misc. State	3	182	180	0	6	...	6 Res: Ped. ...	Res: Child Psych.,Psych.
New York University Medical Center(Includes Bellevue Hospital Center, University Hospital, and Veterans Admin. Hospital (Manhattan)) 550 First Ave., 10016	M-60	Misc.	3	...	...	...	...	...	...	Int: Rot.,St.Med.,St.Surg.,St.Ped., St.Path.; 137 310 494 Res: Anes.,Child Psych.,Derm.,Surg., Med.,Neurosurg.,Neur.,ObG.,Oph., Ortho.,Otol.,Path.,Ped.,Ped.Card., PMR,Plast.,Psych.,Rad.,Urol.
North Shore Hospital-Memorial Hospital for Cancer and Allied Diseases,	...	Misc.	3	...	...	...	...	15	25 Int: St.Med.,St.Surg.,St.Ped.; 6 Res: Ped.	
Office of the Chief Medical Examiner, City of New York 520 First Ave., 10016	...	City	...	...	...	...	...	...	...	Res: For.Path.
Payne Whitney Psychiatric Clinic - See New York Hospital Postgrad. Ctr. for Mntl. Hlth., Clin. for Children and Adolescents 124 East 28th St., 10016	...	NP Corp	2 Res: Child Psych.	

CONSOLIDATED LIST OF HOSPITALS

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							Foreign	Non-Foreign		
NEW YORK, New York City—Continued										
Presbyterian 622 West 168th Street, 10032	M-57 #	NP Corp	^a	1526	12	46	...	39	43 Int: 25 233 Res: 200	St. Med., St. Surg., St. Ped., St. Path.; Anes., Child Psych., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Ped., Ped. Card., PMR, Plast., Psych., Rad., Thor., Urol.
Queens Hospital Center 82-68 164th St., Jamaica, 11432	...	City	^{4,5}	1218	15	37	36 11	...	36 Int: 11 58 Res: 3	Rot., St. Med., St. Ped.; Anes., Surg., Med., ObG., Oph., Ortho., Path., Ped., Ped. Card., Psych., Rad., Thor., Urol.
Queens Hospital Center (Catholic Medical Center Affiliation) 82-68 164th St., Jamaica, 11432	...	City	^a	...	...	...	15	1	20 Res:	Med.
Roosevelt 428 W. 59th St., 10019	M-57	NP Corp	^{4,5}	571	14	48	2 27	27	30 Int: 27 95 Res: 48	Rot., St. Med., St. Surg., St. Ped.; Derm., Surg., Med., ObG., Path., Ped., Ped. All., Psych., Rad., Urol.
St. Charles Division (Part of Catholic Medical Center of Brooklyn and Queens) 277 Hicks St., Brooklyn, 11201	...	Church	^a	45	13	...	...	4	4 Res:	Ortho.
St. Clare's 415 West 51st St., 10019	...	Church	...	421	15	35	24 30	4	25 Int: 24 45 Res: 30	Rot., St. Med., St. Surg.; Surg., Med., ObG., Path., Ped.
St. John's Episcopal 480 Herkimer St., Brooklyn, 11213	...	Church	...	288	11	44	14 29	...	14 Int: 14 31 Res: 29	Rot.; Surg., Med., ObG., Path., Ped.
St. John's Queens Division (Part of Catholic Medical Center of Brooklyn and Queens) 90-02 Queens Blvd., Elmhurst, 11373	...	Church	^a	312	...	33	14	...	16 Int:	Rot.;
St. Luke's Hospital Center Amsterdam Ave & 114th St., 10025	M-57	City	^{4,5}	713	13	47	...	24 37	25 Int: 24 123 Res: 75	St. Med., St. Surg., St. Ped.; Anes., Child Psych., Derm., Surg., Med., ObG., Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Urol.
St. Mary's Division (Part of Catholic Medical Center of Brooklyn and Queens) 1298 St. Marks Ave., Brooklyn, 11213	...	Church	^a	237	11	40	12 3	...	12 Int: 12 8 Res: 2	Rot.; ObG., Path.
St. Vincent's Hospital and Medical Center of New York 153 West 11 St., 10011	L-60	Church	...	982	16	46	2 27	40 83	45 Int: 40 136 Res: 83	Rot., St. Med., St. Surg.; Anes., Surg., Med., Neurosurg., Neur., ObG., Oph., Path., Ped., Ped. All., PMR, Psych., Rad.
St. Vincent's Medical Center of Richmond 355 Bard Ave., Staten Island, 10310	G-59	Church	...	310	10	48	16 27	1	17 Int: 16 35 Res: 1	Rot., St. Med., St. Ped.; Child Psych., Surg., Med., ObG., Ortho., Path., Ped., Rad.
State University 445 Lenox Road, Brooklyn, 11213	M-61X	State	...	350	8	38	...	...	... Int:	Rot., St. Med., St. Surg., St. Ped., St. Path.;
State University-Kings County Hospital Center (Includes Kings County Hospital Center, State University Hospital of the Downstate Medical Center and Some Positions at Veterans Admin. Hospital, Brooklyn)	M-61	Misc.	^a	...	...	...	8	72	89 Int: 72 432 Res: 197	Rot., St. Med., St. Surg., St. Ped., St. Path.;
Staten Island 101 Castleton Ave., Staten Island, 10301	...	NP Corp	...	280	9	49	4	10	14 Int: 4 15 Res: 3	Rot.; Surg., Med., ObG., Path., Ped.
Staten Island Mental Health Society 657 Castleton Ave., Staten Island, 10301	...	NP Corp	^a	...	...	...	...	...	... Res:	Child Psych.
Staten Island Mental Hlth. Society-St. Vincent's Med. Ctr. of Richmond, Sydenham	G-59	Misc. City	^a ⁴	...	...	...	...	11	20 Res: 11 9 Int: 9 11 Res: 9	Child Psych. Rot.; Surg., ObG.
U. S. Public Health Service Bay and Vanderbilt St., Staten Island, 10304	G-21	USPHS	^{2,4,5}	708	21	57	2 1	28 60	34 Int: 28 68 Res: 60	Rot., St. Med., St. Surg.; Anes., Derm., Surg., Med., Oph., Ortho., Path., Rad., Urol.
Unity 1545 St. Johns Place, Brooklyn, 11213	...	NP Corp	...	220	86	40	10 12	...	10 Int: 10 12 Res: 12	Rot.; Surg., Med., ObG.
University 550 First Ave, 10016	M-60X	NP Corp	^{4,5}	626	12	46	...	...	... Int:	Rot., St. Med., St. Surg., St. Ped., St. Path.;
Veterans Admin. (Bronx) 130 W. Kingsbridge Rd, 10468	L-56 # G-108 #	VA	^{4,5}	1184	40	48	77	37	138 Res: 37	Anes., Child Psych., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. Card., Plast., Psych., Rad., Urol.
Veterans Admin. 800 Poly Place, Brooklyn, 11209	M-61	VA	^{2,4,5}	1000	34	50	4 42	9 7	28 Int: 4 52 Res: 7	St. Med., St. Surg.; Derm., Surg., Med., Oph., Path., Thor., Urol.
Veterans Admin. (Manhattan) First Ave. at E. 24th St., 10010	L-60	VA	^{2,4,5}	1194	34	42	...	10	... Int: 10 79 Res: 10	St. Med.; Anes., Derm., Surg., Med., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Plast., Psych., Rad., Urol.
Veterans Admin. (Manhattan)-University,	...	Misc.	...	...	...	...	...	...	9 Int: 9 12 Res: 12 14 Int: 14	St. Med.; Med.; Rot.;
Wyckoff Heights 374 Stockholm St, 11237	G-59	NP Corp	...	548	11	35	7 31	1	14 Int: 7 38 Res: 31	Rot.; Surg., ObG., Path., Ped.
Niagara Falls Niagara Falls Memorial 621 Tenth St, 14302	...	NP Corp	...	363	10	38	11	...	13 Int: 11 4 Res: 11	Rot.; Path.
Northport Veterans Admin. Middleville Rd., 11768	...	VA	...	2272	688	48	3	2	6 Res: 2	Psych.
Oceanside South Nassau Communities 2445 Oceanside Rd., 11572	...	NP Corp	...	321	10	33	1	1	2 Res: 1	Path.

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							Foreign	Non-Foreign		
NEW YORK—Continued										
Orangeburg										
Rockland State, 10962	...	State	...	5500	5883	23	7	...	5 Res:	Psych.
Port Chester										
High Point	...	Corp.	3	45	...	...	1	...	4 Res:	Psych.
United	...	NP Corp	3	346	9	24	1	...	8 Int:	Rot.;
406 Boston Post Rd., 10573	...						1	...	3 Res:	Surg.,Path.
Port Jefferson										
St. Charles	...	NP Corp	...	164	7	35	2	1	4 Res:	Ortho.
200 Belle Terre Rd., 11777	...									
Poughkeepsie										
Hudson River State	...	State	...	3848	50	16	9	1	12 Res:	Psych.
Branch B, 12601	...									
St. Francis	...	NP Corp	...	253	9	34	2	...	10 Int:	Rot.;
North Road, 12601	...						...	...	1 Res:	Path.
Vassar Brothers	...	NP Corp	...	252	8	37	8	1	12 Int:	Rot.;
Reade Place, 12601	...						1	...	4 Res:	Path.
Queens Village										
- See New York City										
Rhinebeck										
Astor Home for Children	...	Church	...	74	...	...	1	...	2 Res:	Child Psych.
36 Mill St., 12572	...									
Rochester										
Eastman Kodak Company	...	Corp.	...	...	...	...	...	...	2 Res:	Occ.Med.
343 State St., 14608	...									
Genesee	M-62#	NP Corp	4,5	342	7	67	4	16	25 Int:	Rot.,St.Med.,St.Surg.;
224 Alexander St., 14607	...						4	7	26 Res:	Anes.,Surg.,Med.,ObG.,Path.,
Highland Hospital of Rochester	M-62#	NP Corp	...	264	7	52	1	2	12 Int:	Rot.,St.Med.;
South Ave. at Bellevue Dr., 14620	...						7	7	26 Res:	F.P.,Surg.,Med.,ObG.
Office of the Monroe County Medical Examiner	...	County	...	...	...	...	...	...	1 Res:	For.Path.
435 East Henrietta, 14620	...									
Rochester General	M-62#	NP Corp	4	460	8	64	3	20	24 Int:	Rot.,St.Med.,St.Surg.,St.Ped.;
1425 Portland Ave., 14621	...						12	12	35 Res:	Surg.,Med.,ObG.,Ortho.,Path.,
Rochester State	G-62#	State	3,5	3498	...	28	10	1	17 Res:	Psych.,Rad.
1600 South Ave., 14620	...									
St. Mary's	G-62#	NP Corp	4	318	9	38	6	2	15 Int:	Rot.;
89 Genesee St., 14611	...						7	4	15 Res:	Anes.,Surg.,Med.,ObG.,Oph.
Strong Memorial Hospital of the University of Rochester	M-62X	NP Corp	4,5	671	10	72	1	40	61 Int:	Rot.,St.Med.,St.Surg.,St.Ped.,
260 Crittenden Blvd., 14620	...						24	116	200 Res:	Anes.,Child Psych.,Surg.,Med.,
University of Rochester Affiliated Hospitals, ...	M-62	Misc.	3	...	...	...	20	41	59 Res:	Surg.,
University of Rochester Community Pediatrics Program, ...	M-62	Misc.	3	...	...	...	1	19	20 Res:	Ped.
University of Rochester School of Medicine, ...	M-62	Misc.	3	...	...	...	...	...	...	Ped.Card.
Univ.-Rochester Sch.-Med. and Dentistry, Dept.-Prev. Med.-Comm. Hlth., 14620	...	NP Corp	...	...	...	...	...	...	...	Res: Occ.Med.
University of Rochester School of Medicine - Highland	...	Misc.	...	...	...	...	...	2	12 Res:	F.P.
335 Mount Vernon St., 14620	...									
Rockville Centre										
Mercy	...	Church	...	386	9	37	...	...	12 Int:	Rot.;
1000 N. Village Ave., 11570	...						...	...	...	ObG.
Roslyn										
St. Francis	...	NP Corp	...	133	13	66	...	...	...	Res: Thor.
Port Washington Blvd., 11576	...									
St. Albans										
Naval	...	USN	3,4,5	1410	37	91	...	17	6 Int:	Rot.;
179th St. & Linden Blvd., 11425	...						...	31	39 Res:	Anes.,Surg.,Med.,Path.,Rad.,Thor.,
										Urol.
Schenectady										
Ellis	G-54	NP Corp	...	464	10	49	28	...	25 Int:	Rot.;
1101 Not St., 12308	...						15	1	16 Res:	Surg.,ObG.,Ortho.,Path.
Ellis Hospital - Sunnyview Rehabilitation Center, ...	...	Misc.	3	...	...	...	4	...	4 Res:	Ortho.
St. Clare's	...	Church	...	235	9	32	12	...	15 Int:	Rot.;
600 Mc Clellan St., 12304	...						...	...	...	ObG.
Schenectady Affiliated Program, ...	...	Misc.	3	...	...	...	...	...	4 Res:	ObG.
Schenectady County Child Guidance Center	...	NP Corp	...	0	...	...	...	...	4 Res:	Child Psych.
Union and Seward Pl., 12305	...									
Sunnyview Rehabilitation Center	...	NP Corp	...	77	42	...	...	...	...	Res: Ortho.
1270 Belmont Ave., 12308	...									
Staten Island										
- See New York City										
Syracuse										
Crouse Irving-Memorial	M-63	Misc.	4	502	7	40	...	...	...	Res: Anes.,ObG.,Ortho.,Path.,Ped.Card.
820 S. Crouse Ave., 13210	...									
St. Joseph's	M-63	Church	...	352	7	42	...	20	18 Int:	Rot.;
301 Prospect Ave., 13203	...						2	...	41 Res:	Anes.,F.P.,Surg.,ObG.,Path.
State University	M-63X	State	4	282	13	46	...	...	...	Int: Rot.,St.Med.,St.Surg.,St.Ped.,
750 E. Adams St., 13210	...						...	...	...	St.Path.;
S.U.N.Y. Upstate Medical Center	M-63	State	...	...	...	...	5	21	66 Int:	Rot.,St.Med.,St.Surg.,St.Ped.,
766 Irving Ave., 13210	...						58	107	210 Res:	Anes.,Surg.,Med.,Neurosurg.,Neur.,
Syracuse Memorial - See Crouse Irving-Memorial										ObG.,Oph.,Ortho.,Otol.,Path.,
Syracuse Psychiatric	M-63	State	...	45	32	...	...	...	...	Ped.,Ped.Card.,Plast.,Psych.,
708 Irving Ave., 13210	...									Rad.,Urol.
Veterans Admin.	M-63#	VA	3	471	24	60	...	...	...	Res: Anes.,Surg.,Med.,Neurosurg.,Neur.,
Irving Ave. and Univ. Pl., 13210	...									Oph.,Ortho.,Otol.,Path.,Plast.,
										Psych.,Rad.,Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
NEW YORK—Continued										
Thiells Leitchworth Village, 10984	...	State	...	4153	...	60	1	...	6 Res:	Psych.
Troy Samaritan Peoples and Burdett Aves, 12180	...	NP Corp	...	232	9	23	9	...	16 Int: 3 Res:	Rot.; Path.
Utica Children's Hospital and Rehabilitation Center of Utica 1675 Bennett St., 13502	G-63	NP Corp	³	54	13	60	...	...	...	Res: Ortho.
Utica State 1213 Court, 13502	...	State	³	1990	...	42	11	...	17 Res:	Psych.
Valhalla Blythedale Children's Bradhurst Ave, 10595	...	NP Corp	³	72	...	...	...	...	...	Res: PMR
Grasslands, 10595	G-60	County	^{4,5}	414	21	64	15 47	...	18 Int: 59 Res:	Rot.,St.Surg.; Anes.,Surg.,Med.,Oph.,Path.,Ped., PMR,Psych.
West Brentwood Pilgrim State Box A, 11717	...	State	^{3,5}	11351	...	26	13	...	30 Res:	Psych.
West Haverstraw New York State Rehabilitation Route 9 W, 10993	G-60	State	...	162	...	...	...	...	...	Res: Ortho.,PMR
West Islip Good Samaritan 1000 Montauk Highway, 11795	...	NP Corp	...	187	6	24	...	10	12 Int:	Rot.;
White Plains New York Hospital-Cornell Medical Center (Westchester Division) 21 Bloomingdale Rd, 10605	...	NP Corp	...	340	...	38	5	7	23 Res:	Psych.
White Plains 41 East Post Rd, 10601	...	NP Corp	...	262	9	38	8 1	...	10 Int: 2 Res:	Rot.; Surg.
Willard Willard State, 14588	...	State	...	2414	60	27	2	...	9 Res:	Psych.
Wingdale Harlem Valley State, 12594	...	State	...	4235	...	22	2	...	12 Res:	Psych.
Yonkers St. John's Riverside 967 North Broadway, 10701	G-59	NP Corp	...	285	9	26	14 1	...	14 Int: 2 Res:	Rot.; Path.
St. Joseph's 127 South Broadway, 10701	...	Church	...	175	11	26	9	...	9 Int:	Rot.;
Yonkers General 127 Ashburton Ave, 10701	...	NP Corp	...	188	10	35	7 3	...	8 Int: 3 Res:	Rot.; G.P.
NORTH CAROLINA										
Butner John Umstead, 27509	L-64	State	...	1818	205	36	1	10	18 Res:	Psych.
Murdoch Center, Children's Psychiatric Institute, 27509	...	State	...	40	700	0	...	...	4 Res:	Child Psych.
Camp Lejeune Naval, 28542	...	USN	²	600	15	40	...	...	...	Res: Surg.
Chapel Hill North Carolina Memorial Pittsboro Road, 27514	M-64X	State	...	416	11	65	1 5	37 142	42 Int: 200 Res:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.; Anes.,Child Psych.,Derm.,Surg., Med.,Neurosurg.,Neur.,ObG.,Oph., Oph.,Ortho.,Otol.,Path.,Ped., Ped.Card.,Plast.,Psych.,Rad., Thor.,Urol.
North Carolina Memorial Hospital-Mc Pherson, University of North Carolina School of Medicine, ...	G-64.65	Misc.	³	...	...	...	...	3	3 Res:	Oph.
Univ. of North Carolina Sch.-Med. and Sch. of Pub. Hlth., 27514	...	Misc.	³	...	...	...	...	...	...	Res: Ped.Card.
...	...	State	...	...	...	...	...	...	3 Res:	G.Prev.Med.
Charlotte Charlotte Memorial 1000 Blythe Blvd, 28203	L-64	NP Corp	^{2,3,4}	784	9	44	...	14 2	16 Int: 51 Res:	Rot.; G.P.,Surg.,Med.,ObG.,Ortho., Path.,Ped.,Thor.,Urol.
Durham Duke University Affiliated Hospitals(Includes Integrated Programs of Duke University Medical Center and Veterans Admin. Hospital)	M-65	Misc.	³	...	...	...	11	192	239 Res:	Anes.,Surg.,Med.,Neurosurg.,Neur., Oph.,Ortho.,Otol.,Path.,Plast., Psych.,Rad.,Urol.
Duke University Medical Center, 27706	M-65X	NP Corp	^{4,5}	733	11	61	...	68 50	67 Int: 56 Res:	St.Med.,St.Surg.,St.Ped.,St.Path.; Anes.,Diag.Rad.,Derm.,Surg.,Med., Neurosurg.,Neur.,ObG.,Oph.,Ortho., Otol.,Path.,Ped.,Ped.All.,Ped.Card., Plast.,Psych.,Rad.,Thor.,Urol.
Durham Child Guidance Clinic, Duke University Medical Center 402 Trent St, 27705	M-65	NP Corp	...	0	...	...	...	7	9 Res:	Child Psych.
Lincoln 1301 Fayetteville St., 27707	...	NP Corp	³	103	8	18	...	...	...	Res: Urol.
Mc Pherson 1110 West Main St, 27701	G-64.65	Part.	...	28	4	0	...	...	...	Res: Oph.,Oph.
Mc Pherson Hospital-North Carolina Memorial, Veterans Admin. Fulton St. & Erwin Rd., 27705	G-64.65 M-65	Misc. VA	³ ⁵	489	21	65	...	3 10	3 Res: 14 Res:	Oph. Anes.,Surg.,Med.,Neurosurg.,Neur., Oph.,Ortho.,Otol.,Path.,Plast., Psych.,Rad.,Urol.
Watts Club Blvd. at Broad St, 27705	L-64.65	NP Corp	...	320	8	34	10 4	1 1	21 Int: 14 Res:	Rot.,St.Med.,St.Surg.; Surg.,Med.,Path.,Ped.,Urol.
Fort Bragg U.S. Army, 3rd Army Hdqts, Preventive Medicine Division, 28307	...	USA	...	...	...	...	...	1	2 Res:	Pub.Health
Womack Army, 28307	...	USA	^{3,4,5}	765	9	72	...	3	6 Res:	Surg.
Gastonia North Carolina Orthopaedic New Hope Road, 28052	G-64.65	State	³	140	139	0	...	2	2 Res:	Ortho.

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							Foreign	Non-Foreign		
NORTH CAROLINA—Continued										
Greensboro										
Moses H. Cone Memorial 1200 N. Elm Street, 27405	L-64#	NP Corp	...	424	9	52	...	2	12 Int: Rot.; 23 Res: F.P.,Med.,Path.,Ped.	
Oteen										
Veterans Admin., 28805	...	VA	...	640	39	52	3	1	4 Res: Thor.	
Raleigh										
Dorothea Dix Station B, 27602	L-64	State	...	2757	...	20	3	8	18 Res: Psych.	
Memorial Hospital of Wake County 3000 New Bern Ave, 27610	L-64	NP Corp	...	380	8	29	...	...	2 Res: ObG.,Ped.	
North Carolina State Board of Health 225 N. Mc Dowell St., 27602	...	State	...	...	...	...	...	...	1 Res: Pub.Health	
Wilmington										
New Hanover Memorial 2431 S. 17th St, 28401	...	NP Corp	...	401	6	32	7	1	12 Int: Rot.; 12 Res: Surg.,ObG.,Path.	
Winston-Salem										
Bowman Gray School of Medicine Affiliated Hospitals,	M-66	Misc.	^a...	...	...	...	2	5	9 Res: Ortho.	
Forsyth Memorial 3333 Silas Creek Parkway, 27103	G-66	NP Corp	^{2,3} ...	551	9	31	...	1	12 Int: Rot.; 30 Res: G.P.,Surg.,Ortho.	
Kate Biting Reynolds Memorial 1101 E. 7th St., 27101	G-66	City	...	170	8	18	...	...	8 Int: Rot.;	
North Carolina Baptist Hospitals 300 S. Hawthorne Rd, 27103	M-66#	Church	⁴ ...	524	9	62	1	22	37 Int: Rot.,St.Med.,St.Surg.,St.Ped., St.Path.; 131 Res: Anes.,Surg.,Med.,Neurosurg.,Neur., ObG.,Oph.,Ortho.,Otol.,Path., Ped.,Psych.,Rad.,Thor.,Urol.	
NORTH DAKOTA										
Bismarck										
Bismarck 323 6th St, 58501	...	NP Corp	...	181	9	36	1	...	3 Res: Surg.,Rad.	
Bismarck Affiliated Hospitals, St. Alexius 311 N. 9th St., 58501	...	Misc. Church	^a ^a ...	259	8	48	...	3	3 Res: Rad. ... Res: Rad.	
Fargo										
St. Luke's Hospitals 5th St. & Mills Ave, 58102	...	NP Corp	...	338	7	53	1	2	12 Int: Rot.; 3 Res: Surg.	
Grand Forks										
Grand Forks Deaconess, 58201	L-97	NP Corp	^a ...	151	9	50	...	...	... Res: Path.	
St. Michael's 501 Columbia Rd, 58201	L-97	Church	^a ...	154	7	44	...	...	... Res: Path.	
University of North Dakota Affiliated Hospitals(Includes Grand Forks Deaconess Hospital and St. Michael's Hospital)	L-97	Misc.	^a...	...	...	...	...	4	4 Res: Path.	
OHIO										
Akron										
Akron City 525 E. Market St, 44309	...	NP Corp	...	614	11	54	...	24	26 Int: Rot.,St.Med.,St.Surg.; 54 Res: G.P.,Surg.,Med.,ObG.,Oph.,Ortho., Path.,Rad.,Urol.	
Akron General 400 Wabash Ave, 44307	...	NP Corp	...	435	12	50	...	13	18 Int: Rot.; 53 Res: G.P.,Surg.,Med.,ObG.,Ortho., Path.,Rad.,Urol.	
Children's Hospital of Akron Buchtel Ave. at Bowery St., 44308	...	NP Corp	...	247	515	76	...	4	6 Int: St.Ped.; 15 Res: Ortho.,Path.,Ped.	
St. Thomas 444 North Main St, 44310	...	Corp.	...	357	9	54	16	...	16 Int: Rot.; 26 Res: G.P.,Surg.,ObG.,Path.	
Barberton										
Barberton Citizens Tuscora Park, 44203	...	NP Corp	...	310	8	40	13	...	18 Int: Rot.; 10 Res: G.P.,Path.	
Canton										
Aultman 2600 Sixth St. S.W., 44710	...	NP Corp	...	521	9	49	6	1	10 Int: Rot.,St.Path.; 28 Res: Surg.,Med.,ObG.,Path.	
Mercy 723 Market Ave. N., 44702	...	Church	^a ...	438	8	40	8	...	12 Res: Surg.,ObG.	
Cincinnati										
Bethesda Oak & Reading, 45206	...	Church	...	357	9	36	3	2	6 Res: ObG.	
Central Psychiatric Clinic Cincinnati General Hospital, 45229	M-67X	City	...	...	...	...	...	...	... Res: Child Psych.	
Child Guidance Home of the Jewish Hospital 3140 Harvey Ave, 45229	L-67	NP Corp	...	16	...	...	...	...	... Res: Child Psych.	
Children's Elhand Ave. and Bethesda, 45229	M-67#	NP Corp	^{4,5} ...	215	7	77	...	...	... Res: Surg.,Neurosurg.,Ortho.,Path., Ped.,Ped.All.,Ped.Card.,Rad., Urol.	
Christ 2139 Auburn Ave, 45219	G-67	NP Corp	...	679	10	36	6	...	21 Int: Rot.,St.Surg.; 22 Res: Surg.,Neurosurg.,Plast.,Urol.	
Cincinnati General 3231 Burnet Ave, 45229	M-67X	City	^{4,5} ...	692	11	59	...	3	43 Res: Int: Rot.,St.Med.,St.Surg.,St.Ped.,St.Path.; Derm.,G.P.,Surg.,Med.,Neurosurg., Neur.,ObG.,Oph.,Ortho.,Otol., Path.,Ped.,Ped.All.,Psych.,Rad., Urol.	
Convalescent Hospital for Children Auburn & Wellington Pl, 45219	G-67#	NP Corp	^{4,5} ...	100	68	57	...	...	... Res: Ped.All.	
Daniel Drake Memorial Galbraith & Vine St, 45216	G-67#	County	...	948	549	...	3	...	15 Res: Med.	
Good Samaritan 3217 Clifton Ave, 45220	L-67	Church	...	719	9	52	6	9	27 Int: Rot.,St.Med.,St.Surg.,St.Ped.; 29 Res: G.P.,Surg.,Med.,Neurosurg.,ObG., Ortho.,Path.,Ped.,Urol.	
Good Samaritan Hospital Training Program, Burnet Ave, 45229	L-67	Misc.	^a...	...	...	...	11	3	18 Res: Surg.	
Jewish 6600 Paddock Rd, 45216	G-67	NP Corp	...	493	170	58	4	3	17 Int: Rot.,St.Med.; 33 Res: Surg.,Med.,Ortho.,Path.,Rad.	
Longview State National Lead Company of Ohio P. O. Box 39158, 45239	...	State	^a ...	3256	...	...	...	...	... Res: Surg.	
Rollman Psychiatric Clinic 3009 Burnet Ave., 45219	...	State	^a ...	138	56	...	6	14	20 Res: Psych.	

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OHIO, Cincinnati—Continued										
U.S.P.H.S. Environmntl. Control Adm. Bur. of Occup. Safety and Hlth. 1014 Broadway, 45202	...	USPHS	2 Res:	Occ.Med.
University of Cincinnati Hospital Group(Includes Positions at Child Guidance Home, Christ Hospital, Cincinnati General Hospital, Convalescent Hosp. for Children, Daniel Drake Memorial Hosp., Good Samaritan Hosp., Jewish Hosp., Veterans Admin. Hosp.)	M-67	Misc.	3	...	...	...	1	66	70 Int:	Rot.,St.Med.,St.Surg.,St.Ped.,St.Path.;
							35	216	281 Res:	Child Psych.,Derm.,Surg.,Med.,Neurosurg.,Neur.,ObG.,Oph.,Ortho.,Otol.,Path.,Ped.,Ped.All.,Ped.Card.,Psych.,Rad.,Urol.
University of Cincinnati Institute of Environmental Health Kettering Laboratory, 45219	G-67X	NP Corp	...	...	...	...	...	3	16 Res:	Occ.Med.
Veterans Admin. 3200 Vine St, 45220	M-67 #	VA	...	463	34	62	...	...	...	Surg.,Med.,Neurosurg.,Neur.,Ortho.,Otol.,Path.,Psych.,Urol.
Cleveland										
Case Western Reserve University Affiliated Hospitals(Includes University Hospitals of Cleveland, Cleveland Metropolitan General Hospital, Sunny Acres Cuyahoga County Tuberculosis Hospital, and Veterans Admin. Hospital)	M-68	Misc.	3	...	...	...	6	20	58 Res:	Derm.,Neurosurg.,Ortho.,PMR, Thor.,Urol.
Cleveland Clinic 2020 E. 93rd St., 44106	...	NP Corp	...	596	9	56	...	28	30 Int:	Rot.,St.Med.,St.Path.;
							45	91	159 Res:	Anes.,Derm.,Surg.,Med.,Neurosurg.,Neur.,Oph.,Ortho.,Otol.,Path.,Ped.,Plast.,Col.,Rec.,Psych.,Rad.,Thor.,Urol.
Cleveland Clinic-St. Vincent Charity, Cleveland Guidance Center 2525 East 22nd St, 44115	...	NP Corp	...	0	...	...	4	20	25 Res:	Surg.
		NP Corp	3	...	...	...	...	...	4 Res:	Child Psych.
Cleveland Metropolitan General 3395 Scranton Rd, 44109	M-68	County	4,5	558	13	69	...	38	40 Int:	Rot.,St.Med.,St.Surg.,St.Ped.,St.Path.;
							57	70	144 Res:	Anes.,Derm.,Surg.,Med.,Med.,Neurosurg.,Neur.,ObG.,Oph.,Ortho.,Otol.,Path.,Ped.,PMR,Rad.,Thor.,Urol.
Cleveland Psychiatric Institute 1708 Aiken Ave, 44109	...	State	3	260	56	50	10	1	24 Res:	Psych.
Cuyahoga County Coroner's Office 2121 Adelbert Rd, 44106	...	Misc.	...	...	...	...	1	...	2 Res:	For.Path.
Evangelical Deaconess 4229 Pearl Rd, 44109	...	NP Corp	...	268	9	36	8	...	8 Int:	Rot.;
							1	...	2 Res:	Path.
Fairhill Mental Health Center 12200 Fairhill Road, 44120	...	State	3	177	35	45	11	2	24 Res:	Psych.
Fairview General 18101 Lorain, 44111	...	NP Corp	...	433	8	...	15	...	20 Int:	Rot.;
							39	1	56 Res:	Anes.,G.P.,Surg.,Med.,ObG.,Oph.,Path.,Ped.
Highland View 3901 Ireland Dr, 44122	L-68	County	3,4	340	92	55	...	...	...	Res: Neur.,PMR
Huron Road 13951 Terrace Rd, 44112	...	NP Corp	...	403	10	40	11	...	13 Int:	Rot.;
							31	1	35 Res:	Anes.,Surg.,Med.,ObG.,Path.,Urol.
Huron Road Hospital-Cleveland Clinic, Lutheran 2609 Franklin Blvd, 44113	...	Misc.	3	...	...	...	7	1	12 Res:	Anes.
		Church	...	364	10	71	9	...	12 Int:	Rot.;
							13	...	16 Res:	Surg.,Med.,Path.
Marymount 12300 Mc Cracken Rd, 44125	...	Church	...	230	9	35	10	...	12 Int:	Rot.;
							4	1	8 Res:	Anes.,Path.
Mount Sinai Hospital of Cleveland University Circle, 44106	...	NP Corp	4,5	533	10	48	...	14	20 Int:	Rot.,St.Med.,St.Surg.;
							38	20	64 Res:	Anes.,Derm.,Surg.,Med.,ObG.,Oph.,Ortho.,Path.,Ped.,Rad.
Polyclinic 6606 Carnegie Ave, 44103	...	NP Corp	3	144	10	43	4	...	8 Res:	G.P.
St. Alexis 5163 Broadway Ave, 44127	...	Dist.	...	371	10	45	4	...	12 Int:	Rot.;
							18	...	20 Res:	Anes.,Surg.,Path.
St. Ann 2475 East Boulevard, 44120	...	Church	...	85	6	100	3	1	6 Res:	ObG.
St. John's 7911 Detroit Ave, 44102	...	Church	...	359	...	...	5	...	15 Int:	Rot.;
							12	...	18 Res:	G.P.
St. Luke's 11311 Shaker Blvd., 44104	...	Church	4	490	9	55	2	3	20 Int:	Rot.,St.Med.,St.Ped.;
							18	19	47 Res:	Anes.,Derm.,Surg.,Med.,ObG.,Oph.,Ortho.,Otol.,Path.,Ped.,Rad.
St. Vincent Charity 2351 E. 22nd St., 44115	...	NP Corp	3	429	12	53	7	...	12 Int:	Rot.;
							9	2	15 Res:	Anes.,Surg.,Neurosurg.,Oph.,Ortho.,Otol.,Path.,Thor.
Sunny Acres Cuyahoga County Tuberculosis 4310 Richmond Rd, 44122	L-68	County	3	287	169	25	...	...	...	Res: Thor.
University Hospitals of Cleveland 2065 Adelbert Rd, 44106	M-68	NP Corp	4,5	963	10	61	...	53	59 Int:	Rot.,St.Med.,St.Surg.,St.Ped.,St.Path.;
							34	167	238 Res:	Anes.,Child Psych.,Derm.,Surg.,Med.,Neurosurg.,Neur.,ObG.,Oph.,Ortho.,Otol.,Path.,Ped.,Ped.Card.,Plast.,Psych.,Rad.,Thor.,Urol.
Veterans Admin. 10701 East Blvd., 44106	M-68	VA	2,4	795	35	59	15	15	42 Res:	Anes.,Derm.,Surg.,Med.,Neurosurg.,Neur.,Oph.,Ortho.,Otol.,Path.,Plast.,Psych.,Rad.,Thor.,Urol.
Columbus										
Children's 561 South 17th St, 43205	M-69	NP Corp	4,5	301	6	75	4	30	45 Res:	Surg.,Surg.,Neurosurg.,Ortho.,Otol.,Path.,Ped.,Ped.Card.,Plast.,Thor.
Columbus State 1960 W Broad St, 43223	...	State	3	2037	...	42	9	5	24 Res:	Psych.
Grant 309 East State St, 43215	M-69	NP Corp	...	438	9	35	11	1	16 Int:	Rot.;
							1	2	4 Res:	Path.
Mount Carmel 793 West State St, 43222	M-69	NP Corp	...	414	9	51	18 Int:	Rot.;
							7	19	24 Res:	G.P.,Surg.,Med.,ObG.,Ortho.

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							Foreign	Non-Foreign		
OHIO, Columbus—Continued										
Ohio State University Affiliated Hospitals (Includes Ohio State University Hospitals and Children's Hospital)	M-69	Misc.	Res: Neurosurg., Otol., Plast., Thor.
Ohio State University Department of Preventive Medicine 410 W. 10th Ave., 43210	...	State	...	...	...	...	0	3	12	Res: Occ. Med., G. Prev. Med.
Ohio State University Hospitals 410 W. 10th Ave., 43210	M-69X	State	4,3	906	...	68	...	40	44	Int: St. Med., St. Surg., St. Ped., St. Path.; 188 Res: Anes., Child Psych., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., PMR., Plast., Psych., Rad., Thor., Urol.
Ohio State University Medical Center 410 W. 10th Ave., 43210	...	State	...	...	...	...	1	8	12	Res: Aero. Med.
Riverside Methodist 3535 Olentangy River Rd., 43214	M-69	Church	...	500	92	50	...	15	30	Int: Rot.; 21 Res: G.P., Surg., Med., Neurosurg., ObG., Ortho., Path.
Riverside Methodist Hospital-St. Ann's Hospital for Women	...	Misc.	a	...	...	...	...	6	8	Res: ObG.
St. Ann's Hospital for Women 1555 Bryden Rd., 43205	L-69	Church	...	115	4	11	...	...	...	Res: ObG.
Cuyahoga Falls Fallsview Mental Health Center 330 Broadway East, 44222	...	State	a	150	29	100	...	...	10	Res: Psych.
Dayton										
Dayton Children's Psychiatric Hospital - Child Guidance Center 141 Firwood Dr., 45419	...	State	a	84	237	...	...	3	4	Res: Child Psych.
Good Samaritan 1425 W. Fairview Ave., 45406	...	Church	...	494	9	48	...	5	13	Int: Rot.; 17 Res: G.P., Surg., Med., ObG.
Miami Valley 1 Wyoming St., 45409	...	NP Corp	4	682	10	51	...	4	12	Int: Rot.; 10 Res: G.P., Surg., Med., ObG., Path., Rad.
St. Elizabeth 601 Miami Blvd West, 45408	...	Church	a	497	7	40	...	16	16	Int: Rot.;
U. S. Air Force Wright-Patterson A.F.B., 45433	...	USAF	2,4,3	350	12	82	...	5	12	Int: Rot.; 2 Res: Surg.
U.S. Air Force Headquarters Air Force Logistics Command Wright-Patterson A.F.B., 45433	...	USAF	...	...	...	...	...	...	2	Res: Occ. Med.
Veterans Admin. Center 4100 West Third St., 45428	G-69	VA	4	766	48	61	30	6	51	Res: Surg., Med., Path., Rad., Urol.
Elyria										
Elyria Memorial 630 E River St., 44035	...	NP Corp	...	338	7	42	2	...	12	Int: Rot.; 18 Res: G.P., Surg., Ortho., Path., Rad.
Euclid										
Euclid General East 185th St & Lake Erie, 44119	...	NP Corp	...	293	89	44	10	...	14	Int: Rot.; 6 Res: G.P.
Kettering										
Charles F. Kettering Memorial 3535 Southern Blvd., 45429	...	Church	...	400	8	48	1	7	12	Int: Rot.; 1 Res: Surg., Path.
Lakewood										
Lakewood 14519 Detroit Ave., 44107	...	City	...	339	9	48	9	...	12	Int: Rot.; 19 Res: Surg., Med.
Lima										
St. Rita's 730 W Market St., 45801	...	Church	...	391	7	26	...	6	6	Int: Rot.; 1 Res: Path.
Lorain										
St. Joseph 205 West 20th St., 44052	...	Church	...	269	10	39	7	...	12	Int: Rot.; 10 Res: G.P., Path., Rad.
St. Joseph-Elyria Memorial Hospitals	...	Misc.	a	...	...	...	4	...	8	Res: Rad.
Ravenna										
Robinson Memorial Portage County 449 S Meridian St., 44266	...	County	a	247	6	39	5	...	15	Res: G.P., Surg.
Springfield										
Community Hospital of Springfield and Clark County 2615 East High St., 45501	...	NP Corp	2,a	268	8	34	...	2	10	Int: Rot.;
Mercy 1343 North Fountain, 45501	...	NP Corp	a	365	9	40	...	10	10	Int: Rot.;
Stuebenville										
Ohio Valley 380 Summit Ave., 43952	...	NP Corp	1,a	269	8	26	7	...	10	Int: Rot.;
Toledo										
Flower 3350 Collingwood Blvd., 43610	...	NP Corp	...	189	8	34	9	...	9	Int: Rot.; 1 Res: F.P., Surg.
Maumee Valley 2025 Arlington Ave., 43609	G-112	County	a	234	10	48	8	...	12	Int: Rot.; 14 Res: Surg., Med., ObG., Ortho., Path., Ped., Urol.
Medical College of Ohio at Toledo Affiliated Hospitals (Includes Maumee Valley Hospital, St. Vincent Hospital and Medical Center, Toledo Hospital, and Toledo State and Receiving Hospital)	G-112	Misc.	a	...	...	...	20	1	46	Res: Surg., ObG., Ortho., Psych.
Mercy 2221 Madison Ave., 43624	G-112	Church	...	350	9	48	18	...	18	Int: Rot.; 13 Res: G.P., Path.
Riverside 1609 Summit St., 43604	...	NP Corp	a	186	8	36	6	...	9	Int: Rot.;
St. Charles 2600 Navarre Ave., 43616	...	NP Corp	...	235	11	27	9	...	9	Int: Rot.; 4 Res: G.P.
St. Vincent Hospital and Medical Center 2213 Cherry St., 43608	G-112	NP Corp	...	565	9	46	5	1	12	Int: Rot.; 6 Res: Surg., ObG., Ortho., Path., Plast., Psych., Urol.
Toledo 2142 N Cove Blvd., 43606	G-112	NP Corp	...	500	8	44	10	...	16	Int: Rot.; 10 Res: Anes., G.P., Med., ObG., Path., Ped.
Toledo-Maumee Valley Hospitals	...	Misc.	...	...	...	...	3	1	14	Res: Ped.
Toledo State and Receiving 930 S. Detroit Ave., 43603	...	Misc.	a	...	...	...	...	...	...	Res: Surg., Psych.
Warren										
St. Joseph's Riverside 1400 Tod Ave N W., 44485	...	Church	...	165	...	...	...	...	7	Res: G.P.

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
OHIO, Warren—Continued										
Trumbull Memorial 1350 East Market St, 44482	...	NP Corp	...	339	8	45	7	...	16 Int: 29 Res:	Rot.: G.P., Surg., ObG., Path., Ped.
Worthington										
Harding 445 E Granville Rd, 43085	...	NP Corp	...	125	57	0	...	8	9 Res:	Psych.
Youngstown										
St. Elizabeth 1044 Belmont Ave, 44505	...	Church	4	540	9	43	4	4	21 Int: 54 Res:	Rot.: Anes., G.P., Surg., Med., ObG., Path., Rad.
Youngstown S. Unit Oak Hill and Francis Sts.; N. Unit, Gypsy Lane-Golcta Ave., 44501	...	NP Corp	4	814	10	49	2	4	54 Res:	Rot.: St. Med., St. Surg.; Anes., Surg., Med., Ortho., Path., Rad.
OKLAHOMA										
Fort Sill										
Reynolds Army 4700 Hartell Blvd, 73503	...	USA	3,4	400	13	64	...	4	4 Res:	Surg.
Norman										
Central State Griffin Memorial Box 151, 73069	M-70#	NP Corp	...	1700	29	21	4	8	18 Res:	Surg., Psych.
Oklahoma City										
Baptist Memorial 5800 Northwest Grand Blvd, 73112	L-70#	Church	2	440	8	29	...	3	10 Int: 14 Res:	Rot.: Surg., Med., Path., Rad.
Bone and Joint 605 N W 10th St, 73102	G-70#	Corp.	1,2,3	74	9	32	...	...	...	Ortho.
Mercy 501 N.W. 12th St, 73103	L-70#	Church	...	206	8	38	...	11	12 Int: 3 Res:	Rot.: Surg., Path.
Office of the State Med Examiner, Univ of Oklahoma Medical Center 800 N E Thirteenth, 73104	...	State	3	...	...	...	...	...	1 Res:	For.Path.
Presbyterian 300 N.W. 12th St, 73103	M-70#	Church	2	193	7	38	...	...	...	Int: Rot.: Surg., Rad.
St. Anthony 601 Northwest Ninth, 73102	L-70#	NP Corp	2,3,4,5	541	8	45	...	14	14 Int: 32 Res:	Rot.: Surg., Med., Neurosurg., ObG., Oph., Ortho., Path., Ped., Rad.
State of Oklahoma Dept. of Health 800 N.E. 13th St., 73104	...	State	...	...	...	...	...	1	6 Res:	Pub.Health
University of Oklahoma Hospitals 800 Northeast 13th, 73104	M-70X	State	4,5	411	12	59	...	...	...	Int: Rot., St. Med., St. Ped.; Anes., Child Psych., Derm., G.P., Surg., Med., Neurosurg., ObG., Oph., Ortho., Otol., Path., Ped., Card., Psych., Rad., Thor., Urol.
University of Oklahoma Hospitals-Presbyterian, University of Oklahoma Hospitals-Veterans Admin., University of Oklahoma Medical Center (Includes University of Oklahoma Hospitals, Presbyterian Hospital, St. Anthony Hospital, Veterans Admin. Hospital)	M-70	Misc.	3	...	...	...	...	...	12 Int: 20 Int:	Rot.: St. Med., St. Surg.;
University of Oklahoma School of Medicine 800 N.E. 13th St., 73104	...	State	...	...	...	...	1	6	18 Res:	Rot., St. Med., St. Surg., St. Ped.; Anes., Aero. Med., Child Psych., Derm., F.P., G.P., Surg., Med., Neurosurg., ObG., Occ. Med., Oph., Ortho., Otol., Path., Psych., Rad., Thor., Urol.
Veterans Admin. 921 N. E. 13th St, 73104	M-70#	VA	5	488	21	70	...	...	...	Int: St. Med., St. Surg.; Anes., Derm., G.P., Surg., Med., Neurosurg., Oph., Ortho., Otol., Path., Psych., Rad., Thor., Urol.
Tulsa										
Children's Medical Center 4818 South Lewis P. O. Box 7352, 74105	G-70#	NP Corp	...	40	70	0	2	2	4 Res:	Child Psych.
Hillcrest Medical Center Utica On the Park, 74104	...	NP Corp	2,3	488	8	38	1	13	16 Int: 29 Res:	Rot.: Surg., ObG., Path., Ped.
St. Francis 6161 South Yale, 74135	...	NP Corp	3	1668	7	38	...	...	12 Int:	Rot.:
St. John's 1923 South Utica, 74104	...	Church	2,3	575	8	45	...	15	16 Int: 42 Res:	Rot.: Surg., Med., ObG., Path., Ped.
OREGON										
Portland										
Emanuel 2801 N Gantenbein Ave, 97227	G-71	Church	...	473	7	55	...	16	16 Int: 22 Res:	Rot.: Surg., Med., ObG., Ortho., Path., Rad.
Good Samaritan Hospital and Medical Center 1015 N.W. 22nd, 97210	G-71.91	Church	...	440	8	51	3	17	17 Int: 25 Res:	Rot., St. Med., St. Surg., St. Path.: Surg., Med., Neurosurg., Neur., Oph., Path.
Portland Adventist 6040 S E Belmont, 97215	...	Church	...	259	8	42	...	...	10 Int:	Rot.:
Providence 700 N. E. 47th Ave, 97213	...	Church	...	374	8	43	5	6	12 Int: 12 Res:	Rot.: Surg., Med., Path.
St. Vincent 2447 N.W. Westover Rd, 97210	G-71	Church	...	371	8	...	...	2	6 Int: 19 Res:	St. Surg.; G.P., Surg., Path.
Shriners Hospital for Crippled Children 8200 N. E. Sandy Blvd., 97220	G-71	NP Corp	...	80	54	0	...	...	...	Res: Ortho.
State of Oregon Dept. of Health 1400 S.W. 5th Ave., 97201	...	State	...	...	...	...	...	1	6 Res:	Pub.Health
University of Oregon Affiliated Hospitals (Includes University of Oregon Medical School Hospitals and Clinics, Veterans Admin. Hospital, and Some Positions at Emanuel Hospital and Good Samaritan Hospital)	M-71	Misc.	...	...	...	...	...	44	45 Int: 48 Res:	Rot., St. Med., St. Path.; Neurosurg., Neur., ObG., Oph.
University of Oregon Medical School Hospitals and Clinics 3181 S.W. Sam Jackson Park, 97201	M-71X	State	...	635	13	66	...	36	37 Int: 190 Res:	Rot., St. Med., St. Path.; Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. Card., Psych., Rad., Thor., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
OREGON, Portland—Continued										
Veterans Admin. Sam Jackson Park, 97207	M-71#	VA	3,4	563	25	79	...	7	10 Int: St. Med.; 10 Res: Anes., Derm., Surg., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Thor., Urol.	
Salem										
Oregon State Station A, 97310	...	State	...	1474	46	47	1	7	JR8 Res: Psych.	
PENNSYLVANIA										
Abington										
Abington Memorial 1200 York Rd., 19001	...	NP Corp	4,5	510	9	51	...	15 17	16 Int: Rot.; 34 Res: G.P., Surg., Med., ObG., Path., Rad.	
Allentown										
Allentown 17th & Chew Sts., 18102	G-73	NP Corp	4	543	9	48	5 6	7	16 Int: Rot.; 26 Res: Surg., Med., ObG., Path., Plast., Col.-Rec. Psych.	
Allentown State Hanover Ave. & Quebec St., 18103	...	State	...	1462	6	34	...	1	5 Res: Psych.	
Sacred Heart Fourth & Chew, 18102	...	Church	...	360	10	24	...	3	10 Int: Rot.; 6 Res: Surg., Rad.	
Altoona										
Altoona 701 Howard Ave., 16603	...	NP Corp	...	430	10	27	13 7	...	16 Int: Rot.; 18 Res: G.P., Surg., ObG., Path.	
Bethlehem										
St. Luke's 801 Ostrum St., 18015	G-73	NP Corp	...	447	11	40	...	1 9	14 Int: Rot.; 20 Res: Surg., Med., ObG., Path.	
Bridgeville										
Mayview State, 15017	...	State	3	3002	...	...	...	...	12 Res: Psych.	
Bristol										
Lower Bucks Bath Rd. & Orchard Ave., 19007	...	NP Corp	2,3	274	7	35	...	6	8 Int: Rot.; 6 Res: G.P.	
Bryn Mawr										
Bryn Mawr Bryn Mawr Ave., 19010	...	NP Corp	3	415	9	36	...	7 10	14 Int: Rot., St. Med., St. Surg.; 30 Res: Surg., Med., Path., Rad.	
Chester										
Crozer-Chester Medical Center 15th St. & Upland Ave., 19013	...	NP Corp	...	409	6	32	1 1	1	8 Int: Rot.; 12 Res: G.P., Path.	
Coatesville										
Veterans Admin., 19320	M-73	VA	...	1602	616	83	4	1	14 Res: Neur., Psych.	
Danville										
Danville State, 17821	...	State	...	2076	75	15	...	3	10 Res: Psych.	
Geisinger Medical Center, 17821	...	NP Corp	4,5	381	9	56	...	15 35	18 Int: Rot., St. Med., St. Surg.; 58 Res: Derm., Surg., Med., ObG., Oph., Ortho., Otol., Path., Rad., Urol.	
Darby										
Thomas M. Fitzgerald Mercy Lansdowne Ave. & Baily Rd., 19023	...	NP Corp	...	375	9	39	7 6	9 2	16 Int: Rot.; 9 Res: Surg., Med., ObG., Path., Rad.	
Drexel Hill										
Delaware County Memorial 501 N. Lansdowne Ave., 19026	...	NP Corp	...	301	10	29	8 4	...	8 Int: Rot.; 4 Res: G.P.	
Easton										
Easton 21st & Lehigh St., 18042	...	NP Corp	...	285	10	25	...	5	10 Int: Rot.; 7 Res: Surg., Path.	
Elizabethtown										
State Hospital for Crippled Children, 17022	G-73	State	...	208	182	...	...	4	4 Res: Ortho.	
Erie										
Hamot 4 E Second St., 16512	...	NP Corp	...	428	9	48	2 10	1 3	12 Int: Rot.; 14 Res: Surg., ObG., Ortho., Path., Urol.	
Hamot Hospital-St. Vincent, St. Vincent	...	NP Corp	...	...	...	...	4	...	4 Res: ObG.	
St. Vincent 232 W. 25th St., 16512	...	NP Corp	...	480	9	28	4 10	...	10 Int: Rot.; 15 Res: Surg., ObG., Path., Urol.	
Greensburg										
Westmoreland Hospital 532 W Pittsburgh St., 15601	...	NP Corp	...	269	8	30	8 2	...	8 Int: Rot.; 2 Res: Surg.	
Harrisburg										
Harrisburg S Front St., 17101	L-110	NP Corp	3,4,5	...	...	...	...	22	22 Int: Rot.; 40 Res: Surg., Med., ObG., Path., Ped., Rad.	
Harrisburg Polyclinic Third and Radnor Sts., 17105	M-72#	NP Corp	3	772	13	53	10 10	...	24 Int: Rot.; 23 Res: Surg., Med., Ped., Rad.	
Harrisburg State Cameron and Maclay Sts., 17105	...	State	3	2047	90	29	...	...	6 Res: Psych.	
Pennsylvania Dept. of Health P. O. Box 90, 17108	...	State	...	...	...	...	...	...	12 Res: Occ. Med., Pub. Health	
Hazleton										
Hazleton State General E. Broad St., 18201	...	State	3	173	10	16	...	...	4 Res: Surg.	
St. Joseph 687 N. Church St., 18201	...	Church	3	200	8	21	...	...	4 Res: Surg.	
Johnstown										
Conemaugh Valley Memorial 1086 Franklin St., 15905	G-73	NP Corp	...	480	10	35	...	12	12 Int: Rot.; 12 Res: Anes., Surg., Path.	
Mercy Hospital of Johnstown 1020 Franklin St., 15905	...	Church	3	241	8	31	...	...	6 Int: Rot.	
Lancaster										
Lancaster General 525 N Duke St., 17604	G-75	NP Corp	...	488	9	32	...	1	12 Int: Rot.; 4 Res: G.P.	
Mc Keesport										
Mc Keesport 1500 Fifth Ave., 15132	...	NP Corp	...	524	11	30	...	4	12 Int: Rot.; 4 Res: Surg.	
Norristown										
Montgomery 1301 Powell St., 19401	...	NP Corp	...	300	8	29	1 3	...	6 Int: Rot.; 6 Res: G.P., Path.	
Montgomery County Mental Health Clinics -1122 Powell St., 19401	...	NP Corp	...	...	...	...	1	...	4 Res: Child Psych.	
Norristown State Stanbridge & Sterigere Sts., 19401	L-75	State	...	3221	...	37	5	9	30 Res: Psych.	
Sacred Heart 1430 De Kalb St., 19401	...	Church	...	208	8	34	4	...	4 Res: Surg.	

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							Foreign	Non-Foreign			
PENNSYLVANIA—Continued											
Philadelphia											
Albert Einstein Medical Center(Includes Northern Division and Southern Division) York & Tabor Rds. 19141	M-74	NP Corp	^{4,5}	988	12	40	49	31	46 Int: 114 Res:	Rot.,St.Med.,St.Surg.; Anes.,Child Psych.,Surg.,Med., Neurosurg.,ObG.,Ortho.,Path., Ped.,PMR,Psych.,Rad.,Urol.	
Chestnut Hill 8835 Germantown Ave., 19118	L-73	NP Corp	...	225	10	54	1	8	9 Int: 1 Res:	Rot.,St.Path.; Surg.,Path.	
Child Study Center of Philadelphia 110 N 48th St. 19139	...	NP Corp	...	21	80	...	2	2	4 Res:	Child Psych.	
Children's Hospital of Philadelphia 1740 Bainbridge St., 19146	M-75# G-73	NP Corp	^{3,5}	169	6	88	12	...	14 Int: 35 Res:	St.Ped.; Anes.,Surg.,Neurosurg.,Neur., Oph.,Ortho.,Otol.,Path.,Ped., Ped.All.,Ped.Card.	
Eastern Pennsylvania Psychiatric Institute Henry Ave. & Abbottsford Rd., 19129	M-76#, L-73,75	State	...	155	80	...	3	18	24 Res:	Psych.	
Episcopal Front St & Lehigh Ave. 19125	M-74	NP Corp	³	327	11	59	6	...	12 Int: 36 Res:	Rot.,St.Med.,St.Surg.; Surg.,Med.,Neurosurg.,ObG.,Path., Urol.	
Frankford Frankford Ave. & Wakeling. 19124	...	NP Corp	...	205	8	37	...	...	10 Int: 5 Res:	Rot.; Surg.,Path.
Germantown Dispensary and Hospital E. Penn. & E. Wister Sts. 19144	M-74,L-96	NP Corp	³	331	12	55	...	6	12 Int: 20 Res:	Rot.; Surg.,Med.,ObG.,Path.,Rad.	
Graduate Hospital of the University of Pennsylvania 19th & Lombard Sts. 19146	M-75X	NP Corp	...	326	145	55	1	11	18 Int: 79 Res:	Rot.,St.Med.; Anes.,Surg.,Surg.,Med.,Oph.,Ortho., Otol.,Path.,Plast.,Rad.,Urol.	
Hahnemann Medical College Affiliated Hospitals, Hahnemann Medical College and Hospital 230 N Broad St. 19102	M-72 M-72X	Misc. NP Corp	³ ^{4,5}	...	...	...	...	23	33 Res: 25 Int: 143 Res:	Med.; St.Med.,St.Surg.,St.Ped.,St.Path.; Anes.,Child Psych.,Derm.,Surg., Med.,Neurosurg.,ObG.,Ortho., Path.,Ped.,Psych.,Rad.,Thor., Urol.
Hospital of the University of Pennsylvania 3400 Spruce St. 19104	M-75X	NP Corp	^{4,5}	914	12	60	...	52	62 Int: 284 Res:	Rot.,St.Med.,St.Surg.,St.Path.; Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,ObG.,Oph.,Ortho.,Otol., Path.,Ped.,PMR,Plast.,Psych., Rad.,Urol.	
Hospital of the Woman's Medical College of Pennsylvania 3300 Henry Ave. 19129	M-76X	NP Corp	...	233	8	63	Int: 54 Res:	Rot.,St.Surg.,St.Ped.,St.Path.; Surg.,Med.,ObG.,Path.,Ped.,Psych., Urol.
Institute of the Pennsylvania Hospital 111 N 49th St. 19139	...	NP Corp	³	264	61	40	...	25	26 Res:	Psych.	
Irving Schwartz Inst for Children and Youth of the Phila. Psych. Ctr. Ford Rd & Monument. 19131	...	NP Corp	...	...	...	...	1	2	6 Res:	Child Psych.
Jeanes Hartel & Hasbrook Ave. 19111	G-75	Church	...	169	10	...	1	3	3 Res:	Surg.	
Jefferson Medical College 11th & Walnut Sts. 19107	M-73X	NP Corp	^{4,5}	770	12	45	2	24	31 Int: 224 Res:	Rot.,St.Med.,St.Ped.; Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,ObG.,Oph.,Ortho.,Otol., Path.,Ped.,Ped.All.,G.Prev.Med., Psych.,Rad.,Urol.	
Jefferson Medical College Affiliated Hospitals, Lankenau Lancaster & City Line Avenues. 19151	M-73 M-73#	Misc. NP Corp	³ ^{2,3}	...	...	...	1	9	12 Res: 18 Int: 27 Res:	Oph.; Rot.,St.Med.,St.Surg.; Surg.,Med.,ObG.,Oph.,Ortho., Path.
Magee Memorial Hospital-Rehabilitation Center 1513 Race St. 19102	L-72	NP Corp	³	66	57	...	...	...	3 Res:	PMR
Memorial 5800 Ridge Ave. 19128	...	NP Corp	...	201	10	28	1	...	6 Int: 1 Res:	Rot.; Path.	
Mercy Catholic Medical Center(Includes Misericordia Hospital and Thomas M. Fitzgerald Mercy Hospital, Darby) Mercy-Douglass 5000 Woodland Ave. 19143	...	Misc. NP Corp	³ ⁴	...	...	...	6	8	17 Res: 8 Int: 12 Res:	Surg.,Rad.; Rot.; Surg.,Med.
Methodist 2301 S Broad St. 19148	M-73	Church	³	249	10	14	2	4	8 Int: 3 Res:	Rot.; Surg.,ObG.	
Misericordia 54th St & Cedar Ave. 19143	L-73	Church	...	398	11	33	15	...	19 Int: 14 Res:	Rot.,St.Med.; Surg.,Med.,ObG.,Path.,Rad.	
Moss Rehabilitation 12th St & Tabor Rd. 19141	L-74	NP Corp	...	159	38	31	...	...	...	Res: Med.,PMR
Naval 17th & Pattison Ave. 19145	M-73	USN	^{2,4,5}	1555	36	54	...	18	16 Int: 91 Res:	Rot.,St.Med.,St.Surg.; Anes.,Derm.,Surg.,Med.,ObG., Oph.,Ortho.,Otol.,Path.,Ped., Psych.,Rad.,Urol.	
Nazareth 2601 Holme Ave. 19152	...	NP Corp	...	352	10	29	2	3	18 Int: 16 Res:	Rot.; Surg.,Med.,Path.,Rad.	
Northeastern Hospital of Philadelphia 2301 E. Allegheny Ave., 19134	...	NP Corp	...	220	11	27	7	...	8 Int:	Rot.:	
Office of the Medical Examiner, City of Philadelphia Dept of Health 13th & Wood Sts. 19107	...	City	...	...	...	...	...	1	1 Res:	For.Path.
Pennsylvania Eighth & Spruce Sts. 19107	M-75#	NP Corp	³	425	10	32	2	8	18 Int: 61 Res:	Rot.,St.Med.,St.Surg.; Anes.,Derm.,Surg.,Med.,Neur., ObG.,Ortho.,Path.,Plast.,Rad., Urol.	
Philadelphia Child Guidance Clinic 1700 Bainbridge St. 19146	...	NP Corp	...	...	...	...	1	8	8 Res:	Child Psych.
Philadelphia General Civic Center Blvd at 34th St. 19104	M-72#, 73#.,75# L-74	Cy-Co	^{4,5}	1406	18	46	4	48	90 Int: 122 Res:	Rot.,St.Med.,St.Ped.; Anes.,Child Psych.,Derm.,Surg., Med.,Med.,Neurosurg.,Neur.,ObG., Oph.,Ortho.,Otol.,Path., Ped.,PMR,Plast.,Psych.,Rad., Urol.	
Philadelphia General Hospital, Hahnemann Medical College Service, Medical College Service,	M-72#	City	³	1406	16	28 Int: 4 Res:	Rot.,St.Med.; Surg.,ObG.	

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							Foreign	Non-Foreign		
PENNSYLVANIA, Philadelphia—Continued										
Philadelphia General Hospital, Jefferson Medical College Service,	M-73 #	City	^a	1406	1	21	28 Int: 4 Res:	Rot.,St.Med.: Surg.
Philadelphia General Hospital, Temple University Service, .....	...	City	^a	1406	...	...	...	...	...	Res: Neur.
Philadelphia General Hospital, University of Pennsylvania Service,	M-75 #	City	^a	1406	...	...	...	10	28 Int: 4 Res:	Rot.,St.Med.: Surg.,ObG.,Oph.
Philadelphia Psychiatric Center Ford Rd & Monument Ave, 19131	L-75	Church	...	150	49	...	3	13	20 Res:	Psych.
Philadelphia State Roosevelt Blvd & Southampton Rd, 19114	L-73,G-76	State	...	4500	90	24	21	2	30 Res:	Psych.
Presbyterian-University of Pennsylvania Medical Center 51 N. 39th St, 19104	M-75 #	Church	^a	331	11	52	4	17	22 Int: 38 Res:	Rot.,St.Med.,St.Surg.: Anes.,Surg.,Med.,ObG.,Otol., Path.,Rad.,Thor.
St. Agnes 1900 S. Broad St, 19145	L-72 #	NP Corp	...	249	11	18	4	...	...	4 Int: Rot.; Res: G.P.
St. Christopher's Hospital for Children 2600 N. Lawrence St, 19133	M-74	NP Corp	^{a,4,5}	150	8	94	...	6	9 Int: 17 Res:	St.Ped.; Child Psych.,Surg.,Neur.,Oph., Ortho.,Path.,Ped.,Ped.All.,Ped.Card., Thor.,Urol.
St. Joseph's 16th St. & Girard Ave. 19130 .....	...	NP Corp	...	200	11	29	6	...	6 Int: 3 Res:	Rot.; Surg.
St. Luke's and Children's Medical Center Girard Ave & 8th, 19122 .....	...	NP Corp	^a	341	11	30	12	...	12 Int:	Rot.;
St. Mary 1567 E. Palmer St., 19125 .....	...	Church	...	225	11	35	4	...	8 Int: 2 Res:	Rot.; Surg.
Shriners Hospital for Crippled Children 8400 Roosevelt Blvd., 19152	L-74	NP Corp	...	100	85	...	...	...	...	Res: Ortho.
Temple University Affiliated Hospitals (Includes Temple University Hospital, Moss Rehabilitation Hospital, St. Christopher's Hospital, and Some Positions at Albert Einstein Medical Center and Philadelphia General Hospital) .....	...	Misc.	...	...	...	...	19	36	64 Res:	Neurosurg.,Neur.,Ped.,PMR,Urol.
Temple University 3401 N Broad St, 19140	M-74X	NP Corp	^{4,5}	759	12	48	...	28	35 Int: 182 Res:	Rot.,St.Med.,St.Surg.,St.Path.: Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,ObG.,Oph.,Ortho.,Otol., Path.,Ped.,Plast.,Col.,Rec.,Psych., Rad.,Thor.,Urol.
University of Pennsylvania Affiliated Hospitals(Includes Hospital of the University of Pennsylvania, Veterans Admin. Hospital, and Some Positions at the Graduate Hospital of the University of Pennsylvania and Philadelphia General Hospital)	M-75	Misc.	^a	...	...	...	...	44	75 Res:	Derm.,Med.,ObG.,Otol.
Veterans Admin. University & Woodland Aves., 19104	M-75,76 #	VA	^a	488	28	...	...	...	...	Int: Rot.,St.Med.; Res: Derm.,Surg.,Surg.,Med.,Med.,Oph., Ortho.,Path.,PMR,Rad.,Urol., Urol.
Wills Eye Hospital and Research Institute 1601 Spring Garden St., 19130	L-74,76 G-73	Misc.	...	185	7	33	...	...	...	Res: Oph.
Wills Eye Hospital-Temple University, .....	...	Misc.	...	...	...	...	3	35	41 Res:	Oph.
Woman's Medical College Affiliated Hospitals, Woman's Medical College-Eastern Pennsylvania Psychiatric Institute Henry Ave. and Abbottsford Rd., 19129 .....	...	Misc.	...	...	...	...	11	6	25 Res:	Med.
Wills Eye Hospital and Research Institute 1601 Spring Garden St., 19130 .....	...	Misc.	...	...	...	...	...	...	6 Res:	Child Psych.
Pittsburgh										
Allegheny General 320 E North Ave, 15212	G-77	NP Corp	^{4,5}	684	10	47	2	8	16 Int: 65 Res:	Rot.; Anes.,Surg.,Med.,ObG.,Oph.,Ortho., Path.,Plast.,Rad.,Thor.,Urol.
Children's Hospital of Pittsburgh (See also Hospitals of the University Health Center of Pittsburgh) 125 DeSoto St., 15213	M-77 #	NP Corp	⁴	280	9	76	0	12	14 Int: 10 Res:	St.Ped.; Anes.,Surg.,Neurosurg., Oph.,Ortho.,Path.,Ped., Ped.All.,Ped.Card.,Plast., Rad.,Thor.
Eye and Ear Hospital of Pittsburgh (See also Hospitals of the University Health Center of Pittsburgh) 230 Lothrop St., 15213	M-77 #	NP Corp	...	177	4	11	...	...	...	Res: Anes.,Oph.,Otol.
Hospitals of the University Health Center of Pittsburgh(Includes Children's Hospital, Eye and Ear Hospital, Magee-Women's Hospital, Presbyterian-University Hospital, Veterans Admin. Hospital, Western Psychiatric Institute and Clinic) 3550 Terrace St., 15213	M-77	Misc.	^a	...	...	...	...	45	55 Int: 227 Res:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.: Anes.,Child Psych.,Surg.,Med., Neurosurg.,ObG.,Oph.,Ortho., Otol.,Path.,Ped.,Ped.All.,Ped.Card., Plast.,Psych.,Rad.,Thor.,Urol.
Jones and Laughlin Steel Corporation (Pittsburgh Works Division) 3 Gateway Center, 15230 .....	...	Corp.	...	...	...	...	...	...	1 Res:	Occ.Med.
Magee-Women's (See also Hospitals of the University Health Center of Pittsburgh) Forbes & Halket Sts., 15213	M-77 #	NP Corp	^{a,5}	420	8	51	0	1	6 Int: 20 Res:	Rot.; Anes.,Med.,ObG.,Path., Ped.,Rad.
Mercy 1400 Locust St., 15219	L-77	NP Corp	...	625	11	57	...	11	24 Int: 61 Res:	Rot.,St.Med.: Anes.,Surg.,Med.,Neurosurg.,ObG., Oph.,Otol.,Path.,Rad.,Urol.
Montefiore 3459 Fifth Avenue, 15213	M-77	NP Corp	^{4,5}	433	12	41	...	11	21 Int: 33 Res:	Rot.,St.Med.; Surg.,Med.,Oph.,Path.,Rad.
Pittsburgh 6655 Frankstown Avenue, 15206 .....	...	NP Corp	...	246	10	19	14	9	6 Int: 3 Res:	Rot.; ObG.
Presbyterian-University (See also Hospitals of the University Health Center of Pittsburgh) 230 Lothrop St., 15213	M-77 #	NP Corp	...	515	13	55	0	33	35 Int: 3 Res:	St.Med.,St.Surg.,St.Path.: Anes.,Surg.,Med., Neurosurg.,Ortho.,Path., Plast.,Rad.,Thor.,Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necrosis Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
PENNSYLVANIA, Pittsburgh - Continued										
St. Francis General 45th St. and Penn Ave., 15201	G-77	NP Corp	5	812	15	33	17 28	5 15	30 Int: Rot.; 52 Res: Surg., Med., ObG., Ortho., Path., PMR, Rad., Thor.	
St. Joseph's Hospital and Dispensary 2117 Carson St, 15203	...	Church	...	170	...	...	...	...	6 Int: Rot.;
St. Margaret Memorial 265 - 46th Street, 15201	...	NP Corp	...	246	12	37	2 3	6 ...	10 Int: Rot.; 3 Res: Surg., Path.	
Shadyside 5230 Centre Avenue, 15232	...	NP Corp	...	373	10	36	11 11	...	14 Int: Rot.; 12 Res: Med., Path., Thor.	
South Side S. 20th and Jane Sts., 15203	...	NP Corp	5	351	11	37	8 3	1 ...	10 Int: Rot.; 3 Res: Path.	
University of Pittsburgh Graduate School of Public Health 130 De Soto St., 15213	...	NP Corp	...	...	...	...	1	2	8 Res: Occ. Med.
Veterans Admin. (See also Hospitals of the University Health Center of Pittsburgh) University Dr. C. 15240	M-77 #	VA	4.5	1131	34	51	...	...	Res: Anes., Surg., Med., Neurosurg., Oph., Ortho., Otol., Path., PMR, Plast., Rad., Urol.
Western Pennsylvania 4800 Friendship Ave., 15224	G-77	NP Corp	5	610	10	50	15 21	...	24 Int: Rot., St. Med., St. Surg., St. Path.; 53 Res: Anes., Surg., Med., ObG., Path., Plast., Rad., Urol.	
Western Psychiatric Institute and Clinic (See also Hospitals of the University Health Center of Pittsburgh) 3811 O'Hara St., 15213	M-77 #	NP Corp	...	186	56	100	2	36	58 Res: Child Psych., Psych.	
Pottsville										
A. C. Milliken E. Norwegian and Tremont Sts., 17901	...	Church	1	222	9	30	6	...	6 Res: G.P.	
Pottsville Hospital and Warne Clinic Mauch Chunk & Jackson Sts., 17901	...	NP Corp	...	320	11	28	6 1	...	6 Int: Rot.; 2 Res: G.P.	
Reading										
Community General 145 North Sixth Street, 19601	...	NP Corp	...	245	8	32	4	...	8 Res: G.P.	
Reading 6th & Spruce St. 19602	G-75	NP Corp	...	609	11	52	...	13 10	16 Int: Rot., St. Med., St. Surg.; 28 Res: Surg., Med., ObG., Ortho., Path., Rad.	
St. Joseph's 215 N. 12th St., 19603	...	NP Corp	2,4	329	10	31	...	...	10 Res: G.P., Path.
Sayre										
Robert Packer 200 S. Wilbur Avenue, 18840	...	NP Corp	...	326	9	55	...	4 11	12 Int: Rot.; 25 Res: Anes., Surg., Med., Oph., Path., Ped., Rad.	
Uniontown										
Uniontown 500 W. Berkeley, 15401	...	NP Corp	...	293	10	25	6 1	...	7 Int: Rot.; 2 Res: Surg.	
Warren										
Warren State Jamestown Rd., 16365	...	State	4	2352	100	25	4	7	27 Res: Psych.	
Washington										
Washington 155 Wilson Avenue, 15301	...	NP Corp	...	464	10	39	1	11	12 Int: Rot.;	
West Chester										
Chester County 500 East Marshall Street, 19380	...	NP Corp	4	198	7	36	6	...	8 Int: Rot.;	
West Reading										
Reading - See Reading, Pa.	...	...	...	...	...	...	...	...	...
Wilkes-Barre										
Childrens Service Center of Wyoming Valley 335 S. Franklin Street, 18702	...	NP Corp	2	22	12	0	...	1	2 Res: Child Psych.	
Veterans Admin. 1111 East End Boulevard, 18703	G-74	VA	4	500	45	53	...	...	Res: Surg.
Wilkes-Barre General River & Auburn Sts., 18702	...	NP Corp	3	369	11	30	...	1 3	10 Int: Rot.; 5 Res: Surg., Path.	
Wilkinsburg										
Columbia 312 Penn Avenue, 15221	...	Corp.	3	312	10	27	6 3	...	6 Int: Rot.; 3 Res: Surg., ObG.	
Williamsport										
Williamsport 777 Rural Avenue, 17701	...	NP Corp	3	311	9	27	...	...	8 Int: Rot.;
York										
York 1001 South George Street, 17405	L-39	NP Corp	3	595	8	49	...	21 6	24 Int: Rot., St. Surg.; 38 Res: F.P., Surg., Med., ObG., Path.	
PUERTO RICO										
Bayamon										
Puerto Rico Institute of Psychiatry P. O. Box 127, 00619	M-78 #	NP Corp	...	275	112	40	6	...	Res: Psych.	
Hato Rey										
Auxilio Mutuo Ponce De Leon Ave. Stop 37, 00918	...	NP Corp	...	150	8	25	7	...	10 Int: Rot.;	
Mayaguez										
Mayaguez Medical Center,	...	State	...	325	8	23	2	...	13 Res: Ped.	
Ponce										
Hospital De Damas Concordia St, 00731	...	NP Corp	...	153	7	23	...	4	5 Int: Rot.; 7 Res: Anes., Surg.	
Ponce District General Bo. Machuelo, 00731	L-78	State	...	412	11	...	...	5 8	20 Int: Rot.; 56 Res: Surg., Med., ObG., Path., Ped.
San Juan										
I. Gonzalez Martinez Oncologic Puerto Rico Medical Center, 00935	L-78	NP Corp	...	138	21	46	2	...	2 Res: Surg., Ortho., Path., Rad., Urol.	
Industrial Puerto Rico Medical Center, 00935	G-78	State	3	282	...	...	...	...	Res: Anes., Rad.
Institute of Legal Medicine, University of Puerto Rico Puerto Rico Med Ctr, 00935	...	State	...	...	...	...	...	...	2 Res: For. Path.
Municipal Hospital Dr. Rafael Lopez Nussa Puerto Rico Medical Center, 00935	L-78	City	...	548	...	73	13 34	23 21	54 Int: Rot., St. Med., St. Surg., St. Ped.; 97 Res: Anes., Surg., Med., ObG., Oph., Ortho., Otol., Path., Ped., Rad., Urol.	

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							Foreign	Non-Foreign		
PUERTO RICO, San Juan—Continued										
Presbyterian Community 1451 Ashford Ave, 00907	...	NP Corp	...	205	7	15	2	...	2 Res:	Ped.
University District Puerto Rico Medical Center, 00935	M-78	State	4,5	395	...	78	7	18	44 Int:	Rot., St. Med., St. Surg., St. Ped., St. Path.:
University of Puerto Rico Affiliated Hospitals (Includes I. Gonzalez Martinez Oncologic Hospital, Industrial Hospital, Municipal Hospital Dr. Rafael Lopez Nussa, University District Hospital, and Veterans Admin. Hospital)	M-78	Misc.	3	...	...	...	16	26	68 Res:	Anes., Oph., Ortho., Rad., Urol.
University of Puerto Rico School of Medicine Department of Psychiatry Puerto Rico Medical Center, 00935	M-78	State	...	1018	107	84	15	4	26 Res:	Child Psych., Psych.
Veterans Admin. Center 520 Ponce De Leon Ave, 00901	M-78	VA	2,4,5	200	20	80	...	8	8 Int:	St. Med.:
							8	4	45 Res:	Surg., Med., Oph., Ortho., Path., PMR, Rad., Urol.
RHODE ISLAND										
Howard										
Rhode Island Medical Center-Institute of Mental Health Box 5, 02834	...	State	...	1996	...	32	8	...	15 Res:	Psych.
Newport										
Newport Friendship St, 02840	...	NP Corp	...	242	10	29	8	...	8 Int:	Rot.:
							1	...	1 Res:	Path.
North Providence										
Our Lady of Fatima 200 High Service Ave, 02904	...	Church	...	263	14	...	...	...	...	Res: Path.
Pawtucket										
Memorial Prospect St, 02860	M-101 #	Corp.	...	308	9	31	8	...	8 Int:	Rot.:
							1	1	4 Res:	Path.
Providence										
Miriam 164 Summit Ave, 02906	M-101 #	NP Corp	...	250	...	48	6	...	12 Int:	Rot.:
Providence Lying-in 50 Maude St, 02908	M-42, 101 #	NP Corp	...	212	5	40	...	...	9 Res:	Med.
Providence Lying-in Hospital-Rhode Island, Rhode Island	...	Misc.	3	...	...	...	5	2	8 Res:	ObG.
593 Eddy St, 02902	M-101 #	NP Corp	4	680	10	40	1	24	28 Int:	Rot., St. Med.:
							44	52	96 Res:	Anes., Surg., Med., Neurosurg., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Plast., Rad., Urol.
Roger Williams General 825 Chalkstone Ave, 02908	M-101 #	NP Corp	...	267	9	32	3	...	8 Int:	Rot.:
St. Joseph's 21 Peace St, 02907	...	Church	...	271	10	33	14	...	8 Res:	Ped.
St. Joseph's Hospital-Our Lady of Fatima, Veterans Admin.	...	Misc.	3	...	...	...	...	...	14 Int:	Rot.:
Davis Park, 02908	G-40	VA	2	374	31	54	5	1	5 Res:	Path.
							5	1	12 Res:	Surg., Med.
Riverside										
Emma Pendleton Bradley 1011 Veterans Meml Pkwy, 02915	...	NP Corp	...	65	...	...	...	1	5 Res:	Child Psych.
SOUTH CAROLINA										
Charleston										
Charleston County 326 Calhoun, 29401	M-79 #	County	3	172	14	40	...	...	...	Res: Surg., Med., Oph., Ortho., Plast., Urol.
Medical Center Hospitals (Includes Medical College Hospital, Charleston County Hospital, Veterans Admin. Hospital, St. Francis Xavier Hospital, and Some Positions at Naval Hospital)	M-79	Misc.	3	...	...	...	...	18	47 Int:	Rot., St. Med., St. Surg., St. Ped., St. Path.:
							1	83	123 Res:	Anes., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Thor., Urol.
Medical College 80 Barre St, 29401	M-79X	State	4,5	469	10	61	...	...	...	Int: Rot., St. Med., St. Surg., St. Ped., St. Path.:
							5	38	66 Res:	Anes., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Plast., Psych., Rad., Thor., Urol.
Medical College of South Carolina 80 Barre St., 29401	...	State	...	...	...	...	...	...	1 Res:	For. Path.
Naval Naval Base, 29408	...	USN	...	...	...	...	...	...	...	Res: Ortho.
St. Francis Xavier Calhoun St. and Ashley Ave, 29402	...	Church	4,5	145	7	14	...	...	...	Res: Plast.
Veterans Admin. 109 Bee St, 29403	M-79 #	VA	3	348	24	58	...	...	...	Res: Anes., Surg., Neurosurg., Oph., Ortho., Plast., Psych., Rad., Urol.
Columbia										
Columbia Hospital of Richland County 2020 Hampton St, 29204	...	NP Corp	...	504	12	22	...	2	16 Int:	Rot.:
South Carolina State - See William S. Hall Psychiatric Institute William S. Hall Psychiatric Institute 2100 Bull St, 29202	...	State	...	75	53	100	2	6	16 Res:	Surg., ObG., Ortho., Ped.
							2	6	22 Res:	Child Psych., Psych.
Florence										
Mc Leod Infirmary 145 W. Cheves St., 29501	...	NP Corp	2,3	329	8	12	...	...	6 Int:	Rot.:
Greenville										
Greenville General 100 Mallard St, 29601	G-79	NP Corp	...	635	6	24	...	6	18 Int:	Rot.:
Shriners Hospital for Crippled Children 2100 N. Pleasantburg Dr., 29609	G-65	NP Corp	...	60	66	...	...	3	25 Res:	G.P., Surg., ObG., Ortho., Ped.
							...	3	3 Res:	Ortho.
Spartanburg										
Spartanburg General 855 N Church St, 29303	G-79	County	...	479	9	28	...	9	17 Int:	Rot.:
							...	5	8 Res:	Surg.

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SOUTH DAKOTA										
Sioux Falls										
Mc Kennan 800 E 21st St, 57101	L-80	Church	2,3	279	8	39	...	6	6 Int:	Rot.:
Sioux Valley 1123 So. Euclid, 57105	L-80	NP Corp	...	287	8	51	...	2	7 Int:	Rot.,St.Path.:
University of South Dakota Affiliated Hospitals.	L-80	Misc.	...	...	...	...	...	2	4 Res:	Path.
Yankton										
Sacred Heart West 4th St, 57078	L-80	NP Corp	...	209	6	40	...	4	8 Res:	Surg.
TENNESSEE										
Chattanooga										
Baroness Erlanger 261 Wihl St, 37403	...	Cy-Co	...	752	8	31	1 23	3 15	16 Int:	Rot.,St.Surg.:
Newell Clinic 707 Walnut St, 37402	...	Corp.	...	58	7	17	1	...	3 Res:	Anes.,Surg.,Med.,ObG.,Oph.,Ortho., Path.,Plast.,Rad.
T. C. Thompson Children's 1001 Glenwood Dr, 37406	...	Cy-Co	...	100	6	48	4	2	6 Res:	Ped.
Tennessee Valley Authority, Div. of Health and Safety 715 Edney Bldg.,	...	TVA	...	...	...	...	...	...	1 Res:	Occ.Med.
Knoxville										
East Tennessee Affiliated Hospitals(Includes East Tennessee Children's Hospital and University of Tennessee Memorial Research Center and Hospital)	...	Misc.	...	...	...	...	...	4	4 Res:	Ped.
East Tennessee Children's 1912 Laurel Ave, 37916	...	NP Corp	3	52	...	...	...	...	...	Res: Ped.
St. Mary's Memorial Oak Hill Ave, 37917	...	Church	3	425	9	19	...	...	1 Res:	Ortho.
University of Tennessee Memorial Research Center and Hospital 1924 Alcoa Highway, 37920	...	State	3	336	8	31	1 1	22	20 Int:	Rot.:
Memphis										
Baptist Memorial 899 Madison Ave, 38103	M-81	Church	...	1401	9	35	...	19 3	37 Int:	Rot.,St.Med.,St.Surg.,St.Path.:
Campbell Foundation and University of Tennessee(Includes Baptist Memorial Hospital, City of Memphis Hospitals, Le Bonheur Children's Hospital, Methodist Hospital, Crippled Children's Hospital, Veterans Admin. Hospital)	M-81	Misc.	3	...	...	...	...	24	24 Res:	Ortho.
City of Memphis Hospitals 860 Madison Ave, 38103	M-81 #	City	4,5	896	9	34	...	61 4	66 Int:	Rot.,St.Med.,St.Surg.,St.Ped.:
Crippled Childrens 2009 Lamar Ave.,	...	NP Corp	3	...	...	...	...	40	71 Res:	Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,ObG.,Oph.,Ortho.,Otol., Path.,Ped.,Ped.All.,Ped.Card., Plast.,Psych.,Rad.,Thor.,Urol.
Le Bonheur Children's 848 Adams Ave, 38103	M-81	NP Corp	3	89	...	53	...	...	...	Res: Ortho.,Ped.
Methodist 1265 Union Ave, 38104	G-81	Church	3	798	8	34	...	14 25	17 Int:	Rot.,St.Path.:
St. Joseph 220 Overton Ave, 38101	L-81	NP Corp	...	487	9	35	1 1	23 6	30 Res:	Surg.,Med.,Neurosurg.,ObG.,Oph., Ortho.,Otol.,Path.,Rad.
Tennessee Psychiatric Hospital and Institute 865 Poplar Ave, 38105	M-81	State	...	198	50	...	...	...	13 Res:	Surg.,ObG.,Path.,Ped. Psych.
University of Tennessee Affiliated Hospitals(Includes City of Memphis Hospitals, Baptist Memorial Hospital, Methodist Hospital, Le Bonheur Children's Hospital, Tennessee Psychiatric Institute, Veterans Admin. Hospital, West Tenn. Tuberculosis Hospital)	M-81	Misc.	3	...	...	...	7	104	152 Res:	Derm.,Surg.,Med.,Neurosurg.,Neur., Oph.,Otol.,Ped.,Ped.Card.,Psych., Rad.,Thor.,Urol.
University of Tennessee-Institute of Pathology 858 Madison Ave, 38103	...	State	...	...	...	...	...	1	2 Res:	For.Path.
Veterans Admin. 1030 Jefferson Ave, 38104	M-81	VA	4,5	984	36	74	1	24	32 Res:	Derm.,Surg.,Med.,Neurosurg.,Neur., Oph.,Ortho.,Otol.,Path.,Psych., Rad.,Thor.,Urol.
West Tennessee Chest Disease 842 Jefferson Ave, 38103	L-81	State	...	285	92	43	...	...	...	Res: Thor.
Nashville										
Baptist 2000 Church St, 37203	...	Church	...	625	8	34	...	3 4	16 Int:	Rot.:
George W. Hubbard Hospital of the Meharry Medical College 1005 18th Ave N., 37208	M-82X	Church	4	224	10	...	...	17 24	22 Res:	Surg.,ObG.,Path.,Ped.
Nashville Metropolitan General 72 Hermitage Ave, 37210	M-83 #	Cy-Co	3	265	7	52	...	...	45 Res:	Rot.,St.Ped.:
St. Thomas 2000 Hayes St., 37203	...	Church	...	335	8	41	2 12	1 3	15 Int:	Rot.:
State of Tennessee Department of Health Cordell Hull Bldg., 37219	...	State	...	...	...	...	...	...	23 Res:	Surg.,Med.,ObG.
Vanderbilt University 1161 21st Ave South, 37203	M-83X	NP Corp	4,5	495	10	54	...	...	1 Res:	Pub.Health
							4	11	20 Res:	Int: St.Med.,St.Surg.,St.Ped., St. Path.,St.ObG.:
										Anes.,Child Psych.,Surg.,Med., Neurosurg.,ObG.,Oph.,Ortho., Otol.,Path.,Ped.,Plast.,Psych., Rad.,Ther.Rad.,Urol.

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							Foreign	Non-Foreign		
TENNESSEE, Nashville—Continued										
Vanderbilt University Affiliated Hospitals,	M-83	Misc.	7	154	58 Int; 194 Res	St.Med.,St.Surg.,St.Ped.,St.Path., St.ObG.; Surg.,Med.,Neurosurg.,ObG.,Oph., Ortho.,Otol.,Path.,Ped.,Plast., Rad.,Urol.
Veterans Admin. 1310 24th Ave., South, 37203	M-83 # L-82	VA	3	498	25	54	...	...	Int; Res	St.Med.,St.Surg.,St.Ped.,St.Path.; Surg.,Med.,Neurosurg.,Oph.,Ortho., Otol.,Path.,Plast.,Rad.,Urol.
Oak Ridge										
Oak Ridge Associated Universities, Medical Division P. O. Box 117, 37830	...	NP Corp	...	30	9	85	...	...	1 Res	Path.
TEXAS										
Austin										
Austin State .....	...	State	...	3039	308	63	10	14	24 Res	Psych.
4110 Guadalupe, 78751	...	...	...	...	...	...	...	...	...	...
Brackenridge	L-85	City	2,3	255	8	39	...	12	12 Int; 3 Res	Rot.; Surg.,Path. Pub.Health
15th & East Ave. 78701	...	State	...	...	...	...	1	2	...	...
State of Texas Dept. of Health, 78701	...	...	...	...	...	...	...	...	...	...
Brooks Air Force Base										
U. S. Air Force School of Aerospace Medicine, .....	...	USAF	...	...	...	...	...	45	78 Res	Aero.Med.,G.Prev.Med.
Corpus Christi										
Driscoll Foundation Children's .....	...	NP Corp	3	96	14	98	10	1	12 Res	Ped.
3533 S. Alameda, P. O. Drawer 6530, 78411	...	Dist.	...	424	8	26	7	1	10 Int	Rot.;
Memorial Medical Center .....	...	...	...	...	...	...	...	...	...	...
2606 Hospital Blvd, 78405	...	...	...	...	...	...	...	...	...	...
Dallas										
Baylor University Medical Center	L-84	Church	4,5	800	8	41	1	25	31 Int; 58 Res	Rot.,St.Med.,St.Surg.,St.Path.; Surg.,Med.,ObG.,Ortho.,Path., PMR,Col.-Rec.,Rad.,Thor.,Urol.
3500 Gaston Ave., 75246	...	...	...	...	...	...	10	44	...	...
Children's Medical Center	M-84 #	NP Corp	3,5	118	6	86	...	9	10 Int; 20 Res	St.Ped.; Neurosurg.,Neur.,Ped.,Ped.All., Ped.Card.,Rad.,Thor.
1935 Amelia, 75235	...	...	...	...	...	...	...	17	...	Child Psych.
Dallas Child Guidance Clinic .....	...	NP Corp	3	...	...	...	...	...	...	...
2101 Welborn, 75219	...	...	...	...	...	...	...	...	...	...
Gaston Episcopal .....	...	NP Corp	...	106	8	35	...	2	3 Res	Surg.
3505 Gaston Ave., 75246	...	...	...	...	...	...	...	...	...	...
Methodist Hospital of Dallas	L-84	Church	...	410	7	36	...	18	19 Int; 31 Res	Rot.,St.Path.; Surg.,Med.,ObG.,Path.,Ped.,Rad.
301 W. Colorado, 75208	...	...	...	...	...	...	1	20	...	...
Parkland Memorial	M-84 #	Dist.	4,5	823	8	55	...	56	58 Int; 147 Res	Rot.,St.Med.,St.Surg.,St.Path.; Anes.,Surg.,Med.,Neurosurg.,Neur., ObG.,Oph.,Ortho.,Otol.,Path., PMR,Psych.,Rad.,Thor.,Urol.
5201 Harry Hines Blvd., 75235	...	...	...	...	...	...	5	125	...	...
Presbyterian Hospital of Dallas	L-84 #	Church	3	343	7	45	...	9	12 Int; 1 Res	Rot.; Col.-Rec.
8200 Walnut Hill Lane, 75231	...	...	...	...	...	...	1	...	...	...
St. Paul	L-84	Church	...	484	7	38	1	6	15 Int; 32 Res	Rot.,St.Path.; Surg.,Med.,Neurosurg.,ObG.,Path., Rad.
5909 Harry Hines Blvd., 75235	...	...	...	...	...	...	3	13	...	...
Texas Scottish Rite Hospital for Crippled Children	L-84	NP Corp	3	78	26	100	...	...	...	Ortho.
2201 Welborn, 75219	...	...	...	...	...	...	...	...	...	...
Timberlawn Sanitarium	G-84	Corp.	...	152	...	...	...	...	...	Psych.
4600 Samuel Blvd, 75223	...	...	...	...	...	...	...	...	...	...
University of Texas Southwestern Medical School	M-84	State	...	...	...	...	1	6	7 Res	Child Psych.
5323 Harry Hines Blvd., 75235	...	...	...	...	...	...	...	...	...	...
University of Texas Southwestern Medical School Affiliated Hospitals(Includes Children's Medical Center, Parkland Memorial Hosp., St. Paul's Hosp., Scottish Rite Hosp., Timberlawn, Veterans Admin. Hosp., Terrell State Hosp. (Terrell), U.S.P.H.S. Hosp. (Fort Worth))	M-84	Misc.	3	...	...	...	18	69	89 Res	Neurosurg.,Neur.,Ortho.,Psych., Rad.,Thor.,Urol.
Veterans Admin.	M-84 #	VA	2,3,4,5	778	27	49	...	15	15 Int; 67 Res	St.Med.; Surg.,Med.,Neur.,Oph.,Ortho., Otol.,Path.,Psych.,Rad.,Thor., Urol.
4500 S Lancaster, 75216	...	...	...	...	...	...	11	46	...	...
El Paso										
R. E. Thomason General .....	...	Dist.	3,4	377	10	51	4	10	14 Int; 5 Res	Rot.; G.P.,ObG.
4815 Alameda Ave, 79905	...	...	...	...	...	...	...	...	...	...
William Beaumont General .....	...	USA	2,4,5	750	12	84	1	20	24 Int; 59 Res	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.,St.ObG.; Surg.,Med.,ObG.,Ortho.,Path., Ped.
Hayes St. 79920	...	...	...	...	...	...	3	50	...	...
Fort Hood										
Darnall Army .....	...	USA	3	285	9	56	...	5	6 Res	Surg.
Bldg # 36000, 76544	...	...	...	...	...	...	...	...	...	...
Fort Worth										
Fort Worth Affiliated Hospitals, .....	...	Misc.	...	...	...	...	...	...	8 Res	Ortho.
Fort Worth Children's Hospital-Fort Worth Medical Center	G-27	NP Corp	3	102	5	77	...	...	...	Ortho.
1400 Cooper, 76104	...	...	...	...	...	...	...	...	...	...
Harris Hospital-Fort Worth Medical Center .....	...	Church	...	510	7	34	1	...	3 Int; 8 Res	St.Path.; Anes.,Ortho.,Path.
1300 W Cannon, 76104	...	...	...	...	...	...	...	3	...	...
John Peter Smith	G-84	Dist.	3,4,5	208	6	43	...	14	21 Int; 12 Res	Rot.; G.P.,Ortho.
1500 S Main St. 76104	...	...	...	...	...	...	...	10	...	...
St. Joseph .....	...	Church	...	445	8	34	...	...	8 Int; 1 Res	Rot.; Surg.
1401 S. Main, 76104	...	...	...	...	...	...	...	...	...	...
U. S. Public Health Service	G-84	USPHS	2,4	702	675	45	...	...	...	Psych.
3150 Horton Rd, 76119	...	...	...	...	...	...	...	...	...	...
Galveston										
University of Texas Medical Branch Hospitals 8th & Mechanic Sts, 77550	M-85X	State	4,5	984	...	59	5	22	45 Int; 217 Res	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.; Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,ObG.,ObG.,Oph.,Ortho., Otol.,Path.,Ped.,Ped.Card.,Plast., Psych.,Rad.,Thor.,Urol.

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							Foreign	Non-Foreign		
TEXAS—Continued										
Houston										
Baylor University Affiliated Hospitals,	M-86	Misc.	^a	2	47	96 Int:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.;
Ben Taub General 1502 Taub Loop, 77025	M-86#	Dist.	^{a,b}	475	11	46	...	...	332 Res:	Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,ObG.,Oph.,Ortho.,Otol., Path.,Ped.,Ped.All.,PMR,Plast., Psych.,Rad.,Thor.,Urol.
Hermann 1203 Ross Sterling Ave., 77025	L-85	NP Corp	...	639	7	44	1	19	25 Int:	Rot.,St.Med.,St.Path.;
Jefferson Davis 1502 Taub Loop, 77019	M-86#	Dist.	^{a,b}	257	63	61	...	...	71 Res:	Anes.,Surg.,Med.,ObG.,Oph.,Ortho., Path.,Ped.,Col.-Rec.,Rad.,Urol.
Memorial Baptist 1100 Louisiana, 77002	...	Church	...	...	...	...	7	3	12 Int:	Rot.;
Methodist 6516 Bertner, 77025	M-86#	Church	^a	1005	10	...	...	12	9 Res:	G.P.
St. Joseph 1919 La Branch, 77002	...	Church	...	619	8	50	6	5	13 Int:	St.Med.,St.Surg.;
St. Luke's Episcopal 6720 Bertner, 77025	M-86#	NP Corp	...	296	8	58	...	...	31 Res:	Anes.,Surg.,Med.,ObG.,Path., Rad.
Texas Children's 6621 Fannin, 77025	M-86#	NP Corp	...	106	6	83	...	...	5 Res:	Anes.,Surg.,Med.,ObG.,Path., Thor.,Urol.
Texas Institute for Rehabilitation and Research 1333 Moursund Ave., 77025	M-86#	NP Corp	^a	55	31	63	...	...	10 Res:	Anes.,Surg.,Path.,Ped.,Ped.All., Ped.Card.,Plast.,Rad.,Thor.,Urol.
Texas Research Institute of Mental Sciences 1300 Moursund Ave., 77025	L-86#	State	^a	100	30	100	...	2	6 Res:	Child Psych.,Psych.
University of Texas M. D. Anderson Hospital and Tumor Institute 6723 Bertner Ave., 77025	G-85.86	State	^{a,b}	280	14	74	10	25	34 Res:	Anes.,Surg.,Med.,Path.,Rad.,Urol.
Univ. of Texas Post-Graduate Medical School Affiliated Hospitals(Includes University of Texas Medical Branch Hospitals (Galveston) and St. Joseph Hospital)	...	Misc. VA	^{a,b}	1259	36	58	...	...	9 Res:	ObG.
Veterans Admin. 2002 Holcombe Blvd, 77031	M-86#	VA	^{a,b}	...	...	...	2	5	...	St.Med.,St.Surg.;
							...	...	...	Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,Oph.,Ortho.,Otol.,Path., PMR,Plast.,Psych.,Rad.,Thor., Urol.
Lubbock										
Methodist 3615-19th St., 79410	...	Church	^a	...	...	...	...	1	1 Res:	Path.
San Antonio										
Baptist Memorial 111 Dallas St., 78205	...	Church	...	686	7	39	7	...	12 Int:	Rot.;
Bexar County Teaching 4502 Medical Dr., 78229	M-111#	Dist.	...	...	...	...	4	3	9 Res:	Path.,Plast.,Rad.
Brooke General Fort Sam Houston, 78234	G-111	USA	^{a,b}	1150	33	84	...	29	32 Int:	St.Med.,St.Surg.,St.Ped.,St.Path., St.ObG.;
Robert B. Green Memorial 527 N. Leona, 78207	M-111#	Dist.	^{a,b}	379	8	51	...	...	...	Anes.,ObG.,Ortho.,PMR,Plast.,Psych.
Santa Rosa Medical Center 745 W. Houston St., 78207	L-111	Church	...	829	8	37	10	...	32 Int:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.,St.ObG.;
University of Texas at San Antonio Teaching Hospitals,	M-111	Misc.	...	...	...	...	6	14	143 Res:	Anes.,Derm.,Surg.,Med.,ObG., Oph.,Ortho.,Otol.,Path.,Ped., Rad.,Rad.,Thor.,Urol.
Wilford Hall U. S. A. F. Lackland A.F.B., 78236	G-111	USAF	^{a,b}	1000	16	84	...	36	75 Res:	Anes.,Surg.,Med.,ObG.,Oph.,Ortho., Path.,Ped.,PMR,Plast.,Psych., Rad.,Urol.
Temple										
Scott and White Memorial 2401 S. 31st St., 76501	...	NP Corp	...	579	10	42	2	2	28 Int:	Rot.;
Veterans Admin. Center South First St., 76501	...	VA	^a	723	64	47	...	...	18 Res:	Anes.,Surg.,Med.,ObG.,Oph.,Ortho., Path.,Ped.,Psych.,Rad.
Terrell										
Terrell State Box 70, 75160	G-84	State	^a	2607	262	31	...	...	...	Res: Psych.
UTAH										
Ogden										
Mc Kay-Dee Hospital Center 3930 Harrison Blvd., 84402	L-87	Church	...	318	6	39	...	...	14 Int:	Rot.;
St. Benedict's 3000 Polk Ave., 84403	...	Church	...	188	6	52	...	2	10 Res:	G.P.,Surg.,Path.
Thomas D. Dee Memorial - See Mc Kay-Dee Hospital Center	...	...	...	...	...	...	...	3	10 Int:	Rot.;

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
UTAH—Continued										
Provo										
Utah State 1500 East Center, 84601	...	State	...	596	225	13	...	...	...	Res: Psych.
Salt Lake City										
Holy Cross 1045 East First South, 84102	L-87	Church	...	379	7	46	3	2	8 Int: 2 Res:	Rot.; Anes., Surg., Ortho., Path.
Latter-Day Saints 325-8th Ave, 84103	L-87	Church	...	545	8	42	2	19	28 Int: 43 Res:	Rot., St. Med., St. Surg.; Anes., G.P., Surg., Med., ObG., Ortho., Path., Ped., Plast., Rad., Thor.
Primary Children's 320 Twelfth Ave, 84103	L-87	Church	^a	135	5	73	...	2	2 Res:	Anes., Ortho., Ped., Plast., Rad.
St. Mark's 803 N 2nd W, 84103	L-87	Church	...	260	8	48	...	2	8 Int: 3 Res:	Rot.; Anes., Surg., Ortho., Rad.
Shriners Hospital for Crippled Children Fairfax at Virginia Sis., Box 1865, 84103	L-87, G-27	NP Corp	...	50	39	...	...	...	...	Res: Anes., Ortho., Ped.
University 50 North Medical Dr, 84112	M-87	State	...	259	10	70	...	4	14 Int: 14 Res:	Rot.; Anes., Child Psych., Surg., Med., Neur., ObG., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Rad., Thor., Urol.
University of Utah Affiliated Hospitals (Includes University Hospital, Veterans Admin. Hosp. and Some Positions at Holy Cross Hosp., Latter-Day Saints Hosp., Primary Children's Hosp., St. Mark's Hosp., Shriners Hosp., Utah State Hosp., Provo)	M-87	Misc.	^a	...	...	...	1	38	41 Int: 156 Res:	Rot., St. Med., St. Surg., St. Ped., St. Path.; Anes., Child Psych., Surg., Med., Neur., Ortho., Otol., Path., Ped., PMR, Plast., Psych., Rad., Thor., Urol.
Utah State Dept. of Health 44 Medical Dr., 84113	...	State	...	...	...	...	...	...	2 Res:	Pub. Health
Veterans Admin. 500 Foothill Dr, 84113	M-87#	VA	^a	546	45	72	...	...	...	Int: Res: Rot., St. Med., St. Surg., St. Ped., St. Path.; Anes., Surg., Med., Neur., Ortho., Otol., Path., Plast., Psych., Rad., Thor., Urol.
VERMONT										
Burlington										
De Goesbriand Unit - See Medical Center Hospital of Vermont Mary Fletcher Unit - See Medical Center Hospital of Vermont Medical Center Hospital of Vermont (Includes De Goesbriand Unit and Mary Fletcher Unit) Colchester Ave. 05401	M-88	NP Corp	^a	623	9	73	...	23	38 Int: 122 Res:	Rot., St. Path.; Anes., Surg., Med., Neurosurg., Neur., ObG., Ortho., Otol., Path., Ped., Psych., Rad., Thor., Urol.
Vermont Rehabilitation Center 417 Pearl St, 05401	...	State	...	18	56	...	...	...	3 Res:	PMR
White River Junction										
Veterans Admin. Center North Hartland Rd, 05001	M-52#	VA	...	200	21	89	...	...	...	Res: Surg., Med., Neurosurg., Ortho., Urol.
VIRGINIA										
Alexandria										
Alexandria 4320 Seminary Rd, 22314	...	NP Corp	^{a, b}	330	8	40	2	1	5 Res:	Surg., Path., Ped.
Arlington										
Arlington 5129 N 16th St, 22205	M-19	NP Corp	^a	247	...	...	...	...	...	Res: Ortho.
National Orthopaedic and Rehabilitation 2455 Army Navy Dr, 22206	...	NP Corp	...	134	13	47	1	3	4 Res:	Ortho.
Charlottesville										
University of Virginia Jefferson Park Ave, 22903	M-89X	State	^a	564	10	49	...	37	38 Int: 11 Res:	Rot., St. Med., St. Surg., St. Ped., St. Path.; Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., Plast., Psych., Rad., Thor., Urol.
Clifton Forge										
Chesapeake and Ohio Railway Employees' 24422	...	NP Corp	...	205	9	21	...	...	...	Res: Surg.
Chesapeake and Ohio Railway Employees' Affiliated Hospitals (Includes Chesapeake and Ohio Railway Employees' Hospital, Lynchburg General Hospital (Lynchburg) and Chesapeake and Ohio Hospital, Huntington W. Va.)	...	Misc.	...	...	...	...	8	...	10 Res:	Surg.
Danville										
Memorial 142 South Main St, 24541	...	NP Corp	^a	325	7	39	2	3	11 Res:	Anes., Path., Urol.
Falls Church										
Fairfax 3300 Gallows Rd, 22046	M-20	NP Corp	...	308	7	40	3	2	12 Int: 2 Res:	Rot.; ObG.
Fairfax-Falls Church Mental Health Center 2949 Sleepy Hollow Rd, 22044	...	State	...	...	...	...	...	...	2 Res:	Child Psych.
Fort Belvoir										
De Witt Army, 22060	...	USA	...	300	7	75	...	5	8 Res:	Surg.
Lynchburg										
Lynchburg General Tate Springs Rd, 24504	...	NP Corp	...	250	6	27	...	...	...	Res: Surg.
Newport News										
Riverside J. Clyde Morris Blvd., 23606	M-90	NP Corp	...	570	8	41	7	3	14 Int: 14 Res:	Rot.; G.P., Surg., ObG., Path., Rad.
Norfolk										
De Paul Kingsley Lane & Granby St, 23505	M-90	Church	...	300	8	45	11	...	12 Int: 20 Res:	Rot.; G.P., Surg., ObG., Path., Rad.
King's Daughters Children's 609 Colley Ave, 23507	...	NP Corp	...	88	6	88	5	1	6 Res:	Ped.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Neurology Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
VIRGINIA, Norfolk—Continued										
Norfolk Community 2539 Corprew Ave, 23504	G-21	NP Corp	...	114	...	...	...	...	2 Res:	G.P.
Norfolk General 600 Gresham Dr, 23507	...	NP Corp	4	593	10	41	7	18	16 Int: 44 Res:	Rot.: G.P., Surg., Med., ObG., Path., Plast., Rad., Urol.
U. S. Public Health Service 6300 Hampton Blvd., 23508	...	USPHS	2,4	210	13	68	...	2	8 Int: 6 Res:	Rot.: G.P.
Petersburg										
Central State Box 271, 23803	...	State	...	4862	366	8	8	...	12 Res:	Psych.
Portsmouth										
Maryview 3636 High St, 23707	...	Church	...	210	9	33	6	...	10 Res:	G.P.
Naval, 23708	...	USN	2,4,5	1512	19	72	2	25 44	23 Int: 58 Res:	Rot., St. Med., St. Surg.: Surg., Med., ObG., Ortho., Ped.
Norfolk Naval Shipyard, U.S. Navy, Portsmouth General 900 Leckie St., 23704	...	USN NP Corp	...	252	8	35	5	5 1	2 Res: 10 Res:	Occ. Med. G.P.
Richmond										
Crippled Children's 2924 Brook Rd, 23220	...	NP Corp	3	100	47	0	1	1	3 Res:	Ortho.
Johnston-Willis 2908 Kensington Ave, 23221	...	Corp.	...	334	10	35	1	3	14 Int: 6 Res:	Rot.: Surg.
Medical College of Virginia Affiliated Hospitals (Includes Medical College of Virginia-Hospital Division and Veterans Admin. Hospital)	M-90	Misc.	3	...	...	...	18	119	176 Res:	Derm., Surg., Med., Neurosurg., Neur., Ortho., Otol., Rad., Urol.
Medical College of Virginia - Hospital Division 1200 E. Broad St., 23219	M-90X	State	4,5	1003	9	47	1	75	90 Int: 108 Res:	Rot., St. Med., St. Surg., St. Ped., St. Path.: Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Psych., Rad., Urol.
Office of the Chief Medical Examiner, Virginia Department of Health 406 N 12th St, 23219	...	State	...	...	...	...	1	...	2 Res:	For. Path.
Richmond Memorial 1300 Westwood Ave, 23227	...	NP Corp	...	437	10	35	4	2	8 Res:	Surg., Path.
State of Virginia Dept. of Public Health, 23219 Veterans Admin. 1201 Broad Rock Rd, 23219	M-90	VA	4	915	33	57	1	8	2 Res: 17 Res:	Pub. Health Anes., Derm., Surg., Med., Neurosurg., Neur., Oph., Ortho., Otol., Path., PMR, Rad., Thor., Urol.
Virginia Treatment Center for Children 515 North 10th St, 23219	M-90	State	...	40	6	...	1	1	4 Res:	Child Psych.
Roanoke										
Community Hospital of Roanoke Valley 101 Elm Ave., P. O. Box 2201, 24009	...	NP Corp	...	400	9	41	6	7	12 Int: 8 Res:	Rot.: Surg.
Roanoke Memorial Bellevue at Jefferson St., 24014	L-89	NP Corp	...	475	11	36	2	16 4	20 Int: 15 Res:	Rot.: G.P., Surg., Path.
Suffolk										
Louise Obici Memorial Windsor Rd., 23434	...	NP Corp	...	194	9	22	5	...	8 Res:	G.P.
Williamsburg										
Eastern State Drawer A, 23185	...	State	...	2390	...	9	6	1	12 Res:	Psych.
WASHINGTON										
Fort Steilacoom										
Western State, 98494	G-91	State	...	1746	...	44	3	...	12 Res:	Psych.
Olympia										
State of Washington Dept. of Health Public Health Bldg., 98501	...	State	...	...	...	...	1	...	4 Res:	Pub. Health
Richland										
Hanford Environmental Health Foundation P.O. Box 100, 99352	...	Np Corp.	...	...	...	...	...	...	1 Res:	Occ. Med.
Seattle										
Boeing Company Aerospace Group P.O. Box 3707, 98111	...	Corp.	...	...	...	...	...	...	2 Res:	Occ. Med.
Children's Orthopedic Hospital and Medical Center 4800 Sand Point Way N. E., 98105	M-91	NP Corp	4,5	224	5	90	1	...	Int: 1 Res:	St. Ped.: Anes., Surg., Surg., Oph., Ortho., Otol., Path., Ped., Ped. All.
Doctors 909 University St, 98101	L-91	NP Corp	...	183	6	40	4	1	8 Int: 1 Res:	Rot.: Surg.
Group Health 201 16th Ave. E, 98102	...	NP Corp	3	167	5	56	...	...	2 Int: 4 Res:	Rot.: G.P., Path.
Harborview Medical Center 325 Ninth Ave, 98104	M-91	County	...	368	10	61	...	...	Int: Res:	Rot., St. Med., St. Surg.: Anes., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., PMR, Psych., Rad., Urol.
King County - See Harborview Medical Center	...	...	...	...	...	...	...	...	...	...
Providence 17th & E. Jefferson, 98122	L-91	Church	3	311	7	44	5	2	17 Int: 10 Res:	Rot.: G.P., Surg., Path.
St. Frances Xavier Cabrini 920 Terry Ave., 98104	...	Church	3	226	7	37	...	...	1 Res:	Path.
Swedish Hospital Medical Center 1212 Columbia, 98104	L-91	NP Corp	...	461	7	46	...	12 7	12 Int: 34 Res:	Rot.: Anes., Surg., Ortho., Path., Rad.
U.S. Public Health Service 1131 14th Ave S, 98144	M-91	USPHS	2,3,4,5	290	13	84	...	20 ...	Int: Res:	Rot., St. Med.: Surg., Med., Oph., Ortho., Otol., Path.
University 1959 N. E. Pacific St., 98105	M-91X	State	4,5	320	9	90	...	...	Int: Res:	Rot., St. Med., St. Surg., St. Ped., St. Path.: Anes., Child Psych., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Psych., Rad., Urol.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
WASHINGTON, Seattle—Continued										
University of Washington Affiliated Hospitals (Includes Positions at Children's Orthopedic Hospital and Medical Center, Harborview Medical Center, Swedish Hospital Medical Center, U. S. Public Health Service Hosp., University Hosp. and Veterans Admin. Hosp.)	M-91	Misc.	3	Int: Rot., St. Med., St. Surg., St. Ped., St. Path.; 347 Res: Anes., Child Psych., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Ped. Card., PMR, Psych., Rad., Urol.
University of Washington School of Medicine, 98105 Veterans Admin. 4435 Beacon Ave. S., 98108	M-91	State VA	3,4,5	328	22	88	4	11	18 Res: G. Prev. Med.; Int: Rot., St. Med., St. Surg.; Res: Anes., Surg., Med., Neurosurg., Neur., Oph., Ortho., Path., PMR, Psych., Rad., Urol.	
Virginia Mason 1111 Terry Ave, 98101	L-91	NP Corp	...	275	8	65	...	16	16 Int: Rot., St. Med.; 43 Res: Anes., Surg., Med., Path., Rad.	
Sedro Woolley Northern State Box 309, 98284	G-91	State	3	976	45	63	4	4	10 Res: Psych.	
Spokane Deaconess 800 W. Fifth Ave, 99210 Sacred Heart W. 101 Eighth Ave, 99204 Shriners Hospital for Crippled Children North 820 Summit Blvd., 99201	...	Church	3	302	6	43	12	...	12 Int: Rot.; Res: Path.; 15 Int: Rot.; 12 Res: Surg., ObG., Path., Rad.	
Tacoma Madigan General, 98431	L-91	USA	2,4,5	1050	11	84	...	22	24 Int: Rot., St. Med., St. Surg., St. Ped., St. Path., St. ObG.; 46 Res: Surg., Med., ObG., Path., Ped.	
Tacoma General 315 South K St, 98405	G-91	NP Corp	3	261	6	30	...	42	4 Res: Anes., Path.	
WEST VIRGINIA										
Beckley Beckley Appalachian Regional Box 1149, 25801	G-92	NP Corp	...	221	8	46	11	...	15 Res: Surg., Path., Ped.	
Charleston Charleston General Brooks St & Elmwood Ave, 25325 Memorial 3200 Noyes Ave, S.E., 25304 Memorial Hospital-Charleston General	G-92	NP Corp	...	357	10	64	1	...	8 Int: Rot.; 13 Res: Surg., Path., Urol.; 16 Int: Rot., St. Med.; 22 Res: Surg., Med., ObG., Path., Urol.	
Clarksburg Veterans Admin., 26301	M-92#	VA	...	...	...	...	...	...	Res: Surg.
Huntington Cabell Huntington 1340 16th St, 25701 Chesapeake and Ohio 1801 Sixth Ave, 25703 St. Mary's 2900 1st Ave., 25702	...	NP Corp	2,3	280	8	21	...	...	8 Int: Rot.; 1 Res: Path.; Res: Surg.
Martinsburg Veterans Admin. Center, 25401	...	VA	2	765	65	49	...	...	4 Res: Path.
Morgantown West Virginia University Medical Center Medical Center, 26506	M-92X	State	4,5	430	11	59	3	13	27 Int: Rot., St. Med., St. Surg., St. Ped., St. Path.; 23 56 121 Res: Anes., Derm., Surg., Med., Neurosurg., Neur., ObG., Oph., Ortho., Otol., Path., Ped., Ped. All., Psych., Rad., Urol.	
Philippi Broaddus College Hill, 26416	...	NP Corp	3	101	9	39	2	...	2 Res: Surg.	
South Charleston Herbert J. Thomas Memorial 4605 Mac Corkle Ave S. W., 25309	...	NP Corp	...	229	8	31	2	...	4 Res: G.P.	
Wheeling Ohio Valley General 2000 Eoff St, 26003 Wheeling 109 Main St, 26003	...	NP Corp	2,3,5	415	10	33	...	3	15 Int: Rot.; 22 Res: Surg., Med., ObG., Path., Rad.; 10 Int: Rot.; 4 Res: G.P.	
WISCONSIN										
Eau Claire Luther 310 Chestnut St, 54701	...	NP Corp	3	316	9	44	...	...	2 Res: Path.
La Crosse La Crosse Lutheran Hospital and Gundersen Clinic 1836 South Ave, 54601	...	NP Corp	...	350	8	50	1	7	8 Int: Rot.; 14 Res: Ped., Surg., Med.	
Madison Childrens Treatment Center 3814 Harper Rd, 53700 Madison General 202 S Park St., 53715 Mendota State 301 Troy Dr, 53704 St. Mary's 720 S Brooks St, 53715 State of Wisconsin Board of Health 1 W. Wilson St., 53702 University Family Health Service 1552 University Ave., 53706	G-93X M-93 L-93X M-93 ...	State NP Corp State Church State State	3 ... 3 3 ...	... 478 ... 332 ... ...	... 9 4 8 ... ...	... 48 ... 43	1 3 1	6 4	7 Res: Child Psych.; 6 Int: Rot.; 10 Res: Surg., Med., ObG., Ortho., Otol., Path., Ped., Urol.; Res: Psych.; Res: ObG., Ortho., Ped.; 2 Res: Pub. Health; 1 Res: F.P.

CONSOLIDATED LIST OF HOSPITALS

Name and Location	Medical School Affiliations	Control	Footnotes	Number of Beds	Length of Stay (Days)	Necropsy Percentage	House Staff on Duty Sept. 1, 1968		Positions Offered as of July 1, 1970	Approved Program
							Foreign	Non-Foreign		
WISCONSIN, Madison—Continued										
University Hospitals 1300 University Ave, 53706	M-93X	State	...	760	12	76	1	36	51 Int:	Rot.,St.Med.,St.Surg.,St.Ped., St.Path.;
							7	24	35 Res:	Anes.,Child Psych.,Derm.,Surg., Med.,Neurosurg.,Neur.,ObG.,Oph., Ortho.,Otol.,Path.,Ped.,Ped.All., Plast.,Psych.,Rad.,Urol.
University of Wisconsin Affiliated Hospitals(Includes University Hosps., Children's Treatment Center, Madison General Hosp., St. Mary's Hosp., Veterans Admin. Hosp., Mendota State Hosp., Marshfield Clin. (Marshfield) and Winnebago State Hosp., Winnebago) ...	M-93X	Misc.	³	...	...	...	23	145	202 Res:	Anes.,Child Psych.,Derm.,Surg., Med.,Neurosurg.,Neur.,ObG.,Oph., Ortho.,Otol.,Path.,Ped.,Psych., Urol.
Veterans Admin. 2500 Overlook Terr, 53705	M-93#	VA	...	450	21	86	2	1	4 Res:	Anes.,Derm.,Surg.,Med.,Neurosurg., Neur.,Oph.,Ortho.,Otol.,Path., Urol.
Marshfield										
Marshfield Clinic 650 S Central Ave, 54449	G-93	NP Corp	...	402	10	44	...	...	...	Res: Derm.
St. Joseph's 611 St. Joseph Ave, 54449	...	NP Corp	²	396	10	42	...	2	8 Int:	Rot.;
									6 Res:	Surg.,Path.
Milwaukee										
Allis-Chalmers Mfg. Co. P.O. Box 512, 53201	...	Corp.	...	...	...	...	...	...	1 Res:	Occ.Med.
Associated Training Program of Milwaukee Hospitals(Includes Milwaukee Children's Hospital, Veterans Admin. Hospital, and Milwaukee Psychiatric Hospital, Wauwatosa)	M-94	Misc.	³	...	...	...	2	7	22 Res:	Psych.
Columbia 3321 N Maryland Ave, 53211	G-94	NP Corp	...	411	10	62	...	4	13 Int:	Rot.,St.Path.;
Evangelical Deaconess 620 North 19th St, 53233	...	Church	...	291	10	39	13	...	7 Res:	Surg.,Med.,Ortho.,Path.,Rad.
Lutheran Hospital of Milwaukee 2200 W Kilbourn Ave, 53233	G-94	NP Corp	...	341	9	43	...	10	18 Int:	Rot.;
Marquette Affiliated Hospitals(Includes Milwaukee Children's Hosp., Milwaukee County General Hosp., Veterans Admin. Center (Wood), and Some Positions at Columbia Hosp., Evangelical Deaconess Hosp., and Lutheran Hospital of Milwaukee)	M-94	Misc.	³	...	...	...	...	2	19 Res:	G.P.,Surg.,Path.,Rad.,Thor.
							3	1	13 Int:	Rot.,St.Path.;
							27	163	7 Res:	Surg.,Med.,Oph.,Path.,Rad.
Milwaukee Children's 1700 W Wisconsin Ave., 53233	M-94#	NP Corp	^{4,5}	200	6	79	1	2	48 Int:	Rot.,St.Med.,St.Surg.,St.Path.;
							2	2	232 Res:	Anes.,Surg.,Med.,Neur.,Oph.,Ortho., Path.,Ped.,Ped.All.,PMR,Plast., Rad.,Thor.,Urol.
Milwaukee County General 8700 W Wisconsin Ave, 53226	M-94#	County	^{4,5}	623	9	49	...	...	8 Int:	St.Ped.;
									8 Res:	Child Psych.,Surg.,Neur.,Oph., Ortho.,Path.,Path.,Ped.,Ped.All., Ped.Card.,Plast.,Psych.,Rad., Thor.
Milwaukee County Mental Health Center 9191 Watertown Plank Rd, 53226	L-94	County	...	774	59	...	2	11	...	Int: Rot.,St.Med.,St.Surg.,St.Path.;
Mount Sinai 948 N. 12th St., 53233	...	NP Corp	...	362	9	32	5	...	...	Res: Anes.,Surg.,Med.,Neur.,ObG., Oph.,Ortho.,Path.,Ped.,Ped.All., PMR,Plast.,Rad.,Thor.,Urol.
St. Francis 3237 South 16th St, 53215	...	NP Corp	^{2,3}	257	9	24	...	...	17 Int:	Rot.;
St. Joseph's 5000 W Chambers, 53210	L-94	Church	...	449	8	50	...	9	19 Res:	Surg.,Med.,ObG.,Path.
St. Luke's 2900 W Oklahoma Ave, 53215	...	NP Corp	³	526	8	47	...	3	12 Res:	G.P.,Path.
St. Mary's 2320 N Lake Drive, 53211	...	Church	...	307	9	43	1	...	15 Int:	Rot.;
St. Michael 2400 West Villard Ave, 53209	...	NP Corp	...	297	8	46	10	...	24 Res:	Surg.,ObG.,Path.,Rad.
Veterans Admin. Center (Wood) 5000 W National Ave, 53193	M-94#	VA	^{4,5}	902	33	74	2	20	12 Int:	Rot.;
									12 Res:	G.P.
									24 Res:	Anes.,Derm.,Surg.,Med.,Neur., Oph.,Ortho.,Otol.,Path.,PMR, Plast.,Psych.,Rad.,Thor.,Urol.
Wauwatosa										
Milwaukee Psychiatric 1220 Dewey Ave, 53213	M-94#	NP Corp	...	136	62	33	...	...	...	Res: Psych.
Winnebago										
Winnebago State, 54985	G-93X	State	...	875	105	...	...	...	...	Res: Psych.

ABBREVIATIONS AND NOTES

Symbols in Column for Medical School Affiliations:

- X Hospital under same ownership as medical school.
- # Medical school has exclusive right to appoint or nominate all members of the hospital staff assigned to services used by the school for teaching.
- 10 through 113—see list below of names of medical schools, under heading of "Medical School Affiliations."

Abbreviations Used in Column for Control:

AEC	Atomic Energy Commission
CyCo	City and County
Corp	Corporation
Dist	District
Fed	Federal
HEW	Department of Health, Education, and Welfare
NPCorp	Nonprofit corporation
Part	Partnership
TVA	Tennessee Valley Authority
VA	Veterans Administration
USAF	U.S. Air Force
USPHS	U.S. Public Health Service
Misc	Miscellaneous

Numbers Used in Column for Footnotes:

1. Appointments restricted to men.
2. U.S. citizenship required for appointment.
3. Foreign medical graduates not eligible for appointment.
4. Dental internships available.
5. Dental residencies available.

Abbreviations Used in Column for Approved Programs:

St.	Straight (internship)
Int.	Internship
Res.	Residencies
Aero. Med.	Aerospace Medicine
Anes.	Anesthesiology
Child Psych.	Child Psychiatry
Col.-Rec.	Colon and Rectal Surgery
Derm.	Dermatology
For. Path.	Forensic Pathology
Diag. Rad.	Diagnostic Radiology
F.P.	Family Practice
GP	General Practice
G. Prev. Med.	General Preventive Medicine
Med.	Internal Medicine
Neurosurg.	Neurological Surgery
Neur.	Neurology
ObG	Obstetrics-Gynecology
Occ. Med.	Occupational Medicine
Oph.	Ophthalmology
Ortho.	Orthopedic Surgery
Otol.	Otolaryngology
Path.	Pathology
Ped. All.	Pediatric Allergy
Ped.	Pediatrics
Ped. Card.	Pediatric Cardiology
PMR	Physical Medicine and Rehabilitation
Plast.	Plastic Surgery
Prev. Med.	Preventive Medicine
Psych.	Psychiatry
Pub. Health	Public Health
Rad.	Radiology
Surg.	Surgery
Ther. Rad.	Therapeutic Radiology
Thor.	Thoracic Surgery
Urol.	Urology

Medical School Affiliations

Footnotes 10 to 113 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships.

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

- | | |
|---|--|
| 10. Medical College of Alabama, Birmingham, Ala. | 16. University of California School of Medicine, San Francisco |
| 11. University of Arkansas School of Medicine, Little Rock, Ark. | 17. University of Colorado School of Medicine, Denver |
| 12. Loma Linda University School of Medicine, Loma Linda, California | 18. Yale University School of Medicine, New Haven |
| 13. The UCLA School of Medicine, Los Angeles | 19. Georgetown University School of Medicine, Washington, D. C. |
| 14. University of Southern California School of Medicine, Los Angeles | 20. George Washington University School of Medicine, Washington, D. C. |
| 15. Stanford University School of Medicine, Stanford, Calif. | 21. Howard University College of Medicine, Washington, D. C. |

22. University of Florida College of Medicine, Gainesville, Fla.
23. University of Miami School of Medicine, Miami, Fla.
24. Medical College of Georgia, Augusta, Georgia
25. Emory University School of Medicine, Atlanta, Ga.
26. Chicago Medical School, University of Health Sciences, Chicago
27. Northwestern University Medical School, Chicago
28. Loyola University Stritch School of Medicine, Maywood
29. University of Chicago Pritzker School of Medicine, Chicago
30. University of Illinois College of Medicine, Chicago
31. Indiana University School of Medicine, Indianapolis
32. State University of Iowa College of Medicine, Iowa City
33. University of Kansas School of Medicine, Kansas City, Kansas
34. University of Kentucky College of Medicine, Lexington
35. University of Louisville School of Medicine, Louisville, Ky.
36. Louisiana State University School of Medicine, New Orleans
37. Tulane University School of Medicine, New Orleans
38. Johns Hopkins University School of Medicine, Baltimore
39. University of Maryland School of Medicine, Baltimore
40. Boston University School of Medicine, Boston
41. Harvard Medical School, Boston
42. Tufts University School of Medicine, Boston
43. University of Michigan Medical School, Ann Arbor, Mich.
44. Wayne State University College of Medicine, Detroit
45. University of Minnesota Medical School, Minneapolis
46. University of Mississippi School of Medicine, Jackson, Miss.
47. University of Missouri School of Medicine, Columbia, Mo.
48. St. Louis University School of Medicine, St. Louis, Mo.
49. Washington University School of Medicine, St. Louis, Mo.
50. Creighton University School of Medicine, Omaha, Neb.
51. University of Nebraska College of Medicine, Omaha, Neb.
52. Dartmouth Medical School, Hanover, N.H.
53. New Jersey College of Medicine and Dentistry, Newark, N. J.
54. Albany Medical College of Union University, Albany, N. Y.
55. State University of New York at Buffalo School of Medicine, Buffalo, N. Y.
56. Albert Einstein College of Medicine of Yeshiva University, New York City
57. Columbia University College of Physicians and Surgeons, New York City
58. Cornell University Medical College, New York City
59. New York Medical College, New York City
60. New York University School of Medicine, New York City
61. State University of New York Downstate Medical Center (Brooklyn), New York City
62. University of Rochester School of Medicine and Dentistry, Rochester, N. Y.
63. State University of New York, Upstate Medical Center, College of Medicine, Syracuse, N. Y.
64. University of North Carolina School of Medicine, Chapel Hill
65. Duke University School of Medicine, Durham, N. C.
66. Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N. C.
67. University of Cincinnati College of Medicine, Cincinnati, Ohio
68. Case Western Reserve University School of Medicine, Cleveland, Ohio
69. Ohio State University College of Medicine, Columbus
70. University of Oklahoma School of Medicine, Oklahoma City
71. University of Oregon Medical School, Portland
72. Hahnemann Medical College of Philadelphia, Philadelphia
73. Jefferson Medical College of Philadelphia, Philadelphia
74. Temple University of the Commonwealth System of Higher Education School of Medicine, Philadelphia
75. University of Pennsylvania School of Medicine, Philadelphia
76. Woman's Medical College of Pennsylvania, Philadelphia
77. University of Pittsburgh School of Medicine, Pittsburgh
78. University of Puerto Rico School of Medicine, San Juan
79. Medical College of South Carolina, Charleston
80. University of South Dakota School of Medicine, Vermillion, S. D.
81. University of Tennessee College of Medicine, Memphis
82. Meharry Medical College School of Medicine, Nashville, Tenn.
83. Vanderbilt University School of Medicine, Nashville, Tenn.
84. University of Texas Southwestern Medical School, Dallas
85. University of Texas Medical Branch, Galveston, Texas
86. Baylor College of Medicine, Houston
87. University of Utah College of Medicine, Salt Lake City
88. University of Vermont College of Medicine, Burlington, Vt.
89. University of Virginia School of Medicine, Charlottesville
90. Medical College of Virginia School of Medicine Virginia Commonwealth University, Richmond
91. University of Washington School of Medicine, Seattle
92. West Virginia University School of Medicine, Morgantown
93. University of Wisconsin Medical School, Madison
94. Marquette School of Medicine, Milwaukee
95. University of California, Irvine California College of Medicine, Los Angeles
96. University of New Mexico School of Medicine, Albuquerque
97. University of North Dakota School of Medicine, Grand Forks
98. Michigan State University College of Human Medicine, East Lansing
99. Rutgers Medical School, Rutgers—The State University, New Brunswick, N. J.
100. University of Arizona College of Medicine, Tucson
101. Brown University Program in Medical Science, Providence, R. I.
102. University of California, Davis School of Medicine, Davis
103. University of California at San Diego School of Medicine, San Diego
104. University of Connecticut School of Medicine, Hartford, Connecticut
105. University of Hawaii School of Medicine, Honolulu, Hawaii
106. Louisiana State University Medical Center Shreveport School of Medicine, Shreveport, Louisiana
107. University of Massachusetts Medical School, Worcester, Massachusetts
108. Mount Sinai School of Medicine of the City University of New York, New York, New York
109. State University of New York at Stony Brook Health Sciences Center, Stony Brook, New York
110. Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey, Pennsylvania
111. University of Texas Medical School at San Antonio, San Antonio, Texas
112. Medical College of Ohio at Toledo, Toledo, Ohio
113. Mayo Graduate School of Medicine, Rochester, Minnesota

The National Intern and Resident Matching Program

The Directory of Approved Internships and Residencies lists all of the hospitals approved by the Council on Medical Education and Hospitals of the AMA for the conduct of intern and resident-training programs. Over 98% of the hospitals approved for intern training 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 NIRMP does not approve hospitals for internship training nor does it limit the number of interns a hospital may seek through the program except that the number sought may not exceed the number authorized by the AMA. Hospitals that participate in the program, however, are required to list all of their first year internship programs and approved complements with NIRMP. The only conditions under which a hospital may secure a portion of its intern complement outside of NIRMP is with the appointment of second year interns, foreign medical school graduates who do not participate in the program or if the starting date of the internship is not within the scope of the matching program dates. To allow for these conditions the Directory contains one column showing the authorized complement of interns and another column indicating the number sought through the matching program. Those hospitals not participating in the matching program will be identified by footnote reference and also by the fact that they have no assigned NIRMP 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 and Army only, 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 Air Force or Army will attempt to meet the student's first choice. In cases where 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, at the Air Force or Army, and not to a particular hospital within it. If you are applying for internship training in the Navy or Public Health Service, you are to apply directly to the hospital involved. If you have more than one choice of these federal services, please list each hospital as a completely separate choice on your ranking list. All Public Health Service and Naval Hospitals will be acting as independent agents in the selection of medical interns under the National Intern and Resident Matching Program beginning this year. Matching will take place to a specific hospital at the Public Health Service or Navy rather than to the Federal Service itself. The government services do not issue internship contracts. Following the listing of the federal services all participating

hospitals are listed alphabetically by state, within each state by city, and within the city by the name of the hospital. In writing to a hospital the student should address the Chairman of the Intern Committee except where otherwise noted.

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

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

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

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

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

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

In February 1968, the corporation, National Intern Matching Program (NIMP) became the National Intern and Resident Matching Program (NIRMP). Depending upon the option of organizations sponsoring resident matching, this provides an agency that can be used. Matching will only be to the first-year.

Thus the Association of Professors of Psychiatry sponsored a matching program for first-year residencies beginning in 1967 and 1968. The Association of Medical

School Pediatric Department Chairmen did the same for first-year residencies beginning in 1968. Neither Association will sponsor matching programs for residencies beginning in 1969.

The American Academy of Orthopaedic Surgeons and the American Orthopaedic Association sponsored a matching program for first-year residencies begin-

ning in 1969 and will again sponsor a program for residencies beginning in 1970. A matching program for first-year radiology residencies beginning in 1970 is being sponsored by The American College of Radiology.

It is not anticipated that residency matching will develop rapidly but NIRMP is developing the expertise necessary as, if, and when it is called upon to help.

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 \$4.00. 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 NIRMP 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 9, 1970.

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

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

4. He requests his dean to supply credentials and letters of recommendation to the hospital where he has applied. This material will be sent by the dean between Oct. 1 and January 10, 1970.

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 NIRMP office in Evanston on or before Jan. 16, 1970. The confidential lists should be submitted as early as the senior has definitely decided about the rank order of his hospitals.

6. The student will receive before Feb. 10, 1970, a confirmation of his rank order list. Any errors in this list should be reported immediately to the NIRMP. Corrections cannot be made after Feb. 16, 1970, when the matching process takes place.

7. The student will receive on Mar. 9, 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 NIRMP is a central clearing agency.

GETTING THE MOST FROM THE MATCHING PLAN

By BILL DICKERSON

The University of Oklahoma School of Medicine
Oklahoma City

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

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

After carefully reading and signing a contract with the National Intern and Resident 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 NIRMP, 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 8,000 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 NIRMP contract, you know, as does Improper Hospital, that such statements impose no obligation. Remember, Improper Hospital will never see your confidential rating list (important only if you are subsequently matched with Improper which you have rated below first).

This Misinformed Student may also fail to "X" a hospital on his preferential list to which he has applied but decided is undesirable. He has probably also failed to join SAMA and thus deprived himself of much material on the selection and evaluation of 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 and Resident Matching Plan, was the member-at-large student director of NIRMP. Dr. Dickerson was also a member of SAMA's Graduate Training Committee.

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

THE STUDENT AND THE MECHANICS OF MATCHING

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

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

First you consider the possibilities. You probably know now in a general way which hospitals interest you. Your dean and faculty members probably know about others, as do your friends. By writing to the hospitals directly you get their application forms, etc. You may want to visit various hospitals, talk with the interns there, and confer with their staff. After you have gathered all the information you need, you make up your mind how you rank the various hospitals you have applied to. The hospitals do the same with their applicants. Your rank must be sent to Chicago to arrive by January 16.

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

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

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

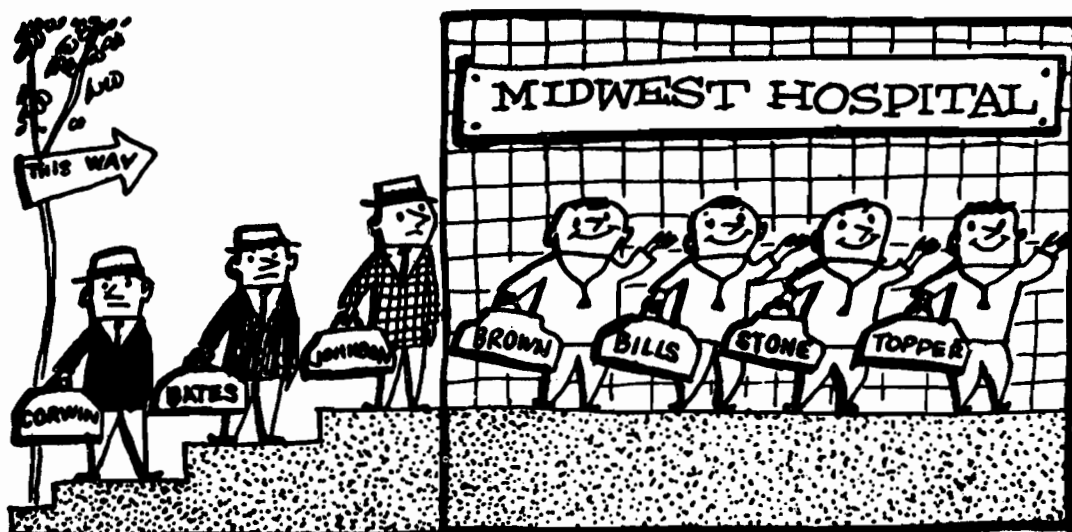
What may stop you from moving up step by step until you get to your first choice is this: A hospital may fill its jobs with men who want to go to that hospital and who were higher in the hospital's rank list than you were. If this happens to your first choice hospital and you are holding a tentative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

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

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

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

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



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

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

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

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

Example

Student Confidential Preference Lists

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

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

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

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

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

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

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

SOME OF THE RESULTS OF USING THIS MATCHING PROGRAM

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

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

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

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

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

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

5. There are many more internships offered than there are students to take them (15,000 vs. 8,000). Therefore many internships are going to be left over after all of the students are placed. Some of these hospitals, which might not fill all their jobs, may try to get you to agree to rate them higher than you want to, in return for their agreeing to "rate you high." You cannot gain anything by doing this, and you can *lose* a chance to get an internship at a hospital you prefer. Where you rank a hospital has nothing to do with when the hospital offers you a job. If they want you, you will be matched with that hospital even if you rank that hospital the last on your list, providing you cannot get into any of the hospitals you have ranked higher.

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

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

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

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

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

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

You can, of course, tell the office that, rather than being matched with a particular hospital you applied to, you would prefer to be left unmatched and take your pick of the 6,000 internships left over after almost everyone else has been matched. This is called "X-ing" a hospital. It must be done before January 16. The Evanston office simply withdraws its records of your application to that hospital. The hospitals can do the same for any student they absolutely will not take under any circumstances.

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

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

Last year this happened to less than 4% (279) of the students in the program. They were very quickly taken by the 631 (out of 717) hospital units which sought, but failed to get, 6,931 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 Intern and Resident Matching Program 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 \$4.00 toward the cost of operating the Evanston office of the National Intern and Resident Matching Program, (which is a non-profit corporation). Three students sit on the Board of Directors of the corporation—one representing the Student AMA and the others—students-at-large. Also represented are the hospital associations, the Association of American Medical Colleges, and the American Medical Association, and the Advisory Board for Medical Specialties.

*Figures apply to the 18th matching program in 1969.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

2530 North Ridge Avenue, Evanston, Illinois 60201

STUDENT AGREEMENT

Please return with fee to your NIRMP Office by June 16, 1969

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

I, _____, a student at

LAST NAME (PLEASE PRINT)

FIRST NAME

MIDDLE

_____ Medical School, plan to apply for an internship to start between April 1 and December 31, 1970. I agree to participate in and abide by the results of the matching plan for internship appointment. In particular, I understand that I am agreeing:

1. To apply for internship appointment only to hospitals and the federal services registered in the matching plan until after the matching plan results are announced. I understand that an official directory listing the cooperating hospitals and federal services will be available in October, 1969.

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 NIRMP 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 17, 1970.

4. To send herewith a non-refundable fee of \$4.00 to help cover costs of participation in the matching plan.

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

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

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

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

I understand that resignation from the Matching Program can be made only with the approval of my dean, and that no resignations can be accepted after November 17, 1969.

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 Advisory Board for Medical Specialties, the Catholic Hospital Association, the American Medical Association, the Student American Medical Association, and the medical services of the federal agencies offering internships.

Please return the Student Agreement and fee to your Dean or the NIRMP Office by June 16, 1969.

NOVEMBER 1, 1969 DEADLINE FOR FOREIGN MEDICAL SCHOOL GRADUATES TO REGISTER IN NIRMP.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

2530 Ridge Avenue, Evanston, Illinois 60201

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 AND RESIDENT MATCHING PROGRAM
2530 North Ridge Avenue, Evanston, Illinois 60201

HOSPITAL AGREEMENT

FOR FIRST-YEAR INTERNSHIPS FOR THE YEAR 1970-71
(Starting between April 1, and December 31, 1970)

Name of Hospital _____

Location of Hospital _____

Street

City

State

Zip Code

On behalf of the hospital named above, I agree to abide by the regulations of the National Intern and Resident Matching Program for appointment of interns for first-year Internships for 1970-1971 (starting service from April 1 through December 31, 1970).

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

1. Offer all of its approved internship programs through NIRMP. No internship programs may be withheld to which interns may be appointed outside the framework of NIRMP.

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

3. Restrict internship appointment of United States and Canadian trained applicants to participants designated for this hospital through the matching program until after notification of the selections made through the matching program.

4. Make or require no commitments or contracts with United States or Canadian trained applicants prior to the notification of the selections made through the matching program.

5. Abide by the official schedule including accepting no applications from participants in the matching plan after January 10, 1970; rating applicants and returning rating form by January 16, 1970; offering formal appointment promptly to individuals matched by the plan with this hospital, and not later than March 31, 1970.

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

7. Pay a service fee of \$8.00 for each intern matched through the plan.

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

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

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

Signed _____

Official Position _____

Date

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

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM SCHEDULE OF DATES

FOR

THE OFFICIAL COOPERATIVE PLAN FOR INTERNSHIP APPOINTMENTS FOR FIRST YEAR INTERNSHIPS FOR 1970-71

1. OCTOBER, 1969. Hospital directory published, containing the number of internships offered, and the description, at each participating hospital.
2. OCTOBER, 1969. Student directory published containing name and medical school of each participating student.
3. OCTOBER 1, 1969–JANUARY 10, 1970. Period for students to make application for internship to hospitals. The student should file a copy of his application with the dean's office, as well as one directly with the hospital. The office of the dean will send this copy of the student application to the hospital at the time he submits the student's credentials and the recommendations. Students are urged wherever possible to apply before December 20, 1969. **DEADLINE FOR APPLICATION TO FEDERAL SERVICES, WITH THE EXCEPTION OF THE VETERANS ADMINISTRATION, IS DECEMBER 1, 1969.**
4. OCTOBER 1, 1969–JANUARY 10, 1970. The deans may send letters of recommendation to the hospitals at any time after October 1, 1969, but in so far as possible letters should be sent by December 20, 1969, so that the hospitals may have this information when the students are interviewed.
5. JANUARY 16, 1970. Closing date for receipt at central office of student and hospital confidential rank order lists. The student list should be submitted as early as the senior has definitely decided about the exact rank order of the hospitals.
6. FEBRUARY 9, 1970. Confidential student list is confirmed to student. Confidential hospital list is confirmed to hospital.
7. FEBRUARY 16, 1970. Closing date for accepting (in Evanston) corrections to student or hospital confidential rank order lists.
8. FEBRUARY 17, 1970. Matching operation begins.
9. MARCH 5, 1970. Results of the matching plan are mailed from Evanston to students and to hospitals.
10. MARCH 9, 1970. Results are given to students by Deans. Hospitals receive results.
11. MARCH 10–31, 1970. Hospitals send contracts to matched students and students sign and return the contracts.

April, 1969

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

Directory of Approved Internships

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago 60610

Revised to July 30, 1969

Hospitals 821*

Internships 14,683*

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

Family Practice residencies are listed for the first time in this edition; because most of the approved programs begin with the first year of the three-year program as a year creditable as an internship, such programs are participating in the National Intern and Resident Matching Program and therefore are included in the lists of internships.

The approval of the pilot Family Practice Programs and the pilot General Practice Programs, which were two-year programs, has now been withdrawn, and the first years of such programs are no longer specially designated; most of the hospitals have continued to offer the first year as an approved rotating internship.

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 31-76, 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 necropsy percentage appear in the Consolidated List.

The symbol Δ following the name of a hospital indicates that its internship appointments begin in June rather than on July 1. The exact date should be obtained from the program director and should be specified in the intern's contract.

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

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

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

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

The beginning salary per year is not listed for the majority of federal hospitals, since salaries in the uniformed services are determined in relation to military rank or grade, rather than to intern status. For non-federal hospitals, the beginning

salary is stated and the initial F signifies full maintenance, while P signifies partial maintenance. If neither initials appear, no degree of maintenance is provided except the salary. An asterisk (*) signifies that for the married intern, the hospital provides a different salary and/or other forms of full or partial maintenance.

The salary data supplied by the hospital may be out of date by the time it is published; candidates should ascertain from the program directors whether the information shown in this Directory is still current and complete.

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

The types of rotating internships are identified by footnotes, which identify the major component or components available in the internship programs offered.

Footnotes for rotating internships (major component) are: ⁰Rotating without major, ¹medicine, ²surgery, ³obstetrics, ⁴pediatrics, ⁵pathology, ⁶psychiatry, ⁷radiology, ⁸anesthesiology. See the description of the rotating internship in the “*Essentials*.”

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

Hospitals not participating in the Matching Program can be identified in two ways—by a blank in the column for interns sought through NIRMP, and by a blank in the column showing the NIRMP code. All other hospitals participate in the Matching Program.

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

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

The number and types of internships as listed represent appointments offered for the intern year 1970-1971, while the data describing the various hospitals represent a 12-month period ending generally September 30, 1968.

*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, 1968.

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Beginning Salary (Year)	Authorized Complement Type	Total Sought Through NIRMP	NIRMP Code
I.N.R. INTERN											
UNITED STATES ARMY											
CALIFORNIA											
San Francisco											
Letterman General	742	12,088	199	317,378	85,741	1,107	...	14 Rot. ² 7 St. Med. 3 St. Surg. 2 St. Ped. 1 St. ObG. 1 St. Path.		
COLORADO											
Denver											
Fitzsimons General	1,440	16,743	166	84,435	...	439,458	...	10 Rot. ² 8 St. Med. 3 St. Surg. 3 St. Ped. 1 St. ObG. 1 St. Path.		
DISTRICT OF COLUMBIA											
Washington											
Walter Reed General	1,665	17,692	379	405,947	28,158	377,789	...	14 Rot. ² 9 St. Med. 3 St. Surg. 2 St. Ped. 1 St. ObG. 1 St. Path.	95 Rotating ² 00413	51 St. Medicine 00432
HAWAII											
Honolulu											
Tripler General	818	17,012	199	484,632	...	...	...	21 Rot. ² 6 St. Med. 3 St. Surg. 2 St. Ped. 1 St. ObG. 1 St. Path.	17 St. Pediatrics 00434	7 St. Ob-Gyn 00435
TEXAS											
El Paso											
William Beaumont General	568	17,502	183	375,622	51,128	...	...	10 Rot. ³ 6 St. Med 3 St. Surg. 3 St. Ped. 1 St. Obg. 1 St. Path.		Office of The Surgeon General Department of the Army. Washington, D.C. 20314 ATTN: MEDPT-R
San Antonio											
Brooke General	1,015	15,255	390	467,935	71,554	...	...	6 Rot. ² 9 St. Med. 3 St. Surg. 2 St. Ped. 1 St. Obg. 1 St. Path.		
WASHINGTON											
Tacoma											
Madigan General	732	22,522	128	489,843	56,874	...	... *	10 Rot. ² 6 St. Med. 3 St. Surg. 3 St. Ped. 1 St. Obg. 1 St. Path.		
UNITED STATES AIR FORCE											
CALIFORNIA											
Fairfield											
David Grant U.S.A.F., Travis A.F.B.	350	10,511	92	330,434	22,360	...	...	14 Rot. ^{5,1,2,3,4} 2 St. Med.	68 Rotating ^{6,1,2,3,4} 00320	
MISSISSIPPI											
Biloxi											
U. S. Air Force, Keesler A. F. B.	333	9,680	85	293,334	41,959	5,478	...	14 Rot. ^{5,1,2,3,4}	6 Rotating ^{5,6,7,8} 00340	14 St. Medicine 00332
OHIO											
Dayton											
U. S. Air Force, Wright-Patterson A.F.B.	289	8,410	68	273,106	55,818	50,268	...	12 Rot. ^{5,1,2,3,4}	4 St. Surgery 00333	
TEXAS											
San Antonio											
Wilford Hall U. S. A. F., Lackland A. F. B.	1,041	20,626	209	592,985	38,823	...	...	28 Rot. ^{5,1,2,3,4} 6 Rot. ^{5,6,7,8} 12 St. Med. 4 St. Surg.		Headquarters, U.S. Air Force, Office of Assistant Surgeon General for Staffing and Education Randolph AFB, San Antonio, Texas 78148

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Beginning Salary (Year)	Authorized Complement Type	Total Sought Through NIRMP	NIRMP Code
UNITED STATES NAVY											
CALIFORNIA											
Camp Pendleton											
Naval*	R. R. Anderson	466	12,310	84	208,255	49,324	34,018	...	12 Rot. ⁰	12	00211
Oakland											
Naval	H. A. Sparks	953	14,323	149	190,771	40,771	88,420	...	13 Rot. ⁰ 3 Rot. ¹ 1 Rot. ² 1 Rot. ³ 1 Rot. ⁴ 3 St. Med. 2 St. Surg.	13 3 1 1 1 3 3	81311 81312 81313 81315 81314 81332 81333
San Diego											
Naval*	R. G. Fosburg	1,968	28,332	604	620,542	19,000	...	...	29 Rot. ⁰ 6 Rot. ¹ 4 Rot. ² 2 Rot. ³ 2 Rot. ⁴ 3 St. Med. 2 St. Surg.	29 6 4 2 2 3 2	81411 81412 81413 81415 81414 81432 81433
FLORIDA											
Jacksonville											
Naval	R. R. Gillespy, Jr.	383	8,648	100	204,519	21,881	...	...	10 Rot. ⁰	10	81911
ILLINOIS											
Great Lakes											
Naval	S. M. Highly	1,015	12,877	84	150,140	28,092	...	...	4 Rot. ⁰ 1 Rot. ¹ 1 Rot. ²	4 1 1	82111 82112 82113
MARYLAND											
Bethesda											
Naval	R. J. Van Houten	1,002	15,209	252	290,123	21,002	155,358	...	18 Rot. ⁰ 4 Rot. ¹ 2 Rot. ² 2 Rot. ³ 2 Rot. ⁴ 3 St. Med. 2 St. Surg.	18 4 2 2 2 3 2	82311 82312 82313 82315 82314 82332 82333
MASSACHUSETTS											
Chelsea											
Naval	J. M. Young	629	7,962	107	120,835	699	2,759	...	4 Rot. ⁰ 1 Rot. ¹ 1 Rot. ²	4 1 1	82511 82512 82513
NEW YORK											
St. Albans											
Naval	M. Edson	1,189	11,661	123	88,691	26,469	52,655	...	4 Rot. ⁰ 1 Rot. ¹ 1 Rot. ²	4 1 1	82811 82812 82813
PENNSYLVANIA											
Philadelphia											
Naval	D. E. Brown, Jr.	1,295	12,988	249	152,459	34,421	...	...	8 Rot. ⁰ 2 Rot. ¹ 1 Rot. ² 1 Rot. ³ 1 Rot. ⁴ 2 St. Med. 1 St. Surg.	8 2 1 1 1 2 1	83111 83112 83113 83115 83114 83132 83133
VIRGINIA											
Portsmouth											
Naval	R. T. Upton	1,313	22,429	222	233,490	40,044	81,136	...	15 Rot. ⁰ 2 Rot. ¹ 1 Rot. ² 1 Rot. ³ 1 Rot. ⁴ 2 St. Med. 1 St. Surg.	15 2 1 1 1 2 1	83211 83212 83213 83215 83214 83232 83233

*Special attention given those planning general (family) practice careers

UNITED STATES PUBLIC HEALTH SERVICE

CALIFORNIA											
San Francisco											
U. S. Public Health Service	K. F. Urbach	300	6,147	109	109,954	...	...	...	14 Rot. ^{0,2} 4 St. Med. 2 St. Surg.	14 4 2	00120 00132 00133
LOUISIANA											
New Orleans											
U. S. Public Health Service	R. E. Streicher	310	6,377	154	129,269	...	...	...	20 Rot. ^{0,2}	20	83520

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIRM P	NIRM P Code	
UNITED STATES PUBLIC HEALTH SERVICE—Continued													
MARYLAND													
Baltimore													
U. S. Public Health Service	E. J. Hinman	232	4,624	196	80,628	...	...	...	16	Rot. ^{0,2} St. Med.	16	83620 83632
MASSACHUSETTS													
Boston													
U. S. Public Health Service	M. O. Blade	122	3,090	68	61,761	9736	O*	12	Rot. ^{0,2}	12	84020
NEW YORK													
New York City (Staten Island)													
U. S. Public Health Service	E. Stein	551	9,628	225	143,926	...	...	...	24	Rot. ^{0,2} St. Med. St. Surg.	24	84120 84132 84133
VIRGINIA													
Norfolk													
U. S. Public Health Service	C. R. Garfield	133	3,747	59	86,088	...	...	...	8	Rot. ^{0,2}	8	84520
WASHINGTON													
Seattle													
U. S. Public Health Service - See University of Washington Affiliated Hospitals, Seattle													
DEPT. OF HEALTH, EDUCATION, AND WELFARE													
DISTRICT OF COLUMBIA													
Washington													
St. Elizabeths	W. H. Whitmore, Jr.	5,438	3,910	453	25,000	2,000	...	6324	O	6	Rot. ⁰ Rot. ⁶	6	80411 80476
OTHER FEDERAL													
CANAL ZONE													
Balboa Heights													
Gorgas	W. Austerman	246	8,756	186	32,950	17,518	128,067	8691	O	16	Rot. ²	16	80613
NONFEDERAL AND VETERANS ADMINISTRATION													
ALABAMA													
Birmingham													
Birmingham Baptist Hospitals Δ	R. F. Roddam	7200	P	24	Rot. ^{0,2}	24	90320
Baptist Medical Center		286	11,001	289	...	4029	...	...	...	...	...	...
Birmingham Baptist		338	12,839	367	...	13,549	...	...	...	...	...	...
Carraway Methodist Δ	D. D. Briggs, Jr.	325	14,529	298	188,943	11,716	...	6600	P	7	Rot. ⁰ Rot. ¹ Rot. ² St. Med. Rot. ^{0,1,2,3}	7	00611 00612 00613 00632 85120
St. Vincent	E. B. Glenn	186	7,906	209	3,354	3,448	456	7987	FP*	8	Rot. ²	8	00713
University of Alabama Medical Center Δ	F. G. Moody	6	Rot. ²	6	00715
	C. E. Flowers	6	Rot. ²	6	00714
	R. D. Cunningham	8	Rot. ⁴	8	00786
	C. H. Lupton	6	Rot. ³	6	00777
	G. Corsen	3	Rot. ⁶	3	00732
	T. J. Reeves	20	St. Med.	20	00733
	F. G. Moody	10	St. Surg.	10	00734
	R. D. Cunningham	6	St. Ped.	6	00736
	C. H. Lupton	4	St. Path.	4	00736
University of Alabama Hospitals and Clinics		598	21,210	819	74,157	42,420	...	5700	P	...	...	...
Veterans Admin.		386	8,220	357	...	...	...	5892	O	...	...	...
Children's		...	...	...	...	...	...	...	...	...	...	...
Fairfield													
Lloyd Noland	J. E. Ramsey	226	9,795	367	119,655	36,618	...	6000	FP	14	Rot. ⁰	14	00820
Mobile													
Mobile General	M. L. Campbell	198	9,021	423	43,213	32,890	...	6240	P	20	Rot. ²	20	85213
Montgomery													
Montgomery Regional Foundation	J. J. Kirschenfeld	7200	P	8	Rot. ¹	8	00912
Montgomery Baptist		162	7,363	166	725	6,304	...	...	...	...	...	...
St. Margaret's		189	8,378	273	...	...	...	...	...	...	...	...
ARIZONA													
Phoenix													
Good Samaritan	R. E. T. Stark	455	27,901	684	33,213	21,959	8,084	6900	P	24	Rot. ^{0,1,2,3,4} Rot. ⁵ Rot. ⁶ Rot. ⁷ Rot. ⁸	24	01120 01186 01176 01142 01177
Maricopa County General	H. F. Lenhardt	360	13,727	704	84,626	56,374	...	7009	P	24	Rot. ^{0,00,1,2,3,4}	24	89820
Memorial	O. A. Hardin	125	4,580	183	2,750	12,521	...	6300	FP*	10	Rot. ^{0,00}	10	01320
St. Joseph's	J. C. White, Jr.	398	19,331	446	25,769	21,069	44,107	4800	F	19	Rot. ^{0,1,2,3,4} Rot. ⁵ Rot. ⁶ Rot. ⁷	19	01220 01286 01276 01242

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Beginning Salary (Year)	Authorized Complement Type	Total Sought Through NLRMP	NLRMP Code		
ARIZONA—Continued													
Tucson													
Tucson Hospitals Medical Education Program	E. G. Ramsay	...	...	...	...	...	...	7200	P	20	Rot. ^{0,1,2,4}	20	01420
	D. J. Crosby	...	...	...	...	...	...	...		2	St. Med.	2	01432
	E. G. Ramsay	...	...	...	...	...	...	...		2	St. Surg.	2	01433
Pima County General		117	3,654	2141	25,154	9,407	33,101	...					
St. Mary's		209	9,156	2931	1,236	8,907	2,760	...					
Tucson Medical Center		417	20,180	5431	6,374	10,429	12,453	...					
ARKANSAS													
Little Rock													
Arkansas Baptist Medical Center	W. E. Cooper, Jr.	395	19,220	579	250	20,990	11,059	7200	F	13	Rot. ^{0,1,2,3,5,6,7}	13	01620
St. Vincent Infirmary	G. M. Thorn	319	16,939	358	1,541	18,890	...	7200	F*	14	Rot. ^{0,1,2}	14	01720
University	R. Abernathy	257	9,976	356	67,309	27,037	...	4600	O	18	Rot. ⁰	18	01820
	R. Abernathy									6	St. Med.	6	01832
	T. C. Panos									6	St. Ped.	6	01834
	W. Jaques									4	St. Path.	4	01836
	J. Nettles									4	St. Obg.	4	01835
CALIFORNIA													
Bakersfield													
Kern County General	J. C. Reavis	300	8,044	433	61,351	41,035	...	6900	O	12	Rot. ²	12	92113
										3	St. Med.	3	92132
Berkeley													
Herrick Memorial	E. B. Mc Lean	164	6,094	206	21,309	17,014	24,322	6300	P	8	Rot. ^{1,2,6}	8	02020
Daly City													
Mary's Help	T. C. Baiz	169	8,133	213	3,823	16,670	12,138	6000	O	8	Rot. ^{0,1,2,3,4}	8	05320
Davis													
University of California (Davis) Affiliated Hospitals		...	...	...	...	...	...	...
Sacramento Medical Center (Sacramento)	G. G. Snively	416	11,565	792	83,490	58,520	...	7920	P	24	Rot. ⁰	24	04611
	R. J. Bolt									6	St. Med.	6	04632
	E. J. Wolfman									6	St. Surg.	6	04633
	R. S. Stempf, Jr.									2	St. Ped.	2	04634
	R. Stowell									2	St. Path.	2	04636
Fresno													
Fresno General	F. M. Hebert	350	12,021	449	76,722	49,688	...	6864	P	28	Rot. ⁰	28	02211
Glendale													
Glendale Adventist	S. W. Kime, Jr.	346	12,775	410	12,365	11,828	...	7200	P	12	Rot. ⁰	12	02311
Loma Linda													
Loma Linda University	R. C. Rosenquist	272	10,263	269	125,000	13,901	5,300	...	P	2	Rot. ³	2	02415
										3	Rot. ⁶	3	02477
										12	St. Med.	12	02432
										6	St. Surg.	6	02433
										2	St. Ped.	2	02434
										2	St. Path.	2	02436
Long Beach													
Memorial Hospital of Long Beach	S. Ede	462	19,733	7171	12,016	20,893	40,410	5700	P	18	Rot. ⁰	18	02711
										2	Rot. ²	2	02713
										2	St. Path.	2	02736
St. Mary's Long Beach	E. R. Jennings	278	18,025	400	1,563	17,756	40,162	6600	P*	12	Rot. ^{0,1,2,3,4}	12	02520
	C. C. Calescibetta												
Los Angeles													
California	K. L. Senter	285	13,333	453	34,882	15,124	24,819	6900	F	8	Rot. ⁰	8	02911
Cedars-Sinai Medical Center	L. Schwartzman	...	...	...	...	...	...	6900	P	12	Rot. ⁰	12	03011
										6	Rot. ¹	6	03012
										2	Rot. ²	2	03013
										7	St. Med.	7	03032
										3	St. Ped.	3	03034
Cedars of Lebanon Hospital Division		420	18,172	614	65,956	2,194	43,092	...					
Mount Sinai Hospital Division		225	8,692	7,956	2,077	13,788	...	...			
Children's Hospital of Los Angeles	J. H. Samson	182	9,991	249	74,031	47,240	11,612	6000	FP	16	St. Ped.	16	03134
Hospital of the Good Samaritan Medical Center	P. H. L. Sargent	336	13,161	446	17,024	...	36,738	6600	FP	12	Rot. ^{0,1,2,5}	12	03220
Los Angeles County-U.S.C. Medical Center	W. E. Nerlich	1,878	96,087	3,813	679,162	260,035	...	6408	P	96	Rot. ⁰	96	03311
										8	Rot. ⁶	8	03376
										48	St. Med.	48	03332
										48	St. Surg.	48	03333
										24	St. Ped.	24	03334
										8	St. Path.	8	03336
										8	St. Obg.	8	03335
Queen of Angels	B. G. Delta	264	14,390	400	9,370	0	15,640	6000	F	14	Rot. ^{0,1,2,3,4}	14	03620
Santa Fe Memorial Hospital-Children's Hospital of Los Angeles	E. A. Ricketts	...	...	...	...	...	...	1200	F				
Santa Fe Memorial		142	5,200	...	...	...	...	...
Children's Hospital of Los Angeles		182	9,991	249	74,031	47,240	11,612	...					
U.C.L.A. Affiliated Hospitals	G. M. Kalmanson	308	13,623	441	104,596	29,839	9,355	...	P	24	Rot. ⁰	24	98311
U.C.L.A.		1,043	12,260	888	77,590	...	...	...		
Veterans Admin. Center-Wadsworth		563	20,006	901	160,460	98,549	...	...			
Los Angeles County Harbor General (Torrance)		308	13,623	441	104,596	29,839	9,355	5600	O	24	St. Med.	24	95632
U. C. L. A. Δ	W. N. Valentine									16	St. Surg.	16	95633
	W. P. Longmire, Jr.									10	St. Ped.	10	95634
	R. C. Neerhout									7	St. Path.	7	95636
	W. H. Carnes									12	St. Med.	12	03932
Veterans Admin. Center-Wadsworth	G. M. Kalmanson	1,043	12,260	888	77,590	...	...	7679	P	12	Rot. ⁰	12	04011
White Memorial Medical Center	W. E. Mac Pherson	247	11,189	431	91,341	19,593	0	7200	P	1	St. Med.	1	04032
	W. E. Mac Pherson									2	St. Surg.	2	04033
	A. I. Kugel									2	St. Ped.	2	04034
	N. Nation												
Newport Beach													
Hoag Memorial Hospital Presbyterian	R. E. Rakel	9600		6	Fam. Pr.	6	03718

APPROVED INTERNSHIPS

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CALIFORNIA—Continued											
Oakland											
Children's Hospital Medical Center of Northern California	R. H. Gerdson	95	7,198	104	32,649	16,894	...	6000	F	6	93934
Highland General	W. Mandel	631	17,489	855	119,233	51,490	...	7200	FP	42	04111
Kaiser Foundation	M. A. Shearn	265	15,478	450	464,019	39,621	...	7320	P	24	04220
Orange											
Orange County Medical Center	H. W. Rannels	418	16,311	533	134,453	43,215	...	6365	P	31	04320
	P. H. Guth									5	04332
	J. E. Connolly									5	04333
Orange County Med. Center - Children's Hosp. of Orange County	T. L. Nelson	...	...	...	...	...	...	6365	P	4	04334
Orange County Medical Center		418	16,311	533	134,453	43,215	...	...	...	...	...
Children's Hospital of Orange County		54	4,173	70	8,517	8,197	6,993	...	...	...	...
Palo Alto											
Veterans Admin. - See Stanford University	Affiliated Hospitals, Stanford, Calif.										
Pasadena											
Huntington Memorial	R. Shelton	333	14,961	543	23,793	18,017	70,518	7200	FP*	12	04420
Riverside											
Riverside General	J. Gorrell	261	7,929	338	59,804	10,009	...	6432	P	16	85011
Sacramento											
Sacramento Medical Center - See University of California (Davis)	Affiliated Hospitals, Davis										
San Bernardino											
San Bernardino County General	J. P. Loge	303	10,577	488	43,191	48,779	...	6000	F	21	04711
										18	04718
San Diego											
Mercy Hospital and Medical Center	W. Perkins	364	19,556	577	44,627	12,957	23,442	4800	F	15	04820
	J. L. Heard									1	04836
University of California Affiliated Hospitals		...	...	...	...	...	...	...	...	...	...
University Hospital of San Diego County	E. Braunwald	308	9,416	524	48,977	22,338	...	5600	P	18	04932
	M. J. Orloff									18	04933
	W. B. Nyhan									6	04934
	A. A. Liebow									5	04936
	P. L. Martin									4	04935
San Francisco											
Children's Hospital and Adult Medical Center	F. W. Spicer	250	13,638	222	48,539	16,677	85,310	7200	P	12	05020
	I. K. Brandt									3	05034
	V. Di Raimondo									10	05220
French		192	9,083	262	33,599	1,371	...	7200	P	10	05220
Harkness Community Hospital and Medical Center	J. J. Kelly, Jr.	281	9,722	246	34,221	...	...	6300	F	21	06020
	A. G. Scottolini									2	06036
H. C. Moffitt-University of California Hospitals	L. H. Smith, Jr.	431	157,378	257	142,703	15,900	...	5600	O	13	06232
	J. E. Dunphy									12	06233
	M. M. Grumbach									10	06234
	H. D. Moon									4	06236
Kaiser Foundation	A. H. Lieberman	256	14,344	362	636,200	24,055	498,773	7320	P	18	95911
										3	95932
										3	95933
										2	95936
Mount Zion Hospital and Medical Center	H. Weinstein	401	14,465	489	78,063	18,387	54,391	6600	P	26	05420
										2	05433
										2	05434
Pacific Medical Center-Presbyterian	J. J. Kelly, Jr.	200	7,762	219	...	...	...	6780	P	10	06111
										6	06112
										4	06132
										4	06134
St. Joseph's	N. Kohout	168	6,051	291	6,703	2,233	0	5400	F*	6	05511
St. Luke's	J. A. Mc Chesney	194	9,408	257	35,390	6,600	...	7200	P	3	05611
										1	05612
										1	05613
										1	05615
										2	05614
										1	05686
St. Mary's Hospital and Medical Center	C. B. Favour	349	12,656	327	28,340	499	...	7200	O	19	05720
										3	05713
San Francisco General	House Staff Comm.	670	18,851	772	101,047	55,470	...	6156	P	20	05811
										20	05813
										4	05814
										2	05876
										12	05832
										2	05836
San Jose											
O'Connor	L. R. Grams	255	11,697	259	21,239	12,071	...	...	...	2	04536
Santa Clara Valley Medical Center	R. M. Manson	361	9,880	388	82,296	42,713	...	6073	F	32	06311
Santa Barbara											
Santa Barbara General-Cottage Hospitals	W. W. Faloon	...	...	...	...	...	...	7500	P	17	06420
Santa Barbara Cottage		277	13,026	286	...	16,352	...	...	...	...	...
Santa Barbara General		159	2,674	117	13,288	9,134	...	...	...	...	...
Santa Monica											
Santa Monica	Director, Med. Educ.	260	15,000	320	9,135	25,000	37,191	6300	F	12	06611
Stanford											
Stanford University	H. A. Oberhelman	506	22,500	690	103,290	19,367	4,434	6000	P	12	82033
	N. Kretschmer									10	82034
	D. Korn									4	82036
Stanford University Affiliated Hospitals	H. R. Holman	...	...	...	...	...	...	6000	P	17	89932
Stanford University		506	22,500	690	103,290	19,367	4,434
Veteran's Admin. (Palo Alto)		1,758	5,786	286	45,122

APPROVED INTERNSHIPS

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Stockton											
San Joaquin GeneralΔ	J. D. Bernard	150	7,193	281	95,171	30,604	...	7848	P 20 Rot. ⁰	20	02111
Torrance											
Los Angeles County Harbor GeneralΔ	J. A. Turner	563	20,006	901	160,460	98,549	...	6408	P 41 Rot. ^{0,1,2,3,4}	41	06720
									8 St. Med.	8	06732
									8 St. Surg.	8	06733
									4 St. Ped.	4	06734
									3 St. Path.	3	06736
Ventura											
General Hospital Ventura County	J. A. Daly	240	6,538	234	40,961	17,046	...	7200	5 Fam. Pr.	5	06818
COLORADO											
Denver											
Children'sΔ	F. J. Cozzetto	151	11,260	123	...	10,000	...	5500	P 6 St. Ped.	6	88934
Denver GeneralΔ	D. L. Cowen	271	9,660	447	...	49,440	...	4488	6 Rot. ⁰	6	07776
									11 St. Med.	11	07732
									12 St. Surg.	12	07733
General Rose MemorialΔ		351	13,935	399	26,778	10,267	11,530	5400	P 12 Rot. ^{0,1}	12	06920
Mercy	M. Cherington	287	14,571	273	8,616	8,511	2,360	7020	F 11 Rot. ⁰	11	92213
Presbyterian Medical CenterΔ	M. A. Lubchenco	320	13,964	434	5,688	11,522	34,934	6000	P 22 Rot. ⁰	22	07211
	A. E. Lubchenco								1 Rot. ⁵	1	07286
St. Anthony	F. O. Franco	381	21,094	363	...	18,277	...	7200	F 10 Rot. ⁰	10	07311
St. JosephΔ	M. E. Mc Dowell	463	22,047	394	11,204	8,158	22,447	6000	P 16 Rot. ^{0,1,2,3,4}	16	07420
St. Luke'sΔ	R. S. Liggett	375	15,376	462	5,579	5,897	604	6000	P 10 Rot. ⁰	10	07513
University of Colorado Medical CenterΔ	R. W. Virtue	333	14,748	423	160,597	32,951	...	5000	P 3 Rot. ²	3	07677
	G. Meiklejohn								14 St. Med.	14	07632
	W. R. Waddell								12 St. Surg.	12	07633
	C. H. Kempe								15 St. Ped.	15	07634
	G. B. Pierce								10 St. Path.	10	07636
University of Colorado Affiliated HospitalsΔ	E. S. Taylor	...	...	...	...	...	...	...	6 Rot. ³	6	07615
Denver General		271	9,660	447	170,133	49,440	...	4488	P	..	...
University of Colorado Medical Center		333	14,748	423	160,597	32,951	...	5000	P	..	...
Greeley											
Weld County GeneralΔ	W. K. Mangum	226	12,976	255	8,972	9,422	...	4800	P 6 Rot. ⁰	6	85311
CONNECTICUT											
Bridgeport											
Bridgeport	N. P. R. Spinelli	460	22,803	668	18,356	26,353	34,562	7000	FP* 14 Rot. ⁰	14	07920
									4 St. Med.	4	07932
St. Vincent's	W. H. Curley	311	14,683	547	5,499	21,029	12,663	...	P 8 Rot. ⁰	8	08011
									2 St. Med.	2	08032
									2 St. Surg.	2	08033
Bristol											
Bristol	M. J. Seide	167	8,939	255	2,829	16,333	5,155	6000	P 7 Rot. ⁰	7	92311
Danbury											
Danbury	J. L. Belsky	211	9,955	335	5,211	21,306	37,968	5400	F 12 Rot. ^{0,1,2}	12	08120
Derby											
Derby	V. A. De Luca	163	7,307	269	4,329	16,140	1,651	5500	FP 9 Rot. ^{0,1,2}	9	97720
Greenwich											
Greenwich	J. G. Murray	275	10,701	276	9,192	19,383	19,468	7500	F 14 Rot. ^{1,2}	14	08220
Hartford											
Hartford	R. P. Kaufman	838	35,165	1,191	49,913	51,613	...	7000	O 10 Rot. ⁰	10	08311
	J. H. Foster								8 Rot. ²	8	08313
	F. J. Flynn								4 Rot. ⁴	4	08314
	R. F. Reinfrank								9 St. Med.	9	08332
	R. Tennant								2 St. Path.	2	08336
Mount Sinai	M. Josel	570	24,198	731	27,320	37,738	108,552	6600	F* 12 Rot. ^{1,2,3}	12	85420
St. Francis	W. J. Lahey	570	24,198	731	27,320	37,738	108,552	6600	F 12 Rot. ^{0,1,2,3,4}	12	08520
University of Connecticut Affiliated Hospitals	R. U. Massey	...	...	...	...	...	...	...	4 Rot. ²	4	09413
									3 Rot. ⁴	3	09414
									10 St. Med.	10	09432
									3 St. Ped.	3	09434
University of Connecticut Hospital-Mc Cook Division		85	2,896	73	20,121	16,873	...	7900	O	..	...
Veterans Admin. (Newington)		184	2,683	173	39,796	...	...	7900	O	..	...
Manchester											
Manchester Memorial	M. Duke	282	14,905	320	1,472	21,902	0	6100	P 6 Rot. ⁰	6	85511
Meriden											
Meriden	M. J. Seide	...	...	...	...	...	...	6000	P 8 Rot. ⁰	8	08611
Middletown											
Middlesex Memorial	M. J. Seide	226	12,110	380	6,094	19,647	...	6000	P 7 Rot. ⁰	7	08711
New Britain											
New Britain General	H. Levine	309	14,932	441	7,842	30,383	26,087	7000	P 12 Rot. ²	12	08813
New Haven											
Hospital of St. Raphael	R. P. Zanes, Jr.	403	16,249	645	16,630	40,000	...	8000	P 17 Rot. ⁰	17	09011
	D. S. Dock								4 St. Med.	4	09032
	D. A. Farmer								6 St. Surg.	6	09033
	C. S. Culotta								2 St. Ped.	2	09034
Yale-New Haven Medical Center		...	...	...	...	...	...	...	1 Rot. ¹	1	08912
Yale - New Haven	P. K. Bondy	715	31,350	957	90,815	64,920	...	6000	O 1 Rot. ⁵	1	08914
	C. D. Cook								18 St. Med.	18	08932
	P. K. Bondy								16 St. Surg.	16	08933
	J. W. Cole								11 St. Ped.	11	08934
	C. D. Cook								5 St. Path.	5	08936
Newington											
Veterans Admin. - See University of Connecticut Affiliated Hospitals, Hartford											
New London											

APPROVED INTERNSHIPS

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CONNECTICUT—Continued												
Norwalk												
Norwalk	T. Safford	336	16,412	505	19,002	27,023	44,728	7200	F	12 Rot. ⁰	12	09311
	W. Hughes									2 Rot. ²	2	09313
	G. Patterson									2 Rot. ³	2	09315
	B. Grossman									2 Rot. ⁴	2	09314
Stamford												
Stamford	L. M. Smith	295	10,978	397	16,735	20,534	13,227	9000	P	15 Rot. ^{0,1,2,3}	15	09520
Waterbury												
St. Mary's	M. Coshak	336	12,653	479	17,559	23,732	6,518	5400	F	8 Rot. ⁰	8	09611
										2 Rot. ¹	2	09612
										2 Rot. ²	2	09613
Waterbury	O. J. Bizzozero	341	15,050	493	13,089	15,803	80,982	6500	F	7 Rot. ⁰	7	09711
DELAWARE												
Wilmington												
Wilmington Medical Center	R. B. Flinn	802	34,309	1,291	58,009	82,103	...	8200	P	14 Rot. ^{0,1,2,4}	14	09920
	R. B. Flinn									6 St. Med.	6	09932
	M. Oz									4 St. Surg.	4	09933
	H. Rosenblum									3 St. Ped.	3	09934
DISTRICT OF COLUMBIA												
Washington												
Children's Hospital of the District of Columbia	D. W. Delaney	161	12,448	131	66,790	30,878	12,903	6500	P	9 St. Ped.	9	07034
District of Columbia General	R. F. Donohoe	664	22,031	1,138	180,700	83,139	...	6500	P	14 St. Med.	14	79932
Program 1-Georgetown University	M. J. Romansky	...	...	...	...	...	...	...		8 St. Med.	8	79957
Program 4-George Washington University	M. J. Romansky	...	...	...	...	...	...	...		6 Rot. ¹	6	79929
Program 5-George Washington University	E. C. Nash	...	...	...	...	...	...	...		4 St. Med.	4	79925
Program 7-Howard University	E. C. Nash	...	...	...	...	...	...	...		4 Rot. ¹	4	79926
Program 8-Howard University	L. H. Kurtz	...	...	...	...	...	...	...		2 St. Surg.	2	79927
Program 9-Howard University	L. H. Kurtz	...	...	...	...	...	...	...		4 Rot. ²	4	79913
Program 10-Howard University	T. E. Reichelderfer	...	...	...	...	...	...	...		4 St. Ped.	4	79934
Program 11-District of Columbia General	R. L. Bohannon	273	10,053	303	1,557	753	...	8100	F	12 Rot. ²	12	79413
Doctors	C. S. Ireland	391	12,171	536	57,633	42,381	...	7029	O	16 Rot. ⁰	...	...
Freedmen's										4 Rot. ¹	...	...
										4 Rot. ²	...	...
										3 Rot. ³	...	...
										2 Rot. ⁴	...	...
										1 Rot. ⁶	...	...
										2 St. Ped.	...	...
Georgetown University	L. Kyle, P. Calcagno	322	13,048	...	51,171	11,077	42,258	7000	P	2 Rot. ⁴	2	80114
	L. H. Kyle									12 St. Med.	12	80132
	P. L. Calcagno									8 St. Ped.	8	80134
	A. Golden									3 St. Path.	3	80136
Georgetown University-D. C. General	C. A. Hufnagel	...	...	...	...	...	...	7000	P	10 St. Surg.	10	81733
Georgetown University	J. M. Evans	322	13,048	...	51,171	11,077	42,258	...		...	...	...
District of Columbia	T. M. Peery	664	22,031	1,138	180,700	83,139	...	...		...	...	...
George Washington University	J. M. Evans	393	15,617	510	36,570	24,683	...	7016	P	19 St. Med.	19	80232
	T. M. Peery									2 St. Path.	2	80236
George Washington University-D. C. General	B. Blades	...	...	...	...	...	...	7016	F	12 St. Surg.	12	81833
George Washington University		393	15,617	510	36,570	24,683	67	...		0 St. Surg.	...	...
District of Columbia General		664	22,031	1,138	180,700	83,139	...	...		...	...	...
Howard University Affiliated Hospitals	W. E. Matory	...	...	...	...	...	...	...		2 Fam. Pr.	2	80518
Freedmen's		391	12,171	536	57,633	42,381	...	...		...	...	...
District of Columbia General		664	22,031	1,138	180,700	83,139	...	...		...	...	...
Providence	T. E. Curtin	318	17,524	465	17,132	28,500	...	8100	P	16 Rot. ^{0,1,2,3,4}	16	80320
	J. F. Finnegan									4 St. Med.	4	80332
	L. Goffredi									2 St. Surg.	2	80333
Veterans Admin.	S. Katz	628	7,395	478	108,134	...	...	6825	P	...	...	...
Georgetown University Service		...	...	...	...	...	...	...		6 St. Med.	6	79532
George Washington University Service		...	...	...	...	...	...	...		5 St. Med.	5	79632
Howard University Service		...	...	...	...	...	...	...		5 St. Med.	5	79732
Washington Hospital Center	K. G. Barry	679	29,434	743	81,985	48,126	33,859	8100	P	18 Rot. ^{0,1}	18	80020
										6 Rot. ²	6	80013
										12 St. Med.	12	80032
										6 St. Surg.	6	80033
FLORIDA												
Bartow												
Polk General	J. F. Dominick	136	4,513	233	39,663	9,989	...	8000	P	6 Rot. ^{0,1}	6	83320
Daytona Beach												
Halifax District		404	15,021	640	4,032	23,356	24,885	...		8 Rot. ⁰	8	62911
Gainesville												
William A. Shands Teaching Hospital and Clinics	L. E. Cluff	323	11,562	382	75,116	16,189	75,116	4900	O*	24 St. Med.	24	82432
	E. R. Woodward									9 St. Surg.	9	82433
	R. H. Miller									6 St. Ped.	6	82434
	K. K. Pierson									2 St. Path.	2	82436
Jacksonville												
Baptist Memorial	F. S. Monsour	387	20,883	392	3,621	18,743	366	7800	O	12 Rot. ⁰	...	...
	A. G. Foraker									2 St. Path.	2	97036
Duval Medical Center	S. D. Doff	225	9,493	512	119,537	73,338	6,205	7800	P	16 Rot. ^{0,1,2,3,4}	16	10120
	W. R. Keene									10 St. Med.	10	10132
	S. E. Stephenson, Jr									6 St. Surg.	6	10133
	S. Levin									4 St. Ped.	4	10134
	R. M. Rhatigan									...	...	...

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Beginning Salary (Year)	Authorized Complement Type	Total Sought Through NIRM Code	NIRM Code	
FLORIDA, Jacksonville—Continued												
St. Vincent's	N. E. Sharrer	362	19,855	435	14,316	24,906	9,156	6600	P	2 St. Path. 4 Rot. ⁰ 3 Rot. ¹ 3 Rot. ² 3 Rot. ³ 3 Rot. ⁴ 1 Rot. ⁵ 1 Rot. ⁷ 1 Rot. ⁸ 1 St. Path.	2 4 3 3 3 3 1 1 1 1	10136 10311 10312 10313 10315 10314 10386 10142 10177 10136
Miami												
University of Miami Affiliated Hospitals Δ	L. P. Carmichael W. A. Little W. L. Nyhan J. M. Caldwell F. Moya W. Harrington W. Warren, R. Zeppa W. L. Nyhan W. A. D. Anderson L. P. Carmichael	...	...	...	...	...	...	6550	P	8 Rot. ⁰ 10 Rot. ³ 3 Rot. ⁴ 8 Rot. ⁵ 4 Rot. ⁸ 36 St. Med. 18 St. Surg. 7 St. Ped. 3 St. Path. 12 Fam. Pr.	8 10 3 8 4 36 18 7 3 12	10411 10415 10414 10476 10477 10432 10433 10434 10436 10418
Jackson Memorial Veterans Admin.	R. C. Adler	1,111	33,911	1,756	182,222	119,690	...	...	...	6 St. Ped.	6	11034
Variety Children's	R. C. Adler	427	6,645	494	70,718	...	...	6500	O	6 St. Ped.	6	11034
Miami Beach												
Mount Sinai Hospital of Greater Miami	...	551	16,720	1,033	28,871	28,374	16,223	6800	P	4 Rot. ⁰ 15 Rot. ¹ 6 Rot. ² 6 St. Med. 4 St. Surg. 1 St. Path. 12 Rot. ¹	4 15 6 6 4 1 12	10511 10512 10513 10532 10533 10536 10612
St. Francis	L. R. Medoff	181	5,931	362	1,644	10,416	23,578	6000	P	12 Rot. ¹	12	10612
Orlando												
Florida Sanitarium and Hospital	G. G. Miles	350	14,148	452	24,061	2,804	...	7500	F	6 Rot. ²	6	10213
Orange Memorial	F. H. Cary	591	28,858	815	20,475	21,750	5,994	7800	P	18 Rot. ^{1,2,3,4}	18	10720
Pensacola												
Pensacola Educational Program	W. C. White	...	...	...	...	...	...	7800	O	12 Rot. ^{1,2,3,4}	12	82620
Baptist	...	269	14,891	310	...	23,642	...	...	...	...	...	...
Escambia General	...	117	6,884	172	25,329	10,983	238	...	...	...	...	...
Sacred Heart	...	207	11,488	244	...	14,768	25,486	...	...	...	...	...
St. Petersburg												
Mound Park	W. S. Wiggins	1,565	18,629	1,361	14,396	32,037	...	7950	O	16 Rot. ⁰	16	91111
Tampa												
Tampa General	E. V. Linberg G. S. Hooper	565	23,902	846	30,967	32,875	1,944	8000	FP	20 Rot. ^{0,1,2,3,4,5,7,8} 3 St. Path.	20 3	10920 10936
GEORGIA												
Atlanta												
Crawford W. Long Memorial	H. S. Ramos	375	17,567	547	11,033	10,285	...	6000	O	6 Rot. ⁰ 3 Rot. ¹ 3 Rot. ² 4 St. Path.	6 3 3 4	11111 11112 11113 11936
Emory University	W. G. Campbell	292	10,552	350	8,154	...	...	6000	P	4 St. Path.	4	11936
Emory University Affiliated Hospitals	...	...	...	...	...	...	...	...	P	...	...	...
Emory University Hospital-Veterans Admin.	J. W. Hurst	...	...	...	...	...	...	...	...	22 St. Med.	22	11732
Emory University	...	292	10,552	350	8,154	...	...	6000	P	...	...	...
Veterans Admin.	...	385	7,301	372	520,486	...	...	6000	...	...	...	...
Grady Memorial	J. W. Hurst	666	25,834	1,110	332,530	206,493	...	6000	P	18 St. Med.	18	11332
Emory University Hospital-Grady Memorial	J. D. Martin, Jr.	...	...	...	...	...	...	...	...	20 St. Surg.	20	11333
Grady Memorial	...	666	25,834	1,110	332,530	206,493	...	6000	...	...	...	...
Emory University	...	292	10,552	350	...	8,154	...	6000	P	...	...	...
Henrietta Eggleston Hospital for Children	...	...	...	...	...	...	...	...	...	...	...	...
Georgia Baptist												
Georgia Baptist	W. T. Weaver L. B. Peacock J. P. Wilson R. M. Sealey	446	26,882	444	25,931	5,086	20,845	5800	O	13 Rot. ^{0,4} 1 St. Med. 1 St. Surg. 1 St. Obg. 7 Rot. ² 12 Rot. ³ 9 Rot. ⁴ 2 Rot. ⁵ 2 Rot. ⁷ 2 Rot. ⁸ 6 St. Ped. 2 St. Path.	13 1 1 1 7 12 9 2 2 2 6 2	11220 11232 11233 11235 11313 11315 11314 11386 11342 11377 11334 11336
Grady Memorial Δ	J. D. Martin, Jr. J. D. Thompson R. W. Blumberg N. Ende H. S. Weens J. E. Steinhaus R. W. Blumberg N. Ende	666	25,834	1,110	332,530	206,493	...	6000	P	4 Rot. ⁰ 3 Rot. ¹ 3 Rot. ² 2 Rot. ⁰ 2 Rot. ² 2 St. Surg. 1 St. Ped.	4 3 3 2 2 2 1	11411 11412 11413 11511 11513 11533 11534
Piedmont	J. E. Skandalakis C. F. Stone J. E. Skandalakis	272	14,019	309	3,271	18,606	24,188	6000	P	4 Rot. ⁰ 3 Rot. ¹ 3 Rot. ² 2 Rot. ⁰ 2 Rot. ² 2 St. Surg. 1 St. Ped.	4 3 3 2 2 2 1	11411 11412 11413 11511 11513 11533 11534
St. Joseph's Infirmary	P. C. Shea, Jr.	261	11,847	3191	9,296	5,924	6,450	6760	P	2 Rot. ⁰ 2 Rot. ² 2 St. Surg. 1 St. Ped.	2 2 2 1	11513 11533 11533 11534
Augusta												
Eugene Talmadge Memorial	W. H. Chew W. H. Chew A. J. Bollet W. H. Moretz G. H. Holman A. B. Chandler	373	9,571	313	52,159	...	...	4934	P	4 Rot. ⁰ 12 Rot. ⁰ 10 St. Med. 4 St. Surg. 4 St. Ped. 4 St. Path.	4 12 10 4 4 4	98515 98520 98532 98533 98534 98536
University	V. A. Moore	385	17,000	587	26,786	35,005	...	6300	P	18 Rot. ^{0,1,2,3,4,5,6,7}	18	11620

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GEORGIA—Continued											
Columbus Medical Center	Mc L. Patterson	420	19,264	644	22,367	44,000	...	6000	F 16 Rot. ⁰	16	11811
Macon Macon	C. T. Rumble	461	22,504	709	42,899	33,005	...	7200	F 18 Rot. ⁰	16	12011
Rome Floyd	J. H. Smith	239	15,363	376	7,680	31,185	5,758	8400	P 9 Rot. ⁰	9	99211
Savannah Memorial Medical Center	D. B. Cox T. J. Yeh, D. B. Cox	257	11,086	442	45,197	23,953	...	5700	F 15 Rot. ⁰ 3 Rot. ²	15 3	97111 97113
HAWAII											
Honolulu Kauaikealani Children's	H. C. Shirkey	47	3,691	37	10,603	7,879	...	7200	O 3 Rot. ⁴	3	72414
Kuakini Hospital and Home	E. Y. Yamada	172	6,790	309	0	11,733	22,283	7800	P 12 Rot. ²	12	80713
Queen's Medical Center△	J. A. Orbison G. Freeman	369	17,468	537	36,769	23,850	...	7800	O 9 Rot. ¹ 8 Rot. ²	9 8	80812 80813
St. Francis△	H. C. Fong	217	9,424	292	25,902	8,873	42,892	7800	O 12 Rot. ²	12	80913
ILLINOIS											
Berwyn Mac Neal Memorial	J. M. Schless	384	15,077	765	4,230	23,982	52,662	9300	O 20 Rot. ^{0,1,2,3,6}	20	12120
Chicago Augustana	T. B. Longabaugh	267	9,295	367	2,100	5,534	5,474	9000	P 12 Rot. ^{0,1,2,3,4,7,8}	12	12420
Chicago Medical School Affiliated Hospitals		...	...	...	...	...	...	...	...	...	...
Mount Sinai Hospital Medical Center of Chicago△	F. N. Elliott P. Freedman J. Whitehill A. Rubenstone E. Amaral	322	11,239	421	58,903	27,665	22,134	8100	P 12 Rot. ⁰ 5 St. Med. 5 St. Surg. 2 St. Path.	12 5 5 2	14411 14432 14433 14436
Columbus - Cuneo Medical Center		...	...	...	...	...	...	9000	P 26 Rot. ²	26	12613
Columbus		334	10,514	422	13,642	950	28,596	...	...	...	...
Frank Cuneo		135	4,955	162	5,647	3,392	4,138	...	...	...	...
Cook County△	Dir. of Med. Educ. P. B. Szanto V. Urse L. Love V. J. Collins J. R. Tobin, Jr. R. J. Baker I. M. Rosenthal P. B. Szanto J. R. Tobin, Jr. R. J. Baker I. M. Rosenthal P. B. Szanto	1,910	76,350	3,980	290,019	328,000	...	9000	FP 92 Rot. ^{0,1,2,3,4} 2 Rot. ⁵ 2 Rot. ⁶ 2 Rot. ⁷ 2 Rot. ⁸ 16 St. Med. 20 St. Surg. 8 St. Ped. 3 St. Path.	92 2 2 2 2 16 20 8 3	12720 12786 12776 12742 12777 12732 12733 12734 12736
Edgewater	S. Brownstein	341	12,188	409	8,674	8,462	4,686	6000	F* 10 Rot. ⁰ 5 Rot. ¹ 5 Rot. ² 2 Rot. ³ 2 Rot. ⁴	10 5 5 2 2	12811 12812 12813 12815 12814
Grant	L. Johnston	307	11,192	383	16,365	6,630	17,039	8400	P 17 Rot. ^{0,1,2}	17	13220
Henrotin	C. B. Puestow	173	6,000	76	8,000	10,000	...	7800	P 8 Rot. ^{1,2}	8	13320
Holy Cross	G. J. Rukstinat	360	15,144	7	6,828	20,672	...	7200	FP 18 Rot. ⁰	18	13411
Illinois Central	W. G. De Young	206	6,459	246	19,735	2,311	...	7500	FP 13 Rot. ²	13	13613
Illinois Masonic Medical Center	N. J. Iglitzen	...	...	...	...	...	...	...	30 Rot. ^{0,1,2} 3 St. Med. 3 St. Surg.	30 3 3	13720 13732 13733
Louis A. Weiss Memorial	H. E. Bessinger	235	7,885	313	5,513	10,897	43,472	9500	O 3 Rot. ⁰ 3 Rot. ¹ 2 Rot. ² 1 Rot. ³ 1 Rot. ⁵ 1 Rot. ⁷ 1 Rot. ⁸	3 3 2 1 1 1 1	84611 84612 84613 84615 84686 84642 84677
Mercy Hospital and Medical Center	F. M. Selfridge	356	11,917	360	37,061	11,988	15,942	8000	P 9 Rot. ^{0,1,2,3,4,5,7} 2 St. Med. 2 St. Surg. 2 St. Path.	9 2 2 2	14120 14132 14133 14136
Michael Reese Hospital and Medical Center	E. Reiss G. Peskin M. Metcoff E. Reiss G. Peskin J. Metcoff C. Pirani	816	26,048	998	123,791	52,400	...	8600	P 14 Rot. ¹ 6 Rot. ² 1 Rot. ⁴ 21 St. Med. 4 St. Surg. 5 St. Ped. 2 St. Path.	14 6 1 21 4 5 2	14212 14213 14214 14232 14233 14234 14236
Northwestern University Medical Center Chicago Wesley Memorial	J. R. Hines	588	17,290	526	...	23,423	27,801	7000	P 11 Rot. ¹ 11 St. Med. 8 St. Surg. 1 St. Path. 2 St. Obg. 10 St. Ped. 22 Rot. ² 2 Rot. ³ 2 Rot. ⁴ 16 St. Med. 3 St. Path.	11 11 8 1 2 10 22 2 2 16 3	16212 16232 16233 16236 16235 84234 16713 16715 16714 16732 16736
Children's Memorial Evanston (Evanston)△	R. B. Lawson J. P. Fotopoulos	183 462	8,316 17,847	240 531	68,899 13,300	34,080 23,551	13,228 12,477	7000 7000	P P	10 22	84234 16713
Passavant Memorial△	J. Conn, Jr.	332	9,658	253	13,596	9,440	26,287	7000	P 19 Rot. ^{1,2,3,5} 8 St. Med.	19 8	14620 14632

APPROVED INTERNSHIPS

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ILLINOIS, Chicago—Continued													
Norwegian - American	R. B. Robins	185	7,796	254	4,424	4,727	9,835	7200	O	10	Rot. ⁰	10	14511
Presbyterian - St. Luke'sΔ	J. S. Graettinger	726	23,977	959	99,166	24,706	89,301	8000	P	22	St. Med.	22	14732
	O. C. Julian									16	St. Surg.	16	14733
	J. R. Christian									4	St. Ped.	4	14734
	G. M. Hass									2	St. Path.	2	14736
Ravenswood	K. G. Eggen	240	11,036	364	2,999	9,611	...	9000	P	4	Rot. ⁰	4	14911
										4	Rot. ¹	4	14912
										2	Rot. ²	2	14913
										2	Rot. ³	2	14915
Resurrection	F. J. Healey	248	9,988	356	...	15,371	51,315	7500	F	12	Rot. ^{0,1,2}	12	93720
St. Anne's		365	14,616	472	9,365	14,790	24,828	7800	O	18	Rot. ²	18	15213
St. Elizabeth's	L. G. Khedroo	274	11,500	432	4,000	12,000	...	8400	F	12	Rot. ⁰	12	15311
St. Joseph	R. W. Zalar	439	14,091	482	9,414	8,919	7,461	9000	P	25	Rot. ^{0,1,2,3,4,6}	25	15520
	J. Kraft									1	St. Path.	1	15536
St. Mary of Nazareth	A. R. Sapienza	...	...	...	...	...	...	9000	O	20	Rot. ^{0,1,2}	20	15420
South Chicago Community	L. H. Davis	293	11,947	382	1,501	10,543	18,332	7200	F	12	Rot. ^{0,1,2}	12	15811
Swedish Covenant	J. H. Erickson	221	8,160	377	11,699	11,219	29,301	7800	F	12	Rot. ^{0,1,2}	12	15920
University of Chicago Hospitals and ClinicsΔ	F. P. Zuspan	515	18,353	631	165,970	39,090	...	7500	O	3	Rot. ²	3	16015
	R. D. Moseley									4	Rot. ⁷	4	16042
	A. R. Tarlov									21	St. Med.	21	16032
	R. Menguy									15	St. Surg.	15	16033
	A. Dorfman									8	St. Ped.	8	16034
	R. Wissler									3	St. Path.	3	16036
	F. P. Zuspan									3	St. Obg.	3	16035
University of Illinois Affiliated Hospitals	H. F. Dowling	...	...	...	...	...	...	...		30	St. Med.	30	15032
University of Illinois Research and Educational Hospitals		410	11,197	406	180,372	33,597	...	9000	P				...
Veterans Admin. (West Side)		459	7,064	449	123,011	...	...	5960	O				...
University of Illinois Research and Educational Hospitals	L. M. Nyhus	410	11,197	406	180,372	33,597	...	9000	P	14	St. Surg.	14	15033
	I. Schulman									6	St. Ped.	6	15034
	C. A. Krakower									2	St. Path.	2	15036
Decatur													
Decatur Memorial	R. B. Olstad	304	13,722	338	40,887	16,225	988	7800	F	9	Rot. ⁰	9	85711
Evanston													
Evanston - See Northwestern University Medical Center, Chicago													
St. Francis	D. J. Murphy	405	15,347	476	32,447	15,730	57,030	7500	O	14	Rot. ⁰	14	16811
										2	Rot. ¹	2	16812
										2	Rot. ²	2	16813
										3	St. Med.	3	16832
										3	St. Surg.	3	16833
Evergreen Park													
Little Company of Mary	Dir. of Medical Educ	514	20,215	704	4,837	30,983	158,083	7200	P*	18	Rot. ⁰	18	16911
										2	Rot. ²	2	16913
										2	Rot. ³	2	16986
										2	Rot. ⁷	2	16942
Hines													
Veterans Admin. - See Loyola University Affiliated Hospitals, Maywood													
Hinsdale													
Hinsdale Sanitarium and Hospital		291	12,207	382	1,832	14,802	55,328	5040	P	10	Rot. ⁰	10	99311
										2	Rot. ²	2	99313
										2	Rot. ⁴	2	99314
Maywood													
Loyola University Affiliated Hospitals	J. D. Eggers	...	...	...	...	...	...	8000		4	Rot. ¹	4	17012
										14	Rot. ²	14	17013
										5	Rot. ³	5	17015
										3	Rot. ⁴	3	17014
										3	Rot. ⁵	3	17086
										2	Rot. ⁶	2	17076
Loyola University		1,659	15,037	1,254	56,831	5,328	...	...					...
Veterans Admin. (Hines)													...
Oak Lawn													
Christ CommunityΔ	M. M. Wasick	509	22,065	700	7,997	29,104	54,935	6900	F	26	Rot. ^{2,00}	26	13120
Oak Park													
West Suburban	R. C. Muehrcke	339	14,838	524	7,490	12,528	47,575	9000	O	16	Rot. ^{0,1,2}	16	17320
										2	Rot. ³	2	17315
										1	Rot. ⁴	1	17314
										2	Rot. ⁷	2	17342
										1	Rot. ⁸	1	17377
										1	St. Path.	1	17336
Park Ridge													
Lutheran General	A. N. Ruggie	456	15,957	509	12,741	22,400	...	7200	P*	25	Rot. ⁰	25	17611
Peoria													
St. Francis	W. H. Albers	614	23,546	686	40,928	30,100	...	6600	F	24	Rot. ^{0,1,2,3,4}	24	17520
										1	Rot. ⁵	1	17586
										1	Rot. ⁴	1	17576
										1	Rot. ⁷	1	17542
										1	Rot. ⁸	1	17577
Rockford													
Rockford Memorial	M. O. Alexander	267	15,876	378	82,363	12,760	2,712	5000	F	12	Rot. ^{0,1,2,3,4}	12	17720
										1	St. Path.	1	17736
INDIANA													
Evansville													
St. Mary's	W. T. Spain	375	14,105	391	12,975	15,576	...	6900	F	6	Rot. ⁰	6	94111
Fort Wayne													
Fort Wayne Medical Education Program	F. A. Bryan	...	...	...	...	...	...	6000	P	30	Rot. ^{00,0}	30	17820
Lutheran Hospital of Fort Wayne		393	13,910	510	2,087	18,038	40,499	...					...
Parkview Memorial		493	16,352	581	0	25,236	46,837	...					...
St. Joseph's Hospital of Fort Wayne		367	13,502	386	...	11,710	72,828	...					...
Gary													
Methodist Hospital of Gary	H. L. Cohen	318	15,331	598	28,667	14,306	...	6600	P	8	Rot. ⁰	8	17411

APPROVED INTERNSHIPS

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INDIANA, Indianapolis—Continued												
Indianapolis												
Indiana University Hospitals	J. Hickam	408	15,002	578	96,402	6500	P	24 St. Med.	24	18732
	J. S. Battersby									20 St. Surg.	20	18733
	M. Green									5 St. Ped.	5	18734
	J. D. Hubbard									7 St. Path.	7	18736
Marion County General	H. W. Gillen	511	15,960	759	135,128	62,045	...	...	P	35 Rot. ⁰	35	18611
Methodist Hospital of Indiana	J. H. Hall	858	32,539	1,030	34,940	48,735	32,768	8000	P	20 Rot. ⁰	20	18811
	L. Kammen									4 Rot. ⁰⁰	4	18820
	W. Gambill									2 St. Med.	2	18832
	D. Schlegel									2 St. Surg.	2	18833
	G. Rosenberg									3 St. Ped.	3	18834
	L. H. Hoyt									2 St. Path.	2	18836
St. Vincent's	E. F. Steinmetz	269	12,447	341	7,402	14,939	650	6795	FP*	10 Rot. ⁰	10	18920
	L. N. Foster									1 St. Path.	1	18936
Muncie												
Ball Memorial	J. L. Cullison	442	19,313	588	20,815	...	...	6300	F	12 Rot. ⁰	12	19211
South Bend												
Memorial Hospital of South Bend	D. T. Olson	345	13,296	561	3,184	23,342	31,315	6000	F	12 Rot. ⁰	12	19311
St. Joseph's	R. Devetski	324	13,503	435	6,374	27,797	6,236	7800	P	10 Rot. ⁰	10	19411
South Bend Medical Foundation Hospitals	J. R. Bennett	248	42,262	1,590	39,472	77,182	95,899	7800	O	3 St. Path.	3	17136
IOWA												
Cedar Rapids												
Cedar Rapids Internship Program	F. R. Peterson	...	...	...	...	...	...	6600	F	20 Rot. ⁰	20	19611
										3 Rot. ⁰⁰	3	19620
Mercy		242	11,993	337	810	25,233	25,752	...				
St. Luke's Methodist		363	16,092	350	...	20,129	33,553	...				
Des Moines												
Broadlawns Polk County	L. F. Staples	97	5,104	180	17,775	37,030	...	6000	F	12 Rot. ⁰	12	19911
Iowa Lutheran	C. H. Johnston	331	11,257	286	...	...	...	7200	P	14 Rot. ⁰	14	20011
Iowa Methodist	L. F. Staples	496	19,704	555	...	25,566	4,320	6000	F	10 Rot. ^{0,1,2,4}	10	20120
										1 Rot. ³	1	20186
										2 St. Surg.	2	20133
										2 St. Ped.	2	20134
Mercy	H. G. Ellis	322	14,628	310	15,503	10,885	6,079	6000	F	14 Rot. ^{0,0}	14	20220
	R. Villella, J. Song									2 St. Path.	2	20236
Iowa City												
University of Iowa Hospitals	W. B. Bean	826	30,234	698	176,494	6,177	42,370	6500	P	6 Rot. ¹	6	20312
	R. T. Tidrick									6 Rot. ²	6	20313
	W. C. Keettel									6 Rot. ³	6	20315
	D. L. Dunphy									2 Rot. ⁴	2	20314
	P. E. Huston									3 Rot. ⁶	3	20376
	W. B. Bean									15 St. Med.	15	20332
	R. T. Tidrick									6 St. Surg.	6	20333
	D. L. Dunphy									6 St. Ped.	6	20334
	E. D. Warner									3 St. Path.	3	20336
KANSAS												
Kansas City												
Bethany	L. E. Rook	194	8,516	221	258	11,553	10,960	8400	P	8 Rot. ⁰	8	20511
University of Kansas Medical Center	J. Walker	408	16,077	506	122,565	15,359	65,873	6000	P	15 Rot. ⁰	15	20820
	M. Delp									15 St. Med.	15	20832
	F. Ailbritten									4 St. Surg.	4	20833
	H. Miller									4 St. Ped.	4	20834
	D. Scarpelli									4 St. Path.	4	20836
Wichita												
St. Francis	J. H. Holt	737	29,399	697	6,500	28,677	43,534	7500	FP	20 Rot. ⁰	20	20920
										1 St. Med.	1	20932
										1 St. Surg.	1	20933
St. Joseph Hospital and Rehabilitation Center	L. W. Purinton	325	15,187	315	1,898	24,779	7,845	...	P	10 Rot. ⁰	10	21111
Wesley Medical Center	W. C. Goodpasture	513	21,474	380	7,668	27,734	76,995	...	F	20 Rot. ⁰	20	21020
	G. G. Stephens									6 Fam. Pr.	6	21018
KENTUCKY												
Covington												
St. Elizabeth	W. J. Temple	350	17,529	...	...	...	...	9600	F	12 Rot. ⁰	12	21311
Lexington												
University of Kentucky Medical Center	J. W. Roddick, Jr.	...	...	...	...	...	...	6000	P	10 Rot. ⁰	10	84820
	J. W. Hollingsworth									12 St. Med.	12	84832
	W. O. Griffen									14 St. Surg.	14	84833
	W. E. Wheeler									6 St. Ped.	6	84834
	W. B. Stewart									2 St. Path.	2	84836
University		295	10,975	373	52,849	18,871	14,049	...				
St. Joseph		267	14,534	286	16,364	15,616	...	...		
Veterans Admin.		882	3,693	210	10,459	...	...	...	
Louisville												
John N. Norton Memorial Infirmary	H. S. Collier	296	12,346	214	13,394	6,272	...	7200	F*	6 Rot. ⁰	6	21811
St. Joseph Infirmary	R. D. Wolfe	402	20,449	517	36,088	33,725	12,000	7200	P	18 Rot. ⁰	18	22011
										1 Rot. ¹	1	22012
										2 Rot. ²	2	22013
										1 Rot. ³	1	22015
										2 Rot. ⁴	2	22014
University of Louisville Affiliated Hospitals	S. H. Cheng	...	...	...	...	...	...	6600	P	14 Rot. ⁰	14	21711
										2 Rot. ⁶	2	21776
	B. T. Towery									8 St. Med.	8	21732
	R. J. Noer									8 St. Surg.	8	21733
	D. Mac Millan									6 St. Ped.	6	21734
	W. Christopherson									2 St. Path.	2	21736
Children's		109	6,939	121	20,006	16,444	5,344	...				
Jewish												
Louisville General		276	11,905	701	87,376	72,811				
Veterans Admin.		414	7,498	433				

APPROVED INTERNSHIPS

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LOUISIANA												
Baton Rouge												
Louisiana State University Affiliated Hospitals.....												
Earl K. Long	N. S. Gilbert								15 Rot. ⁰	15	22111	
New Orleans												
Charity Hospital of Louisiana	C. Mary, Jr.	1,655	47,809	2,457	421,584	70,680		4200	F			
Louisiana State University Division	N. S. Gilbert											
									32 Rot. ⁰	32	22441	
									8 Rot. ¹	8	22452	
									4 Rot. ²	4	22453	
									2 Rot. ³	2	22451	
									2 Rot. ³	2	22454	
									2 Rot. ³	2	22456	
									4 St. Med.	4	22442	
									2 St. Surg.	2	22445	
									6 St. Ped.	6	22443	
									1 St. Path.	1	22436	
Lafayette Charity (Lafayette)												
Charity Hospital of Louisiana	C. Mary, Jr.	1,655	47,809	2,457	421,584	70,680		4200	F			
Tulane University Division	R. Sparks											
									22 Rot. ⁰	22	22411	
									8 Rot. ¹	8	22412	
									6 Rot. ²	6	22413	
									4 Rot. ³	4	22415	
									5 Rot. ⁴	5	22414	
									1 Rot. ⁵	1	22486	
									4 St. Med.	4	22432	
									10 St. Surg.	10	22433	
									3 St. Ped.	3	22434	
Ochsner Foundation	C. T. Ray	313	11,839	347	1,921	28,171		5500	P			
									8 Rot. ^{0,1,2,3,4,5,7,8}	8	96620	
									5 St. Med.	5	96632	
									3 St. Surg.	3	96633	
Southern Baptist	J. H. Collins	357	19,291	414	3,092	13,950	12,129	6000	P			
									8 Rot. ⁰	8	22811	
									4 Rot. ¹	4	22812	
									4 Rot. ²	4	22813	
									4 Rot. ³	4	22815	
									4 Rot. ⁴	4	22814	
Touro Infirmary	S. Jacobs	53	19,561	718	36,416	20,474		5416	O			
									10 Rot. ⁰	10	22911	
									4 St. Med.	4	22932	
									4 St. Surg.	4	22933	
									2 St. Obg.	2	22935	
Shreveport												
Confederate Memorial Medical Center ...	R. F. Brabham	533	22,248	745	130,743	6,692		4200	F			
	H. B. Levy											
									39 Rot. ⁰	39	23211	
									1 St. Ped.	1	23234	
MAINE												
Portland												
Maine Medical CenterΔ	M. S. Bacastow	335	14,112	557	29,579	33,695	43,574	5250	F*			
										12 Rot. ^{0,1,2,4}	12	23620
MARYLAND												
Baltimore												
Baltimore City Hospitals	J. Krevans	932	12,093	976	120,087	56,229		5500	P			
	H. E. Harrison									3 Rot. ¹	3	23712
	J. Krevans									2 Rot. ⁴	2	23714
	R. Steenburg									16 St. Med.	16	23732
	H. E. Harrison									7 St. Surg.	7	23733
	A. Pollack									3 St. Ped.	3	23734
										2 St. Path.	2	23736
Bon Secours	J. E. Queen	203	8,709	262	19,326	26,210	2,419	7200	P			
	S. Kendros	245	8,841	334	19,596	16,613	458	7000	P			
Church Home and Hospital	S. Goldberg									14 Rot. ^{0,1,2,4}	14	23820
	J. Zimmerman									12 Rot. ⁰	12	23911
	T. Crawford									4 St. Med.	4	23932
										2 St. Surg.	2	23933
Franklin Square		126	4,502	257	8,433	7,113	281	6000	F			
										4 Rot. ⁰	4	24011
										4 Rot. ²	4	24013
										4 Rot. ³	4	24015
Greater Baltimore Medical CenterΔ		338	19,402	376	55,439	7,957		8000	P			
										8 Rot. ⁰	8	24111
										4 Rot. ²	4	24113
										4 Rot. ³	4	24115
										4 St. Med.	4	24132
Johns Hopkins	A. M. Harvey	876	30,159	966	335,640	115,978		6500	P*			
	P. A. Tumulty									24 St. Med.(Oster)	24	24232
	G. D. Zuidema									10 St. Med.(Pvt.)	10	24238
	R. E. Cooke									14 St. Surg.	14	24233
	R. H. Heptinstall									11 St. Ped.	11	24234
	A. C. Barnes									4 St. Path.	4	24236
										6 St. Obg.	6	24235
Johns Hopkins Community Pediatric Program	M. Debuskey							6500	P			
										12 St. Ped.	12	22734
Baltimore City Hospitals												
Greater Baltimore Medical Center												
Johns Hopkins												
Sinai Hospital of Baltimore												
Union Memorial												

APPROVED INTERNSHIPS

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MARYLAND, Baltimore - Continued											
Lutheran Hospital of Maryland	I. Freeman	7000	FP	12	24312
Maryland General	J. W. Barnaby	316	10,321	473	6,944	10,705	4,705	8000	P	4	24411
										7	24412
										4	24413
										2	24415
	E. F. Cotter									2	24432
	C. T. Flotte									1	24433
Mercy	J. A. Mead, Jr.	278	10,979	306	21,898	20,861	51,170	7500	P	14	24520
										4	24532
Provident	J. D. Carr	93	3,559	208	9,031	18,451	1,667	5400	F	6	24611
St. Agnes	J. H. Tuohy	383	18,652	510	7,032	37,548	600	7500	P	12	24711
St. Joseph	R. E. May	303	12,115	426	12,770	35,365	946	6500	P	15	24820
Sinai Hospital of Baltimore	A. I. Mendeloff	423	18,221	487	72,858	58,896	...	8500	P	3	24911
	A. I. Mendeloff									8	24912
	A. M. Seligman									1	24913
	E. Kaplan									2	24914
	A. I. Mendeloff									6	24932
	A. M. Seligman									2	24933
	E. Kaplan									2	24934
South Baltimore General	R. T. Parker	271	8,900	360	14,640	20,760	3,420	6800	F	16	25011
Union Memorial	W. W. Wurzbacher	359	11,991	634	32,685	41,164	4,058	8500	P	7	25120
	J. E. Howard									11	25132
	J. N. Classen									7	25133
University of Maryland	T. E. Woodward	448	14,153	610	141,905	48,773	20,170	6500	P	2	25211
	E. B. Brody									3	25276
	T. E. Woodward									15	25232
	R. W. Buxton									8	25233
	M. Cornblath									8	25234
	R. B. Schultz									3	25236
	A. L. Haskins									3	25235
	W. Stewart									4	25218
Bethesda											
Suburban	J. T. Boswell	261	14,209	388	3,507	27,388	34,033	7050	O	6	25311
Cheverly											
Prince George's General	E. J. Jensen	320	15,972	501	15,130	52,283	56,871	8000	O	18	90520
Takoma Park											
Washington Sanitarium and Hospital	G. M. Grames	242	10,282	310	4,167	19,995	...	6000	F	16	25420
MASSACHUSETTS											
Beverly											
Beverly	Med. Educ. Committee	181	7,922	239	15,917	13,656	27,874	6000	F	3	...
										1	...
										2	...
										1	...
										1	...
Boston											
Beth Israel	H. H. Hiatt	286	11,320	369	61,256	23,614	3,126	6000	P	15	25632
	W. Silen									10	25633
	D. G. Freiman									1	25636
Boston City		766	25,725	1,534	279,725	138,632	...	6000	O	...	...
First and Third Medical Services (Tufts)	J. F. Desforges	...	...	...	...	...	...	...	...	16	25793
2d and 4th Medical Services (Harvard)	J. H. Jandl	...	...	...	...	...	...	...	...	16	25794
5th and 6th Medical Service (Boston Univ)	N. G. Levinsky	...	...	...	...	...	...	...	...	18	25795
1st Surgical Service (Tufts)	R. A. Deterling, Jr.	...	...	...	...	...	...	...	...	8	25796
3d Surgical Service (Boston Univ.)	J. J. Byrne	...	...	...	...	...	...	...	...	8	25798
5th Surgical Service (Harvard)	W. V. Mc Dermott, Jr	...	...	...	...	...	...	...	...	8	25703
Boston University	H. M. Gezon	...	...	...	...	...	...	...	...	8	25704
Boston City Hospital	S. Robbins, L. Gottlieb	...	...	...	...	...	...	...	...	3	25736
Carney	F. L. Colpoys	305	11,130	465	23,621	37,505	53,714	6000	O	6	25832
										6	25833
Children's Hospital Medical Center	C. A. Janeway	289	12,376	310	107,402	66,313	...	7000	O	10	25934
	G. F. Vawter									2	25936
Massachusetts General	A. Leaf	992	26,635	1,484	162,134	66,682	0	6000	O	16	26132
	P. Russell									9	26133
	N. Talbot									8	26134
	B. Castleman									5	26136
New England Deaconess	J. L. Tullis	351	10,630	363	2,033	1,851	...	7000	O	2	26412
										6	26432
New England Medical Center Hospitals	S. Proger	311	9,948	315	77,716	8,264	39,459	6000	O	10	26332
	R. A. Deterling, Jr									7	26333
	S. S. Gellis									7	26334
	H. E. Mac Mahon									2	26336
Peter Bent Brigham	G. W. Thorn	283	8,392	429	53,678	19,954	...	7000	P	14	26532
	F. D. Moore									8	26533
	G. J. Dammin									3	26536
St. Elizabeth's Hospital of Boston	W. H. Garvin Jr.	297	11,162	399	19,602	20,578	640	6000	P	4	26611
										6	26612
										6	26632
										4	26633
University	R. W. Wilkins	203	5,758	228	54,248	0	27,165	7000	P	11	26232
	R. H. Egdahl									7	26233
	K. Balogh									1	26236
Veterans Admin. (Jamaica Plain)	H. J. Zimmerman	792	11,495	658	40,229	3,215	...	6000	O	20	27132
Cambridge											
Cambridge	E. S. Hellman	112	4,923	231	4,446	21,091	...	6000		12	26811
										1	26836
Mount Auburn	D. Hurwitz	259	9,029	410	5,247	23,992	47,670	6000	P	10	26912
	H. A. Bird									1	26936

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MASSACHUSETTS—Continued													
Fall River													
Union	A. Resnick	242	10,140	387	3,659	13,631	18,405	5400	FP	9	Rot. ⁰	9	86411
Framingham													
Framingham Union		175	12,368	300	616	24,145	65,874	6000	P	8	Rot. ^{0,1,2}	8	81220
										1	St. Path.	1	81236
Lawrence													
Lawrence General	J. H. Nicholson	261	10,245	416	9,514	22,901	10,286	4800	F	6	Rot. ⁰	6	27411
Lynn													
Lynn	B. Appel	267	10,649	432	5,054	27,838	52,679	6000	P	6	Rot. ^{0,1,2,3,4,5,7}	6	27820
Malden													
Malden		256	11,918	335	1,221	31,954	...	6000	P	6	Rot. ²	6	82713
Newton													
Newton-Wellesley	N. S. Stearns	212	8,794	337	3,912	18,561	33,042	6000	P	6	Rot. ²	6	28013
	L. B. Page									2	St. Med.	2	28032
Pittsfield													
Berkshire Medical Center		329	14,358	365	16,602	21,205	5,206	6200	P	18	Rot. ^{0,1,2,3,4,5,6}	18	28120
Salem													
Salem	H. L. Cooper	205	7,592	401	4,751	21,111	...	6000	F*	12	Rot. ^{0,1,2,3,4}	12	28420
Springfield													
Springfield Hospital Medical Center	W. S. Frankl	439	13,491	607	9,803	24,516	12,602	7000	O	5	Rot. ¹	5	28612
	D. A. De Laurentis									4	Rot. ²	4	28613
	R. J. Carpenter									1	Rot. ³	1	28615
	M. Medalie									2	Rot. ⁴	2	28614
	W. S. Frankl									6	St. Med.	6	28632
Waltham													
Waltham		187	8,407	285	731	25,478	21,292	7000	F	7	Rot. ⁰	7	28811
Worcester													
Memorial	G. L. Spanknebel	297	14,608	341	9,153	23,539	...	5400	F	14	Rot. ⁰	14	28911
St. Vincent	C. Whelan, J. Duggan	560	17,613	664	4,089	22,699	13,956	6000	P	10	Rot. ^{2,4}	10	29020
	G. A. Laurenzi									8	St. Med.	8	29032
Worcester CityΔ	V. P. Di Domenico	366	13,229	581	29,187	43,192	19,635	6095		6	Rot. ¹	6	29111
										4	Rot. ¹	4	29112
										2	Rot. ²	2	29113
										2	Rot. ⁴	2	29114
										2	Rot. ⁵	2	29186
	E. J. Croce									4	St. Surg.	4	29133
MICHIGAN													
Ann Arbor													
St. Joseph Mercy	R. O. Kraft	470	19,217	537	4,821	28,619	86,441	8040	O	20	Rot. ^{0,1,2,3,4}	20	29220
University of Michigan Affiliated Hospitals													
University	A. J. French	831	21,664	755	276,113	27,150	...	5700	O	2	St. Path.	2	29336
University - Veterans Admin. - Wayne County General (Eloise)	W. D. Robinson	...	...	...	...	...	...	...		40	St. Med.	40	29332
	C. G. Child, 3d									18	St. Surg.	18	29333
University													
Veterans Admin.		370	5,343	241	22,432	0	0	0					
Wayne County General (Eloise)		367	12,959	889	77,536	49,374	0	0					
University Hospital - Wayne County General (Eloise)	W. J. Oliver	...	...	...	...	...	...	...		15	St. Ped.	15	29334
	J. R. Willson									3	St. Obj.	3	29335
Wayne County General (Eloise)													
Wayne County General (Eloise)	B. A. Bercu	...	...	...	...	...	...	...		4	Rot. ⁰	4	30611
Dearborn													
Oakwood	E. W. Durham	413	18,996	547	3,395	33,913	22,489	8400	P	18	Rot. ⁰	18	94611
Detroit													
Children's Hospital of Michigan	P. V. Woolley, Jr.	188	9,819	241	...	45,279	74,806	7200	P	4	St. Ped.	4	84334
Detroit General (Formerly Receiving)	M. K. Denney	579	15,615	929	184,862	122,704	15,615	7400	P	20	Rot. ^{0,1,2}	20	29520
	R. F. Wilson									12	St. Med.	12	29532
	H. Mahoney									9	St. Surg.	9	29533
Detroit-Macomb Hospitals	H. Mahoney	...	...	...	...	...	...	8400	P	24	Rot. ⁰	24	29611
	J. Langston									2	St. Path.	2	29636
Detroit Memorial		270	9,711	352	18,446	4,069	4,430	...					
South Macomb (Warren)		167	9,097	179	0	25,136	8,651	...					
Evangelical Deaconess	W. P. Curtiss	161	6,424	313	2,849	12,444	0	7200	F	10	Rot. ⁰	10	29711
Grace	T. B. Coles, Jr.	749	26,832	1,033	25,302	15,560	12,819	8400	P	30	Rot. ^{0,1,2,3,4,5,7}	30	29820
HarperΔ	K. L. Krabbenhof	551	19,349	682	43,056	20,996	43,703	8400	P	26	Rot. ^{0,1,2,3,4,5,7}	26	29920
Henry FordΔ	W. S. Haubrich	950	28,198	1,232	512,095	...	...	6400	P*	18	Rot. ⁰	18	30020
										8	St. Med.	8	30032
										4	St. Surg.	4	30033
										2	St. Ped.	2	30034
										2	St. Path.	2	30036
Hutzel	Y. Morita	323	14,462	309	7,122	7,957	21	8400	P	12	Rot. ⁰	12	30511
	T. N. Evans									2	Rot. ³	2	30515
Mount Carmel Mercy	J. W. Moses	502	18,914	685	8,578	26,219	20,969	8400	FP*	24	Rot. ⁰	24	30211
St. John	Med. Educ. Office	466	22,666	523	23,274	35,028	39,000	9600	P	18	Rot. ^{0,1,2,3,4,5,7,8}	18	91520
St. Joseph Mercy		227	9,005	267	7,777	13,564	3,528	6120	FP	9	Rot. ^{0,1,2}	9	30420
Sinai Hospital of Detroit		366	14,552	366	30,679	18,702	39,539	8400	P	18	Rot. ^{0,1,2,3,4,5,7,8}	18	92620
Eloise													
Wayne County General - See University of Michigan Affiliated Hospitals, Ann Arbor, Mich.													
Flint													
Hurley	E. M. Goldberg	632	23,318	788	7,841	33,285	18,856	7500	F	20	Rot. ^{0,1,2,3,4,5,7}	20	30720
Mc Laren General	R. A. Antell	299	14,301	278	2,958	25,631	10,280	8400	F	12	Rot. ^{0,1,2}	12	86620
St. Joseph	F. D. Johnson	353	14,817	396	531	30,509	9,500	8400	F	14	Rot. ⁰	14	30811
Grand Rapids													
Blodgett Memorial	C. E. Booher	343	16,095	515	5,171	20,981	68,903	6000	F	16	Rot. ^{0,1,2,3,4}	16	30920
	C. A. Payne									1	St. Path.	1	30936
Butterworth	E. L. Moorhead, 2d	373	17,470	574	7,719	31,213	60,477	6000	F	20	Rot. ^{0,1,2,3,4}	20	31020
St. Mary's	J. C. Peirce	283	13,411	468	8,146	27,917	80,410	6000	F	14	Rot. ^{0,1,2,3,4,5}	14	31120

For numerical and other references see page 130

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIRMP	NIRMP Code
MICHIGAN—Continued												
Grosse Pointe												
Bon Secours	R. C. Connelly	140	7,319	204	8,047	13,037	791	1000	P	10 Rot. ⁰	10	90611
Highland Park												
Highland Park General	J. Shapiro	232	8,756	315	4,653	24,700	...	7400	P*	15 Rot. ⁰	15	31211
Kalamazoo												
Borgess	R. Springgate	280	13,372	427	12,519	14,951	...	6600	P	10 Rot. ^{0,0,0,0}	10	31320
Bronson Methodist	H. E. De Pree	319	15,320	465	11,135	18,375	30,202	6600	F	15 Rot. ^{0,1,1,1,3,4}	15	31420
Lansing												
Edward W Sparrow	R. W. Pomeroy	389	17,579	418	5,226	25,736	27,649	0	P	5 Rot. ⁰ 1 Rot. ¹ 1 Rot. ² 1 Rot. ³ 1 Rot. ⁴ 1 Rot. ⁵	5	31511 31512 31513 31515 31514 31586
Midland												
Midland	R. E. Bowsler	168	10,325	170	2,118	11,096	34,989	6600	FP	10 Rot. ^{0,0,0,1,2,3,4}	10	96120
Muskegon												
Pontiac												
Pontiac General	R. L. Tupper	372	18,907	393	6,296	46,874	55,014	7200	FP	20 Rot. ^{0,1,2,3,4,5}	20	31820
St. Joseph Mercy	R. M. Cutler	288	13,825	351	7,799	27,822	18,723	7800	P	12 Rot. ⁰	12	31920
Royal Oak												
William Beaumont	I. J. Mader W. J. Zimmerman P. Jordan, Jr. R. R. Margulis	592	28,471	651	11,053	48,204	10,526	9000	P	18 Rot. ^{0,1,2,3,4,5,7,8} 3 St. Med. 3 St. Surg. 2 St. Obg.	18	97820 97832 97833 97835
Saginaw												
Saginaw Affiliated Hospitals	J. Young	...	...	...	...	...	...	9000	P	26 Rot. ^{0,0,0}	26	32020
Saginaw General		249	11,750	272	4,500	13,485	23,490	...	...	...	...	...
St. Luke's		199	9,018	211	21,515	17,436	...	...	...	...	...	...
St. Mary's		204	9,405	275	6,200	19,058	26,577	...	...	...	...	...
Southfield												
Providence	M. C. Mc Quiggan	342	13,346	386	5,789	24,011	75,467	9600	P	12 Rot. ^{0,1,2,3}	12	30320
Traverse City												
Munson Medical Center	T. C. Hall	204	8,914	272	...	9,373	31,620	7800	P	8 Rot. ⁰	8	32311
Warren												
South Macomb - See Detroit - Macomb Hospitals, Detroit												
MINNESOTA												
Duluth												
St. Luke's Δ	D. P. Swensen	352	13,169	451	15,762	13,468	5,169	8400	F	8 Rot. ⁰	8	32411
St. Mary's	D. M. Larson	308	13,230	328	27,480	14,080	13,400	8400	F	12 Rot. ⁰	12	32511
Minneapolis												
Hennepin County General Δ	R. B. Raile	331	11,903	516	92,601	76,222	...	4800	FP	48 Rot. ⁰ 6 Rot. ¹ 3 Rot. ² 3 Rot. ³ 3 Rot. ⁴ 14 Rot. ⁵	48	32911 32912 32913 32914 32915 32916
Mount Sinai	F. B. Lewis	226	10,762	183	10,866	5,614	...	5800	P	3 Rot. ⁰	3	86812
Northwestern Hospital of Minneapolis	F. Lott C. Watson C. Watson	341	13,082	294	734	7,981	22,574	4750	F	14 Rot. ⁰ 3 Rot. ¹ 6 St. Med.	14	33011 33012 33032
St. Barnabas - Swedish Hospitals	L. J. Hay	...	...	...	...	...	...	6780	F	24 Rot. ⁰	24	33111
St. Barnabas		229	11,013	257	1,816	8,349	20,203	...	...	...	...	...
Swedish		334	14,804	457	8,927	2,361	9,098	6780	F	...	...	...
St. Mary's	W. F. Mazzitello	393	17,521	366	6,347	12,989	12,941	6420	F	14 Rot. ⁰	14	33211
University of Minnesota Hospitals Δ	R. Ebert J. Najarian J. A. Anderson E. S. Benson W. Hall	623	15,999	636	80,941	17,693	14,631	6300	P	13 St. Med. 16 St. Surg. 13 St. Ped. 4 St. Path.	13	33432 33433 33434 33436
Veterans Admin.		869	11,465	533	...	...	...	6300	O	12 St. Med.	12	33332
Rochester												
Mayo Graduate School of Medicine	J. R. Mc Pherson D. C. Mc Ilrath J. R. Mc Pherson D. C. Mc Ilrath G. B. Stickler J. L. Titus	...	...	...	...	...	...	6200	P	8 Rot. ¹ 6 Rot. ² 8 St. Med. 6 St. Surg. 4 St. Ped. 2 St. Path.	8	32812 32813 32832 32833 32834 32836
Rochester Methodist		476	19,779	280	1,909	11,559	...	...	...	...	...	...
St. Mary's		716	23,340	701	0	19,482	2,513	...	...	...	...	...
St. Paul												
Bethesda Lutheran	A. A. Belsito	250	10,013	275	19,560	...	...	6600	F	10 Rot. ⁰	10	33611
Charles T. Miller Δ	M. E. Janssen J. E. Edwards	310	11,861	305	5,794	2,110	6,057	8820	P	12 Rot. ^{0,1,2,3,4,7} 2 St. Path.	12	33720 33736
St. Joseph's	N. O'Neil	388	17,795	269	46,654	9,781	...	3600	F	14 Rot. ¹	14	33812
St. Luke's	R. J. Houle	264	8,465	251	3,245	5,757	3,157	7200	P	12 Rot. ⁰	12	33911
St. Paul-Ramsey	A. Mowlem	405	11,563	516	133,085	53,547	...	5300	F	19 Rot. ⁰ 10 Rot. ¹ 2 Rot. ² 2 Rot. ³ 2 Rot. ⁴ 2 Rot. ⁵ 3 Rot. ⁶ 4 St. Surg.	19	33511 33512 33513 33515 33514 33586 33576 33533
MISSISSIPPI												
Jackson												
Mississippi Baptist University	H. K. Stauss	307	16,597	309	492	16,724	19,124	8400	P	12 Rot. ⁰	12	34011
	B. B. Johnson J. D. Hardy B. E. Batson J. G. Brunson H. A. Thiede	285	12,013	578	72,470	23,421	...	4800	O	17 Rot. ^{0,1,2,3,4} 6 St. Med. 2 St. Surg. 4 St. Ped. 1 St. Path. 2 St. Obg.	17	95720 95732 95733 95734 95736 95735

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Beginning Salary (Year)	Authorized Complement Type	Total Sought Through NIRM Code	NIRM Code
MISSOURI											
Columbia											
University of Missouri Medical Center ...	C. Mengel	338	10,045	332	78,528	7,806	...	6000	P	2 Rot. ¹	2 99412
	C. Mengel									12 St. Med.	12 99432
	M. S. De Weese									6 St. Surg.	6 99433
	R. Jackson									5 St. Ped.	4 99434
	F. Lucas									4 St. Path.	4 99436
Kansas City											
Children's Mercy	N. W. Smull	78	3,157	69	88,779	7,292	...	6000	FP	6 St. Ped.	6 98834
Kansas City General Hospital and Medical Center		226	8,564	520	84,085	27,805	...	7200	F	30 Rot. ^{0,1,2,3,4}	30 34320
Menorah Medical Center	A. D. Freedman	297	10,029	287	2,354	16,469	...	7800	P	12 Rot. ^{0,1,2,3,4,5,6,7}	12 34520
	A. D. Freedman									2 St. Med.	2 34532
	F. A. Mantz									2 St. Path.	2 34536
Research Hospital and Medical Center ...	P. R. Young	453	16,711	479	18,099	14,238	...	6600	F	4 Fam. Pr.	4 34618
St. Luke's	R. R. Hall	450	19,265	591	21,365	9,241	1,100	6900		15 Rot. ^{0,1,2}	15 34820
	J. Mc Donnell									4 St. Med.	4 34832
	C. Y. Thomas									1 St. Surg.	1 34833
St. Mary's	A. Lapi	317	12,871	352	0	9,350	18,115	6000	P	1 St. Path.	1 34936
Trinity Lutheran	J. H. Hill	203	7,136	259	10,849	5,200	...	6000	P	8 Rot. ²	8 35013
St. Louis											
Barnes Hospital Group	W. Allen	896	30,128	827	245,440	25,516	452	6000	O	12 Rot. ⁰	12 35311
	C. Moore									20 St. Med.(Private)	20 35347
	C. Moore									12 St. Med.(Ward)	12 35332
	W. Ballinger									12 St. Surg.	12 35333
	P. Lacy									7 St. Path.	7 35336
	W. Allen									2 St. Obg.	2 35335
Deaconess	J. Woodbridge	350	11,507	454	28,648	18,691	35,619	6900	P	16 Rot. ^{0,1,2}	16 35620
Homer G Phillips	E. N. Mitchell	382	15,262	818	84,907	112,211	...	6141	P	20 Rot. ⁰	20 35711
Jewish Hospital of St. Louis	S. Wessler	455	15,556	562	22,941	18,457	45,099	6000	P	14 St. Med.	14 35832
	A. E. Bauc									7 St. Surg.	7 35833
Lutheran	G. A. Koehler	369	14,158	478	18,649	25,028	20,366	6000	F	6 Rot. ⁰	6 35911
										2 Rot. ¹	2 35912
										6 Rot. ²	6 35913
										2 Rot. ³	2 35915
										9 Rot. ²	9 36013
Missouri Baptist	F. J. Catanzaro	287	10,626	240	4,464	5,590	...	7800	O	18 Rot. ^{0,1,2}	18 36220
St. John's Mercy	Dir. of Med. Educ.	569	20,960	544	27,578	19,659	57,379	5400	F*	12 St. Ped.	12 86934
St. Louis Children's	J. P. Keating	133	5,704	106	28,291	10,125	3,096	6000	O	10 Rot. ^{0,1,2,3,4,5}	10 36320
St. Louis City	L. V. Mulligan	403	14,555	919	86,912	81,997	...	6141	O	8 St. Med. Unit 2	8 36394
	R. A. Kinsella, Jr.									2 St. Surg. Unit 1	2 36333
	G. L. Tucker									2 St. Surg. Unit 2	2 36397
	R. A. Maginn									2 St. Ped. Unit 2	2 36334
St. Louis County	M. A. Davis	209	5,980	401	38,542	33,868	...	4800	F	10 Rot. ²	10 34213
St. Louis University Group of Hospitals	R. J. Dames	1,135	37,915	1,146	149,731	36,520	...	6000		10 Rot. ⁰	10 36511
	T. F. Frawley									4 Rot. ¹	4 36512
	A. E. Mc Elfresh									2 Rot. ⁴	2 36514
	T. F. Frawley									12 St. Med.	12 36532
	C. R. Hanlon									10 St. Surg.	10 36533
	A. E. Mc Elfresh									8 St. Ped.	8 36534
	G. D. Sorenson									4 St. Path.	4 36536
	D. Cavanagh									4 St. Obg.	4 36535
St. Luke's	R. Paine	319	11,761	424	17,960	19,036	3,545	7500	FP	12 Rot. ^{0,1,2,3}	12 36420
										4 St. Med.	4 36432
St. Mary's	J. A. Nuetzel	468	16,042	476	1,289	8,192	88,239	7800	P*	16 Rot. ⁰	16 99920
										8 St. Med.	8 99932
NEBRASKA-HOSPITALS, 9; INTERNSHIPS, 116											
Lincoln											
Bryan Memorial△	L. R. Lee	207	10,483	265	0	14,259	7,619	6000	F	10 Rot. ^{0,1,2}	10 36820
Lincoln General	L. P. Johnson	170	8,130	266	...	6,274	...	6000	F.	6 Rot. ⁰	6 36911
St. Elizabeth	F. Neumayer	174	8,171	280	771	9,983	10,133	6000	F	6 Rot. ⁰	6 37011
Omaha											
Childrens Memorial	T. R. Pfundi	61	4,821	35	573	7,943	1,798	7200	O	4 St. Ped.	4 81034
Creighton Memorial St. Joseph's	M. J. Haller	469	176,238	462	15,291	11,527	...	7200	F	7 Rot. ⁰	7 37211
	R. P. Heaney									12 Rot. ¹	12 37212
	E. Slowinski									2 Rot. ³	2 37215
	J. R. Mitchell									4 Rot. ⁴	4 37214
	J. Sisson									1 Rot. ⁵	1 37286
	F. A. Miller									6 St. Surg.	6 37233
	J. R. Mitchell									2 St. Ped.	2 37234
	J. Sisson									1 St. Path.	1 37236
Immanuel	K. C. Hoffman	152	8,395	275	4,011	8,875	14,142	9600	F	10 Rot. ⁰	10 37311
Nebraska Methodist△	J. R. Schenken	236	11,411	320	...	9,981	...	8700	P	12 Rot. ⁰	12 37411
										2 St. Path.	2 37436
University of Nebraska Affiliated Hospitals	R. Messer							6000	P	20 Rot. ⁰	20 37620
	F. Paustian									8 St. Med.	8 37632
	G. Van Leeuwen									4 St. Ped.	4 37634
	C. Mc Whorter									2 St. Path.	2 37636
Bishop Clarkson Memorial		261	13,957	287	218,169	4,174	...	...			...
Douglas County		175	4,616	238	3,218	10,754	...	...			...
University of Nebraska		134	5,761	131	60,645	11,457	...	...			...
Veterans Admin.		398	5,828	300	35,735	...	...	...			...
NEW HAMPSHIRE											
Hanover											
Mary Hitchcock Memorial△		240	7,988	289	87,065	7,848	...	6500	O	16 Rot. ⁰	16 37711
										8 St. Med.	8 37732
										6 St. Surg.	6 37733

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NEW JERSEY												
Atlantic City												
Atlantic City	W. R. Thompson	359	14,140	694	15,395	33,728	3,266	5700	F	15 Rot. ^{1,2}	15	37820
Camden												
Cooper Δ	W. T. Snagg	503	19,877	765	21,198	24,836	16,006	...	F	15 Rot. ^{1,2,3}	15	38020
Our Lady of Lourdes	F. W. Floyd, Jr.	276	1,022	195	29,215	16,226	...	6300	F	2 Rot. ¹	2	93312
										2 Rot. ²	2	93313
										2 Rot. ³	2	93315
										2 Rot. ⁴	2	93314
										1 Rot. ⁵	1	93386
										1 Rot. ⁷	1	93342
West Jersey Δ	J. C. Breme	312	13,484	456	9,064	19,128	...	8500	F	8 Rot. ¹	8	38111
										2 Rot. ¹	2	38112
										1 Rot. ²	1	38113
										1 Rot. ³	1	38115
										5 Fam. Pr.	5	38118
East Orange												
East Orange General	D. P. Peyser	163	6,516	302	5,747	14,357	9,535	4200	F	8 Rot. ¹	8	38211
Veterans Admin. - See New Jersey College of Medicine Affiliated Hospitals, Newark												
Elizabeth												
Elizabeth General Hospital and Dispensary	E. Kertis	270	10,557	477	9,420	14,480	10,062	7500	F	14 Rot. ²	14	38413
St. Elizabeth	E. O. Mac Donald	270	13,325	418	7,844	20,148	...	7500	F	16 Rot. ¹	16	38511
	C. Ream									4 St. Med.	4	38532
Englewood												
Englewood	C. Wierum	347	13,932	504	11,032	26,733	36,978	7500	F	8 Rot. ^{1,2}	8	38620
Flemington												
Hunterdon Medical Center	D. Hotchkiss	114	5,836	107	61,053	9,421	...	7000	P	4 Fam. Pr.	4	83818
Flemington Hackensack												
Hackensack	W. C. Black	386	18,517	509	9,255	29,328	22,978	7380	O	16 Rot. ¹	16	38720
Hoboken												
St. Mary's	M. R. Balsamo	261	9,491	466	6,668	12,591	53	4800	F	15 Rot. ¹	15	38811
Jersey City												
Christ	E. D. Fenimore	315	10,632	633	5,317	11,568	...	9000	P	16 Rot. ¹	16	38911
Jersey City Medical Center	H. Mark	446	11,062	1,079	38,894	66,776	...	7500	O	15 Rot. ^{1,2,3,4}	15	39020
	H. Mark									8 St. Med.	8	39032
	B. J. Wattiker									6 St. Surg.	6	39033
	J. P. Curran									2 St. Ped.	2	39034
St. Francis	H. A. Scala	211	6,538	389	5,814	3,766	6,020	8400		12 Rot. ¹	12	39111
Livingston												
St. Barnabas Medical Center	A. H. Islami	529	20,824	551	8,892	10,136	34,766	6360	P	20 Rot. ¹	20	39611
Long Branch												
Monmouth Medical Center	W. S. Vaun	413	16,254	625	26,628	21,806	25,000	7500	P	16 Rot. ¹	16	39211
	W. Baronowsky									1 St. Surg.	1	39233
Montclair												
Mountainside	E. T. Anderson	323	12,875	511	16,762	19,996	...	7500	F	15 Rot. ^{1,2}	15	39320
Morristown												
Morristown Memorial	A. J. Zangara	349	15,999	449	10,973	29,983	97,867	7200	F	12 Rot. ¹	12	39420
Mount Holly												
Burlington County Memorial	J. R. Wolgamot	216	8,274	421	9,330	27,429	12,295	4800	FP	8 Rot. ¹	8	38311
Neptune												
Jersey Shore Medical Center-Fitkin	A. Verga	323	16,771	737	14,167	28,006	...	4800	F	10 Rot. ¹	10	39511
										1 Rot. ¹	1	39512
										1 Rot. ²	1	39513
										1 Rot. ³	1	39515
										1 Rot. ⁴	1	39514
Newark												
Martland Δ	A. Maroa	526	22,091	987	44,111	94,871	...	9000	P	18 Rot. ^{1,2,3,4}	18	39820
	U. Knightly									10 St. Surg.	10	39833
	F. Behrle									6 St. Ped.	6	39836
	J. Breen									5 St. Obj.	5	39835
Newark Beth Israel Medical Center Δ	S. Parent	379	13,687	604	27,143	29,057	15,278	9000	O	15 Rot. ²	15	39713
New Jersey College of Medicine Affiliated Hospitals Δ												
Martland	F. P. Chinard	526	22,091	987	44,111	94,871	...	9000	P	30 St. Med.	30	39832
Veterans Admin. (East Orange)		850	8,100	752	94,582	0	0	...				
St. Michael's Medical Center	L. G. Smith	345	11,274	399	4,768	24,573	1,939	9000	P	16 Rot. ¹	16	39920
										4 St. Med.	4	39932
United Hospitals of Newark - Presbyterian												
	J. J. Mc Guire	250	7,888	383	5,005	6,228	881	8500	F	10 Rot. ¹	10	87211
New Brunswick												
Middlesex General	S. E. Moolten	220	9,810	423	10,473	16,339	...	7500	P	10 Rot. ^{1,2}	10	97920
	G. Pickar									1 St. Med.	1	97932
	N. Rosenberg									1 St. Surg.	1	97933
St. Peter's General	J. J. Rolnick	320	14,494	344	...	...	...	7500	F	3 Rot. ¹	3	40012
										3 Rot. ²	3	40013
										3 Rot. ³	3	40015
										3 Rot. ⁴	3	40014
Orange												
Orange Memorial	F. X. Mc Ginn	257	9	456	52,730	29,292	42,115	7500	F	6 Rot. ¹	6	40111
										2 Rot. ¹	2	40112
										2 Rot. ²	2	40113
Paramus												
Bergen Pines County	G. G. Grodberg	726	5,950	786	45,910	3,028	0	7500	P	16 Rot. ¹	16	90820
Passaic												
Passaic General	S. Siegendorf	249	10,700	466	6,218	14,567	47,579	4800	F*	8 Rot. ¹	8	40211
St. Mary's	J. V. Iraggi	182	8,101	341	4,860	8,092	31,870	5500	FP	8 Rot. ¹	8	40311
Paterson												
Paterson General	H. D. Shapiro	222	8,881	486	10,561	18,914	10,453	5100	F	12 Rot. ¹	12	40511
St. Joseph's	K. P. Lance	384	18,070	654	23,594	25,244	...	8100	P	12 Rot. ¹	12	40611

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NEW JERSEY—Continued													
Perth Amboy													
Perth Amboy General	C. A. Ross	458	18,488	693	11,313	32,016	22,000	6000	F	24	Rot. ⁰	24	87311
	M. Shuster									1	St. Path.	1	87336
Plainfield													
Muhlenberg	P. K. Johnson	396	19,011	657	11,428	24,693	..	7500	P	12	Rot. ^{0,1,2,4,5}	12	40720
	P. K. Johnson									2	St. Med.	2	40732
	P. A. Winokur									2	St. Ped.	2	40734
Princeton													
Princeton	E. O. Hirsch	199	9,815	252	2,800	16,764	3,388	7500	P	3	Rot. ¹	3	36612
										3	Rot. ²	3	36613
Somerville													
Somerset	L. Troum	255	13,967	377	74,308	18,609	32,000	4500	F	12	Rot. ⁰	12	93411
Summit													
Overlook	W. B. Nestler	437	18,071	539	3,286	16,508	418	7500	P	14	Rot. ^{0,1,2,4}	14	40820
Teaneck													
Holy Name	M. E. Tracht	288	11,756	443	35,381	22,018	35,381	7750	F	6	Rot. ⁰	6	40920
Trenton													
Helene Fuld	W. G. Sawchak	234	9,093	391	6,471	16,582	16,307	6000	F	9	Rot. ⁰	9	41211
Mercer	J. F. Marshall	276	11,557	512	9,493	25,879	15,406	6180	F	12	Rot. ⁰	12	41011
St. Francis	J. J. Fitzpatrick	394	16,031	721	15,157	25,812	26,258	6000	FP*	8	Rot. ⁰	8	41111
										4	Rot. ¹	4	41112
	J. Brenna									4	St. Surg.	4	41133
NEW MEXICO													
Albuquerque													
University of New Mexico Affiliated Hospitals													
Bernalillo County Medical Center	B. G. Brogdon	154	6,791	230	40,950	27,829	..	5400	P	12	Rot. ⁰	12	96211
										2	Rot. ³	2	96215
										5	Rot. ⁴	5	96214
										2	Rot. ⁵	2	96276
										6	St. Med.	6	96232
										4	St. Surg.	4	96233
										2	St. Path.	2	96236
NEW YORK													
Albany													
Albany Medical Center	W. Kinnard	708	23,171	941	55,640	40,720	35,982	7500	P	10	Rot. ⁰	10	41411
	S. Bondurant									8	Rot. ¹	8	41412
	J. Golden									6	Rot. ⁰	6	41476
	S. Bondurant									14	St. Med.	14	41432
	C. Eckert									11	St. Surg.	11	41433
	I. Porter									3	St. Ped.	3	41434
	W. Thomas									2	St. Path.	2	41436
Memorial	M. Ryan	216	7,793	291	4,893	24,393	12,384	8000	P	14	Rot. ^{0,2}	14	41520
St. Peter's	W. H. O'Brien	347	13,662	430	7,559	26,507	27,438	7500	O	20	Rot. ⁰	20	41611
Bronxville													
Lawrence	R. C. Swingle	234	8,905	353	2,103	9,485	34,977	9000	O	12	Rot. ⁰	12	91611
Buffalo													
Deaconess Hospital of Buffalo	P. L. Burkes	387	12,853	497	32,913	23,872	38,182	7500	P	20	Rot. ^{0,1,2,3}	20	43720
	E. Haynes									4	Fam. Pr.	4	43718
Mercy	J. J. O'Brien	328	12,701	460	11,453	25,862	34,957	7000	P	21	Rot. ^{0,1,2,3,4}	21	43920
Millard Fillmore	J. F. Painton	..	..	..	..	..	..	7340	P	13	Rot. ⁰	13	44012
	J. F. Painton									5	Rot. ²	5	44013
	P. B. Wels									4	St. Surg.	4	44033
Sisters of Charity	C. P. Voltz	384	14,385	519	7,235	15,390	36,267	6274	FP	4	Rot. ¹	4	44111
										6	Rot. ¹	6	44112
										6	Rot. ²	6	44113
										2	Rot. ³	2	44115
State Univ. of N.Y. at Buffalo Affiliated Hospitals													
Buffalo General	J. R. Paine	627	19,679	878	33,858	23,023	..	7340	P	6	Rot. ³	6	43613
	J. R. Paine									5	St. Surg.	5	43633
Buffalo General Hospital-E. J. Meyer Memorial	E. Calkins	..	..	..	..	..	..	..		12	Rot. ¹	12	43612
	E. Calkins									18	St. Med.	18	43632
Buffalo General		627	19,679	878	33,858	23,023	..	7340	P	..	..	..	..
Edward J. Meyer Memorial		626	11,664	844	115,494	43,280	..	7340	P	..	..	..	..
Children's Hospital of Buffalo	K. Niswander	224	16,682	282	65,402	4,677	..	7340	P	4	Rot. ³	4	96515
	J. A. Cortner									12	St. Ped.	12	96534
Edward J. Meyer Memorial	W. G. Schenk, Jr.	626	11,664	844	115,494	43,280	..	7340	P	6	Rot. ²	6	43813
	W. G. Schenk, Jr.									7	St. Surg.	7	43833
	T. S. Bumbalo									2	St. Ped.	2	43834
Cooperstown													
Mary Imogene Bassett	C. A. Ashley	77	3,071	132	47,833	9,142	609	6500	P	6	Rot. ⁰	6	44211
										1	Rot. ¹	1	44276
										3	St. Med.	3	44232
										3	St. Surg.	3	44233
East Meadow													
Meadowbrook	L. Meiselas	457	16,220	992	88,917	56,119	..	8000	F	8	Rot. ¹	8	44812
	Di Benedetto									5	Rot. ²	5	44813
	J. Semer									9	Rot. ¹	9	44876
	H. Zatzkin									2	Rot. ⁷	2	44842
	I. Weinberg									1	Rot. ⁶	1	44877
	L. Meiselas									12	St. Med.	12	44832
	A. Di Benedetto									5	St. Surg.	5	44833
	P. J. Collipp									2	St. Ped.	2	44834

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Beginning Salary (Year)	Authorized Complement Type	Total Sought Through NIRM P	NIRM P Code
NEW YORK - Continued											
Glen Cove											
Community Hospital at Glen Cove	F. Moore	175	7,874	75	3,267	16,771	76,821	8000	P 8 Rot. ^{0,1,2,3,4}	8	44620
Johnson City											
Charles S. Wilson Memorial	E. M. Wyso	380	13,812	438	58,320	12,107	28,722	7800	F 14 Rot. ^{0,1,2,3}	14	45220
Kenmore											
Kenmore Mercy	T. H. Khan	227	8,898	289	524	26,275	58,690	7000	P 12 Rot. ⁰	12	82911
Lewiston											
Mount St. Mary's Hospital of Niagara Falls	J. V. Cordaro	189	7,487	194	0	11,412	15,691	7000	P 8 Rot. ⁰	8	50311
Manhasset											
North Shore	S. Gross	307	14,788	286	22,732	17,472	593	9000	P 1 St. Path.	1	46736
North Shore - See Also Cornell Cooperating Hospitals, New York City											
Mineola											
Nassau	W. C. Hollis	388	15,145	661	8,503	23,318	...	8000	P 18 Rot. ^{0,1,2,3,4}	18	45520
Mount Kisco											
Northern Westchester	F. J. Briccetti	155	7,717	257	1,050	12,348	56,414	7300	F 6 Rot. ^{1,2}	6	45620
Mount Vernon											
Mount Vernon	D. Alaie	287	10,498	449	14,081	20,503	...	9000	FP 16 Rot. ⁰	16	45711
Newburgh											
St. Luke's Hospital of Newburgh	G. Flaum	200	8,214	363	5,796	26,113	...	7500	P 10 Rot. ⁰	10	45811
New Hyde Park											
Long Island Jewish Hospital Training Program											
Long Island Jewish	E. Meilman	246	11,595	355	35,310	23,378	...	9000	O 18 Rot. ^{0,1,2,3,4}	18	96320
	E. Meilman								4 St. Med.	4	96332
	S. Karelitz								2 St. Ped.	2	96334
Queens Hospital Center (New York City)	H. Kolodny	1,005	19,521	1,942	179,806	77,903	...	9000	P 30 Rot. ^{0,1,2,3,4}	30	45120
	H. Kolodny								4 St. Med.	4	45132
	A. Aballi								2 St. Ped.	2	45134
New Rochelle											
New Rochelle	A. J. Mannix, Jr.	288	12,601	505	9,684	34,740	3,383	8000	F 15 Rot. ^{0,1,2,3,4}	15	45920
New York City											
Albert Einstein College of Medicine Affiliated Hospitals											
Bronx Municipal Hospital Center	I. M. London	895	22,359	1,590	260,657	117,143	...	7750	F 16 St. Med.-A.	16	93132
	I. M. London								6 St. Med.-B.	6	93147
	D. State								25 St. Surg.	25	93133
	H. L. Barnett								20 St. Ped.	20	93134
	A. A. Angrist								3 St. Path.	3	93136
Lincoln	S. Pollack	292	11,637	309	204,644	187,227	...	7750	F 13 St. Med.	13	48432
	A. Einhorn								4 St. Ped.	4	48434
Beekman-Downtown	R. B. Nolan	184	4,496	...	18,944	19,798	16,800	7500	P 6 Rot. ²	6	89013
	J. T. Flynn								3 St. Med.	3	89032
	R. B. Nolan								3 St. Surg.	3	89033
Bellevue Hospital Center - See New York University Medical Center											
Beth Israel Medical Center	L. N. Sussman	...	...	...	...	...	...	...	16 Rot. ⁰	16	47011
									14 St. Med.	14	47032
									6 St. Surg.	6	47033
Booth Memorial	Intern-Res. Comm.	236	10,473	391	12,655	17,058	21,445	7750	P 18 Rot. ^{0,1,2,3,4}	18	82220
									4 St. Med.	4	82232
									4 St. Surg.	4	82233
Bronx-Lebanon Hospital Center	M. J. Goodfriend	517	15,964	656	126,313	56,326	...	9000	P 17 Rot. ^{0,1,2,3,4,5,7}	17	47120
	E. E. Fischel								4 St. Med.	4	47132
	P. H. Gerst								4 St. Surg.	4	47133
	M. Davidson								2 St. Ped.	2	47134
Brookdale Hospital Center	A. Kahn	337	12,129	458	64,250	49,516	0	9000	P 10 Rot. ⁰	10	41911
									10 Rot. ¹	10	41912
									10 St. Med.	10	41932
Brooklyn-Cumberland Medical Center	S. Bergen, Jr.	618	22,204	1,021	143,707	107,223	...	9250	P 6 Rot. ⁰	6	42011
									6 Rot. ¹	6	42012
									4 Rot. ²	4	42013
									3 Rot. ⁴	3	42014
									2 Rot. ⁵	2	42086
									12 St. Med.	12	42032
									3 St. Surg.	3	42033
									4 St. Ped.	4	42034
									2 St. Path.	2	42036
Catholic Medical Center of Brooklyn and Queens											
Mary Immaculate Division	V. G. Tosti	245	9,612	368	21,158	23,907	13,519	7750	FP 12 Rot. ⁰	12	45020
St. John's Queens Division	E. F. Kalina	269	...	360	7,870	17,130	...	7750	FO 16 Rot. ⁰	16	52211
St. Mary's Division	J. Butler	189	6,924	29	47,212	43,221	...	7750	FP 12 Rot. ⁰	12	43311
Columbus	M. R. Bazzini	268	7,158	432	19,860	9,200	...	6500	F 14 Rot. ⁰	14	47211
Cornell Cooperating Hospitals											
New York Hospital-Memorial Hospital for Cancer and Allied Diseases											
New York Hospital-Memorial Hospital for Cancer and Allied Diseases	A. Bearn, W. Myers	...	...	...	...	...	...	...	28 St. Med.	28	46632
	W. Mc Crory, M. Murphy	...	...	...	...	...	...	...	10 St. Ped.	10	46634
North Shore Hospital-Memorial Hospital for Cancer and Allied Diseases	L. Scherr, W. Myers	...	...	...	...	...	...	9000	P 12 St. Med.	12	46732
	R. Karl, E. Beattie								9 St. Surg.	9	46733
	I. Mauss, M. Murphy								4 St. Ped.	4	46734
North Shore (Manhasset) Memorial Hospital for Cancer and Allied Diseases		307	14,788	286	22,732	17,472	593	9000	P		
		406	8,403	870	61,069			

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NEW YORK, New York City—Continued												
Flushing Hospital and Medical Center	L. J. Delli-Pizzi	288	12,192	411	12,410	22,426	7500	P*	6 Rot. ¹ 3 Rot. ¹ 3 Rot. ² 2 Rot. ³ 2 Rot. ⁴	6 3 3 2 2	44511 44512 44513 44515 44514	
Fordham Hospital (Misericordia Hospital Training Program)	Chrmn. Grad. Med. Ed	203	6,449	242	23,709	13,101	2,428	9000	P	24 Rot. ^{1,2,3,4,5,7,8} 4 Rot. ¹ 2 Rot. ¹ 2 Rot. ² 2 Rot. ³ 2 St. Surg.	24 4 2 2 2 2	47420 47511 47512 47513 47515 47533
French	R. Herz, Jr.	203	6,449	242	23,709	13,101	2,428	8500	P	20 Rot. ¹ 23 Rot. ² 20 St. Med. 16 St. Surg. 4 St. Ped.	24 4 2 2 2 23 20 16 4	47420 47511 47512 47513 47515 47820 47832 47833 47834
Harlem Hospital Center	C. Ragan C. Ragan J. M. Ferrer E. J. Kahn	203	6,449	242	23,709	13,101	2,428	7750	F	6 Rot. ² 1 St. Surg. 8 Rot. ^{1,2} 2 St. Surg.	6 1 8 2	47913 47933 44920 44933
Hospital for Joint Diseases and Medical Center	S. Reichman J. R. Wilder	290	6,249	187	61,391	16,731	6,627	9000	P	6 Rot. ² 1 St. Surg.	6 1	47913 47933
Jamaica	B. Gussoff H. Barber	266	11,486	493	20,489	39,508	7250	F*	1 St. Surg. 8 Rot. ^{1,2} 2 St. Surg.	1 8 2	47933 44920 44933	
Jewish Hospital and Medical Center of Brooklyn	M. G. Goldner M. G. Goldner B. S. Levowitz M. A. Schiffer C. V. Pyles M. G. Goldner B. S. Levowitz C. V. Pyles	586	21,621	846	69,468	43,566	6,842	9500	O	5 Rot. ¹ 7 Rot. ¹ 5 Rot. ² 2 Rot. ³ 3 Rot. ⁴ 12 St. Med. 3 St. Surg. 3 St. Ped.	5 7 5 2 3 12 3 3	42511 42512 42513 42515 42514 42532 42533 42534
Greenpoint	J. Cohen	154	5,909	258	156,668	56,612	6000	F	8 Rot. ¹	8	48011	
Jewish Memorial	E. E. Mandel	176	6,710	318	31,832	16,159	8000	P	6 Rot. ¹ 2 Rot. ⁷	6 2	47612 47642	
Kingsbrook Jewish Medical Center	E. E. Mandel	753	3,651	718	22,016	2,330	8000	P	6 Rot. ¹ 2 Rot. ⁷	6 2	47612 47642	
Knickerbocker	B. Krentz B. Krentz B. Krentz E. P. Fleischmann	181	3,535	295	19,244	25,114	511	7030	FP*	6 Rot. ¹ 1 Rot. ¹ 3 St. Med. 3 St. Surg.	6 1 3 3	48111 48112 48132 48133
Lenox Hill	W. D. Sicher	517	16,610	620	66,793	21,903	9000	P*	4 Rot. ¹ 6 Rot. ¹ 4 Rot. ² 1 Rot. ³ 1 Rot. ⁴ 10 St. Med. 2 St. Surg. 4 St. Ped.	4 6 4 1 1 10 2 4	48311 48312 48313 48315 48314 48332 48333 48334	
Long Island College	W. G. Mullin	505	16,913	636	55,404	31,467	9,182	9000	P	19 Rot. ¹ 12 St. Med. 3 St. Ped.	19 12 3	42711 42732 42734
Lutheran Medical Center	G. F. Cucolo	263	9,868	371	32,859	32,354	6,825	6500	P	11 Rot. ¹	11	43011
Maimonides Medical Center Training Program	J. L. Sherman, Jr. D. Grob A. Kantrowitz H. A. Joos	531	17,049	1,131	67,186	39,386	9000	P	22 Rot. ¹ 18 St. Med. 7 St. Surg. 4 St. Ped.	22 18 7 4	42812 42832 42833 42834	
Coney Island	S. M. Glick A. Vasicca	344	9,520	887	152,398	73,166	7500	FP*	5 Rot. ^{1,1} 4 St. Med. 1 St. Obj.	5 4 1	42220 42232 42235	
Mary Immaculate - See Catholic Medical Center of Brooklyn and Queens	V. D. Larkin	419	9,966	496	35,505	38,276	9000	P	12 Rot. ¹ 2 Rot. ² 2 St. Med. 4 St. Surg. 2 St. Ped. 2 St. Path.	12 2 2 4 2 2	42911 42912 42932 42933 42934 42936	
Misericordia	Chrmn. Grad. Med. Ed	310	9,731	419	23,035	23,710	9000	FP	18 Rot. ^{1,2,3,4,5,7,8}	18	48620	
Montefiore Hospital Training Program	T. Lawyer, Jr. D. Hamerman D. Hamerman L. Finberg	42	9250	P	42	14	6	12	6	42 14 6 12	42 14 6 12	48712 48732 48794 48734
Montefiore Hospital and Medical Center	M. M. Hoffman I. F. Enquist H. Ghadimi S. Werthamer	677	13,852	932	87,728	32,239	9250	P	14 St. Med. 6 St. Med.-Social	14 6	48712 48794	
Morrisania City	L. Finberg	273	9,506	478	112,224	118,161	9250	P	12 St. Ped.-Social	12	48734	
Mount Sinai Hospital Training Program	S. Berson A. E. Kark H. L. Hodes	1,065	30,091	1,150	176,392	93,702	9250	P	25 St. Med. 12 St. Surg. 6 St. Ped.	25 12 6	49032 49033 49034	
Mount Sinai	S. G. Seckler S. G. Seckler D. A. Dreiling C. W. Lillehei J. T. Ellis	792	19,800	1,276	190,529	80,889	9250	P	32 Rot. ¹ 12 St. Med. 6 St. Surg.	32 12 6	49111 49132 49133	
City Hospital Center at Elmhurst	C. W. Lillehei J. T. Ellis	942	28,017	870	247,530	33,104	9250	P	16 St. Surg. 4 St. Path.	16 4	49233 49236	
New York Hospital - See Also Cornell Cooperating Hospitals	H. Taube	234	7,370	286	25,456	4,751	7500	FP	13 Rot. ¹	13	87511	
New York Infirmary	H. Taube	234	7,370	286	25,456	4,751	7500	FP	13 Rot. ¹	13	87511	
New York Medical College	W. Mersheimer M. Stone S. Rubin E. Wasserman D. Spiro	24	9000	F	24	42	19	5	24 42 19 5	24 42 19 5	47313 47315 47332 47334 47336	
Metropolitan Hospital Center	W. Mersheimer M. Stone S. Rubin E. Wasserman D. Spiro	24	9000	F	24	42	19	5	24 42 19 5	24 42 19 5	47313 47315 47332 47334 47336	
Unit 1 - Flower and Fifth Avenue Hospitals	W. Mersheimer M. Stone S. Rubin E. Wasserman D. Spiro	323	11,902	339	10,891	19,721	773	17,447	892	356,450	91,597	...
Unit 2 - Metropolitan Hospital Center	W. Mersheimer M. Stone S. Rubin E. Wasserman D. Spiro	773	17,447	892	356,450	91,597	

For numerical and other references see page 130

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NEW YORK, New York City—Continued												
New York Polyclinic Medical School and Hospital	A. M. Gelb	287	8,944	376	39,798	22,065	2,300	8000	P	8 Rot. ⁰	8	49411
	R. Wallach									1 Rot. ¹	1	49412
	W. H. Cassebaum									1 Rot. ²	1	49413
	L. J. Caruso									1 Rot. ³	1	49414
	E. M. Di Tolla									1 Rot. ⁴	1	49414
	R. Wallach									2 St. Med.	2	49432
	W. H. Cassebaum									4 St. Surg.	4	49433
L. J. Caruso									2 St. Obg.	2	49435	
New York University Medical Center												
Bellevue Hospital Center	S. J. Farber	1,618	33,564	1,045	306,069	73,824		7750	F	22 St. Med.	22	46432
Bellevue Hospital Center-University Hospital	S. Farber, M. Kuschner							7750	P	5 Rot. ⁵	5	46486
	S. Farber, S. Wortis									10 Rot. ⁶	10	46476
	F. C. Spencer									20 St. Surg.	20	46433
	S. Krugman									14 St. Ped.	14	46434
	M. Kuschner									1 St. Path.	1	46436
Bellevue Hospital Center University												
University Hospital-Veterans Admin. (Manhattan)	S. J. Farber, N. Spritz							7700	O	9 St. Med.	9	46440
Veterans Admin. (Manhattan) University		965	9,791	636								
Presbyterian		551	16,165	574	33,591	7,959						
	S. E. Bradley	1,265	38,563	1,130	396,966			10000	O	16 St. Med.	16	49532
	C. H. Humphreys									12 St. Surg.	12	49533
	E. C. Curnen									10 St. Ped.	10	49534
D. W. King									5 St. Path.	5	49536	
Queens Hospital Center - See Long Island Roosevelt	Jewish Hospital, New Hyde Park, N.Y.	330		659	71,558	53,764				2 Rot. ³	2	49615
	S. L. Keill									4 Rot. ⁶	4	49676
	N. P. Christy									10 St. Med.	10	49632
	W. A. Wichern, Jr.									10 St. Surg.	10	49633
	E. N. Joyner									4 St. Ped.	4	49634
St. Clare's	J. T. Daniels	410	9,333	414	27,641	20,845	7,858	6000	FP	17 Rot. ⁰	17	49711
	A. J. Lewis									4 St. Med.	4	49732
	J. L. Madden									4 St. Surg.	4	49733
St. John's Episcopal	J. E. Mule	254	8,810	275	45,847	27,100		9250	F*	14 Rot. ⁰	14	43211
St. John's Queens Division - See Catholic Medical Center of Brooklyn and Queens												
St. Luke's Hospital Center	T. B. Van Itallie	613	18,114	584	162,136	86,289	47,351	9000	P	12 St. Med.	12	49932
	J. P. West									9 St. Surg.	9	49933
	S. S. Stevenson									4 St. Ped.	4	49934
St. Mary's Division - See Catholic Medical Center of Brooklyn and Queens												
St. Vincent's Hospital and Medical Center of New York	R. J. Boller	910	16,983	1,110	80,419	52,462	17,613	7500	P	25 Rot. ⁰	25	50020
										10 St. Med.	10	50032
										10 St. Surg.	10	50033
St. Vincent's Medical Center of Richmond	A. A. Claps	281	10,344	459	20,665	19,653	2,080	10000	O	14 Rot. ^{1,2,3,4,5,7}	14	51420
										1 St. Med.	1	51432
										2 St. Ped.	2	51434
Staten Island	T. G. Mc Ginn	224	9,263	351	16,374	17,263		8250	F	12 Rot. ⁰	12	51511
										2 Rot. ¹	2	51512
State University-Kings County Hospital Center	M. Metz							7750	F	20 Rot. ^{1,2,3,4,5}	20	42620
	L. W. Eichna									36 St. Med.	36	42632
	C. Dennis									20 St. Surg.	20	42633
	J. T. Lanman									11 St. Ped.	11	42634
	P. J. Fitzgerald									2 St. Path.	2	42636
Kings County Hospital Center		1,963	46,220	2,719	436,772	159,826						
State University		89	4,349	1	39,805	1,606						
Sydenham	L. Ross	151	4,985	103	29,308	44,433		7750	F	9 Rot. ⁰	9	50111
Unity	V. Ginsberg	186	7,873	187	20,959	32,390		8000	FP	10 Rot. ²	10	43413
University - See New York University Medical Center												
Veterans Admin. (Brooklyn)	W. Dock	884	8,879	688	34,064			7700	O	16 St. Med.	16	50232
	H. H. Le Veen									12 St. Surg.	12	50233
Veterans Admin. (Manhattan) - See New York University Medical Center												
Wyckoff Heights	J. T. Lopresti	522	17,823	842	22,408	50,108		6500	F	12 Rot. ⁰	12	43511
	M. Friedman									2 Rot. ³	2	43515
Niagara Falls												
Niagara Falls Memorial	L. B. Kramer	309	11,364	389	76	22,939	31,395	7000	P	13 Rot. ⁰	13	93511
Port Chester												
United	C. J. Alexander	268	9,723	337	7,988	20,148	17,498	4200	FP	8 Rot. ⁰	8	50411
Poughkeepsie												
St. Francis	R. Flaherty	212	9,771	301	2,144	19,163	69,973	4800	F	5 Rot. ⁰	5	50511
										5 Rot. ²	5	50513
Vassar Brothers		265	11,056	406	3,344	25,968	50,304	4800	FPO	12 Rot. ^{0,1,2,3,6}	12	50620
Rochester												
Genesee	R. S. Meltzer	293	16,921	499	21,801	32,896	110,883	6750	O	2 Rot. ⁰	2	50711
										10 Rot. ¹	10	50712
										4 Rot. ²	4	50713
										1 Rot. ⁴	1	50714
										6 St. Med.	6	50732
										2 St. Surg.	2	50733
Highland Hospital of Rochester	J. W. Holler	225	11,246	416	5,837	13,740		8500	PO	10 Rot. ⁰	10	50811
										2 St. Med.	2	50832
										4 Fam. Pr.	4	50818
Rochester General	T. H. Casey	475	21,101	578	14,623	39,372	23,611	8000	P	14 Rot. ^{0,1,2,4}	14	50920
										7 St. Med.	7	50932
										2 St. Surg.	2	50933
										1 St. Ped.	1	50934
St. Mary's	R. J. Napodano	266	11,091	405	8,663	33,080	19,726	6200	P*	15 Rot. ⁰	15	51020

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIREMP	NIREMP Code
NEW YORK, Rochester—Continued												
Strong Memorial Hospital of the University of Rochester	L. E. Young	565	20,950	834	122,563	61,047	...	...	P	2 Rot. ²	2	51113
	C. J. Lund									6 Rot. ³	6	51115
	L. E. Young									2 Rot. ⁴	2	51114
	L. E. Young									18 St. Med.	18	51132
	C. Rob									14 St. Surg.	14	51133
	R. J. Haggerty									11 St. Ped.	11	51134
	S. F. Patten, Jr.									6 St. Path.	6	51136
	C. J. Lund									2 St. Obg.	2	51135
Rockville Center												
Mercy	A. W. Marks	324	13,814	418	13,622	12,147	14,904	8400	FP	12 Rot. ⁰	12	51911
Schenectady												
Ellis	G. D. Vlahides	373	16,928	559	12,549	25,233	18,476	6300	F*	25 Rot. ⁹	25	51220
St. Clare's	P. Parillo	204	8,511	327	41,186	15,480	...	6000	FP*	15 Rot. ^{0,1,2}	15	51320
Syracuse												
St. Joseph's	F. S. Caliva	343	14,833	470	22,670	23,156	13,842	8400	F	18 Rot. ^{0,1,2}	18	51820
										10 Fam. Pr.	10	51818
State University Hospital Upstate Medical Center	D. C. Samson	271	7,510	358	67,576	26,066	9,480	8400	O	12 Rot. ²	12	51613
	D. C. Samson									4 Rot. ⁴	4	51614
	D. C. Samson									10 Rot. ⁶	10	51676
	D. C. Samson									2 Rot. ⁸	2	51677
	P. Bunn									16 St. Med.	16	51632
	L. Rogers									10 St. Surg.	10	51633
	J. Richmond									8 St. Ped.	8	51634
	J. Henry									2 St. Path.	2	51636
Troy												
Samaritan	G. A. Clark	218	9,908	271	1,373	15,036	28,375	8000	P	16 Rot. ^{0,1,2,3,4,7}	16	52020
Valhalla												
Grasslands	W. R. Dalziel	335	6,374	346	72,278	12,613	16,961	8385	P	14 Rot. ⁰	14	52111
	F. A. Graig									2 Rot. ¹	2	52112
	M. Rohman									2 St. Surg.	2	52133
West Islip												
Good Samaritan	W. J. O' Connor	171	10,515	337	1,954	23,368	5,969	7200	F	12 Rot. ⁰	12	49311
White Plains												
White Plains	R. R. Zimet	215	8,548	365	8,713	18,835	1,263	6600	P	10 Rot. ^{0,10,2}	10	52320
Yonkers												
St. John's Riverside	H. Friedman	272	10,674	359	6,958	12,015	28,358	7200	FPO	14 Rot. ⁰	14	52411
St. Joseph's	M. V. Marrone	150	4,832	214	...	...	...	7200	P	9 Rot. ^{2,3,4,5,7,8}	9	52520
Yonkers General	M. J. Eisen	161	5,282	245	3,116	12,206	21,277	7200	FP	8 Rot. ⁰	8	52611
NORTH CAROLINA												
Chapel Hill												
North Carolina Memorial	L. G. Welt	330	12,484	426	112,485	13,656	...	6000	O	6 Rot. ⁴	6	90014
	L. G. Welt									15 St. Med.	15	90032
	C. G. Thomas									12 St. Surg.	12	90033
	F. W. Denny									5 St. Ped.	5	90034
	K. M. Brinkhouse									4 St. Path.	4	90036
Charlotte												
Charlotte Memorial	B. L. Galusha	661	27,882	753	60,527	43,993	...	6000	P	16 Rot. ^{0,1,2,3,4}	16	52720
Durham												
Duke University Medical Center	J. B. Wyngaarden	587	20,939	661	117,702	18,156	...	6000	P	30 St. Med.	30	52932
	D. C. Sabiston, Jr.									18 St. Surg.	18	52933
	S. L. Katz									13 St. Ped.	13	52934
	T. D. Kinney									6 St. Path.	6	52936
Watts	H. A. Royster, Jr.	271	12,637	344	6,878	21,784	...	5100	F	2 Rot. ⁰	2	87711
										6 Rot. ¹	6	87712
										4 Rot. ²	4	87713
										2 Rot. ⁴	2	87714
										4 St. Med.	4	87732
										3 St. Surg.	3	87733
Greensboro												
Moses H Cone Memorial	W. B. Herring	340	14,613	470	11,340	22,770	25,381	6000	P	12 Rot. ¹	12	94312
	W. Herring, M. Sharpless									3 Fam. Pr.	3	94318
Wilmington												
New Hanover Memorial	Director, Med. Educ.	267	13,934	357	7,568	20,039	12,370	6000	F	12 Rot. ^{00,0}	12	53420
Winston-Salem												
Forsyth Memorial	W. A. Lambeth	446	18,644	618	7,387	37,000	19,560	5100	P	12 Rot. ¹	12	53512
Kate Biting Reynolds Memorial	J. G. Gordon	140	5,715	290	6,232	20,521	...	5000	P	8 Rot. ⁰	8	53611
North Carolina Baptist	E. Yount	393	16,647	549	75,766	13,192	...	5500	P	4 Rot. ³	4	53715
	E. Yount									4 Rot. ⁴	4	53714
	E. Yount									8 St. Med.	8	53732
	R. Myers									10 St. Surg.	10	53733
	W. Kelsey									6 St. Ped.	6	53734
	R. Morehead									5 St. Path.	5	53736
NORTH DAKOTA												
Fargo												
St. Luke's Hospitals	A. J. Schutt	258	10,776	323	...	10,964	...	6600	F	12 Rot. ⁰	12	53911
OHIO												
Akron												
Akron City	W. Sharp	577	19,424	936	15,751	31,469	68,358	8000	P	22 Rot. ^{0,1,2,3}	22	54120
	A. Kerr, Jr.									2 St. Med.	2	54132
	R. M. Bartlett									2 St. Surg.	2	54133
Akron General	K. F. Hausfeld	407	12,673	591	17,434	18,350	37,929	7500	P	18 Rot. ^{0,1,2,3}	18	54220
Children's Hospital of Akron	S. Spector	186	12,425	143	12,960	36,704	3,464	7300	P	6 St. Ped.	6	89534
St. Thomas	E. A. Simendinger	336	12,676	489	7,141	20,225	3,933	6360	P	10 Rot. ⁰	10	54311
										6 Rot. ^{1,2,3,5}	6	54320

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OHIO—Continued												
Barberton												
Barberton Citizens	Coordinator, Med. Ed	279	13,533	362	5,422	27,619	2,240	5400	F	18 Rot. ^{0,2,3}	18	96420
Canton												
Aultman	J. I. Newman W. S. Morgan	448	18,463	552	6,688	30,218	28,983	6360	P*	8 Rot. ⁰ 2 St. Path.	8 2	54411 54436
Cincinnati												
Christ	L. E. Larrick D. E. Earley	587	18,771	766	11,891	15,892	...	6480	F	18 Rot. ^{0,1,2} 3 St. Surg.	18 3	54720 54733
Good Samaritan	J. J. Cranley D. C. Fischer J. J. Cranley D. J. Frank	612	26,027	669	13,875	22,981	935	6960	P	17 Rot. ⁰ 4 St. Med. 4 St. Surg. 2 St. Ped.	17 4 4 2	55020 55032 55033 55034
Jewish	E. G. Margolin	475	18,624	724	12,428	25,259	66,763	6960	P	12 Rot. ^{0,1,2} 5 St. Med.	12 5	55120 55132
University of Cincinnati Hospital Group Cincinnati General	J. Lindner, Jr. R. W. Vilter W. A. Altemeier E. L. Pratt E. A. Gall	530	18,062	900	141,405	90,365	...	5040	P	24 Rot. ^{0,1,2,3,4} 16 St. Med. 12 St. Surg. 16 St. Ped. 2 St. Path.	24 16 12 16 2	54820 54832 54833 54834 54836
Cleveland												
Cleveland Clinic	H. S. Van Ordstrand S. O. Hoerr H. S. Van Ordstrand J. B. Hazard	516	19,885	668	295,910	8,689	55,059	6500	P	9 Rot. ¹ 8 Rot. ² 12 St. Med. 1 St. Path.	9 8 12 1	96812 96813 96832 96836
Cleveland Metropolitan General	House Staff Coordin.	408	11,673	497	185,802	35,625	0	6500	P*	6 Rot. ^{1,2,3,4} 16 St. Med. 8 St. Surg. 8 St. Ped. 2 St. Path.	6 16 8 8 2	55320 55332 55333 55334 55336
Evangelical Deaconess	M. Q. Arjona	232	8,502	354	687	15,958	22,810	6000	F	8 Rot. ⁰	8	90911
Fairview General	J. A. Grauel	354	17,056	377	13,957	27,108	17,132	5400	F	20 Rot. ^{2,8}	20	55420
Huron Road	E. M. Goyette E. M. Goyette J. L. Bilton A. E. Lenhert E. Goodsitt	355	13,059	539	10,149	24,255	10,081	4800	F	6 Rot. ⁰ 3 Rot. ¹ 2 Rot. ² 1 Rot. ³ 1 Rot. ⁵	6 3 2 1 1	57111 57112 57113 57115 57186
Lutheran	D. W. Schultz	277	9,719	279	1,032	13,990	...	5400	F	12 Rot. ²	12	55613
Marymount	N. G. De Piero	206	8,256	237	1,477	18,017	8,845	6000	P*	12 Rot. ⁰	12	57211
Mount Sinai Hospital of Cleveland	S. E. Wolpaw V. Vertes C. Marks	463	17,604	451	45,085	29,947	41,789	7200	0	10 Rot. ⁰ 8 St. Med. 2 St. Surg.	10 8 2	55720 55732 55733
St. Alexis	J. R. Paradise	300	10,669	551	5,535	15,937	12,563	7500	O	12 Rot. ^{0,2}	12	55820
St. John's	R. J. McCaffery	...	...	...	...	...	...	5400	F	15 Rot. ^{0,1,2,3}	15	55920
St. Luke's	T. Holzbach R. G. Wieland R. O. Walton	437	16,035	534	39,078	25,519	20,401	7000	P	12 Rot. ⁰ 6 St. Med. 2 St. Ped.	12 6 2	56020 56032 56034
St. Vincent Charity	P. H. Mullally	417	11,117	465	35,371	21,117	17,161	7200	P	12 Rot. ⁰	12	56120
University Hospitals of Cleveland	D. D. Bond K. J. Ryan H. L. Friedell A. S. Weisberger W. D. Holden L. W. Matthews J. R. Carter	649	25,042	865	187,664	49,546	38,821	7000	P	4 Rot. ⁰ 4 Rot. ³ 4 Rot. ⁷ 16 St. Med. 14 St. Surg. 11 St. Ped. 6 St. Path.	4 4 4 16 14 11 6	56211 56215 56242 56232 56233 56234 56236
Columbus												
Grant	J. P. Stevens	414	16,732	675	11,158	24,133	4,003	7500	F	16 Rot. ⁰	16	56420
Mount Carmel	M. A. Anthony	386	15,477	508	24,635	20,773	2,118	6000	P*	18 Rot. ^{0,1,2,3}	18	56520
Ohio State University Hospitals	J. V. Warren R. Zollinger B. Graham J. C. Geer	813	26,405	741	99,360	28,015	0	5100	P	20 St. Med. 10 St. Surg. 10 St. Ped. 4 St. Path.	20 10 10 4	56632 56633 56634 56636
Riverside Methodist	F. P. Kintz	470	18,622	585	4,074	24,633	1,510	7500	P	30 Rot. ^{0,1,2,3}	30	56720
Dayton												
Good Samaritan	M. Block	454	19,277	684	5,255	27,642	43,405	7200	F	13 Rot. ⁰	13	56811
Miami Valley	R. K. Bartholomew	612	22,033	856	21,387	38,309	15,955	9000	P	12 Rot. ⁰	12	56920
St. Elizabeth	R. C. Ashcom	426	18,145	484	6,456	24,912	709	8400	P	16 Rot. ⁰	16	57011
Elyria												
Elyria Memorial	W. H. Sigalove	257	13,303	330	15,564	25,065	63,304	6000	F	12 Rot. ²	12	90113
Euclid												
Euclid General	T. Kelly	267	11,607	370	1,529	23,084	30,008	7200	O	6 Rot. ⁰ 2 Rot. ¹ 6 Rot. ²	6 2 6	55511 55512 55513
Kettering												
Charles F. Kettering Memorial	E. C. Hedrick	370	16,461	356	7,947	23,011	285	6000	F	12 Rot. ^{0,1,2,4,5,7,8}	12	57620
Lakewood												
Lakewood	K. C. Wells	280	10,799	378	3,638	20,617	19,028	5280	FP	12 Rot. ^{1,2}	12	57420
Lima												
St. Rita's	C. L. Blumstein	344	17,939	493	36,032	11,716	...	7200	P	6 Rot. ⁰	...	...
Lorain												
St. Joseph	C. Chesner	237	11,435	353	2,232	22,254	...	6300	F	12 Rot. ⁰	12	97311
Springfield												
Community Hospital of Springfield and Clark County	J. Keller	210	9,548	275	53,539	19,771	...	7200	P	10 Rot. ⁰	10	57711
Mercy	G. P. Anderson	298	11,885	464	737	21,273	42,645	7200	P	10 Rot. ⁰	10	87811
Staubenville												
Ohio Valley	S. Press	233	10,838	369	664	17,537	1,131	5400	P	15 Rot. ⁰	15	92711
Toledo												
Flower	R. P. Sheon	175	8,138	250	1,741	14,086	15,915	7200	F	4 Rot. ⁰ 1 Rot. ¹ 9 Fam. Pr. 4 Rot. ²	4 1 9 4	57811 57812 57818 57813
Maumee Valley	F. B. Ruwe	192	6,796	341	23,138	17,402	4,434	7200	P	12 Rot. ^{0,1,2,3,4,5}	12	57920
Mercy	M. A. Ayres	340	14,427	410	7,432	18,663	10,371	7260	P	18 Rot. ^{0,1,2,3,4,5,7,8}	18	58020
Riverside	J. F. Brunner S. J. Schachner	164	7,869	193	1,470	11,347	15,291	6300	F	9 Rot. ⁰	9	58111

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OHIO, Toledo—Continued												
St. Charles	F. C. Clifford	232	8,646	280	2,804	15,594	16,964	6000	F	9 Rot. ^{0,1,2,3,4}	9	95120
St. Vincent Hospital and Medical Center	H. S. Madigan	473	18,278	678	19,500	27,000	...	7200	P	12 Rot. ²	12	58213
Toledo	A. D. Frogameni	440	19,591	470	3,697	29,737	11,384	7200	F	8 Rot. ⁰	8	58311
	B. K. Bradford									3 Rot. ¹	3	58312
	O. C. Keller									2 Rot. ²	2	58313
	W. L. Woodward									1 Rot. ³	1	58315
	J. C. Roberts									1 Rot. ⁴	1	58314
	W. A. Nordin									1 Rot. ⁵	1	58386
Warren												
Trumbull Memorial	R. W. Juvancic	314	14,879	409	4,187	20,266	37,147	7500	P	12 Rot. ⁰	12	98011
										1 Rot. ¹	1	98012
										1 Rot. ²	1	98013
										1 Rot. ³	1	98015
										1 Rot. ⁴	1	98014
Youngstown												
St. Elizabeth	R. A. Wiltzie	521	20,002	653	8,900	26,197	15,741	6000	FP*	21 Rot. ^{0,1,2,3,4}	21	58420
Youngstown		751	28,956	1,067	11,392	35,827	84,910	0	P	24 Rot. ^{1,2,3,4,5,7,8}	24	58520
										4 St. Med.	4	58532
										2 St. Surg.	2	58533
OKLAHOMA												
Oklahoma City												
Baptist Memorial	F. H. Mc Gregor	346	16,319	375	3,292	16,632	9,234	8100	P	10 Rot. ^{0,1,2,3,4,6,7,8}	10	83020
Mercy	M. B. Shook	182	8,721	328	4,824	12,341	31,390	8400	P	12 Rot. ⁰	12	58611
St. Anthony	J. M. Parker	478	22,724	585	21,816	21,081	...	8400	P	14 Rot. ⁰	14	58720
University of Oklahoma Medical Center								5000	P			
University of Oklahoma Hospitals	R. T. Coussons	309	9,581	322	87,503	13,882	...	...		4 Rot. ³	4	58815
										4 St. Ped.	4	58834
University of Oklahoma Hospitals-Presbyterian Hospitals	R. T. Coussons							5500	P	12 Rot. ^{1,2,4,5,6,7,8}	12	59020
University of Oklahoma Hospitals		309	9,581	322	87,503	13,882	...	...		
Presbyterian		160	9,236	186	4,496	3,215	...	...		
University of Oklahoma Hospitals-Veterans Admin.	R. T. Coussons							5000	P	12 St. Med.	12	58932
										8 St. Surg.	8	58933
University of Oklahoma Hospitals		309	9,581	322	87,503	13,882	...	...		
Veterans Admin.		393	6,569	424	51,110	...	...	...	O			
Tulsa												
Hillcrest Medical Center	J. M. Hill, Jr.	350	11,698	396	19,355	15,458	...	8400	P	16 Rot. ⁰	16	59111
St. Francis	R. G. Tompkins	253	6,245	129	154	5,097	...	8400	O	12 Rot. ⁰	12	59311
St. John's	J. G. Moore	543	23,706	645	13,558	23,132	...	8604	P	16 Rot. ^{0,1,2}	16	59220
OREGON												
Portland												
Emanuel	W. J. Kuhl, Jr.	419	22,852	486	15,663	18,326	34,467	7200	P	16 Rot. ^{0,1,2,3,4,5,7,8}	16	59420
Good Samaritan Hospital and Medical Center	S. S. Meighan	364	19,475	454	7,197	14,922	14,387	7200	P	12 Rot. ^{0,1,2,3,5}	12	59520
	R. L. Hare									2 St. Med.	2	59532
	H. W. Baker									2 St. Surg.	2	59533
	M. Heinemann									1 St. Path.	1	59536
Portland Adventist	Q. W. Cochran	195	9,418	324	18,902	...	...	4800	F	10 Rot. ^{0,1,2}	10	59620
Providence	J. F. Lane	300	13,120	409	2,790	13,846	1,000	7200	P	12 Rot. ^{0,1}	12	59720
St. Vincent	D. B. Miller, Jr.	248	13,365	402	504	7,732	11,475	7200	P	6 St. Surg.	6	59833
University of Oregon Medical School Hospitals and Clinics	M. Baird	500	13,995	640	127,158	25,951	58,183	5400	F	36 Rot. ⁰	36	59911
	S. Wellings									1 St. Path.	1	59936
University of Oregon Medical Schools Hospitals-Veterans Admin.	H. Lewis									8 St. Med.	8	59932
University of Oregon Medical School Hospitals and Clinics		500	13,995	640	127,158	25,951	58,183	...				
Veterans Admin.		490	7,292	364	29,560	...	...	...	
PENNSYLVANIA												
Abington												
Abington Memorial	P. M. Roediger	425	16,160	520	41,542	21,705	243,365	6300	P*	16 Rot. ²	16	60013
Allentown												
Allentown	F. D. Fister	465	14,645	695	14,926	26,314	63,086	7500	P	16 Rot. ^{0,1,2}	16	60120
Sacred Heart	E. K. Sipes	289	10,330	425	5,870	21,548	46,616	6000	FP	10 Rot. ⁰	10	60211
Altoona												
Altoona	P. W. Hoovler	356	14,394	663	10,921	8,455	14,721	7200	F	16 Rot. ⁰	16	60311
Bethlehem												
St. Luke's	M. L. Sheppeck	391	12,447	5571	7,535	21,467	56,044	6000	FP	14 Rot. ^{0,1,2}	14	60520
Bristol												
Lower Bucks	R. Weisberg	254	13,918	284	4,363	30,493	121,695	6000	FP*	8 Rot. ⁰	8	97411
Bryn Mawr												
Bryn Mawr	J. T. Magee	356	14,404	482	11,898	20,495	...	7500	P	8 Rot. ^{0,1,2,3,4,5,8}	8	60620
										3 St. Med.	3	60632
										3 St. Surg.	3	60633
Chester												
Crozer-Chester Medical Center	J. H. Loucks	372	14,386	482	136,940	22,309	...	6000	F*	8 Rot. ^{0,1,2,3,4}	8	60720
Danville												
Geisinger Medical Center	W. I. Buchert	322	13,640	546	173,574	14,871	...	5700	P	15 Rot. ^{0,1,2}	15	60820
										2 St. Med.	2	60832
										1 St. Surg.	1	60833
Darby												
Thomas M Fitzgerald Mercy	A. R. Hervada	323	11,978	357	15,693	11,053	24,580	8400	F	16 Rot. ^{0,1,2,3,4}	16	60920
Drexel Hill												
Delaware County Memorial	E. D. Arst	264	9,340	478	4,423	21,483	21,798	7200	F	8 Rot. ²	8	85813
Easton												
Easton	G. Joseph	245	9,267	466	17,818	26,390	36,749	6000	F	10 Rot. ⁰	10	61011

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIRM	NIRMP Code	
PENNSYLVANIA—Continued													
Erie													
Hamot	G. J. D' Angelo	383	15,252	535	47,626	23,559	79,389	7200	P	12	Rot. ^{1,2,3,4}	12	61120
St. Vincent	J. F. Hartman	410	19,927	603	9,533	30,414	100,682	7200	P	10	Rot. ⁵	10	61211
Greensburg													
Westmoreland	J. Fong	234	10,458	351	2,327	16,401	61,778	7200	P*	8	Rot. ⁶	8	61311
Harrisburg													
Harrisburg△	C. W. Smith	...	...	...	...	...	...	...	F	22	Rot. ⁹	22	61420
Harrisburg Polyclinic	L. H. Warbasse, Jr.	606	17,658	681	17,830	14,669	70,344	6000	F	21	Rot. ^{1,2,3,4}	21	61520
Johnstown													
Conemaugh Valley Memorial△	S. Goldblatt	419	15,083	625	7,314	47,035	19,073	6500	F	12	Rot. ⁹	12	61620
Mercy Hospital of Johnstown	D. C. Borecky	193	8,129	209	716	14,088	12,211	4800	F	6	Rot. ⁹	6	61611
Lancaster													
Lancaster General	J. H. Esbenschade	383	16,463	555	11,521	15,334	42,849	7200	F	12	Rot. ⁹	12	61811
Mc Keesport													
Mc Keesport	J. L. Elliott	468	15,387	862	14,684	36,709	121,725	8400	FP*	12	Rot. ⁹	12	62011
Norristown													
Montgomery	R. E. Carlson	227	10,748	320	21,955	28,348	42,246	5400	F	6	Rot. ⁹	6	62111
Philadelphia													
Albert Einstein Medical Center△		869	26,007	1,226	62,158	39,915	46,488	6000	P	26	Rot. ⁹	26	63120
										15	St. Med.	15	63132
										7	St. Surg.	7	63133
Chestnut Hill△	C. R. Brown, Jr.	176	7,478	266	5,590	15,933	86,085	6600	F	8	Rot. ^{1,2,3,5,8}	8	91020
	Zung-Pah Woo									1	St. Path.	1	91036
Children's Hospital of Philadelphia△	D. Cornfeld	120	6,974	157	39,149	14,069	...	5300	O	14	St. Ped.	14	86334
Episcopal	K. Doves	307	9,984	484	30,856	29,265	21,857	6000	P	8	Rot. ^{1,2,3,5,7}	8	62320
										2	St. Med.	2	62332
										2	St. Surg.	2	62333
										10	Rot. ¹	10	62411
										12	Rot. ^{1,2,3,4}	12	62520
Frankford	R. H. Mac Williams	189	8,141	345	7,942	21,325	7,896	7000	P	10	Rot. ¹	10	62611
Germantown Dispensary and Hospital	G. Mc Laughlin	292	9,118	579	21,500	23,420	12,349	7800	P	12	Rot. ^{1,2,3,4}	12	62520
Graduate Hospital of the University of Pennsylvania△	D. J. Daley	279	7,033	428	50,326	16,506	13,954	7200	F	15	Rot. ^{1,2}	15	62620
										3	St. Med.	3	62632
Hahnemann Medical College and Hospital△	W. W. Oaks	444	12,114	646	70,335	27,165	...	5100	P	10	St. Med.	10	62732
	C. Wolfarth									8	St. Surg.	8	62733
	E. Shaheen									5	St. Ped.	5	62734
	J. Imbriglia									2	St. Path.	2	62736
Hospital of the University of Pennsylvania△	L. Mastroianni	732	21,685	692	154,557	26,864	...	7200	P	4	Rot. ³	4	62815
	A. J. Stunkard									4	Rot. ⁵	4	62876
	A. S. Relman									28	St. Med.	28	62832
	J. E. Rhoads									24	St. Surg.	24	62833
	H. T. Enterline									2	St. Path.	2	62836
Hospital of the Woman's Medical College of Pennsylvania	D. A. Howell	195	8,444	201	45,687	22,732	27,971	6500	P	2	Rot. ⁴	2	84914
	D. R. Cooper									4	St. Surg.	4	84933
	D. A. Howell									4	St. Ped.	4	84934
	I. N. Dubin									2	St. Path.	2	84936
Hospital of Woman's Medical College of Pa.-Veterans Admin.	R. W. Myerson	...	...	...	...	...	...	6500	P	4	Rot. ¹	4	84912
	H. P. Potter									6	St. Med.	6	84932
Hospital of the Woman's Medical College Veterans Admin.		195	8,444	201	45,687	22,732	27,971	6500	P	...	...	...	...
		442	5,755	470	28,920	...	...	...	...	...	...	...	...
Jefferson Medical College△	J. M. Hunter	503	18,430	703	74,943	25,371	125,343	7500	O	16	Rot. ⁹	16	63020
										12	St. Med.	12	63032
										3	St. Ped.	3	63034
Lankenau△	A. P. Angelides	353	15,340	503	25,195	17,335	...	7200	P	14	Rot. ^{1,2,3,4,5,7,8}	14	63220
	F. D. Gray, Jr.									2	St. Med.	2	63232
	E. W. Shearburn									2	St. Surg.	2	63233
Memorial	H. Di Silvestro	176	6,078	291	2,035	8,687	25,147	6000	F	6	Rot. ¹⁰	6	63311
Mercy-Douglass	R. G. Morris	141	4,996	178	14,584	12,189	4,052	5100	F	8	Rot. ¹⁰	8	63411
Methodist△	R. E. Berry	222	8,462	317	20,698	24,557	15,761	8000	O	8	Rot. ^{1,2,3}	8	63520
Misericordia△	N. N. Cohen	306	9,640	600	20,229	29,777	12,906	8400	P	17	Rot. ⁹	17	63620
										1	St. Med.	1	63632
Nazareth	F. Manning	307	11,657	415	10,874	29,345	78,824	7200	F	18	Rot. ^{1,2,3,4,6}	18	63820
Northeastern Hospital of Philadelphia	M. S. Mandell	176	6,000	276	14,646	14,164	5,766	7200	F	8	Rot. ¹⁰	8	97511
Pennsylvania△	R. E. Campbell	370	13,266	635	69,140	20,958	78,793	6300	O	10	Rot. ¹⁰	10	63911
	E. D. Viner									6	St. Med.	6	63932
	P. V. Moulder									2	St. Surg.	2	63933
Philadelphia General△		1,148	22,970	1,369	218,181	89,938	0	7600	O	...	...	...	...
Combined Divisions	S. R. Ziegler	...	...	...	...	...	...	...	...	6	St. Ped.	6	64034
Hahnemann Medical College Service	J. Howard	...	...	...	...	...	...	...	...	4	Rot. ²	4	64013
	M. Klavan									2	Rot. ³	2	64015
	F. West									4	Rot. ⁶	4	64010
	E. L. Coodley									8	Rot. ⁹	8	64020
	E. L. Coodley									10	St. Med.	10	64032
Jefferson Medical College Service	J. Mock	...	...	...	...	...	...	...	...	3	Rot. ⁶	3	64076
	H. Brodovsky									15	Rot. ⁹	15	64040
	H. Brodovsky									10	St. Med.	10	64030
University of Pennsylvania Service	N. Gimbel	...	...	...	...	...	...	...	...	5	Rot. ²	5	64070
	H. Dillon									4	Rot. ⁶	4	64080
	T. G. Schnabel, Jr.									9	Rot. ⁹	9	64060
	T. G. Schnabel, Jr.									10	St. Med.	10	64050
Presbyterian - University of Pennsylvania Medical Center△	W. J. Somerville	285	9,495	420	32,455	30,918	28,746	6000	P*	6	Rot. ²	6	64113
										3	Rot. ⁴	3	64114
										1	Rot. ⁸	1	64177
										10	St. Med.	10	64132
										2	St. Surg.	2	64133

APPROVED INTERNSHIPS

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PENNSYLVANIA, Philadelphia - Continued												
St. Agnes	J. P. Cossa	201	7,610	273	8,927	12,520	5,593	6000	P*	4 Rot. ⁰	4	64211
St. Christopher's Hospital for Children	V. C. Vaughan, 3rd	126	...	...	59,167	29,574	...	6250	O	9 St. Ped.	9	65334
St. Joseph's	T. J. Maye	169	5,440	265	11,165	12,730	7,248	6000	F*	6 Rot. ⁰	6	64311
St. Luke's and Children's Medical Center	J. H. Davidson	275	9,574	268	24,443	16,648	...	6000	F	12 Rot. ^{0,1,2,4}	12	64420
St. Mary	A. M. Alberico	180	6,805	293	26,443	10,174	...	7,050	P	8 Rot. ²	8	64513
Temple University	R. R. De Alvarez	695	18,540	799	113,719	48,628	63,271	6500	P	6 Rot. ³	6	64615
	F. M. Cortes									20 St. Med.	20	64632
	W. P. Maier									6 St. Surg.	6	64633
	A. R. Peale									3 St. Path.	3	64636
Pittsburgh												
Allegheny General	J. G. Shively	525	18,272	706	34,773	34,848	54,710	8700	P	10 Rot. ¹	10	64812
	G. J. Magovern									6 Rot. ²	6	64813
Hospitals of the University Health Center of Pittsburgh												
Children's Hospital of Pittsburgh	D. N. Medearis, Jr.	216	8,986	216	38,708	18,918	1,459	5000	P	14 St. Ped.	14	65234
Magee-Womens	D. L. Hutchinson	332	15,074	298	43,575	5,602	31,207	7000	O	6 Rot. ³	6	65215
Presbyterian-University	J. Myers	444	13,070	623	56,150	17,300	5,802	7000	P	20 St. Med.	20	65232
	H. T. Bahnson									10 St. Surg.	10	65233
	R. H. Fennell, Jr.									5 St. Path.	5	65236
Mercy	C. Copeland, J. Narducci	542	17,381	683	27,539	33,166	33,281	6000	P	18 Rot. ^{1,2,3,4,5,7,8}	18	64920
	F. J. Luparello									6 St. Med.	6	64932
Montefiore	S. Hirsch	404	12,573	589	24,930	14,322	30,311	7200	P	9 Rot. ^{0,1,2,3,7,8}	9	65020
	P. Troen									12 St. Med.	12	65032
Pittsburgh	R. N. Mc Garvey	196	6,969	264	6,886	24,894	38,994	6600	FP	6 Rot. ⁰	6	65111
St. Francis General	J. A. Marasco, Jr.	739	17,508	626	27,542	45,539	59,756	7200	F	30 Rot. ^{0,1,2}	30	88120
St. Joseph's Hospital and Dispensary										6 Rot. ⁰	6	65511
St. Margaret Memorial	P. W. Dishart	227	6,724	214	6,537	16,876	20,089	7800	F	10 Rot. ²	10	65613
Shadyside	K. H. Franz	326	10,147	479	3,826	12,592	4,262	6000	F	14 Rot. ²	14	65713
South Side	L. Rosenbach	309	11,239	497	11,256	20,816	49,253	200	F	10 Rot. ⁰	10	65811
Western Pennsylvania	F. M. Mateer	505	18,380	567	31,202	15,585	41,186	6000	FP	12 Rot. ⁰	12	65911
										5 St. Med.	5	65932
										5 St. Surg.	5	65933
										2 St. Path.	2	65936
Pottsville												
Pottsville Hospital and Warne Clinic	E. W. Cubler	300	8,451	345	2,872	12,694	9,240	7600	F	6 Rot. ⁰	6	84711
Reading												
Reading	J. Mc Shane	582	18,420	784	10,221	16,402	1,005	6000	F	12 Rot. ^{0,1}	12	66120
	E. A. Hildreth									2 St. Med.	2	66132
	L. L. Cramp									2 St. Surg.	2	66133
Sayre												
Robert Packer	W. S. Gibbs	248	10,802	294	84,325	17,669	...	6000	F	12 Rot. ^{0,1,2,3,4,0}	12	66420
Uniontown												
Uniontown	E. S. Gaither	250	9,063	508	9,797	22,747	2,572	7200	F	7 Rot. ⁰	7	66811
Washington												
Washington	Dir. Med. Educ.	415	17,645	631	17,913	25,627	97,499	9000	F	12 Rot. ⁰	12	66911
West Chester												
Chester County		178	8,179	218	4,527	15,108	74,108	6000	F	8 Rot. ⁰	8	88211
Wilkes-Barre												
Wilkes-Barre General	Intern-Res. Comm.	311	10,957	540	5,969	8,250	35,884	4200	F	10 Rot. ⁰	10	67111
Wilkesburg												
Columbia	E. J. Holzinger	264	9,622	444	1,698	22,692	13,433	6000	F	6 Rot. ⁰	6	67211
Williamsport												
Williamsport	C. S. Sutliff	280	10,808	440	6,608	21,262	53,827	9000	F	8 Rot. ⁰	8	67311
York												
York	R. L. Evans	449	22,263	740	18,178	25,637	94,000	7200	P	18 Rot. ⁹	18	67420
										3 St. Surg.	3	67433
										3 Fam. Pr.	3	67418
PUERTO RICO												
Hato Rey												
Auxilio Mutuo	A. F. De Juan	126	5,587	161	29,185	15,896	...	7800	F	6 Rot. ¹	...	...
	J. I. Iglesias									4 Rot. ²	...	...
Ponce												
Hospital De Damas	E. A. Vicens	133	7,469	105	5,035	6,426	...	6000	F	5 Rot. ^{1,2,4,0}	...	...
Ponce District General	V. M. Rosario	402	13,347	627	57,114	30,006	...	4200	FO*	4 Rot. ⁰	...	...
	H. Rodriguez									2 Rot. ¹	...	...
	J. Colon									2 Rot. ²	...	...
	A. Tann									2 Rot. ³	...	...
	M. Lopez									2 Rot. ⁴	...	...
Rio Piedras												
Municipal Hospital Dr. Rafael Lopez Nussa	R. A. Diaz-Bonnet	406	18,610	641	95,236	28,613	...	4500	F	36 Rot. ⁰	...	...
	E. J. Marchand									8 St. Med.	...	...
	A. S. Casanova									4 St. Surg.	...	...
	E. S. Colon									6 St. Ped.	...	...
San Juan												
University District	L. Haddock	392	15,083	673	156,266	...	36,601	...	F	24 Rot. ⁰	...	...
	M. Garcia Palmieri									6 St. Med.	...	...
	F. Oliveras									6 St. Surg.	...	...
	A. Ortiz									4 St. Ped.	...	...
	R. Marcial									4 St. Path.	...	...
Veterans Admin.	E. A. Ramirez	187	3,224	117	80,595	...	...	5820	O	8 St. Med.	...	...
RHODE ISLAND												
Newport												
Newport	H. S. Browne	198	7,180	249	0	12,484	16,621	7200	F*	8 Rot. ⁰	8	67511
Pawtucket												
Memorial	H. H. Magendantz	262	10,790	479	8,795	32,295	...	6000	FP*	6 Rot. ⁰	6	67611
										1 Rot. ¹	1	67612
										1 Rot. ²	1	67613

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RHODE ISLAND—Continued													
Providence													
Miriam	A. M. Burgess	202	7,190	219	2,507	14,445	6,500	F	12	Rot. ⁰	12	95311	
Rhode Island△		590	21,364	969	52,664	50,584	34,598	7000	P	12 Rot. ¹ 10 Rot. ² 6 St. Med. 8 Rot. ^{1,2,4,7}	12 67712 10 67713 6 67732 8 67820		
Roger Williams General	H. E. Darrah	193	7,860	326	4,367	21,876	10,221	6000	P*		6	67732	
St. Joseph's	S. Magalini	217	8,100	321	15,230	29,694	6000	F*	14	Rot. ⁰	14	67911	
SOUTH CAROLINA													
Charleston													
Medical Center Hospitals	M. Weidner, Jr.	430	11,975	441	44,730		4800	P	22	Rot. ⁰	22	68020	
Medical Center Hospitals	K. T. Mc Kee								8	St. Med.	8	68032	
	C. P. Artz								8	St. Surg.	8	68033	
	M. Westphal								3	St. Ped.	3	68034	
	G. Hennigar								6	St. Path.	6	68036	
Columbia													
Columbia Hospital of Richland County	D. C. Mitchell, Jr.	423	16,774	682	10,049	34,994	6000	P	16	Rot. ⁰	16	68111	
Florence													
Mc Leod Infirmary	W. G. Roody	250	11,133	408	4,245	11,735	7200	O	6	Rot. ⁰	6	68211	
Greenville													
Greenville General	C. M. Easley	74	5,248	17	32,537	16,148	6825	P	18	Rot. ⁰	18	68311	
Spartanburg													
Spartanburg General	L. F. Parmley	448	19,885	654	14,293	29,318	7800	P	11	Rot. ⁰ 4 Rot. ^{1,2} 2 Rot. ⁰⁰	11 68511 4 68520 2 68530		
SOUTH DAKOTA													
Sioux Falls													
Mc Kennan	G. F. Tuohy	248	11,206	207	667	9,521	5,338	6000	F	6	Rot. ⁰	6	68611
University of South Dakota Affiliated Hospitals													
Sioux Valley	R. E. Nelson	251	12,640	335	3,200	7,283	803	6600	F	6 Rot. ⁰ 1 St. Path.	6 68711 1 68736		
TENNESSEE													
Chattanooga													
Baroness Erlanger	J. P. Pappas	612	28,771	947	37,490	31,772	7200	FP	12	Rot. ^{0,1,2,3,4,5,8} 4 St. Surg.	12 68920 4 68933		
Knoxville													
University of Tennessee Memorial Research Center and Hospital	A. D. Beasley	249	11,108	401	65,093	23,962	5472	F	10	Rot. ¹ 5 Rot. ² 2 Rot. ³ 2 Rot. ⁴ 1 Rot. ⁵	10 83912 5 83913 2 83915 2 83914 1 83986		
	H. A. Blake								5		5	83913	
	A. W. Diddle								2		2	83915	
	H. S. Christian								2		2	83914	
	F. S. Jones								1		1	83986	
Memphis													
Baptist Memorial	J. D. Upshaw, Jr.	1,109	45,858	1,209	9,665	28,886	186,086	5700	FP	25	Rot. ⁰ 6 St. Med. 4 St. Surg. 2 St. Path.	25 69420 6 69432 4 69433 2 69436	
City of Memphis Hospitals	E. W. Rosenberg	673	26,301	1,148	158,739	83,502	4620	FP	32	Rot. ⁰ 12 Rot. ¹ 12 St. Med. 4 St. Surg. 6 St. Ped.	32 84411 12 84412 12 84432 4 84433 6 84434		
	G. H. Stollerman								12		12	84412	
	G. H. Stollerman								12		12	84432	
	H. Wilson								4		4	84433	
	J. G. Hughes								6		6	84434	
Methodist	T. V. Stanley	752	36,144	882	14,514	29,356	47,334	5400	FP	16	Rot. ⁰ 1 St. Path.	16 69611 1 69636	
St. Joseph	J. K. Duckworth	190	66	325	2,179	16,705	22,382	4800	FP	16	Rot. ⁰ 2 Rot. ¹ 2 Rot. ² 1 Rot. ³ 1 Rot. ⁴ 1 Rot. ⁵	16 69711 2 69712 2 69713 1 69715 1 69714 1 69786	
	E. J. Spiotta								16		16	69711	
	H. L. Davis								2		2	69712	
	M. C. Pian								2		2	69713	
	W. F. Mackey								1		1	69715	
	D. H. James, Jr.								1		1	69714	
	L. C. Prieto								1		1	69786	
Nashville													
Baptist	E. A. Rogers, Jr.	413	19,236	531	6,600	18,717	7200	O	16	Rot. ⁰	16	69911	
Nashville													
George W. Hubbard Hospital of Meharry Medical College	F. Perry	197	6,141	280	36	19	194	6000	F	16	Rot. ⁰ 2 St. Ped.	16 70111 2 70112	
St. Thomas		277	12,632	3811	5,168	7,433	7200	O	4	Rot. ⁰ 2 Rot. ¹ 2 Rot. ² 2 Rot. ³ 2 Rot. ⁴ 1 Rot. ⁵ 1 Rot. ⁷ 1 Rot. ⁸	4 70111 2 70112 2 70113 2 70115 2 70114 1 70186 1 70142 1 70177		
Vanderbilt University Affiliated Hospitals	G. W. Liddle						6000	P	23	St. Med.	23	70232	
	H. W. Scott								18	St. Surg.	18	70233	
	D. T. Karzon								10	St. Ped.	10	70234	
	J. L. Shapiro								5	St. Path.	5	70236	
	D. A. Goss								2	St. Obg.	2	70235	
Vanderbilt University		393	14,421	512	75,276	31,758							
Nashville Metropolitan General		140	6,479	275	60,110	28,137							
Veterans Admin.		440	5,986	358	37,953								
TEXAS													
Austin													
Brackenridge	R. W. Pape	234	10,300	459	26,465	29,270	68,517	8400	O*	12	Rot. ⁰	12	70420
Corpus Christi													
Memorial Medical Center	V. C. Calma	297	13,484	424	20,842	19,503	7200	FP*	10	Rot. ⁰	10	70511	

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TEXAS—Continued													
Dallas													
Baylor University Medical Center	R. Tompsett	688	36,681	795	15,212	23,400	75,715	6000	O	20	Rot. ^{1,2,3}	20	70620
	R. Tompsett									3	St. Med.	3	70632
	E. F. Cox									4	St. Surg.	4	70633
	G. J. Race									3	St. Path.	3	70636
Children's Medical Center	H. Eichenwald	86	5,292	126				6000	P	10	St. Ped.	10	95534
Methodist Hospital of Dallas	I. E. Danhof	341	18,645	414	13,981	22,521		6000	O	18	Rot. ⁴	18	70711
	G. Noteboom									1	St. Path.	1	70736
Parkland Memorial	Service Chief	603	21,546	813	225,403	134,360		6000	P	27	Rot. ⁵	27	70811
	Service Chief									3	Rot. ³	3	70815
	D. W. Seldin									13	St. Med.	13	70832
	T. Shires									10	St. Surg.	10	70833
	V. A. Stenbridge									5	St. Path.	5	70836
Presbyterian Hospital of Dallas	W. N. Skinner	249	13,641	221	2,600	7,439	401	6000	P	12	Rot. ⁹	12	71920
St. Paul	W. C. Brooks	445	22,114	610	18,627	21,203	4,403	6000	P	14	Rot. ²	14	70913
	J. H. Childers									1	St. Path.	1	70936
Veterans Admin.	S. Eisenberg	733	9,986	686				6140	P	15	St. Med.	15	88732
El Paso													
R. E. Thomason General	M. I. Marks	215	7,765	314	37,430	26,089		9000	P	14	Rot. ⁰	14	71011
Fort Worth													
Harris Hospital - Fort Worth Medical Center	C. B. Mitchell	504	26,227	673	77,172	5,713		6300	P	3	St. Path.	3	71236
John Peter Smith	W. W. Goldman, Jr.	159	8,384	291	66,375	45,016		7000	P	21	Rot. ²	21	71113
St. Joseph	W. S. Lorimer, Jr.	331	14,208	513		8,531	2,101	4800	F	8	Rot. ⁰	8	71311
Galveston													
University of Texas Medical Branch Hospitals	W. Mc Ganity	782	17,786	17	84,235	26,431	84,235	5400	P	3	Rot. ³	3	71415
	H. Ford									3	Rot. ⁶	3	71476
	C. Allen									3	Rot. ⁸	3	71477
	W. Deiss									16	St. Med.	16	71432
	F. Wolma									12	St. Surg.	12	71433
	C. Daeschner									7	St. Ped.	7	71434
	F. L. Jennings									1	St. Path.	1	71436
Houston													
Baylor University Affiliated Hospitals													
Ben Taub General	G. L. Jordan	334	11,396	719	210,239	54,226				26	Rot. ⁹	26	71620
Ben Taub General Hospitals-Methodist	M. E. De Bakey							6300	P	6	St. Surg.	6	71633
Ben Taub General													
Methodist		807	28,891	762	83,318	24,454							
Ben Taub General-St. Luke's													
Episcopal-Texas Children's	M. E. De Bakey									6	St. Surg.	6	71698
Ben Taub													
St. Luke's Episcopal		277	13,177	351	1,923	3,876	7,254						
Texas Children's													
Ben Taub General-Texas Children's	R. J. Blattner									16	St. Ped.	16	71634
										3	St. Path.	3	71636
Ben Taub General		334	11,396	719	210,239	54,226							
Texas Children's		88	5,793	150	17,301	5,885	9,215						
Ben Taub General-Veteran Admin.	H. Brown									15	St. Med.	15	71632
	P. Jordan									6	St. Surg.	6	71633
Ben Taub General													
Veterans Admin		1,129	12,074	826	81,400					0	St. Surg.		
Methodist	H. W. Cummings									18	St. Med.	18	71732
Hermann	D. G. Kadrovach	511	25,921	545	79,214	2,882	9,801	6000	P	20	Rot. ⁰	20	71511
										1	St. Path.	1	71536
										4	St. Med.	4	71532
Memorial Baptist	R. H. Barr							9600	P	12	Rot. ⁰	12	98211
St. Joseph	J. E. Dailey	512	24,427	492	36,716	15,818	13,939	6000	P	12	Rot. ^{0,1,2,3,4,5}	12	71820
	P. Marcuse									1	St. Path.	1	71836
San Antonio													
Baptist Memorial	V. I. Beato	458	23,195	627	6,955	21,110		6000	FP	12	Rot. ⁰	12	72111
Santa Rosa Medical Center	W. H. Lewis	724	35,100	923	38,780	35,100		7572	P	25	Rot. ⁰	25	72311
										3	Rot. ⁶	3	72376
University of Texas at San Antonio Teaching Hospitals	L. Cander							7200	P	18	St. Med.	18	72232
	J. B. Aust									16	St. Surg.	16	72233
	S. Crawford									5	St. Ped.	5	72234
	H. C. Mc Gill, Jr.									4	St. Path.	4	72236
	J. Seitshik									4	St. Obg.	4	72235
Bexar County Teaching													
Robert B. Green Memorial		238	10,733	464	83,696	81,432			P				
Temple													
Scott and White Memorial	N. C. Hightower	395	14,745	370	84,439	10,819		6600	P	8	Rot. ^{0,1,2,3,4,7,8}	8	72520
										3	St. Med.	3	72532
										3	St. Surg.	3	72533
										1	St. Path.	1	72536
UTAH													
Ogden													
Mc Kay - Dee Hospital Center	W. P. Daines	152	7,938	163	656	7,196	23,502	4800	P	14	Rot. ⁰	14	72811
St. Benedict's	D. F. Hammond	152	7,938	163	656	7,196	23,502	4800	P	10	Rot. ⁰	10	72711
Thomas D. Dee Memorial-See Mc Kay-Dee Hospital Center													
Salt Lake City													
Holy Cross	D. F. Gowans	280	14,541	311	103,661	10,497		6000	O	8	Rot. ^{0,1,2,3,4}	8	73020
Latter-Day Saints	D. H. Nelson	432	20,845	602	11,306	17,021		5100	P*	20	Rot. ^{0,1,2}	20	72920
	D. H. Nelson									4	St. Med.	4	72932
	W. D. Gaisford									4	St. Surg.	4	72933
St. Mark's	C. D. Behrens	194	9,388	180	248	5,634	21,296	6000	P	6	Rot. ⁰	6	73111

APPROVED INTERNSHIPS

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Beginning Salary (Year)	Authorized Complement	Type	Total Sought Through NIRM	NIRMP Code
UTAH, Salt Lake City—Continued												
University of Utah Affiliated Hospitals△	F. H. Tyler	...	...	...	...	...	...	5400	O	3 Rot. ⁰ 9 Rot. ² 7 Rot. ⁴ 11 St. Med. 6 St. Surg. 3 St. Ped. 2 St. Path.	3 9 7 11 6 3 2	73211 73213 73214 73232 73233 73234 73236
University		217	8,516	276	58,596	26,049	...	...	...	...	...	...
Veterans Admin.		466	4,103	228	30,861	...	...	...	O	...	...	...
VERMONT												
Burlington												
Medical Center Hospital of Vermont△	W. A. Tisdale	484	19,885	574	22,820	33,488	39,268	6000	O	24 Rot. ¹ 9 Rot. ² 2 Rot. ⁴ 3 St. Path.	24 9 2 3	73412 73413 73414 73436
	J. H. Davis											
	R. J. Mc Kay, Jr.											
	R. W. Coon											
VIRGINIA												
Charlottesville												
University of Virginia	D. N. Mohler	424	15,829	5491	78,518	23,457	...	5000	O	6 Rot. ² 6 Rot. ⁴ 10 St. Med. 10 St. Surg. 4 St. Ped. 2 St. Path.	6 6 10 10 4 2	73713 73714 73732 73733 73734 73736
	D. N. Mohler											
	D. N. Mohler											
	W. Muller, Jr.											
	W. G. Thurman											
	D. E. Smith											
Falls Church												
Fairfax	E. H. Hill	284	15,149	333	3,902	36,201	12,052	6960	P	12 Rot. ²	12	73313
Newport News												
Riverside	E. L. Alexander, Jr.	359	18,640	466	11,142	28,418	32,766	6000	FP*	14 Rot. ^{1,2,3,4,5,6,7}	14	73920
Norfolk												
De Paul	J. D. Lea	263	12,154	309	19,181	23,324	32,174	9600	P	12 Rot. ⁰	12	74011
Norfolk General	D. W. Drew	544	19,701	740	48,559	45,866	...	9600	O	16 Rot. ^{0,1,2,3,4}	16	74120
Richmond												
Johnston-Willis Hospital	T. D. Davis, Jr.	278	9,972	378	1,821	9,056	5,473	6000	F	14 Rot. ²	14	74213
Medical College of Virginia-Hospital Division	G. Hilkovitz	962	33,479	1,180	168,361	55,052	...	5000	P	6 Rot. ⁰ 18 Rot. ¹ 6 Rot. ² 5 Rot. ³ 4 Rot. ⁴ 2 Rot. ⁵ 3 Rot. ⁶ 4 Rot. ⁷ 2 Rot. ⁸ 16 St. Med. 12 St. Surg. 8 St. Ped. 4 St. Path.	6 18 6 5 4 2 3 4 2 16 12 8 4	74311 74312 74313 74315 74314 74386 74376 74342 74377 74332 74333 74334 74336
	W. T. Thompson											
	D. Hume											
	L. Dunn											
	W. E. Laupus											
	F. Goodale											
	H. D. Lederer											
	E. R. King											
	C. P. Boyan											
	W. T. Thompson											
	D. Hume											
	W. E. Laupus											
	F. Goodale											
Roanoke												
Community Hospital of Roanoke Valley	J. Cole, Jr.	350	14,882	386	20,329	9,005	1,228	7200	F	6 Rot. ⁰ 6 Rot. ²	6 6	74611 74613
Roanoke Memorial	C. L. Crockett, Jr.	479	16,787	403	23,589	26,565	...	5400	F	20 Rot. ⁰	20	74811
WASHINGTON												
Washington												
Children's Medical Center-University Hospital△	J. M. Docter	...	...	...	...	...	...	6504	P	12 St. Ped.	12	99034
Children's Orthopedic Hospital and Medical Center		124	9,926	160	...	7,368	39,616	...	...	...	...	...
University		215	9,477	303	107,961	15,908	...	...	...	...	...	...
Doctors	C. S. Powell	145	9,466	237	720	6,340	...	7200	FP*	4 Rot. ⁰ 4 Rot. ¹ 2 Rot. ⁰	4 4 2	75111 75112 81111
Group Health Medical Center	J. J. Quinn	134	9,416	287	...	7,712	...	...	...	...	...	...
Harborview Medical Center (Formerly King County Hospital△)	E. H. Laws	279	9,932	521	82,241	26,460	...	...	P	29 Rot. ⁰ 4 St. Surg.	29 4	75211 75233
Providence	R. E. Robards	257	13,887	426	13,023	7,984	518	6624	P	17 Rot. ^{0,1,2,3,5,7,8}	17	75320
Swedish Hospital Medical Center△	J. L. Wright	379	21,240	696	38,618	7,065	7,927	6600	P	12 Rot. ⁰	12	75511
University△	R. J. Bulger	215	9,477	303	107,961	15,908	...	6504	P	5 St. Path.	5	91836
University of Washington Affiliated Hospitals△	R. J. Bulger	...	...	...	...	...	...	6504	P	10 Rot. ⁰ 20 St. Med. 14 St. Surg.	10 20 14	91811 91832 91833
University		215	9,477	303	107,961	15,908	...	...	...	...	...	...
Harborview Medical Center		279	9,932	521	82,241	26,460	...	...	...	0 St. Med.	...	...
Veterans Admin.		280	4,643	260	24,351	...	...	...	...	...	...	...
U. S. Public Health Service		208	5,655	121	106,843	...	...	...	...	...	...	...
Virginia Mason△	G. H. Lawrence	220	11,563	277	...	9,510	...	5950	FP*	12 Rot. ^{0,2} 4 St. Med.	12 4	75620 75632
Spokane												
Deaconess		260	16,827	430	...	...	...	6000	FP*	12 Rot. ⁰	12	75711
Sacred Heart	J. D. Kindschi	389	21,403	671	1,115	21,014	7,707	6000	F*	15 Rot. ^{0,1,2,3,5,7}	15	75820
WEST VIRGINIA-												
West Virginia												
Charleston General	W. Pushkin	297	11,043	317	12,485	12,949	32,917	7200	F	8 Rot. ^{0,1,2}	8	76420
Memorial	D. Hamaty	287	14,062	370	16,203	22,391	18,931	6000	F	13 Rot. ^{0,00,1,5,6} 3 St. Med.	13 3	90220 90232
	A. B. C. Ellison											
Huntington												
Cabell Huntington	D. S. Clark	259	94,517	409	585	21,793	15,830	5160	P	6 Rot. ⁰ 2 Rot. ¹	6 2	97611 97612
St. Mary's	H. D. Proctor	334	14,719	502	3,709	22,396	7,996	4200	F*	10 Rot. ⁰ 4 Rot. ¹	10 4	76611 76612
	Z. C. Burton											

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Total Number of Deaths	Outpatient Clinic Visits	Emergency Room Visits	Referred Visits	Beginning Salary (Year)	Authorized Complement Type	Total Sought Through NTRMP	NTRMP Code		
WEST VIRGINIA—Continued													
Morgantown													
West Virginia△	W. G. Klingberg	339	11,393	446	71,005	21,775	...	6000	P	15	Rot. ⁰	15	83720
	E. B. Flink									4	St. Med.	4	83732
	B. Zimmermann									2	St. Surg.	2	83733
	W. G. Klingberg									2	St. Ped.	2	83734
	W. Albrink									3	St. Path.	3	83736
Wheeling													
Ohio Valley General	H. B. Sauder	357	13,499	5231	7,846	15,907	50,691	9000	P	15	Rot. ^{0,1,2,3,4,5}	15	76920
Wheeling		187	7,192	278	1,840	9,077	6,721	6000	F*	10	Rot. ^{0,2,3,4}	10	77020
WISCONSIN													
La Crosse													
La Crosse Lutheran Hospital-Gundersen Clinic	E. L. Overholt	232	10,180	248	129,751	13,893	...	4200	F	8	Rot. ^{0,1,2,4}	8	77420
Madison													
Madison General△	D. R. Korst	390	15,540	382	...	13,772	3,700	5160	O	6	Rot. ⁰	6	77611
University Family Health Service, University Medical Center	M. F. Hansen	...	...	...	...	...	...	...		1	Fam. Pr.	1	77918
University Hospitals△	Office of Supt.	571	16,851	480	131,977	11,923	...	4400	P	3	Rot. ⁴	3	77914
										26	St. Med.	26	77932
										10	St. Surg.	10	77933
										8	St. Ped.	8	77934
										4	St. Path.	4	77936
Marshfield													
St. Joseph's	J. W. Manier	296	10,798	387	174	7,223	...	4800	F*	8	Rot. ⁰	8	78011
Milwaukee													
Columbia	D. Santer	298	10,620	318	16,614	13,836	...	7500	P	11	Rot. ^{0,1,2}	11	78120
Evangelical Deaconess	B. G. Narodick	223	8,611	302	3,036	945	15,943	6600	P	18	St. Path.	2	78136
Lutheran Hospital of Milwaukee	H. Albright	260	10,313	242	0	0	39,006	7030	P*	12	Rot. ^{1,2,3}	12	78520
Marquette Affiliated Hospitals	J. M. Cerletty	...	...	...	...	...	...	6600	P	1	St. Path.	1	78536
	W. W. Engstrom									22	Rot. ^{0,1,2,3,4}	22	78420
	E. H. Ellison									12	St. Med.	12	78432
	J. F. Kuzma									12	St. Surg.	12	78433
										2	St. Path.	2	78436
Milwaukee County General		445	19,116	1,198	138,071	95,091	...	6600	P	22	Rot. ^{0,1,2,3,4}	...	...
Milwaukee Children's	J. C. Peterson	149	9,242	114	34,409	8,505	6,195	6600	P	8	St. Ped.	8	78334
Mount Sinai	J. Chase	306	12,715	337	14,916	7,035	641	7200	P	17	Rot. ^{0,0,1,2,3}	17	78720
St. Joseph's	K. E. Sauter	352	16,552	438	16,040	5,221	22,059	7500	P	15	Rot. ^{0,1,2,3}	15	78820
St. Luke's	J. A. Paese	379	14,457	378	14,238	17,651	11,385	6900	F*	12	Rot. ⁰	12	78920
St. Mary's	M. J. Ciccantelli	245	9,423	396	8,736	2,993	42,239	6600	P	10	Rot. ⁰	10	79011
St. Michael	F. E. Berridge	268	11,671	256	33,947	18,947	15,000	6600	P*	12	Rot. ⁰	12	79111

HOSPITALS APPROVED FOR JUNIOR ROTATING INTERNSHIPS IN CANADA

NOTE: The American Medical Association does not participate in the evaluation and/or approval of internships and residencies outside the United States and Puerto Rico. The list is published simply as a convenience for the users of the Annual Directory of Approved Internships and Residencies.

The following list of hospitals that are approved as conforming to the standards of The Canadian Medical Association may be considered as offering internships equivalent in educational value to those in hospitals in the United States approved for intern training by the Council on Medical Education of the American Medical Association. This list was furnished by The Canadian Medical Association on August 23, 1968.

Name of Hospital	Location	Name of Hospital	Location	Name of Hospital	Location
British Columbia		Ontario		Quebec (Continued)	
Royal Columbian Hospital	New Westminster	Hamilton General Hospital	Hamilton	Montreal General Hospital	Montreal
St. Paul's Hospital	Vancouver	McMaster University Family Practice Course (1st year)	Hamilton	Queen Elizabeth Hospital	Montreal
Vancouver General Hospital	Vancouver	St. Joseph's Hospital	Hamilton	Reddy Memorial Hospital	Montreal
Royal Jubilee Hospital	Victoria	Hotel-Dieu Hospital	Kingston	Royal Victoria Hospital	Montreal
St. Joseph's Hospital	Victoria	Kingston General Hospital	Kingston	St. Mary's Hospital	Montreal
Alberta		St. Joseph's Hospital	London	Hopital de l'Enfant-Jesus	Quebec
Calgary General Hospital	Calgary	Victoria Hospital	London	Hopital du Saint-Sacrement	Quebec
Foothills Hospital	Calgary	Ottawa Civic Hospital	Ottawa	Hopital St-Francoise-d'Assise	Quebec
Holy Cross Hospital	Calgary	Ottawa General Hospital	Ottawa	Hotel-Dieu de Quebec	Quebec
Edmonton General Hospital	Edmonton	Scarborough General Hospital	Scarborough	Jeffrey Hale's Hospital	Quebec
Misericordia Hospital	Edmonton	New Mount Sinai Hospital	Toronto	Hopital General St-Vincent-de Paul	Sherbrooke
Royal Alexandra Hospital	Edmonton	St. Joseph's Hospital	Toronto	Hotel-Dieu de Sherbrooke	Sherbrooke
University of Alberta Hospital	Edmonton	St. Michael's Hospital	Toronto	Sherbrooke Hospital	Sherbrooke
Saskatchewan		Toronto East General and Orthopaedic Hospital	Toronto	Hopital St-Joseph	Trois-Rivieres
Regina General Hospital	Regina	Toronto General Hospital	Toronto	Hopital General de Verdun	Verdun-Montreal
Regina Grey Nuns' Hospital	Regina	Toronto Western Hospital	Toronto	New Brunswick	
St. Paul's Hospital	Saskatoon	Wellesley Hospital	Toronto	Victoria Public Hospital	Fredericton
Saskatoon City Hospital	Saskatoon	Women's College Hospital	Toronto	The Moncton Hospital	Moncton
University Hospital	Saskatoon	Quebec		Saint John General Hospital	Saint John
Manitoba		Hotel-Dieu St.-Vallier	Chicoutimi	Nova Scotia	
St. Boniface General Hospital	St. Boniface	Hopital du Sacre-Coeur	Hull	Halifax Infirmary	Halifax
Grace Hospital	Winnipeg	Hopital Jean-Talon	Montreal	Victoria General Hospital	Halifax
Misericordia General Hospital	Winnipeg	Hopital Maisonneuve	Montreal	Newfoundland	
Winnipeg General Hospital	Winnipeg	Hopital du Sacre-Coeur	Montreal	St. John's General Hospital	St. John's
		Hopital Notre-Dame	Montreal		
		Hopital Ste-Jeanne d'Arc	Montreal		
		Hopital Saint-Luc	Montreal		
		Hotel-Dieu de Montreal	Montreal		
		Jewish General Hospital	Montreal		

ABBREVIATIONS AND NOTES

△	Internship appointments begin in June rather than on July 1.
	The exact date should be obtained from the program director and should be specified in the intern's contract.
†	Discharges
F	Full maintenance
P	Partial maintenance
O	No maintenance furnished
..	No information available
*	Variation in salary or maintenance for married intern

St.	Straight
Rot.	Rotating
Fam. Pr.	Family Practice
Med.	Medicine
Surg.	Surgery
Ped.	Pediatrics
ObG	Obstetrics-Gynecology
Path.	Pathology
Psych.	Psychiatry

REQUIREMENTS FOR ROTATING INTERNSHIPS

With the revision of the definition of a rotating internship in 1966, all rotating internships must now contain a mandatory assignment of not less than four, nor more than six months to the internal medicine service (except for a medicine major) plus an assignment to at least one other service. Each rotating internship is listed with a number to identify the additional service to which special "major emphasis" is given as indicated by an assignment of four or more months. A hospital is not limited to one variety of rotation, but may list several, each with different majors. It is not necessary to specify the electives that will complete the twelve-month internship, but these will need to be described when the program is surveyed for continued approval.

ROTATIONS AND ELECTIVES

Each hospital staff must make a firm decision and must publicize clearly the limits of the rotational possibilities to be offered to prospective interns. To make the best use of the flexibility provided by the redefinition of a rotating internship, the varieties of rotations and the span of electives offered should be limited to those that capitalize on the strengths of the hospital's clinical resources; the hospital is not obliged nor expected to make available all of the rotations that may seem desirable to the prospective intern. It is not in the best interest of the candidate nor the hospital to consider rotations involving inadequate or nonexistent clinical resources.

REQUIREMENTS FOR A STRAIGHT INTERNSHIP

The "Essentials" state that a straight internship is one that provides experience on a single service, although one or more related subspecialties may be included. Straight internships are approved in internal medicine, surgery, pediatrics, obstetrics-gynecology, and pathology. The straight internship requires that the hospital have a concurrent, fully approved residency in the specialty.

LISTINGS OF ROTATING INTERNSHIPS

Hospitals that prefer to offer a rotating internship that is limited to the four major clinical services of internal medicine, surgery, obstetrics-gynecology, and pediatrics, and without a specific "major" may use the designation "rotating⁰" for such programs, in addition to programs that follow the pattern listed below for "rotating⁰." Those few hospitals approved for rotating internships of longer than twelve months duration will be listed as "rotating⁰⁰." A maximum of ten footnotes can be published as follows:

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

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

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

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

Rotating 2—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *surgery*, but not more than two other assignments of at least two months each. Examples:

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

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

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

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

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

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

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

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

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

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

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

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

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

Rotating²—This notation will be used, to simplify the listing, when hospitals offer all types of rotating internships, from Rotating¹ through Rotating⁸ under a single Matching Code number. If the Internships are to have separate Matching Code numbers, however, Rotating² cannot be used for the listing.

Essentials of an Approved Internship

PREFACE

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

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

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

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

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

Since 1955, selected portions of the *Essentials* have been revised almost annually. [Section on Special Announcements in *Directory of Approved Internships and Residencies* enumerates the specific portions revised in the succeeding years.]

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

I. INTRODUCTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

II. THE INTERNSHIP

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 re-

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

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

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

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

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

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

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

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

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

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

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

III. SELECTION OF INTERNS

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

As of January 1, 1969, any graduate of a school of osteopathy is eligible under the following conditions for appointment to a hospital internship approved by the American Medical Association:

- a. He must possess a license to practice medicine which is identical with or wholly equivalent to the full and unrestricted license granted graduates of approved schools of medicine in the United States; or,
- b. He must be eligible for such a license, on the completion of the internship, under conditions identical with those which apply to graduates of approved schools of medicine in the United States, and
- c. He must meet such requirements as are necessary to determine the personal and medical qualifications of such applicants for internship positions, as established by the medical staff of the hospital.

Since similar sources and kinds of information have not

been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 3930 Chestnut St., Philadelphia, Pa. 19104, has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for internship positions acquire reasonable assurance with regard to their medical qualifications through utilization of the program of the Educational Council.

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

- (1) have secured a standard certificate from ECFMG, or
- (2) have a full and unrestricted state license to practice, or

(3) in the case of United States citizens, have successfully passed the complete licensure examination in any state or other licensing jurisdiction in which the law or regulations provide that a full and unrestricted license to practice medicine in that state or jurisdiction will be issued to the physician after satisfactory completion of his internship or residency in that state, without further examination.

After July 1, 1961, the Council will recommend to the Internship and Residency Review Committees the disapproval of those training programs whose rosters contain graduates of foreign medical schools who do not satisfy requirement 1, 2 or 3 above].

IV. HOSPITALS ELIGIBLE FOR APPROVAL

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

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

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

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

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

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

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

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

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

V. THE HOSPITAL STAFF

The teaching staff should be composed of physicians and other health professionals qualified on the basis of educational background and professional accomplishment, oriented to the requirements and responsibilities of a teaching appointment, and motivated to assign acceptable priority to teaching duties. Physicians appointed to the visiting staff must have proper qualifications as to medical education and licensure. The staff must be limited to physicians whose professional and

moral integrity are unquestioned, who are proficient in the fields of practice to which they devote themselves, who give personal attention to the patients under their charge, and who are willing to assume responsibility individually and as a group for providing ample instruction to the interns and to assist them in their work.

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

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

VI. CLINICAL RECORDS

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

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

3. *Nomenclature and Coding of Diseases and Operations.*—To avoid ambiguity and lack of definiteness, it is recommended that the Standard Nomenclature of Diseases and Operations be used by the medical staff to record the clinical diagnosis on patients. For coding or indexing, either the Standard Nomenclature or the International Classification of Diseases may be used. Current Medical Terminology may provide an additional useful tool in the management and utilization of clinical records.

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

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

and intern staff.

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

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

IX. MEDICAL LIBRARY

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

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

X. ORGANIZATION AND CONDUCT OF THE INTERNSHIP TEACHING PROGRAM

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

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

service to the hospital.

Rotation through other services should be arranged with a view to the future plans of the specific intern and the needs of the hospital. Under this plan the service needs of some of the more highly-specialized departments would be supplied in part by rotating interns, in part by straight interns or by residents. If training is needed by a given intern in some specialty to which he is not assigned, it may be provided through work with consultants on his patients, on other services, and at times by outpatient experience.

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

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

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

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

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

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

5. *Classroom Facilities and Teaching Aids.*—The availability of suitable rooms for conferences, seminars, and other educational activities of a well-conducted teaching program is highly desirable, if not essential. Attempting to hold discussions of a formal or informal nature in the hospital's

corridors or other areas not intended for the purpose is unsatisfactory. Teaching aids such as projectors, x-ray view boxes, blackboards, and the like should be provided. Teaching films may be successfully employed in presenting certain types of material not otherwise available. It should be stressed, however, that none of these methods of instruction supplants the basic features of a satisfactory internship program—bedside teaching.

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

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

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

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

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

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

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

These conferences may be informal but should not be perfunctory. They should be held soon enough after a pa-

tient's death or discharge for the patient's history and findings to be fresh in the minds of all concerned. Few phases of an intern's training can approach these conferences in the opportunity they provide to instill in the intern an attitude of critical examination of his clinical judgment and skill.

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

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

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

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

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

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

(c) Obstetrics: The intern is expected to assist at the delivery of all patients assigned to him and to deliver a minimum of 10 patients under direct supervision. Limited training in obstetric anesthesia is desirable. Emphasis should be placed on teaching the intern the proper management of normal labor and delivery and on the recognition of the complications of labor which require expert consultation. A most

important aspect of intern education in obstetrics is the experience to be gained in the outpatient department with prenatal patients and their problems. Too frequently, the intern is not given this opportunity, with the result that his concept of obstetric care is distorted and his knowledge of the patient's problems, as he will encounter them in his office, is limited. If active prenatal and postnatal care is not carried out at the hospital, arrangements should be made for the intern to obtain this type of experience through affiliation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Special consideration will be given to each application proposing a preceptorship, particularly to one involving a limited number of physicians whose offices are located together or nearby, or where there is a group or clinic type of arrangement in which the management of a pool of patients and the participation of the house officer follows the pattern of a well-organized and supervised outpatient department.

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

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

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

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

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

(a) In addition to the program described in paragraph 4 of this section, orientation for the foreign medical graduate should include thorough familiarization with patterns of

American hospital and clinical practice, organizational responsibilities of hospital personnel, legal as well as moral and ethical concepts of physician-patient relationships, and the varying patterns of graduate medical education which lead to competence in practice.

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

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

(c) The countries of origin of foreign medical graduates have widely-varying needs for health and medical care, and the programs for individual foreign physicians should reflect an interest in those features of clinical practice most essential to the foreign physician upon return to his own country.

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, clinic-pathological and radiologic

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

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

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

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

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

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

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

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

If a program director wishes to arrange to accept female physicians for part-time internship duties, he must justify to the Council, as well as to state licensing boards, the manner in which the program will be arranged so as to pro-

vide the equivalent of a full year's internship experience, the manner in which the part-time intern's experience and responsibilities will be documented, and the manner in which intern's patient care responsibilities will be discharged during those periods when she will not be on duty.

XII. MISCELLANEOUS

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

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

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

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

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

6. *Intern-Resident Relationship.*—In a hospital conducting both intern and residency training, care must be exercised to assure that neither group is neglected in the training program. The duties and responsibilities of both intern and resident should be clearly defined to preclude this possibility. It is obvious that the intern cannot be given the same degree of responsibility as that assumed by the resident. However, the intern should not be relegated to a position of an assistant to the resident performing routine duties of little or no educational value. A well-integrated intern-resident program can enhance the value of the training received by each member of the house staff. Conversely, a

program in which either the intern's or the resident's training is stressed to the neglect of the other will result in a lowering of morale and consequent dissatisfaction. It is the responsibility of the chief of each service to assure that every member of the house staff is receiving the attention he requires and is given responsibility commensurate with his ability and stage of training.

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

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

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

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

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

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

XIII. ADMISSION TO THE APPROVED LIST

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

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

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

XIV. WITHDRAWAL FROM THE APPROVED LIST

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

Among other major deficiencies leading to probationary status are:

- (1) Failure to maintain an autopsy rate of at least 25%.
- (2) Failure to maintain an appropriate ratio of admissions per intern. While Section IV of these "Essentials" specifies that a hospital eligible for approval should have a minimum complement of six interns and a ratio of 15 to 25 beds per intern, an excessively rapid turnover of patients may result in such a high admission rate that the greatly increased work load will result in deterioration in the educational experience of the interns and unsatisfactory service to the hospital.
- (3) Failure to secure a minimal effective complement of interns for two successive years. It is in the direct interest of hospital service requirements that there be uninterrupted service coverage in each of the major clinical departments. This minimal effective complement should also provide for effective coverage during emergency room assignment, affiliated assignments and off-duty periods, for uninterrupted operation of the teaching program, a sufficiently large group of interns to permit the necessary group interaction during teaching activities, and effective stimulus to the staff to provide a real educational program.

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

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

Lack of evidence of recognition, planning, and implementation of the special requirements described in Section X, paragraph 9, will be regarded as a deficiency in any program accepting numbers of foreign medical graduates. On the other hand, evidence of exceptional performance in this area, especially for a program composed wholly of such physicians, will warrant commendation by the Council on Medical Education.

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

Re-applications for approval will not be accepted ordinarily from hospitals whose programs have been disapproved until lapse of a significant period of time for evaluation and reorganization. The Council considers that effective reorganization of disapproved programs will require a minimum of six months, and frequently longer, before re-application should be accepted.

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

APPENDIX: SUGGESTIONS TO HOSPITALS NOT ELIGIBLE FOR INTERNSHIP APPROVAL

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

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

1. Depending on the size of the hospital, one or more younger physicians who have completed their formal hospital training may be employed to assist the attending staff in the care of their patients by performing certain of the functions ordinarily carried out by the house staff. An adequate salary and living quarters within the hospital or on the hospital property should be provided. These physicians should be employed under terms which conform to accepted ethical practices.
2. If the size of the hospital staff makes it practicable, responsibility for night duty, or 24-hour duty, may be arranged for through rotation of this assignment among the members of the junior attending staff.
3. If the junior staff is too limited in number, these duties may be rotated through the entire attending staff.
4. A junior attending or courtesy staff physician who is just starting the practice of medicine in the community may be employed on a part-time basis to care for emergencies and perform house-staff duties during the night.
5. Nurses, qualified technicians, and other ancillary personnel may be trained to perform many procedures ordinarily assigned to the intern staff.

With respect to the maintenance of adequate records, hospitals not conducting educational programs may give consideration to developing a type of clinical record that will be more economical of time and effort than the type required of hospitals conducting educational programs and still include all essential data. A concise, inclusive clinical summary, along with a brief history and report of physical examination, may frequently suffice for this purpose, particularly if supplemented by copies of records from the physi-

cian's office. Except for emergency admissions, the hospital could require that each referring physician supply a copy or

summary of the patient's office examination and diagnosis to serve as an admission note.

Directory of Approved Residencies

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago 60610

Revised to June 30, 1969

Hospitals, 1,449

Residencies, 46,785

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

This issue follows the format adopted in 1960 for the listing of residencies. General features relating to the hospitals will be found in the Consolidated List which begins on page 33.

The average daily census for each specialty service usually reflects a 12-month period ending September 30, 1968.

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 necropsy percentage are shown for each specialty so that one can calculate the actual number of necropsies performed for the particular service, and can further calculate mortality rates as an index of the severity of illness admitted to the particular service.

Outpatient visits may include emergency room visits as well.

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

The salary range lists the beginning minimum salary for a single resident and the maximum salary in the final year of the approved program. As in the list of approved internships, F means full maintenance and P means partial maintenance. If full maintenance is provided for single residents, and additional benefits (including additional salary) are paid to married residents, then both F and P will be indicated. F alone means full maintenance for both single and married. No maintenance symbols or a "O" means a hospital pays salary only. The salary data supplied by the hospital may be out of date by the time it is published; candidates should ascertain from the program directors whether the information shown in this Directory is still current and complete.

Numerical and other references begin on page 305. Numbers used as superscripts following names of programs or hospitals indicate institutions to which residents are rotated on a full-time basis for significant periods of time as an essential part of the approved program.

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

† indicates special training available beyond the period for which program is approved

‡ indicates discharges instead of admissions.

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APPROVED RESIDENCIES

1. ANESTHESIOLOGY

Residency programs in the following hospitals have been approved for TWO or for THREE years of training by the Council on Medical Education and the American Board of Anesthesiology, through the Residency Review Committee for Anesthesiology. Programs, 192; Residencies, 2,088

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE												
TEXAS												
Wilford Hall U. S. A. F., San Antonio	A. J. Digiovanni	9,230	200	3	6	6	4	0	0	16	.....	..
UNITED STATES ARMY												
DISTRICT OF COLUMBIA												
Walter Reed General, Washington	H. R. Hansen	9,868	84	3	4	3	4	0	0	11	.....	..
TEXAS												
Brooke General, San Antonio	M. K. Mendenhall	7,378	58	3	4	4	4	0	0	12	.....	..
UNITED STATES NAVY												
CALIFORNIA												
Naval, Oakland	H. N. Dean	5,349	111	2	3	3	0	0	0	6	.....	..
Naval, San Diego	D. R. Buechel	11,033	687	3	5	5	2	0	0	12	.....	..
MARYLAND												
Naval, Bethesda	R. J. Van Houten	4,976	198	3	3	3	0	0	0	6	.....	..
MASSACHUSETTS												
Naval, Chelsea	W. J. Gallagher	2,895	125	2	3	3	0	0	0	6	.....	..
NEW YORK												
Naval, St. Albans	R. H. Norton	3,148	52	3	2	2	2	0	6	6	.....	..
PENNSYLVANIA												
Naval, Philadelphia	P. R. Knox	4,096	123	2	3	3	0	0	0	6	.....	..
UNITED STATES PUBLIC HEALTH SERVICE												
NEW YORK												
U. S. Public Health Service (Staten Island), New York City ²⁴⁷	K. F. Urbach	2,856	160	2	3	3	0	0	0	6	.....	..
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Birmingham												
University of Alabama Medical Center												
University of Alabama Hospitals and Clinics	G. Corsen	9,756	156	2	6	6	2	0	0	14	6300-7500	P
Fairfield												
Lloyd Noland	R. W. Grady	5,900	279	2	2	1	0	0	0	3	7800-8400	FP
ARIZONA												
Phoenix												
Maricopa County General	T. I. Crawford	5,514	260	2	4	4	0	0	0	8	8400-9200	P
ARKANSAS												
Little Rock												
University	F. E. Greifenstein	3,397	103	2	5	5	0	0	0	10	5400-6000	O
CALIFORNIA												
Davis												
University of California (Davis) Affiliated Hospitals												
Sacramento Medical Center (Sacramento) ⁵⁸	H. S. Davis, R. T. Patrick	2,430	62	2	3	3	3	0	0	9	8520-9852	P
Loma Linda												
Loma Linda University Affiliated Hospitals												
Loma Linda University	B. D. Briggs	4,477	96	2	4	4	0	0	0	8	6198-8466	P
Riverside General (Riverside)		2,431									6200-8500	P
Los Angeles												
Los Angeles County-U.S.C. Medical Center	J. S. Denson	14,125	1,435	3	16	16	2	0	0	34	8100-9333	P
U. C. L. A. ⁵⁸	J. B. Dillon	7,233	153	2	15	15	5	0	0	35	6200-9300	O
Veterans Admin. Center-Wadsworth ⁵⁸	P. F. Shroff	5,152	37	2	5	5	2	0	0	12	9371-10715	P
White Memorial Medical Center	H. T. Morse, Jr.	4,639	204	3	3	3	1	0	0	7	7860-9060	P
Orange												
University of California (Irvine) Affiliated Hospitals												
Orange County Medical Center	C. C. Leydic, Jr.	3,381	150	2	2	2	0	0	0	4	8133-8820	P
Palo Alto												
Veterans Admin. - See Stanford University Affiliated Hospitals, Stanford												
Riverside												
Riverside General - See Loma Linda University, Loma Linda												
Sacramento												
Sacramento County - See Univ. of Calif. (Davis) Affiliated Hospitals, Davis												
San Diego												
Mercy Hospital and Medical Center	G. E. Kinyon	9,271	21	2	1	1	0	0	0	2	6180-6780	F
University Hospital of San Diego County	H. H. Bendixen			2								
San Francisco												
Children's Hospital and Adult Medical Center	A. L. Bengle, Jr.	8,145	25	2	2	1	0	0	0	3	7800-8400	P
University of California Program ³¹⁹	W. K. Hamilton			3	15	14	10	0	0	39		
H. C. Moffitt-University of California Hospitals	W. K. Hamilton										6200-9600	O
San Francisco General	E. P. Guy	4,038	1,600								7116-10248	P

1. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary Per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA—Continued												
San Jose												
Santa Clara Valley Medical Center	P. A. Olsen	3,460	700	2	3	3	0	0	0	6	7238-7758	F
Stanford												
Stanford University Affiliated Hospitals	J. P. Bunker	...	...	3	5	5	2	0	0	12	...	...
Stanford University	J. P. Bunker	12,552	955	...	...	...	...	...	...	...	6500-7500	P
Veterans Admin. (Palo Alto)	W. H. Forrest, Jr.	1,501	54	...	...	...	...	...	...	...	6190-7150	O
Torrance												
Los Angeles County Harbor General ⁵⁸	P. Lorhan	5,686	221	2	7	7	3	0	0	17	8100-9444	P
COLORADO												
Denver												
University of Colorado Affiliated Hospitals	R. W. Virtue	...	...	3	6	9	2	0	0	17	...	...
University of Colorado Medical Center	R. W. Virtue	7,450	172	...	...	...	...	...	...	...	5400-6200	O
Veterans Admin.	J. A. Aldrete	4,610	48	...	...	...	...	...	...	...	5620-8870	O
CONNECTICUT												
Hartford												
Hartford	C. Hickcox, D. Little, Jr.	24,566	534	3	4	3	2	0	0	9	7600-9100	O
St. Francis	S. J. Martin	19,356	1,200	2	5	5	0	0	0	10	7200-7800	F
New Haven												
Hospital of St. Raphael	M. Garofalo	20,428	600	3	2	2	1	0	0	5	7866-9246	P
Yale-New Haven Medical Center	...	...	...	...	...	...	...	...	...	...	...	...
Yale-New Haven	N. M. Greene	16,405	206	3	5	5	4	0	0	14	9000-10000	O
Waterbury												
Waterbury ⁵⁸	J. E. Keet	8,293	...	2	1	1	1	0	0	31	7500-8900	F
DISTRICT OF COLUMBIA												
Washington												
Freedmen's	E. Henley	6,156	163	2	1	1	0	0	0	2	7865-8700	O
Georgetown University ⁷⁷	T. E. Macnamara	5,438	26	3	5	4	4	0	0	13	9400-...	...
George Washington University	C. S. Coakley	13,075	938	3	8	8	3	0	0	19	7517-9020	P
Washington Hospital Center	C. A. Albert	18,045	350	2	8	8	0	0	0	16	8200-8400	P
FLORIDA												
Gainesville												
University of Florida Affiliated Hospitals	J. H. Modell	...	...	3	5	5	3	0	0	13	...	...
William A. Shands Teaching Hosp. and Clinics	...	5,234	4,050	...	...	...	...	...	...	...	6500-13000	O
Veterans Admin.	...	1,862	744	...	...	...	...	...	...	...	7350-10100	O
Miami												
University of Miami Affiliated Hospitals	...	...	...	3	10	10	10	1	0	31	...	...
Jackson Memorial	F. Moya	20,876	750	...	...	...	...	...	...	...	7050-12000	P
Variety Children's	A. Freeman	2,536	112	...	...	...	...	...	...	...	7500-8000	P
Veterans Admin.	...	2,607	...	...	...	...	...	...	...	...	...	...
Miami Beach												
Mount Sinai Hospital of Greater Miami	B. Steinberg	8,010	80	2	2	2	0	0	0	4	7300-7800	P
Tampa												
Tampa General	H. Carron	12,343	200	2	2	2	0	0	0	4	8500-9000	FP
GEORGIA												
Atlanta												
Emory University Affiliated Hospitals	J. E. Steinhaus	6,650	22	3	...	...	...	...	...	9	6480-6960	P
Emory University	...	6,650	22	...	...	...	...	...	...	...	...	...
Grady Memorial	...	8,528	300	...	...	...	...	...	...	...	...	...
Augusta												
Medical College of Georgia Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
Eugene Talmadge Memorial ⁵⁸	P. P. Volpitto	3,257	23	2	4	4	2	0	0	10	7200-7800	P
ILLINOIS												
Chicago												
Chicago Medical School Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
Mount Sinai Hospital Medical Center of Chicago	H. Havdala	4,746	340	2	3	3	0	0	0	6	8700-9300	P
Cook County	V. J. Collins	15,218	418	3	7	7	8	0	0	22	9600-10800	P
Illinois Masonic Medical Center	F. N. Heller, M. Sadove	6,032	17	2	3	3	0	0	0	6	10000-10500	P
Michael Reese Hospital and Medical Center ⁵⁸	J. Bolgia	11,143	350	2	4	4	2	0	0	10	8600-10400	P
Northwestern University Medical Center	J. E. Eckenhoff	...	...	3	9	8	5	0	0	22	...	...
Chicago Wesley Memorial	J. E. Eckenhoff	9,197	37	...	...	...	...	...	...	...	7500-9000	...
Children's Memorial	D. Allan	4,551	1,986	...	...	...	...	...	...	...	8000-12000	P
Passavant Memorial	J. E. Eckenhoff	5,808	57	...	...	...	...	...	...	...	7500-9000	...
Veterans Admin. Research	J. E. Eckenhoff	1,499	39	...	...	...	...	...	...	...	8940-9940	O
Evanston (Evanston)	C. A. Baldwin, Jr.	7,633	111	...	...	...	...	...	...	...	7500-8000	P
Presbyterian-St. Luke's	R. Balagot	10,922	178	2	2	2	2	0	0	6	8500-9500	P
University of Chicago Hospitals and Clinics	M. H. Harmel	8,878	350	3	6	6	3	0	0	15	8000-9500	O
University of Illinois Research and Educational Hospitals	M. S. Sadove	10,500	780	3	7	7	7	0	0	21	9600-10800	...
Evanston												
Evanston - See Northwestern University Medical Center, Chicago	...	...	...	...	...	...	...	...	...	...	...	...
Hines												
Veterans Admin. ¹⁷⁵	M. S. Sadove	3,756	136	2	4	4	0	0	0	8	8940-9440	O
Joliet												
St. Joseph ¹⁷⁷	A. W. Hoppins	10,326	242	2	3	3	0	0	0	6	8100-10200	P
INDIANA												
Indianapolis												
Indiana University Medical Center	V. K. Stoelting	...	...	3	9	8	0	0	0	171	...	...
Indiana University Hospitals	...	10,357	1,452	...	...	...	...	...	...	...	7000-8000	P
Veterans Admin.	...	1,920	72	...	...	...	...	...	...	...	8350-9550	O
Marion County General ⁵⁸	G. E. Dryden	4,985	703	2	3	3	1	0	0	7	...	...
Methodist Hospital of Indiana ⁵⁸	W. Edwards, J. H. Smith	16,308	...	2	1	1	1	0	0	3	8600-9200	P

1. ANESTHESIOLOGY - Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
IOWA												
Iowa City												
State University of Iowa Affiliated Hospitals				3	8	8	3	0	0	19		
University of Iowa Hospitals	J. Moyers	15,518	600								7000-8000	P
Veterans Admin.	F. D. Staab	1,310	50								6044-7044	
KANSAS												
Kansas City												
University of Kansas Medical Center	R. T. Parmley	7,003	104	3	3	3	2	0	0	81	7200-7800	P
Wichita												
St. Francis ³⁸	R. H. Robinson	13,622	290	2	4	4	2	0	0	10	7800-8400	FP
KENTUCKY												
Lexington												
University of Kentucky Medical Center	P. P. Bosomworth			3	3	3	3	0	0	9		
University	P. P. Bosomworth	5,323	62								6560-12800	P
Veterans Admin.	L. F. Redick	911	59								5790-12174	P
Louisville												
University of Louisville Affiliated Hospitals	E. H. Conner			2	3	3	0	0	0	6		
Children's	T. Mackrell	2,890										
Louisville General	E. H. Conner	2,797	520								7100-7600	P
LOUISIANA												
New Orleans												
Charity Hospital of Louisiana	J. Adriani	21,196	3,221	3	9	7	4	0	0	20	5400-6000	F
Veterans Admin.	J. Adriani	4,117	160								6525-7125	O
Ochsner Foundation ³⁸	J. F. Arens	18,828	1,000	2	2	2	2	0	0	6	6500-7500	P
MAINE												
Portland												
Maine Medical Center	J. R. Lincoln	8,391	299	3	2	2	2	0	0	6	6500-8910	FP
MARYLAND												
Baltimore												
Baltimore City Hospitals	J. Redding	4,100	1,595	3	3	3	3	1	0	10	6000-7500	P
Johns Hopkins	D. W. Benson	16,996	500	3	5	5	3	0	0	13	7000-...	P
Sinai Hospital of Baltimore ³⁸	L. Glassman	17,529	243	2	1	1	1	0	0	3	7000-7500	P
University of Maryland	M. Helrich	10,046	875	3	5	5	5	0	0	15	7100-8300	P
MASSACHUSETTS												
Boston												
Beth Israel ²⁰⁵	J. Hedley-Whyte	7,804	982	3	3	3	4	0	0	10	7600-11000	P
Boston City ³⁸	P. S. Marcus, J. C. Sheehan	11,523	450	2	5	5	4	0	0	14	8100-9000	
Lahey Clinic	R. G. Orr	6,148	335	2	4	2	0	0	0	6	6600-7300	O
Massachusetts General	H. K. Beecher	15,714	580	3	11	11	8	0	0	30	6600-10000	O
New England Deaconess	F. J. Audin	4,427	275	2	3	3	0	0	0	6	6600-7300	O
New England Medical Center Hospitals	B. E. Etsten	3,724	501	3	4	4	2	0	0	10	6600-10000	O
Peter Bent Brigham	L. D. Vandam	3,806	340	3	4	4	3	0	0	11	7600-9100	P
St. Elizabeth's Hospital of Boston	E. J. Fruggiero	10,430	555	2	3	3	0	0	0	6	6600-7300	P
University ³⁸	J. L. Vanderveen	3,098	495	2	3	3	2	0	0	8	7600-8300	P
Veterans Admin. (Jamaica Plain)	D. L. Mahler	4,416	500	2	2	2	0	0	0	4	6600-10000	O
Cambridge												
Cambridge	M. B. Boyd, F. L. Comunale	1,881	50	2	3	3	0	0	0	6	8100-9000	O
Mount Auburn	A. E. Ogden	5,806		2	2	2	0	0	0	4		
Pittsfield												
Berkshire Medical Center	W. R. Padget	9,696	543	2	2	2	0	0	0	4	6800-7500	P
Springfield												
Springfield Hospital Medical Center	F. R. Dinale	6,537	53	2	2	2	0	0	0	4	7300-7600	O
MICHIGAN												
Ann Arbor												
University of Michigan Affiliated Hospitals	R. B. Sweet			3	7	7	2	0	0	16		
University		9,672									6000-6600	O
Veterans Admin.		2,670	24								6300-6300	O
Detroit												
Henry Ford ³⁸	P. R. Dumke	16,689	460	2	6	6	4	0	0	16	7000-8300	P
Sinai Hospital of Detroit	E. M. Brown	11,907	739	3	2	2	2	0	0	6	9000-9600	P
Wayne State University Affiliated Hospitals	G. Dal Santo			3	4	4	2	0	0	10		
Detroit General	G. Dal Santo	7,603									7700-8600	
Harper	F. C. Root	11,184									8700-9000	
MINNESOTA												
Minneapolis												
University of Minnesota Affiliated Hospitals	F. H. Van Bergen			3	9	9	9	2	1	30		
University of Minnesota Hospitals												
Veterans Admin.		6,729	85								5500-14409	
Gillette State Hospital for Crippled Children (St. Paul)		652									6064-6064	
Rochester												
Mayo Graduate School of Medicine	A. Faulconer, Jr.	34,798	1,070	3	5	5	5	0	0	15	5400-6800	P
Rochester Methodist												
St. Mary's												
St. Paul												
Gillette State Hospital for Crippled Children - See University of Minnesota Affiliated Hospitals, Minn.												
MISSISSIPPI												
Jackson												
University of Mississippi Medical Center ³⁸				2	6	5	1	0	0	11		
University	L. W. Fabian	5,802	50								5100-5400	O
Veterans Admin. Center	H. L. Gee	3,559	27								5450-5750	
MISSOURI												
Columbia												
University of Missouri Medical Center ³⁸	G. W. N. Eggers, Jr.	4,711	700	2	3	3	3	0	0	9	6500-7000	P

1. ANESTHESIOLOGY - Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSOURI - Continued												
St. Louis												
Barnes Hospital Group	L. J. Thomas, Jr.	17,088	350	3	4	4	4	0	0	12	6500-7500	O
Jewish Hospital of St. Louis	I. C. Susman	7,897	91	2	1	1	0	0	0	2	7500-8100	P
Springfield												
St. John's	O. B. Crawford	8,063	271	2	2	2	0	0	0	4	7200-9600	...
NEBRASKA												
Omaha												
University of Nebraska Affiliated Hospitals	J. R. Jones	...	...	3	4	4	1	0	0	9	...	...
University of Nebraska	...	3,314	144	...	...	...	...	...	...	...	6300-6900	P
Douglas County	...	916	350	...	...	...	...	...	...	...	...	...
Veterans Admin.	...	2,472	100	...	...	...	...	...	...	...	6550-7150	P
NEW HAMPSHIRE												
Hanover												
Mary Hitchcock Memorial ⁵⁸	M. L. Heller	5,747	557	2	2	2	2	0	0	6	7000-8000	O
NEW JERSEY												
Hackensack												
Hackensack	A. R. Wollack	10,406	200	2	2	2	0	0	0	4	7980-9180	O
Newark												
Newark Beth Israel Medical Center	C. Beverly	8,023	608	2	2	2	0	0	0	4	9500-10000	O
Paterson												
St. Joseph's	E. T. Lawless	7,000	52	2	3	2	0	0	0	5	8700-9000	F
NEW YORK												
Albany												
Albany Medical Center	K. Schmidt	11,000	50	2	5	5	0	0	0	10	8100-8800	P
Buffalo												
Buffalo General	R. N. Terry	27,748	254	3	4	4	1	0	0	9	7805-8735	P
Children's Hospital of Buffalo	...	...	...	...	...	...	...	...	...	...	...	...
Millard Fillmore ⁵⁸	K. A. Kelly	11,304	480	2	4	4	2	0	0	10	7805-8735	P
S.U.N.Y. at Buffalo Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
Edward J. Meyer Memorial	B. D. King	3,252	291	3	2	3	2	0	0	7	7805-10020	P
East Meadow												
Meadowbrook ⁵⁸	I. Weinberg	4,221	...	2	4	3	1	0	0	8	8500-9000	F
New Hyde Park												
Long Island Jewish Hospital Training Program	...	...	...	...	...	...	...	...	...	...	...	...
Long Island Jewish	S. N. Surks	7,224	318	3	3	3	2	0	0	8	9500-11000	O
Queens Hospital Center (New York City)	S. N. Surks	3,762	1,011	3	3	3	3	0	0	9	9500-10500	P
New York City												
Albert Einstein College of Medicine Affiliated Hospitals	L. R. Orkin	...	...	3	12	12	9	3	0	36	8250-10750	F
Bronx Municipal Hospital Center	L. R. Orkin	...	...	...	...	...	...	...	...	...	...	...
Hospital of the Albert Einstein College of Medicine	I. G. Andrews	18,200	2,916	...	...	...	...	...	...	...	...	...
Lincoln	E. Foster	4,283	186	...	...	...	...	...	...	...	...	...
Beth Israel ⁵⁸	S. Joffe	8,860	360	2	5	5	2	0	0	12	9500-11000	P
Brookdale Hospital Center	A. C. Goldfeder	8,756	198	2	2	2	0	0	0	4	9500-10000	P
Cornell Cooperating Hospitals	J. F. Artusio, Jr.	11,703	150	3	7	10	4	0	0	21	...	...
New York	J. F. Artusio, Jr.	15,185	150	...	...	...	...	...	...	...	9750-11250	P
Memorial Hospital for Cancer and Allied Diseases	W. S. Howland	5,150	500	...	...	...	...	...	...	...	9500-11000	P
Hospital for Special Surgery	...	2,519	...	...	...	...	...	...	...	...	...	...
Harlem Hospital Center	H. G. Cave	8,032	426	2	2	2	0	0	0	4	8250-10750	F
Jewish Hospital and Medical Center of Brooklyn	I. M. Pallin	8,620	68	2	6	5	0	0	0	11	9500-11000	O
Maimonides Medical Center Training Program ⁵⁸	...	...	...	2	4	4	2	0	0	10	...	...
Maimonides Medical Center	P. Sechzer	12,015	987	...	...	...	...	...	...	...	9500-11000	P
Money Island	R. Robertazzi	2,040	385	...	...	...	...	...	...	...	9750-10250	P
Methodist Hospital of Brooklyn	G. Wallace	10,982	310	3	3	3	3	1	0	10	9500-10500	P
Misericordia - Fordham Training Program ⁵⁸	A. L. Mauro	...	...	2	4	2	1	0	0	7	10000-13000	FP
Misericordia	...	6,012	367	...	...	...	...	...	...	...	10000-13000	...
Fordham	...	2,085	187	...	...	...	...	...	...	...	...	...
Montefiore Hospital Training Program	F. F. Foldes	6,566	416	3	9	9	2	0	0	20	9750-11250	P
Montefiore Hospital and Medical Center	...	3,192	...	...	...	...	...	...	...	...	...	...
Morrisania City	...	...	...	...	...	...	...	...	...	...	...	...
Mount Sinai Hospital Training Program ⁵⁸	L. Rendell-Baker	...	...	2	10	10	2	0	0	22	...	...
Mount Sinai	L. Rendell-Baker	15,359	570	...	...	...	...	...	...	...	9750-11250	P
City Hospital Center at Elmhurst	A. I. Rosenthal	6,633	653	...	...	...	...	...	...	...	9750-10750	P
Hospital for Joint Diseases and Medical Center	A. M. Betcher	4,014	388	...	...	...	...	...	...	...	9500-11500	P
New York Medical College-Metropolitan Hospital Center ⁵⁸	H. F. Bishop	...	...	2	5	5	5	0	0	15	8250-9250	F
Unit 1 - Flower and Fifth Avenue Hospitals	H. F. Bishop, L. Fierro	9,466	297	...	...	...	...	...	...	...	...	...
Unit 2 - Metropolitan	H. F. Bishop, D. Bizzarri	7,096	973	...	...	...	...	...	...	...	...	...
New York Polyclinic Medical School and Hospital	J. Milowsky	4,991	445	2	3	2	0	0	0	5	8500-8800	P
New York University Medical Center	V. D. B. Mazzia	7,977	115	3	10	13	4	1	0	28	8250-10750	...
Bellevue Hospital Center	...	9,430	365	...	...	...	...	...	...	...	...	...
University	...	4,248	11	...	...	...	...	...	...	...	8200-9200	O
Veterans Admin. (Manhattan)	...	22,111	263	3	20	12	1	0	0	33	10500-11500	O
Presbyterian	E. M. Papper	...	...	...	...	...	...	...	...	...	...	...
Queens Hospital Center - See Long Island Jewish Hsp. Trng. Prog., New Hyde Park	L. S. Blancato	9,785	141	3	6	5	3	0	0	14	10000-13000	P
St. Luke's Hospital Center	...	...	...	...	...	...	...	...	...	...	...	...
St. Vincent's Hospital and Medical Center of New York	R. G. Hicks	8,972	684	3	3	3	2	0	0	8	8500-9500	P
State University-Kings County Hospital Center	S. W. Weitzner	...	...	3	10	10	6	0	0	26	8250-10750	F
Kings County Hospital Center	...	8,529	350	...	...	...	...	...	...	...	...	...
State University	...	2,042	75	...	...	...	...	...	...	...	...	...
Veterans Admin. (Bronx)	B. J. Ciliberti	3,767	215	2	3	3	0	0	0	6	9750-11750	P
Rochester												
Genesee	T. W. Morgan	9,536	...	2	2	2	0	0	0	4	7250-8750	O
St. Mary's	V. J. Tofany	7,169	165	2	1	1	0	0	0	2	6800-7400	P
Strong Memorial Hospital of the University of Rochester	A. J. Gillies	9,460	550	3	3	3	2	0	0	8	...	P

Numerical and other references begin on page 305.

1. ANESTHESIOLOGY - Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK - Continued												
Syracuse												
St. Joseph's	H. K. Morrell, Jr.	11,172	481	2	2	2	0	0	0	4	8900-9400	F
S.U.N.Y. Upstate Medical Center	A. B. Dobkin	16,466	386	3	8	7	5	1	0	21	8900-10400	O
Crouse Irving-Memorial		2,523	120	...	...	...	...	...	...	...	...	...
Veterans Admin.		2,523	120	...	...	...	...	...	...	...	...	...
Valhalla												
Grasslands ³⁸	K. Shibutani	1,588	798	2	2	2	2	0	0	6	9930-11550	P
NORTH CAROLINA												
Chapel Hill												
North Carolina Memorial	K. Sugioka	5,900	300	2	2	2	0	0	0	4	6000-8000	O
Durham												
Duke University Affiliated Hospitals	S. J. Dent	...	...	3	9	6	0	0	0	15	...	...
Duke University Medical Center	S. J. Dent	13,192	...	...	...	...	...	...	...	...	6500-7000	F
Veterans Admin.	R. E. Benway	5,042	37	...	...	...	...	...	...	...	5500-8550	O
Winston-Salem												
North Carolina Baptist Hospitals	T. Irving	8,000	250	2	2	2	0	0	0	4	6000-7500	P
OHIO												
Cleveland												
Cleveland Metropolitan General ³⁸	H. E. Kretschmer	9,690	128	2	2	2	1	0	0	5	7000-8260	P
Fairview General ³⁸	R. Warren	9,296	450	2	3	3	3	0	0	9	6000-7200	F
Huron Road Hospital-Cleveland Clinic	J. K. Potter	...	...	3	4	4	4	0	0	12	...	...
Huron Road	J. K. Potter, E. R. Malia	8,069	107	...	...	...	...	...	...	...	6900-7500	F
Cleveland Clinic	C. E. Wasmuth	10,831	516	...	...	...	...	...	...	...	6800-7100	P
Marymount ²⁴	N. G. De Piero	5,870	460	2	3	0	0	0	0	6	8100-8700	P
Mount Sinai Hospital of Cleveland	S. Katz	12,332	318	2	3	2	0	0	0	5	7800-9300	O
St. Alexis	L. E. Campbell	5,218	257	2	3	1	0	0	0	4	8100-8700	O
St. Luke's	B. B. Sankey	10,786	114	2	1	1	0	0	0	2	7800-8300	P
St. Vincent Charity	D. Mendelsohn, Jr.	4,786	500	2	3	3	0	0	0	5	7800-8400	P
University Hospitals of Cleveland	J. S. Gravenstein	17,446	521	3	6	6	4	0	0	16	7500-9000	...
Veterans Admin.	J. G. Fraer	5,416	11	...	...	...	...	...	...	...	7550-8350	P
Columbus												
Ohio State University Hospitals	W. Hamelberg	22,178	400	3	5	5	2	0	0	12	7200-7800	P
Toledo												
Toledo	R. L. Kennedy	10,260	235	2	2	1	0	0	0	3	7500-7800	F
Youngstown												
St. Elizabeth ³⁸	A. J. Bayuk	11,977	500	2	5	5	2	0	0	12	6600-8100	FP
Youngstown ³⁸	D. W. Metcaif	15,128	79	2	4	4	2	0	0	10	10600-11200	F
OKLAHOMA												
Oklahoma City												
University of Oklahoma Medical Center	J. A. Cutter	...	...	3	5	5	3	0	0	13	6600-7800	P
University of Oklahoma Hospitals	J. A. Cutter	5,992	384	...	...	...	...	...	...	...	...	...
Veterans Admin.	C. A. Carmack	1,816	61	...	...	...	...	...	...	...	...	...
OREGON												
Portland												
University of Oregon Medical School Hospitals and Clinics	F. Haugen	8,117	514	2	5	5	0	0	0	10	6600-7200	FP
Veterans Admin.	M. L. Darsie	2,624	9	...	...	...	...	...	...	...	5280-6480	...
PENNSYLVANIA												
Johnstown												
Conemaugh Valley Memorial	P. C. Lund	9,021	1,130	2	3	3	0	0	0	6	7200-7800	F
Philadelphia												
Albert Einstein Medical Center	B. Goldstein	14,756	270	2	6	5	0	0	0	11	7000-8000	P
Graduate Hospital of the University of Pennsylvania ³⁸	H. H. Stone	4,761	364	2	2	2	2	0	0	6	8000-9000	P
Hahnemann Medical College and Hospital	A. J. Catenacci	6,877	100	3	3	3	3	0	0	9	6500-7500	P
Hospital of the University of Pennsylvania	R. D. Dripps	...	...	3	16	16	14	6	0	52	8000-11500	P
Children's Hospital of Philadelphia	L. Bachman	3,385	400	...	...	...	...	...	...	...	10000-...	O
Jefferson Medical College ³⁸	J. Jacoby	9,386	450	2	7	7	4	0	0	18	8000-9000	O
Pennsylvania	M. V. Troncelliti	11,642	72	2	1	1	0	0	0	2	6200-6500	O
Philadelphia General ³⁸	M. V. N. Deming	5,701	98	2	3	3	3	0	0	9	8764-12291	O
Presbyterian-University of Pennsylvania Medical Center ³⁸	S. Schotz	4,366	112	2	2	2	1	0	0	5	6500-8000	P
Temple University	L. W. Krumpferman	9,113	19	3	4	4	2	0	0	14	7200-9600	...
Pittsburgh												
Allegheny General	R. L. Patterson	10,756	210	3	3	3	2	0	0	8	9000-9600	P
Hospitals of the University Health Center of Pittsburgh	P. Safar	34,488	3,000	3	6	6	6	2	1	21	7500-14000	P
Presbyterian-University	P. Safar	...	...	...	...	...	...	...	...	...	...	...
Children's Hospital of Pittsburgh	J. H. Marcy	...	...	...	...	...	...	...	...	...	...	...
Eye and Ear Hospital of Pittsburgh	P. Safar, J. R. Quinn	...	...	...	...	...	...	...	...	...	...	...
Magee-Womens	R. A. Hingson	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	B. Kirimli	...	...	...	...	...	...	...	...	...	...	...
Mercy	E. S. Siker	10,998	162	3	4	4	2	0	0	10	9000-10800	P
Western Pennsylvania ³⁸	O. C. Phillips	9,700	36	2	2	2	2	0	0	6	6600-7800	FP
Sayre												
Robert Packer	E. Kuzucu	5,061	15	2	1	1	0	0	0	2	6500-7000	F
PUERTO RICO												
Ponce												
Hospital De Damas	J. L. Jimenez Velez	3,143	131	2	2	2	0	0	0	4	6600-6600	F
San Juan												
University of Puerto Rico Affiliated Hospitals	N. De Jesus	17,235	290	3	8	8	2	0	0	18	6300-7500	P
Industrial	...	...	...	...	...	...	...	...	...	...	...	...
Municipal Hospital Dr. Rafael Lopez Nussa	...	...	...	...	...	...	...	...	...	...	...	...
University District	...	...	...	...	...	...	...	...	...	...	...	...
RHODE ISLAND												
Providence												
Rhode Island	E. Saklad	13,014	150	2	3	3	0	0	0	6	7600-9100	P

APPROVED RESIDENCIES

1. ANESTHESIOLOGY - Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
SOUTH CAROLINA												
Charleston												
Medical Center Hospitals	J. E. Mahaffey	...	...	3	3	3	2	0	0	8	...	..
Medical College	J. E. Mahaffey	5,106	1,692	...	...	...	...	...	...	...	6000-6000	P
Veterans Admin.	L. L. Brown	1,416	50	...	...	...	...	...	...	...	5575-6775	P
TENNESSEE												
Chattanooga												
Baroness Erlanger	R. F. Stappenbeck	11,987	...	2	3	3	0	0	0	6	8700-9300	FP
Knoxville												
University of Tennessee Memorial Research Center and Hospital	W. F. Powell	4,291	42	2	2	1	0	0	0	3	6900-7440	F
Memphis												
City of Memphis Hospitals	W. C. North	7,120	317	3	6	5	4	0	0	15	9000-10800	F
Nashville												
Vanderbilt University	Y. Eryasa	6,593	65	3	4	4	2	0	0	10	6600-7800	P
TEXAS												
Dallas												
Parkland Memorial	M. T. Jenkins	12,911	186	3	...	...	...	...	...	23	6360-7200	P
Fort Worth												
Harris Hospital-Fort Worth Medical Center	A. N. Heinrichs	15,389	158	2	2	2	0	0	0	4	8100-9300	P
Galveston												
University of Texas Medical Branch Hospitals	C. R. Allen	7,886	334	3	6	6	4	0	0	16	8400-10000	P
Houston												
Baylor University Affiliated Hospitals	A. S. Keats	...	...	3	5	5	5	0	0	15	...	..
Ben Taub General	A. S. Keats	5,975	51	...	...	...	...	...	...	...	6900-9900	P
Jefferson Davis	P. H. Chalmers	17,581	10	...	...	...	...	...	...	...	6900-8700	P
Methodist	J. D. Carter	10,641	75	...	...	...	...	...	...	...	6900-8100	O
St. Luke's Episcopal	J. D. Carter	2,590	50	...	...	...	...	...	...	...	6900-8100	O
Texas Children's	W. H. Mannheimer	5,771	29	...	...	...	...	...	...	...	6900-8100	P
Veterans Admin.	L. F. Schuhmacher, Jr.	17,310	142	2	2	2	0	0	0	4	6600-8100	P
Hermann	C. H. Williams	13,369	136	2	2	2	0	0	0	4	6300-6600	P
St. Joseph	W. S. Derrick	5,100	150	2	...	...	...	...	...	61	6000-13000	...
University of Texas M. D. Anderson Hospital and Tumor Institute ⁹⁹	...	...	...	...	...	...	...	...	...	...	...	...
San Antonio												
University of Texas at San Antonio Teaching Hospitals	H. L. Zauder	...	...	3	6	6	6	0	0	18	...	...
Bexar County Teaching	...	...	...	...	...	...	...	...	...	...	...	...
Robert B. Green Memorial	...	3,598	55	...	...	...	...	...	...	...	7800-9000	P
Temple												
Scott and White Memorial	C. H. Gillespie	5,995	134	2	1	1	0	0	0	2	7200-8400	P
UTAH												
Salt Lake City												
University of Utah Affiliated Hospitals	C. M. Ballinger	...	...	3	5	5	5	2	0	17	...	...
University	C. M. Ballinger	3,753	125	...	...	...	...	...	...	...	6600-8900	P
Holy Cross	G. Buchanan	8,163	2,398	...	...	...	...	...	...	...	6600-8900	P
Latter-Day Saints	H. Wong	13,140	400	...	...	...	...	...	...	...	...	O
Primary Children's	C. M. Ballinger	5,054	155	...	...	...	...	...	...	...	7100-7100	O
St. Mark's	R. P. Sharp	6,281	50	...	...	...	...	...	...	...	6000-9400	P
Shriners Hospital for Crippled Children	W. Jordan	288	15	...	...	...	...	...	...	...	...	P
Veterans Admin.	N. A. Bergman	2,021	10	...	...	...	...	...	...	...	5700-6900	O
VERMONT												
Burlington												
Medical Center Hospital of Vermont	J. Abajian, Jr.	10,719	293	3	3	3	2	0	0	8	6600-7800	O
VIRGINIA												
Charlottesville												
University of Virginia	D. W. Eastwood	8,347	...	3	4	4	4	0	0	12	7100-14400	O
Danville												
Memorial	K. O. Leonhardt, A. Manheim	7,819	202	2	2	2	0	0	0	4	9000-9600	P
Richmond												
Medical College of Virginia-Hospital Division	C. P. Boyan	15,682	230	2	5	5	0	0	0	10	6900-7200	P
Veterans Admin.	V. S. Pallares	3,841	120	2	2	1	0	0	0	3	6900-14409	P
WASHINGTON												
Seattle												
Swedish Hospital Medical Center	L. H. Mousel	14,987	1,000	2	2	2	0	0	0	4	7080-7620	P
University of Washington Affiliated Hospitals	J. J. Bonica	19,540	1,622	3	11	11	11	2	0	35	...	...
Children's Orthopedic Hospital and Medical Center	K. F. Eather	4,054	61	...	...	...	...	...	...	...	...	O
Harborview Medical Center	J. J. Bonica	3,298	1,272	...	...	...	...	...	...	...	7008-9000	P
University	J. J. Bonica	3,420	52	...	...	...	...	...	...	...	7008-9000	P
Veterans Admin.	G. M. Aasheim	1,348	180	...	...	...	...	...	...	...	6000-7008	P
Tacoma General (Tacoma)	P. H. Backup	7,384	57	...	...	...	...	...	...	...	6000-9000	...
Virginia Mason ¹⁸	D. C. Moore	6,225	255	2	4	4	3	0	0	11	6450-8350	FP
Tacoma												
Tacoma General - See University of Washington Affiliated Hospitals, Seattle	...	...	...	...	...	...	...	...	...	...	...	...
WEST VIRGINIA												
Morgantown												
West Virginia University Medical Center	N. W. B. Craythorne	3,865	700	3	4	4	4	0	0	12	7650-8950	P
WISCONSIN												
Madison												
University of Wisconsin Affiliated Hospitals	K. L. Siebecker	...	...	3	6	6	3	0	0	15	...	...
University Hospitals	K. L. Siebecker	5,937	799	...	...	...	...	...	...	...	6000-8700	P
Veterans Admin.	D. C. Bohlman	2,262	23	...	...	...	...	...	...	...	...	P

APPROVED RESIDENCIES

1. ANESTHESIOLOGY - Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Non-surgical Patients	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
WISCONSIN - Continued												
Milwaukee												
Marquette Affiliated Hospitals	E. O. Henschel	...	...	3	8	8	8	1	1	26	...	...
Milwaukee County General	E. Henschel, R. Manhart	3,541	270	...	...	...	...	...	...	...	7200-9870	P
Veterans Admin. Center (Wood)	E. O. Henschel, C. J. Remus	2,560	687	...	...	...	...	...	...	...	7600-14409	P

2. AEROSPACE MEDICINE

The programs in Aerospace Medicine that have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, page 254.

3. CHILD PSYCHIATRY

The programs in Child Psychiatry that have been approved by the Council on Medical Education and the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology, are listed following the programs in Psychiatry, and begin on page 267.

4. COLON AND RECTAL SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Colon and Rectal Surgery, and the American College of Surgeons, through the Residency Review Committee for Colon and Rectal Surgery, as offering TWO years of acceptable training in the specialty. Programs, 13; Residencies, 28

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance O	
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Los Angeles															
Queen of Angels	G. J. Hugo	...	50	...	...	181	0	0	0	0	1	1	...	9000	F
LOUISIANA															
New Orleans															
Ochsner Foundation	P. H. Hanley	16	505	6	66	11,596	1	1	0	0	0	2	6500-7000	P	
MASSACHUSETTS															
Boston															
Lahey Clinic	N. W. Swinton	37	616	7	57	6,850	0	2	0	0	0	2	8500-8500	O	
MICHIGAN															
Grand Rapids															
Ferguson-Droste-Ferguson	J. P. Muldoon	79	3,150	47	47	12,738	0	3	0	0	0	3	5400-6000	P	
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals	W. C. Bernstein	...	...	...	...	...	2	0	0	0	0	2	...	...	...
University of Minnesota Hospitals	...	...	...	...	...	1,500	...	...	...	...	...	...	8000-10000	O	
Veterans Admin.	...	10	194	1	100	961	...	...	...	...	...	...	8000-9000	O	
Rochester															
Mayo Graduate School of Medicine	J. R. Hill	45	1,658	31	74	37,419	2	2	0	0	0	4	7000-8500	P	
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
NEW YORK															
Buffalo															
Buffalo General	J. E. Alford	13	398	8	62	470	1	1	0	0	0	2	9200-10020	P	
OHIO															
Cleveland															
Cleveland Clinic	R. B. Turnbull, Jr.	26	794	21	39	5,162	1	2	0	0	0	3	9000-9500	P	
PENNSYLVANIA															
Allentown															
Allentown	G. L. Kratzer	20	751	19	21	195	1	0	0	0	0	1	8000-8300	P	
Philadelphia															
Temple University	H. E. Bacon	22	607	10	50	935	3	2	0	0	0	5	7200-9600	P	
TEXAS															
Dallas															
Baylor University Medical Center	A. Baldwin, Jr.	14	605	3	67	211	1	0	0	0	0	1	...	O	
Presbyterian Hospital of Dallas	R. J. Rowe	6	317	1	100	1,750	1	0	0	0	0	1	6300-7500	P	
Houston															
Hermann	J. W. Harris	16	748	3	100	737	1	0	0	0	0	1	7800-7800	P	

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5. DERMATOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Dermatology, Inc., through the Residency Review Committee for Dermatology, as offering acceptable training in the specialty. Those hospitals showing TWO years of approval and marked with an asterisk (*) offer an assured THIRD year of training at another hospital approved for such training. Programs, 81; Residencies, 578

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Necropsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
TEXAS															
Wilford Hall U. S. A. F., San Antonio	L. R. Lumpkin	7	98	0	0	20,626	3	2	2	0	0	0	4		
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	J. E. Reisner	8	136	0	0	11,043	3	2	2	2	0	0	6		
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	L. E. Harman, Jr.	9	137	0	0	17,088	3	3	3	3	0	0	9		
TEXAS															
Brooke General, San Antonio	W. C. Fisher	2	73	1	100	27,495	3	3	3	3	0	0	9		
UNITED STATES NAVY															
CALIFORNIA															
Naval, San Diego	W. E. Carson	21	385	0	0	34,468	3	5	3	3	0	0	11		
PENNSYLVANIA															
Naval, Philadelphia ²⁹³	R. G. Davis	10	142	0	0	9,207	2*	3	0	3	0	0	6		
UNITED STATES PUBLIC HEALTH SERVICE															
MARYLAND															
National Institutes of Health-Clinical Center, Bethesda	M. A. Lutzner						1								
NEW YORK															
U. S. Public Health Service (Staten Island), New York City ²⁸⁷	J. P. Fields	24	301	0	0	8,445	2	2	2	2	0	0	6		
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center	R. O. Noojin						3	3	3	3	0	0	9		
University of Alabama Hospitals and Clinics		4	147	0		26,850								6300-7500	P
Veterans Admin.		3	50	0	0	480								6607-9007	O
Fairfield															
Lloyd Noland ⁹⁸	P. G. Reque	1	23	0	0	7,191	1	2	0	0	0	0	2	7800-8400	FP
ARKANSAS															
Little Rock															
University of Arkansas Medical Center	G. T. Jansen						3	2	2	2	0	0	6		
University		1	66	0	0	4,246								5150-6750	O
Veterans Admin. Consolidated		20	354	1	100	1,465								6150-6850	P
CALIFORNIA															
Long Beach															
Veterans Admin.	J. W. Wilson	16	288	1	100	8,170	3	3	3	3	0	0	9	9371-12071	O
Los Angeles															
Los Angeles County-U.S.C. Medical Center	M. Bauer	14	594	6	17	15,224	3	3	3	3	0	0	9	8100-9444	P
U. C. L. A.	T. N. Sternberg	8				11,316	3	4	3	3	0	0	10	6200-7400	
Veterans Admin. Center-Wadsworth ¹¹⁷	E. T. Wright	41	1,386	0	0	6,104	3	3	3	3	0	0	9	9371-12071	P
Palo Alto															
Veterans Admin. - See Stanford University Affiliated Hospitals, Stanford															
San Diego															
University Hospital of San Diego County	W. R. Nickel						3	1	1	1	0	0	3		
San Francisco															
Pacific Medical Center-Presbyterian - See Stanford University Affiliated Hospitals, Stanford							3	1	6	7	0	0	14		
University of California Program	W. L. Epstein														
H. C. Moffitt-University of California Hospitals	W. L. Epstein	6	168			12,171								6200-9600	O
Veterans Admin.	W. G. Larsen	15	192	0	0	880								7761-10893	O
San Mateo															
San Mateo County General - See Stanford University Affiliated Hospitals, Stanford															
Stanford															
Stanford University Affiliated Hospitals							3	4	3	3	0	0	10		
Stanford University	E. M. Farber	8	1921	0	0	11,665								6500-7500	P
Veterans Admin. (Palo Alto)	W. M. Gould	13	96	0	0	1,819								6190-8930	O
Pacific Medical Center-Presbyterian (San Francisco)	H. M. Schneidman		35	0	0	1,972								7380-8280	P
San Mateo County General (San Mateo)	O. E. L. Schmidt		2			1,421								6696-7366	F
COLORADO															
Denver															
University of Colorado Affiliated Hospitals	R. W. Goltz						3	2	2	3	0	0	7		
University of Colorado Medical Center	J. A. Philpott, Jr.	6	110	1		4,418								5400-6800	P
Denver General	J. A. Philpott, Jr.	1	34	0	0	7,329								5028-6000	P
Veterans Admin.	H. P. Ward	6	176	0	0	1,248								5620-8870	O

APPROVED RESIDENCIES

5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Necropsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CONNECTICUT															
New Haven															
Yale-New Haven Medical Center	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Yale-New Haven	A. B. Lerner	.....	.....	.....	.....	7,158	3	2	2	1	2	0	7	9000-10500	O
DISTRICT OF COLUMBIA															
Washington															
Freedmen's	J. A. Kenney, Jr.	1	22	0	0	3,630	2	1	1	1	0	0	3	7865-9535	O
FLORIDA															
Miami															
Jackson Memorial	H. Blank	23	510	3	67	11,932	3	5	5	5	0	0	15	7050-8150	P
GEORGIA															
Atlanta															
Emory University Affiliated Hospitals	S. Olansky	.....	.....	.....	.....	.....	3	1	1	1	0	0	3	.....	.....
Emory University	.....	1	304	0	0	0	.....	.....	.....	.....	.....	.....	.....	.....	.....
Grady Memorial	.....	.....	.....	.....	.....	3,271	.....	.....	.....	.....	.....	.....	.....	6480-8400	P
Veterans Admin.	.....	380	7,115	362	55	52,338	.....	.....	.....	.....	.....	.....	.....	6480-7400	.....
Augusta															
Medical College of Georgia Hospitals	J. G. Smith	.....	.....	.....	.....	.....	3	3	3	3	0	0	9	.....	.....
Eugene Talmadge Memorial	.....	3	67	1	100	7,589	.....	.....	.....	.....	.....	.....	.....	5534-6734	P
University	.....	.....	.....	.....	.....	444	.....	.....	.....	.....	.....	.....	.....	4800-6000	P
Veterans Admin.	.....	.....	.....	.....	.....	430	.....	.....	.....	.....	.....	.....	.....	.....	.....
ILLINOIS															
Chicago															
Cook County	S. Barsky	17	218	3	33	17,360	3	1	1	3	0	0	5	9600-10800	P
Northwestern University Medical Center	S. M. Bluefarb	.....	.....	.....	.....	3,075	3	2	2	2	0	0	6	.....	.....
Veterans Admin. Research	S. M. Bluefarb	12	174	1	100	437	.....	.....	.....	.....	.....	.....	.....	8940-9940	O
University of Chicago Hospitals and Clinics	A. L. Lorincz	13	163	2	100	5,023	3	3	3	3	0	0	9	8000-9000	O
University of Illinois Research and Educational Hospitals	A. Rostenberg, Jr.	4	68	0	0	8,420	3	2	2	2	0	0	6	9000-10200	P
Veterans Admin. (Hines)	A. Rostenberg, Jr.	7	192	0	0	2,390	.....	.....	.....	.....	.....	.....	.....	8940-9940	O
Hines															
Veterans Admin. - See Univ. of Ill. Research and Educational Hosps., Chicago	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
INDIANA															
Indianapolis															
Indiana University Medical Center ¹⁷⁹	V. C. Hackney	.....	.....	.....	.....	.....	3	2	1	1	0	0	4	.....	.....
Indiana University Hospitals	.....	.....	.....	.....	.....	1,454	.....	.....	.....	.....	.....	.....	.....	7000-8000	P
Marion County General	.....	2	27	0	0	9,033	.....	.....	.....	.....	.....	.....	.....	6288-7440	.....
IOWA															
Iowa City															
University of Iowa Hospitals	R. G. Carney	10	433	1	100	13,735	3	3	4	3	0	0	10	7000-8000	P
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana	V. J. Derbes, S. E. Quinn	6	171	1	0	20,946	3	4	4	4	0	0	12	5400-6000	F
MARYLAND															
Baltimore															
Johns Hopkins ¹⁹²	G. W. Hambrick, Jr.	.....	.....	.....	.....	4,708	3	1	0	0	0	0	1	7000-...	P
University of Maryland	H. M. Robinson, Jr.	1	23	2	50	9,049	3	2	2	2	0	0	6	7100-8300	P
MASSACHUSETTS															
Boston															
Labeley Clinic	S. L. Moschella	12	584	1	0	16,669	2	1	1	0	0	0	2	6600-7300	.....
Massachusetts General	T. B. Fitzpatrick	12	280	1	100	9,983	3	2	4	1	0	0	7	6600-10000	O
Tufts University Affiliated Hospitals	W. F. Lever	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....
Boston City	.....	2	41	0	0	13,367	.....	.....	.....	.....	.....	.....	.....	6600-8100	.....
New England Medical Center Hospitals	.....	5	60	1	0	4,300	.....	.....	.....	.....	.....	.....	.....	6600-10000	O
University	H. Mescon	6	150	1	100	5,186	3	3	3	2	0	0	8	7600-9100	O
MICHIGAN															
Allen Park															
Veterans Administration - See Wayne State University Affiliated Hospitals, Detroit	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ann Arbor															
University of Michigan Affiliated Hospitals	E. R. Harrell	.....	.....	.....	.....	.....	3	5	5	5	0	0	15	.....	.....
University	E. R. Harrell	14	345	5	100	8,097	.....	.....	.....	.....	.....	.....	.....	6000-6600	O
Veterans Admin.	R. C. Bishop	.....	.....	.....	.....	548	.....	.....	.....	.....	.....	.....	.....	6600	O
Detroit															
Henry Ford	C. S. Livingood	24	487	4	25	43,036	3	5	5	5	0	0	15	7000-8600	P
Wayne State University Affiliated Hospitals	H. Pinkus	.....	.....	.....	.....	.....	3	4	4	4	1	1	14	.....	.....
Veterans Admin. (Allen Park)	H. Pinkus	23	235	1	0	1,677	.....	.....	.....	.....	.....	.....	.....	7815-9015	O
Detroit General	H. Pinkus	3	9	0	0	4,349	.....	.....	.....	.....	.....	.....	.....	7700-8600	O
Harper	H. Plotnick	.....	.....	.....	.....	845	.....	.....	.....	.....	.....	.....	.....	8700-8700	.....
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals	F. W. Lynch	.....	.....	.....	.....	.....	3	3	3	4	0	0	10	.....	.....
Hennepin County General	C. W. Laymon	1	54	0	0	3,334	.....	.....	.....	.....	.....	.....	.....	6250-8250	P
University of Minnesota Hospitals	F. W. Lynch	4	68	1	100	2,594	.....	.....	.....	.....	.....	.....	.....	6500-7500	O
Veterans Admin.	I. Fisher	11	214	0	0	1,033	5500-8500
St. Paul-Ramsey (St. Paul)	H. Ravits	1	28	0	0	4,330	5500-8000	O

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5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Maintenance O
				Number	Necropsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year				
MINNESOTA—Continued																
Rochester																
Mayo Graduate School of Medicine	R. R. Kierland	35	1,025	5	80	31,253	3	7	7	7	0	0	21	5400-6800	P	
Rochester Methodist																
St. Mary's																
St. Paul																
St. Paul-Ramsey - See University of Minnesota Affiliated Hosps., Minneapolis																
MISSOURI																
Columbia																
University of Missouri Medical Center	N. Asel	6	118	1	100	5,355	3	2	2	2	0	0	6	6500-7500	P	
St. Louis																
Barnes Hospital Group	A. Z. Eisen	Inc. in Med.				6,201	3	3	2	2	0	0	7	6500-7500	O	
NEW HAMPSHIRE																
Hanover																
Mary Hitchcock Memorial	W. E. Clendenning	6	177	0	0	6,674	3	1	1	1	0	0	3	7000-8000	O	
NEW YORK																
Albany																
Albany Medical Center Hospitals	D. J. Demis	5	119	1	100	956	3	2	2	2	0	0	6	8100-9600	P	
Buffalo																
Edward J. Meyer Memorial	H. L. Stoll	2	19	0	0	3,686	3	0	2	1	0	0	3	7805-9200	P	
Roswell Park Memorial Institute	H. L. Stoll	5	72	1	100	7,438	1	1	0	0	0	0	1	5522-6836	O	
New York City																
Mount Sinai Hospital Training Program	S. M. Peck						3	1	1	1	0	0	3	9750-11250	P	
Mount Sinai	S. M. Peck	3	60	0	0	7,800										
City Hospital Center at Elmhurst	J. Kantor	1	31	0	0	4,429										
New York	F. Daniels, Jr.	18				11,350	3	2	2	2	0	0	6	9750-10750	P	
New York Medical																
College-Metropolitan Hospital Center	E. H. Mandel						3	2	2	2	0	0	6	8000-9250	F	
Unit 1 - Flower and Fifth Avenue Hospitals																
Unit 2 - Metropolitan		3	34	0	0	9,422										
New York University Medical Center	R. L. Baer						3						18			
Bellevue Hospital Center	R. L. Baer	23	255	3	67	12,296								8250-10750	F	
University	R. L. Baer	18	353	4	25	25,309									P	
Veterans Admin. (Manhattan)	P. Michaelides	31	428	1	0									8200-9700	O	
Presbyterian	C. T. Nelson	6	128	4	50	24,105	3	2	1	1	0	0	4	10500-11500	O	
Roosevelt	R. Montgomery					2,483	1	0	1	0	0	0	1	8500-10500	P	
St. Luke's Hospital Center	A. M. Young, Jr.	3	77	0	0	7,353	2*	1	1	0	0	0	2	10000-11000	P	
State University - Kings County																
Hospital Center	L. Frank						3	2	2	2	0	0	6			
Kings County Hospital Center	L. Frank	14	224	3	33	9,691								8250-10750	F	
State University	L. Frank		131			102										
Veterans Admin. (Brooklyn)	Y. Lynfield	35	579	2	100	1,151								8200-10200	O	
Veterans Admin. (Bronx)	H. Shatin	33	380	1	100	2,392	2	2	2	0	0	0	4	9750-11750	P	
NORTH CAROLINA																
Chapel Hill																
North Carolina Memorial	C. E. Wheeler, Jr.					5,714	3	3	2	3	0	0	8	6500-9500	O	
Durham																
Duke University Medical Center	J. L. Callaway	4	130	2	50	9,377	3	2	2	2	0	0	6	6500-8500	P	
OHIO																
Cincinnati																
University of Cincinnati Hospital Group																
Cincinnati General	L. Goldman	13	156	0	0	5,516	3	3	3	3	0	0	9	6340-6940	P	
Cleveland																
Case Western Reserve University																
Affiliated Hospitals	J. R. Haserick						3	3	3	3	0	0	9			
University Hospitals of Cleveland	J. R. Haserick	15	350	4	75	15,561								7500-9000	P	
Veterans Admin.	B. Michel	20	250			2,000								7550	P	
St. Luke's	H. H. Johnson, Jr.	2	50			1,250										
Mount Sinai Hospital of Cleveland	S. Fisher	2	50			1,250										
Cleveland Clinic	H. Roenigk, Jr.	13	527	3	67	13,654	3	2	2	2	0	0	6	6800-7400	P	
Cleveland Metropolitan General	J. R. Pomeranz	3	76	0	0	8,674	3	2	2	2	0	0	6	7000-8260	P	
Columbus																
Ohio State University Hospitals	R. D. Carr	3	82	0	0	10,296	3	1	1	1	0	0	3	6000-6300	P	
OKLAHOMA																
Oklahoma City																
University of Oklahoma Medical Center	M. A. Everett						3						71	5500-6750	P	
University of Oklahoma Hospitals		3	105	0	0	6,527										
Veterans Admin.		1	34	0	0	1,055										
OREGON																
Portland																
University of Oregon Medical School																
Hospitals and Clinics	W. C. Lobitz, Jr.	6	99	2	50	6,695	3	4	4	2	0	0	10	6600-7800	FP	
Veterans Admin.	W. C. Lobitz, Jr.	6	351			1,096								5280-6480	P	
PENNSYLVANIA																
Danville																
Geisinger Medical Center	R. F. Dickey		4	0	0	18,686	3	2	2	2	0	0	6	6400-6900	P	
Philadelphia																
Hahnemann Medical College and Hospital	R. Fleischmajer	15	155	0	0	5,700	3	0	1	2	0	0	3	6500-7500	P	
Jefferson Medical College	H. A. Luscombe		8	0	0	2,218	2	1	1	0	0	0	2	8000-8500	O	
Temple University	F. Urbach	22	360	5	80	19,835	3	5	5	5	0	0	15	7200-9600	P	

APPROVED RESIDENCIES

5. DERMATOLOGY—Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
			Number	Necropsy Per cent	Outpatient Visits			1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA, Philadelphia—Continued															
University of Pennsylvania Affiliated Hospitals	W. B. Shelley	...	...	...	...	3	6	6	6	0	0	18	...	...
Graduate Hospital of the University of Pennsylvania	M. H. Samitz	3	73	1	100	1,837	...	...	...	...	...	...	8000-9500	P	
Hospital of the University of Pennsylvania	H. Goldschmidt	10	190	2	100	7,729	...	...	...	...	...	...	8000-11000	P	
Pennsylvania	P. R. Gross	4	58	2	50	2,581	...	...	...	...	...	...	8600-10300	O	
Philadelphia General	H. J. Hurley	14	229	1	100	5,870	...	...	...	...	...	...	8100-8900	O	
Veterans Admin.	J. A. Witkowski	5	240	0	0	1,200	...	...	...	...	...	...	...	...
PUERTO RICO															
San Juan															
University District	V. M. Torres	24	...	5	60	17,567	3	3	3	3	0	0	9	6300-7500	P
TENNESSEE															
Memphis															
University of Tennessee Affiliated Hospitals	E. W. Rosenberg	...	...	...	...	...	3	2	2	2	0	0	6	...	...
City of Memphis Hospitals	...	2	48	0	0	3,744	...	...	...	...	...	...	6085-7149	P	
Veterans Admin.	...	4	41	0	0	2,144	...	...	...	...	...	...	7160-8160	P	
TEXAS															
Galveston															
University of Texas Medical Branch Hospitals	F. Mullins	10	160	1	0	50	3	2	2	2	0	0	6	6000-6300	P
Houston															
Baylor University Affiliated Hospitals	J. M. Knox	...	...	...	...	...	3	4	4	4	0	0	12	...	...
Ben Taub General	...	1	23	1	100	7,673	...	...	...	...	...	...	...	...
Veterans Admin.	...	25	372	2	50	2,640	...	...	...	...	...	...	6900-8100	P	
VIRGINIA															
Charlottesville															
University of Virginia	E. P. Cawley	4	99	...	...	8,057	3	2	2	2	0	0	6	5400-6900	O
Richmond															
Medical College of Virginia Affiliated Hospitals	K. W. Blaylock	...	...	...	...	...	3	3	3	3	0	0	9	...	...
Medical College of Virginia-Hospital Division	...	3	110	2	50	5,070	...	...	...	...	...	...	5400-6000	P	
Veterans Admin.	...	5	208	0	0	3,465	...	...	...	...	...	...	5400-6900	P	
WASHINGTON															
Seattle															
University	G. F. Odland, W. B. Baker	...	...	...	...	...	3	1	1	1	0	0	3	7008-8004	P
WEST VIRGINIA															
Morgantown															
West Virginia University Medical Center	W. A. Welton	1	17	0	0	2,771	3	1	0	0	0	0	1	7000-...	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals	...	...	...	...	...	...	3	2	2	2	0	0	6	...	...
University Hospitals	S. A. M. Johnson	5	195	1	100	5,758	...	...	...	...	...	...	6000-6800	P	
Veterans Admin.	G. H. Burnett	7	129	0	0	1,150	...	...	...	...	...	...	...	...
Marshfield Clinic (Marshfield)	W. J. Schorr	4	159	1	100	174	...	...	...	...	...	...	7200-...	P	
Marshfield															
Marshfield Clinic - See University of Wisconsin Affiliated Hospitals, Madison															
Milwaukee															
Veterans Admin. Center (Wood)	D. W. Kersting	6	137	2	100	11,510	3	3	3	3	0	0	9	7600-8800	P

6. FORENSIC PATHOLOGY

Residency programs in Forensic Pathology that have been approved by the Council on Medical Education and the American Board of Pathology are listed following the programs in Pathology, and begin on page 232.

7. FAMILY PRACTICE

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Family Practice, and the American Academy of General Practice, through the Residency Review Committee for Family Practice, as offering THREE years of training. Because the first year of the program replaces the free-standing internship, most programs are also included in the list of Approved Internships beginning on page 99, so that candidates may be matched through the National Intern and Resident Matching Program. Programs, 21; Residencies, 339

Director of Program	Model Family Practice Unit Planned Number of Families 1st Yr. 2d Yr. 3d Yr.	Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance				
			1st Year	2nd Year	3rd Year	4th Year	5th Year							
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Newport Beach														
Hoag Memorial Hospital-Presbyterian	R. E. Rakel	50	50	50	6	6	6	3	...	21	9600-12000	O

7. FAMILY PRACTICE—Continued

Director of Program	Model Family Practice Unit Planned Number of Families			Outpatient Visits	Residencies Offered 1970-1971							Salary per Year Min.-Max.	Main- tenance O
	1st Yr.	2d Yr.	3d Yr.		1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
CALIFORNIA—Continued													
San Bernardino													
San Bernardino County General	J. P. Loge	25	25	25	92,720	18	10	10	0	...	42	6000-8400	F
Torrance													
Los Angeles County Harbor General	J. A. Turner	3	3	3	0	0	9
Ventura													
General Hospital Ventura County	J. A. Daly, W. Welcher	100	100	100	40,961	5	7	7	0	0	19	7200-...	...
DISTRICT OF COLUMBIA													
Washington													
Howard University Affiliated Hospitals	W. E. Matory	2	2	2	0	0	6
Freedmen's District of Columbia General
FLORIDA													
Miami													
University of Miami Family Health Center	L. P. Carmichael	350	500	700	184,719	12	6	6	3	0	27	8000-15000	...
Jackson Memorial
KANSAS													
Wichita													
Wesley Medical Center	G. G. Stephens	50	70	75	8,000	6	6	5	0	0	17	7500-8000	F
MARYLAND													
Baltimore													
University of Maryland	W. L. Stewart	50	50	50	...	4	2	2	0	0	8	7000-8200	P
MASSACHUSETTS													
Boston													
Harvard Med. School Family Hlth. Care Prog., Children's Hosp.	J. J. Alpert	15	15	100	8,700	0	2	2	4	0	8	7600-9100	O
MINNESOTA													
Minneapolis													
University of Minnesota Hospitals	B. F. Fuller	10	15	20	0	0	45	6500-8500	O
MISSOURI													
Kansas City													
Research Hospital and Medical Center	P. R. Young	100	200	200	33,000	4	4	4	0	0	12	6600-7800	F
NEW JERSEY													
Camden													
West Jersey Hospital	J. H. Osler, 3d	75	75	75	9,064	5	5	5	0	0	15	9000-10000	F
Flemington													
Hunterdon Medical Center	D. Hotchkiss, B. Schapiro	15	15	60	...	4	4	4	0	0	12	7000-8200	P
NEW YORK													
Buffalo													
Deaconess Hospital of Buffalo	E. Haynes	50	100	150	38,415	4	4	4	0	0	12	7500-8500	P
Rochester													
University of Rochester School of Med.-Highland	E. S. Farley, Jr.	500	800	1,000	12,500	4	4	4	0	0	12	8500-9500	...
Syracuse													
St. Joseph's	F. S. Caliva	30	75	30	22,670	10	10	10	0	0	30	8400-9400	F
NORTH CAROLINA													
Greensboro													
Moses H. Cone Memorial Hospital	W. Herring, M. Sharpless	25	50	50	9,604	3	3	3	0	0	9	6000-7500	P
OHIO													
Toledo													
Flower Hospital	F. B. Ruwe	400	800	1,000	1,365	9	6	4	0	0	19	7200-9600	P
OKLAHOMA													
Oklahoma City													
University of Oklahoma Medical Center	R. I. Lienke	...	1,000	1,500	3,500	0	3	3	0	0	6	7200-7200	P
PENNSYLVANIA													
York													
York	R. L. Evans, T. M. Hart	2,500	2,500	2,500	12,500	3	3	3	0	0	9	7200-8400	F
WISCONSIN													
Madison													
University of Wisconsin Medical Center	M. F. Hansen	1,000	1,000	1,000	...	0	0	1	0	0	1

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APPROVED RESIDENCIES

8. GENERAL PRACTICE

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Academy of General Practice, through the Residency Review Committee for General Practice, as offering acceptable training in this field. Programs, 149; Residencies, 958

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Neeropsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE															
DISTRICT OF COLUMBIA															
Malcolm Grow U.S.A.F., Washington	J. E. Lofton	310	8,367	86	83	424,819	2	2	2	0	0	0	4	.....	...
UNITED STATES ARMY															
NEW JERSEY															
Walson Army, Fort Dix	L. M. Dixon	...	27,345	45	62	106,643	2	4	3	0	0	0	7	.....	...
UNITED STATES NAVY															
CALIFORNIA															
Naval, Camp Pendleton	R. R. Anderson	478	13,809	90	60	200,400	2	1	1	0	0	0	2	.....	...
FLORIDA															
Naval, Jacksonville	R. W. Knapp	383	8,641	100	77	226,400	2	4	4	0	0	0	8	.....	...
UNITED STATES PUBLIC HEALTH SERVICE															
NEW MEXICO															
U. S. Public Health Service Indian, Gallup	S. L. Erney	164	4,500	102	41	59,642	2	4	4	4	0	0	12	.....	...
VIRGINIA															
U. S. Public Health Service, Norfolk	C. R. Garfield	133	3,747	59	68	86,088	2	3	3	0	0	0	6	.....	...
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist	C. Neville, D. Briggs, Jr.	325	14,529	298	43	157,157	2	2	2	0	0	0	4	7200-7800	P
ARIZONA															
Phoenix															
Good Samaritan	N. G. Smith	455	27,901	308	44	8,539	2	2	2	0	0	0	4	6900-7800	P
Tucson															
Tucson Hospitals Medical Education Program	A. V. Dudley	...	...	...	...	...	2	2	2	0	0	0	4	8400-9000	P
St. Mary's	...	197	8,844	293	48	1,236	...	...	...	...	...	...	...	...	...
Pima County General	...	85	2,833	203	60	51,144	...	...	...	...	...	...	...	...	...
Tucson Medical Center	...	409	19,483	542	52	6,374	...	...	...	...	...	...	...	...	...
CALIFORNIA															
Bakersfield															
Kern County General	P. Dunford, Jr.	300	8,044	433	64	61,351	2	2	2	0	0	0	4	8400-9300	O
Davis															
University of California (Davis) Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sacramento Medical Center (Sacramento)	G. G. Snively	135	3,027	500	59	31,989	2	6	6	0	0	0	12	8520-9156	P
Long Beach															
Memorial Hospital of Long Beach	J. P. Crivaro	462	19,733	717	40	...	2	1	1	0	0	0	2	7200-7800	P
St. Mary's Long Beach	C. C. Calascibetta	278	18,025	400	42	17,756	2	1	1	0	0	0	2	7800-9000	P
Los Angeles															
Queen of Angels	R. B. Bigler	...	...	...	...	2,643	3	1	1	0	0	0	2	6600-7800	F
Martinez															
Contra Costa County Medical Services	G. Degnan	269	12,638	326	61	162,650	2	6	6	0	0	0	12	10344-17400	O
Modesto															
Scenic General	W. A. Todd, Jr.	143	4,036	202	27	...	2	3	4	0	0	0	7	12000-12000	P
Riverside															
Riverside General	D. L. John	261	7,929	321	53	69,813	2	1	1	0	0	0	2	7920-8280	P
Sacramento															
Sacramento Medical Center - See University of California (Davis) Affiliated Hospitals, Davis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Salinas															
General Hospital of Monterey County	C. J. Leonard	197	4,604	151	68	20,150	2	5	5	0	0	0	10	10200-11400	FP
San Bernardino															
San Bernardino County General	J. P. Loge	303	10,577	488	63	91,970	3	8	8	4	0	0	20	7200-8400	F
Santa Barbara															
Santa Barbara General-Cottage Hospitals	D. M. Caldwell	...	...	...	...	...	2	3	3	0	0	0	6	8100-8700	P
Santa Barbara Cottage	...	277	13,026	286	49	...	...	...	...	...	...	...	...	...	...
Santa Barbara General	...	159	2,674	117	47	13,288	...	...	...	...	...	...	...	...	...
Santa Rosa															
Community Hospital of Sonoma County	R. N. Hedges, Jr.	214	3,521	172	75	44,037	2	7	7	0	0	0	14	9600-11400	...
Ventura															
General Hospital Ventura County	J. A. Daly	240	6,538	234	28	40,961	2	8	7	0	0	0	15	12000-14400	P
COLORADO															
Colorado Springs															
St. Francis	D. C. Dawson	132	6,829	122	53	7,266	2	2	0	0	0	0	2	6600-7900	FP
Denver															
Denver General	B. E. Pollock	216	9,559	417	78	116,068	2	2	2	...	...	...	4	5028-5496	P
Mercy ¹⁹	M. Cherington	287	14,571	273	49	19,487	2	2	2	0	0	0	4	7400-8000	F
St. Anthony	F. O. Franco	407	23,358	387	47	1,792	2	8	8	0	0	0	16	8400-9600	F
St. Joseph	M. E. Mc Dowell	463	22,047	394	54	11,204	2	2	2	0	0	0	4	6720-7020	P
University of Colorado Medical Center	C. W. Eisele	...	...	...	...	...	2	4	4	0	0	0	8	5400-5800	O
CONNECTICUT															
Bridgeport															
Bridgeport	F. F. Northman	460	22,803	668	45	18,356	2	2	2	0	0	0	4	7600-8300	P
Danbury															
Danbury	J. L. Belsky	211	9,955	216	33	64,485	2	3	3	0	0	0	6	6000-6600	F

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8. GENERAL PRACTICE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Neeropsy Per cent	Outpatient Visits	1st Year		2nd Year	3rd Year	4th Year	5th Year				
DELAWARE																
Wilmington																
Wilmington Medical Center	H. F. Wendel	660	36,623	1,286	54	51,783	2	6	6	0	0	0	12	8700-9200	P	
DISTRICT OF COLUMBIA																
Washington																
Eastern Dispensary and Casualty	J. H. Choi	80	2,915	336	26	3,790	2	4	3	0	0	0	7	9000-9300	O	
FLORIDA																
Daytona Beach																
Halifax District	R. Dillard	404	15,021	640	...	52,275	2	10	0	0	0	0	10	7800-7800	...	
Jacksonville																
Duval Medical Center	A. D. Draper, Jr.	225	9,493	512	40	199,080	2	1	1	0	0	0	2	8100-8400	P	
St. Vincent's	C. H. Burke	Inc. in Med.	...	...	...	...	2	1	1	0	0	0	2	7800-8400	P	
Miami																
University of Miami Affiliated Hospitals																
Jackson Memorial Hospital	L. P. Carmichael	1,131	35,193	1,733	47	164,799	2	6	6	3	0	0	15	7050-8650	P	
St. Petersburg																
Mound Park	G. E. Page	297	8,693	1,014	19	2,942	2	2	2	0	0	0	4	8700-10200	O	
GEORGIA																
Columbus																
Medical Center	M. Patterson	420	19,264	644	36	22,367	2	4	4	0	0	0	8	6600-7200	F	
Macon																
Macon	C. T. Rumble	461	22,504	709	20	42,899	2	4	4	4	0	0	12	7200-8400	F	
ILLINOIS																
Berwyn																
Mac Neal Memorial	J. M. Schless, K. F. Kessel	384	15,077	765	46	4,230	2	4	4	0	0	0	8	9900-10500	O	
Chicago																
Grant	L. Johnston	...	4,019	125	34	13,141	2	6	4	0	0	0	10	9000-9900	P	
Jackson Park	M. I. Shapiro	157	6,448	193	41	22,144	2	4	4	0	0	0	8	...	...
Louis A. Weiss Memorial	H. E. Bessinger	235	7,904	313	45	5,513	2	8	7	0	0	0	15	10100-10700	O	
Norwegian-American	R. B. Robins	185	7,796	254	29	4,424	2	6	2	0	0	0	8	9000-9600	O	
Ravenswood	K. G. Eggen	240	11,036	300	30	1,058	2	5	5	0	0	0	10	9600-10200	P	
St. Elizabeth's	L. G. Khedroo	80	6,000	210	25	5,113	2	4	0	0	0	0	4	7200-8400	F	
Swedish Covenant	J. H. Erickson	221	8,160	377	34	11,699	2	3	3	1	0	0	7	8100-9000	F	
Evanston																
St. Francis	A. J. Durso	...	...	...	...	...	2	1	1	0	0	0	2	...	...
Oak Park																
West Suburban	R. C. Muehrcke	339	14,838	524	48	2,967	2	6	6	0	0	0	12	9500-10000	O	
Peoria																
Methodist Hospital of Central Illinois	F. Z. White	308	10,347	358	32	2,226	2	4	4	0	0	0	8	6000-...	FP	
St. Francis	J. C. O'Brian	244	5,962	...	...	...	2	2	2	0	0	0	4	6900-7200	F	
INDIANA																
Indianapolis																
Indiana University Medical Center	G. T. Lukemeyer	...	...	...	...	...	2	2	2	0	0	0	4	7500-8000	P	
Methodist Hospital of Indiana	L. Kammen	8	2,943	365	42	1,155	2	4	4	0	0	0	8	8600-9200	P	
South Bend																
Memorial Hospital of South Bend	D. T. Olson	345	13,296	561	33	3,184	2	2	2	0	0	0	4	7800-8400	F	
St. Joseph's	R. L. Devetski	324	13,503	435	32	...	2	3	2	0	0	0	5	10800-11400	P	
IOWA																
Des Moines																
Broadlawn Polk County	L. F. Staples	97	5,104	180	34	54,805	2	2	2	0	0	0	4	6600-7200	F	
KANSAS																
Wichita																
St. Francis	C. C. Schopf	615	25,304	658	40	3,411	2	3	3	0	0	0	6	7800-8100	FP	
LOUISIANA																
Lafayette																
Lafayette Charity - See Charity Hospital of Louisiana, New Orleans																
Monroe																
E. A. Conway Memorial	H. T. Rogers, Jr.	109	7,609	301	9	63,325	2	0	12	0	0	0	12	12000-...	P	
New Orleans																
Charity Hospital of Louisiana, Louisiana State University Division ¹⁸⁷																
Lafayette Charity (Lafayette)	N. S. Gilbert	1,655	47,809	2,457	47	421,584	2	...	...	...	...	...	...	...	F	
...	...	180	8,060	213	38	43,124	...	...	...	...	...	...	...	...	...
Pineville																
Huey P. Long Charity	R. D. Sparks	...	...	...	...	...	2	6	6	0	0	0	12	...	...
MAINE																
Portland																
Maine Medical Center	R. H. Pawle	51	7,129	358	42	...	2	2	2	0	0	0	4	5850-7210	FP	
MARYLAND																
Bethesda																
Suburban	J. Ball	261	14,209	388	53	3,507	2	2	2	0	0	0	4	8400-8800	O	
MASSACHUSETTS																
Lowell																
Lowell General	H. Black	198	8,518	314	41	2,248	2	2	2	0	0	0	4	...-7000	F	
MICHIGAN																
Dearborn																
Oakwood	E. W. Durham	413	18,996	547	43	1,740	2	3	3	0	0	0	6	9000-9300	P	

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APPROVED RESIDENCIES

8. GENERAL PRACTICE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Necropsy Per cent	Outpatient Visits	Length of Approved Program (Years)	1st Year	2nd Year	3rd Year	4th Year	5th Year				
MICHIGAN—Continued																
Detroit																
Evangelical Deaconess	W. P. Curtiss	167	7,222	299	32	15,293	2	4	4	0	0	0	8	7440-8760	F	
Kirwood General	T. M. Batchelor	134	4,207	58	33	...	2	5	5	0	0	0	10	10800-10800	P	
Flint																
Hurley	P. S. Thoms	632	23,318	788	48	7,841	2	2	2	0	0	0	4	8100-8400	FP	
Mc Laren General	J. W. Mac Kenzie	299	14,278	278	46	2,807	2	3	3	0	0	0	6	9000-9300	F	
St. Joseph	F. D. Johnson	353	14,817	396	41	...	2	8	7	0	0	0	15	9000-9900	F	
River Rouge																
Sidney A. Sumby Memorial	J. L. Loomis	58	1,927	18	...	3,180	2	5	0	0	0	0	5	7500-8100	F	
Saginaw																
Saginaw Affiliated Hospitals	W. C. Averill	...	...	...	...	...	2	6	6	0	0	0	12	9600-10800	O
Saginaw General	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Luke's	W. C. Averill	199	9,018	214	54	4,515	...	...	...	...	...	...	...	...	...
St. Mary's	J. Young	204	9,405	275	56	...	...	...	...	...	...	...	...	...	...
MINNESOTA																
Minneapolis																
Fairview	H. D. Miller	337	9,996	307	41	17,488	2	4	4	0	0	0	8	6000-6600	...	
St. Paul																
St. Luke's	R. J. Houle	264	8,465	251	39	3,245	2	4	4	0	0	0	8	7200-8220	P	
MISSOURI																
Columbia																
University of Missouri Medical Center	A. S. Baker	...	...	...	...	...	2	3	3	3	0	0	9	6500-7000	P
Kansas City																
Menorah Medical Center	L. Forman	297	10,029	287	47	2,354	2	1	1	0	0	0	2	8460-9120	P	
Trinity Lutheran	J. H. Hill	203	7,136	259	34	10,849	2	2	2	0	0	0	4	6600-7200	P	
St. Louis																
Lutheran	G. A. Koehler	369	14,158	478	44	18,649	3	3	3	3	0	0	9	6480-9600	FO	
NEW JERSEY																
Hoboken																
St. Mary	D. D. Dougherty	261	9,491	466	28	6,603	2	1	1	0	0	0	2	6000-7800	F	
Montclair																
Mountainside ²²⁹	S. Taffet	323	11,662	511	36	...	2	2	0	0	0	0	2	8100-8400	F	
Morristown																
Morristown Memorial	A. J. Zangara	324	14,296	429	59	9,861	2	...	...	...	...	...	...	8000-8300	F
Perth Amboy																
Perth Amboy General	C. A. Ross	458	18,488	693	38	11,313	2	2	2	0	0	0	4	8000-8500	F	
Phillipsburg																
Warren	E. B. Lorentz	172	8,631	365	31	1,636	2	3	3	0	0	0	6	6000-7200	F	
Princeton																
Princeton	E. O. Hirsch	199	9,815	252	63	2,800	3	1	1	1	0	0	3	8000-9000	P	
Somers Point																
Shore Memorial	G. H. Keates	173	8,283	320	29	2,215	2	3	2	0	0	0	5	7200-9900	FP	
Somerville																
Somerset	L. Troum	234	13,967	377	39	4,308	2	2	2	0	0	0	4	8100-8500	F	
Summit																
Overlook	W. B. Nestler	421	18,070	539	36	3,286	2	1	1	0	0	0	2	8000-9500	P	
NEW MEXICO																
Los Alamos																
Los Alamos Medical Center	H. Wadstrom	34	1,979	27	89	...	2	1	1	0	0	0	2	7200-7200	O	
NEW YORK																
Buffalo																
Millard Fillmore	J. Nunn	261	9,445	379	49	9,198	2	1	1	0	0	0	2	7805-8270	P	
Glen Cove																
Community Hospital at Glen Cove	F. Moore	93	2,236	207	43	2,665	2	2	2	0	0	0	4	8500-9000	P	
Yonkers																
Yonkers General	M. J. Eisen	154	5,282	245	35	3,116	2	3	0	0	0	0	3	9600-10800	FP	
NORTH CAROLINA																
Charlotte																
Charlotte Memorial	B. L. Galusha	154	5,824	391	51	25,205	2	4	4	0	0	0	8	6900-7200	P	
Winston-Salem																
Forsyth Memorial	W. A. Lambeth	304	12,407	502	32	5,514	2	6	6	6	0	0	18	5100-6720	P	
OHIO																
Akron																
Akron City ²⁷⁴	J. H. Pollock	93	2,493	268	44	7,014	2	2	2	0	0	0	4	8420-8900	P	
Akron General	M. C. Morgan	406	12,537	567	52	12,747	2	4	2	0	0	0	6	8400-8800	P	
St. Thomas	C. A. East	153	3,909	318	69	5,086	2	2	2	0	0	0	4	6720-7080	P	
Barberton																
Barberton Citizens	L. J. Janchar, E. B. Studer	279	13,533	362	40	...	2	4	4	0	0	0	8	6000-6600	F	
Cincinnati																
Cincinnati General	H. C. Flessa	...	...	...	...	139,559	2	6	6	0	0	0	12	6340-6640	P
Good Samaritan	D. C. Fischer	...	...	...	...	...	2	2	2	0	0	0	4	7560-8160	P
Cleveland																
Fairview General	F. V. Geiss	303	13,790	344	52	13,957	2	2	2	0	0	0	4	6000-6600	F	
Polyclinic	R. V. Bachman	116	4,235	117	43	102	3	3	3	2	0	0	8	7200-9600	FP	
St. John's	R. J. McCaffery	300	10,446	395	...	4,798	3	6	6	6	0	0	18	6600-7500	F	
Columbus																
Mount Carmel	J. L. Henry	386	15,477	508	51	18,422	2	3	0	0	0	0	3	6300-8100	P	
Riverside Methodist	S. V. Foster	28	1,221	73	42	...	2	1	1	0	0	0	2	7800-8100	P	
Dayton																
Good Samaritan	R. M. Kahn	187	5,884	202	44	2,040	2	2	2	0	0	0	4	7800-8100	F	
Miami Valley	J. Worthman	610	20,846	302	41	3,696	2	4	4	4	0	0	12	9000-9900	P	
Elyria																
Elyria Memorial	W. H. Sigalove	134	6,945	202	40	2,461	2	3	3	0	0	0	6	7200-7500	F	
Euclid																
Euclid General	T. Kelly	267	11,607	370	44	1,529	3	4	4	4	0	0	12	7800-9000	O	

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APPROVED RESIDENCIES

8. GENERAL PRACTICE - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Neeropy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO - Continued															
Lorain															
St. Joseph	C. Chesner	237	11,435	353	39	2,232	2	4	4	0	0	0	8	6600-7500	F
Ravenna															
Robinson Memorial Portage County	R. E. Glasgow	190	11,759	269	39	3,029	3	6	6	3	0	0	15	7200-8400	F
Toledo															
Mercy	T. G. Klever	340	14,427	410	48	36,466	2	6	6	0	0	0	12	8700-9300	P
St. Charles	F. C. Clifford	180	7,571	279	27	2,804	2	2	2	0	0	0	4	6600-6900	F
Toledo	H. R. Silverman	440	19,591	207	44	29,104	2	1	1	0	0	0	2	7500-7800	F
Warren															
St. Joseph's Riverside	A. M. Ginzler	...	...	...	...	...	2	4	3	0	0	0	7	...	...
Trumbull Memorial	L. N. Ozeroff	315	14,855	387	46	4,177	2	4	4	0	0	0	8	8100-8700	P
Youngstown															
St. Elizabeth	A. Randell	521	20,002	653	43	8,046	2	2	2	2	0	0	6	6600-8100	FP
OKLAHOMA															
Oklahoma City															
University of Oklahoma Medical Center	I. H. Brown	...	...	...	...	...	2	2	2	0	0	0	4	5500-6500	P
University of Oklahoma Hospitals	...	309	9,581	322	59	101,385	...	...	...	...	...	...	...	...	...
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
OREGON															
Portland															
St. Vincent	D. B. Miller, Jr.	99	3,983	279	...	190	2	2	2	1	0	0	5	7800-9600	P
PENNSYLVANIA															
Abington															
Abington Memorial	T. W. Plume	65	1,556	62	52	1,574	2	2	0	0	0	0	2	7500-7800	P
Altoona															
Altoona	P. W. Hoovler	353	12,494	639	26	10,921	2	3	3	0	0	0	6	7200-8400	F
Bristol															
Lower Bucks	R. Weisberg	254	16,062	284	35	4,363	2	5	1	0	0	0	6	9000-9000	F
Chester															
Crozer-Chester Medical Center	J. H. Loucks	372	14,386	482	39	159,249	2	4	4	0	0	0	8	8400-8400	F
Drexel Hill															
Delaware County Memorial	E. D. Arsh	264	9,340	478	29	25,906	2	2	2	0	0	0	4	7800-10200	FP
Lancaster															
Lancaster General	J. H. Esberishade, Jr.	163	5,364	430	33	5,879	2	2	2	0	0	0	4	7200-8400	F
Norristown															
Montgomery	R. E. Carlson	227	10,748	320	24	21,955	2	1	3	0	0	0	4	7600-13000	F
Philadelphia															
St. Agnes	J. P. Cossa	201	7,610	48	18	27,040	2	...	...	...	...	...	...	8100-8100	P
Pottsville															
A. C. Milliken	N. M. Wall	218	8,208	315	30	15,828	2	3	3	0	0	0	6	8400-9000	F
Pottsville Hospital and Warne Clinic	E. W. Cubler	300	8,451	345	28	24,806	2	1	1	0	0	0	2	8400-9600	F
Reading															
Community General	A. C. Westendorp	199	7,293	367	32	11,439	2	4	4	0	0	0	8	7000-7600	F
St. Joseph's	J. J. Williams	273	10,312	401	31	11,735	2	3	3	0	0	0	6	6000-6000	F
SOUTH CAROLINA															
Greenville															
Greenville General	P. S. Snape	164	5,809	464	22	10,406	2	3	1	0	0	0	4	7500-9000	P
TENNESSEE															
Knoxville															
University of Tennessee Memorial Research Center and Hospital	R. F. Lash	222	11,124	423	30	16,265	2	2	0	0	0	0	2	5600-6240	F
TEXAS															
El Paso															
R. E. Thomason General	...	...	...	...	...	...	2	3	2	0	0	0	5	...	...
Fort Worth															
John Peter Smith	W. W. Goldman, Jr.	159	8,384	291	43	111,391	2	6	6	0	0	0	12	8200-8800	P
Houston															
Memorial Baptist	R. H. Barr	...	...	...	...	...	2	3	3	3	0	0	9	10800-12000	...
UTAH															
Ogden															
McKay-Dee Hospital Center	W. P. Daines	285	17,355	314	39	1,017	2	2	2	0	0	0	4	5100-6000	F
Salt Lake City															
Latter-Day Saints	J. O. Brewerton	432	20,845	602	42	8,169	2	2	1	0	0	0	3	5700-6300	P
VIRGINIA															
Newport News															
Riverside	H. L. Kraus	127	4,904	256	50	2,314	2	1	3	0	0	0	4	8400-12000	P
Norfolk															
De Paul	R. Reed	262	13,447	309	45	1,160	2	1	1	0	0	0	2	9900-10200	P
Norfolk Community	...	...	...	...	...	...	2	1	1	0	0	0	2	...	...
Norfolk General ¹⁹	A. L. Lee	544	19,701	740	44	19,890	2	2	2	0	0	0	4	9900-10200	O
Portsmouth															
Maryview	R. Maret	181	7,039	222	33	...	2	5	5	0	0	0	10	8400-9600	P
Portsmouth General	B. L. Canaga, Jr.	209	9,814	373	35	19,876	2	5	5	0	0	0	10	8400-9600	F
Roanoke															
Roanoke Memorial Hospitals	C. L. Crockett, Jr.	27	1,113	29	38	10,788	2	2	2	0	0	0	4	6000-6600	F
Suffolk															
Louise Obici Memorial	L. J. Stetson	163	6,814	347	77	17,161	2	4	4	0	0	0	8	7200-8400	F
WASHINGTON															
Seattle															
Group Health	J. J. Quinn	35	2,681	191	55	89,792	2	2	2	0	0	0	4	7200-8400	FP
Providence	R. D. Callison	257	13,887	426	44	5,438	2	2	2	0	0	0	2	7224-8124	P

APPROVED RESIDENCIES

8. GENERAL PRACTICE - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O P F P O
			Number	Necropsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
WEST VIRGINIA														
South Charleston														
Herbert J. Thomas Memorial	J. J. Schaefer	192	9,943	267	31	25,608	2	2	0	0	0	4	8400-9600	F
Wheeling														
Wheeling	G. M. Kellas	187	7,192	278	37	...	2	2	0	0	0	4	7800-8400	F
WISCONSIN														
Milwaukee														
Evangelical Deaconess	F. G. Stergiades	99	3,838	201	35	1,304	3	2	2	0	0	6	7200-8400	P
St. Francis	M. Weingarten	198	8,688	339	24	20,957	2	4	4	0	0	8	5400-5700	P
St. Luke's	K. J. Stollenwerk	231	1,885	120	39	12,813	2	2	0	0	0	4	7500-8700	FP
St. Michael		268	11,671	256	46	33,947	2	6	6	0	0	12	7200-7800	P

9. INTERNAL MEDICINE

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Internal Medicine, and the American College of Physicians through the Residency Review Committee for Internal Medicine, as offering THREE years of training in the specialty under any of the several programs leading to eligibility for examination by the American Board of Internal Medicine. Programs, 416; Residencies, 7,887

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O P F P O
			Number	Necropsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
ARIZONA														
U. S. Air Force, Tucson - See Veterans Admin., Tucson														
CALIFORNIA														
David Grant U.S.A.F., Fairfield	M. B. Miller	111	1,923	41	91	55,484	2	2	2	0	0	6	...	...
MISSISSIPPI														
U. S. Air Force, Biloxi	R. O. Amdall	98	2,270	20	85	48,696	2	2	2	0	0	6	...	...
TEXAS														
Wilford Hall U. S. A. F., San Antonio	R. F. Fitch	275	5,196	128	92	165,000	7	7	7	5	1	27	...	...
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	H. F. Hurd	169	2,741	115	78	107,996	6	6	6	0	0	18	...	...
COLORADO														
Fitzsimons General, Denver	R. C. Jones	228	4,880	88	86	97,099	5	5	5	5	0	20	...	...
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	R. H. Moser	417	5,243	215	81	171,227	8	8	8	0	0	24	...	...
HAWAII														
Tripler General, Honolulu	O. Barrett, Jr.	252	4,575	102	80	78,525	5	5	5	0	0	15	...	...
TEXAS														
William Beaumont General, El Paso	J. A. Hawkins, R. C. Zurek	130	3,812	99	88	68,021	5	5	5	0	0	15	...	...
Brooke General, San Antonio	G. K. Arney	208	3,890	136	78	32,258	11	8	8	0	0	27	...	...
WASHINGTON														
Madigan General, Tacoma	D. L. Deutsch	289	11,938	62	87	60,162	5	5	5	0	0	15	...	...
UNITED STATES NAVY														
CALIFORNIA														
Naval, Oakland ²⁵	H. A. Sparks	154	2,359	62	86	48,155	3	3	3	0	0	9	...	...
Naval, San Diego	W. J. Babalis	592	6,034	299	68	53,685	4	5	4	0	0	13	...	...
ILLINOIS														
Naval, Great Lakes	R. H. Easterday	161	2,765	40	73	32,508	2	2	2	0	0	6	...	...
MARYLAND														
Naval, Bethesda	L. M. Fox	160	2,919	90	84	58,978	4	4	4	6	4	22	...	...
MASSACHUSETTS														
Naval, Chelsea ²⁰⁷	H. A. Schlang	90	1,715	52	81	13,458	3	3	3	0	0	9	...	...
NEW YORK														
Naval, St. Albans	W. S. Myers	294	3,654	60	73	19,799	2	2	3	1	0	8	...	...

9. INTERNAL MEDICINE - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA														
Naval, Philadelphia	J. W. Cox	144	2,648	160	63	15,480	4	4	4	3	2	171	.....	...
VIRGINIA														
Naval, Portsmouth	J. J. Dempsey	264	3,864	90	81	80,594	4	4	4	0	0	12	.....	...
UNITED STATES PUBLIC HEALTH SERVICE														
CALIFORNIA														
U. S. Public Health Service, San Francisco	K. H. Hyatt	158	2,691	75	71	17,802	6	5	2	0	0	13	.....	...
LOUISIANA														
U. S. Public Health Service, New Orleans ¹⁸⁸	S. J. Herbert	145	2,545	102	73	15,957	2	2	1	0	0	5	.....	...
MARYLAND														
U. S. Public Health Service, Baltimore ¹⁹⁷	S. Foreman	130	1,982	170	76	7,848	4	4	2	0	0	10	.....	...
MASSACHUSETTS														
U. S. Public Health Service, Boston	R. Thurm	42	1,490	24	88	8,529	1	1	1	0	0	3	.....	...
NEW YORK														
U. S. Public Health Service (Staten Island), New York City	N. P. Sinaly	148	2,777	145	50	19,999	8	3	3	0	0	14	.....	...
WASHINGTON														
U. S. Public Health Service - See University of Washington Affiliated Hospitals, Seattle														
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights	A. Howard	96	2,440	94	62	24,914	2	2	2	0	0	6	9517-12566	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Carraway Methodist	R. Tieszen, D. Briggs, Jr.	91	3,434	205	40	17,214	3	3	3	0	0	9	7200-8400	P
University of Alabama Medical Center	T. J. Reeves	...	...	...	...	...	15	12	10	2	1	40	.....	...
University of Alabama Hospitals and Clinics	T. J. Reeves	246	6,178	517	70	31,061	...	...	...	...	...	...	6300-9300	P
Veterans Admin.	J. A. Pittman, Jr.	160	3,260	227	81	23,995	...	...	...	...	...	...	6607-9007	O
Fairfield														
Lloyd Noland	C. E. Porter	98	3,355	266	44	32,905	2	2	2	0	0	6	7800-9000	FP
Mobile														
Mobile General	W. Atkinson, M. Campbell	45	1,572	195	57	11,204	2	2	2	0	0	6	6840-8040	P
ARIZONA														
Phoenix														
Good Samaritan	F. T. Flood	197	6,544	383	46	3,001	2	2	2	0	0	6	7800-9600	P
Maricopa County General	J. L. Marcarelli	150	3,600	400	50	30,000	4	4	4	1	0	13	8485-10695	P
St. Joseph's	R. G. Beers	135	4,958	270	51	5,274	3	3	3	0	0	9	6000-7200	F
Veterans Admin.	G. W. Curd, Jr.	99	1,662	130	77	950	2	2	2	0	0	6	7440-8640	...
Tucson														
Tucson Hospitals Medical Education Program	D. J. Crosby	...	...	...	...	...	6	6	3	0	0	15	8400-9600	P
Pima County General	D. J. Crosby	34	963	136	51	26,565	...	...	...	...	...	...	.....	...
St. Mary's	D. Ben-Asher	94	3,406	220	46	876	...	...	...	...	...	...	.....	...
Tucson Medical Center	S. Schneider	129	4,893	311	54	4,727	...	...	...	...	...	...	.....	...
Veterans Admin.	W. F. Denny	170	2,437	154	74	15,614	6	6	3	0	0	15	6300-7100	O
U. S. Air Force	...	16	1,399	10	90	5,252	...	...	...	...	...	...	.....	...
ARKANSAS														
Little Rock														
University of Arkansas Medical Center	R. S. Abernathy	...	...	...	...	...	6	6	6	0	0	18	.....	...
University	...	45	1,451	125	50	15,614	...	...	...	...	...	...	5400-6000	O
Veterans Admin. Consolidated	...	157	2,453	232	73	1,200	...	...	...	...	...	...	6150-6850	P
CALIFORNIA														
Bakersfield														
Kern County General	J. E. Anderson	177	2,123	218	70	16,592	2	2	2	0	0	6	8400-9900	O
Davis														
University of California (Davis) Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
Sacramento Medical Center (Sacramento)	R. J. Bolt	135	3,027	500	59	31,989	6	6	6	0	0	18	8520-9852	P
Fresno														
Fresno General	R. K. Larson	60	1,565	212	74	16,781	4	4	4	0	0	12	8544-10056	P
Loma Linda														
Loma Linda University	V. J. Johns, Jr.	120	3,503	163	75	30,000	6	5	4	0	0	15	6198-8466	P
Long Beach														
Memorial Hospital of Long Beach	E. R. Evans	222	6,391	501	39	1,127	4	3	2	0	0	9	7200-8400	P
St. Mary's Long Beach	R. S. Swerdloff	92	4,488	278	41	255	2	1	2	0	0	5	7800-9600	P
Veterans Admin. ⁶⁶	D. W. Leik	592	5,956	475	57	72,200	15	12	6	9	9	51	9371-12071	O
Los Angeles														
Cedars-Sinai Medical Center	C. R. Kleeman	551	21,088	669	...	30,315	9	5	4	2	0	20	7800-10000	P
Cedars of Lebanon Hospital Division	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
Mount Sinai Hospital Division	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
Hospital of the Good Samaritan	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
Medical Center	R. Homann, Jr.	119	4,360	284	46	11,085	3	2	1	0	0	6	7500-9900	FP
Kaiser Foundation	M. Yetra	186	4,535	325	42	155,266	4	4	3	0	0	11	6300-7500	P

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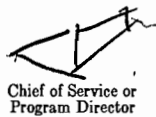
APPROVED RESIDENCIES

9. INTERNAL MEDICINE—Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
			Number	Neeropy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
CALIFORNIA, Los Angeles—Continued														
Los Angeles County-U.S.C. Medical Center	T. H. Brem	589	31,957	1,803	58	84,422	28	28	24	8	0	921	8100-10116	P
U. C. L. A.	W. N. Valentine	90	3,085	203	78	24,552	14	12	2	0	0	28	6200-9300	...
Veterans Admin. (Sepulveda)	R. W. Brawley	157	2,433	163	66	10,561	4	4	4	0	0	12	9000-12000	O
Veterans Admin. Center-Wadsworth ¹¹⁴	S. Dayton	314	7,657	479	69	32,787	16	22	17	14	5	74	9371-12071	P
White Memorial Medical Center	W. E. Macpherson	68	2,224	212	50	19,533	3	2	2	0	0	7	7860-9060	P
Martinez														
Veterans Admin. ¹²⁰	E. Movitt	232	3,250	239	66	17,571	4	2	2	1	0	9	7232-9080	O
Oakland														
Highland General	E. B. Mitchell	146	3,898	505	46	52,520	4	4	4	0	0	12	7800-9000	FP
Kaiser Foundation	M. A. Shearn	64	2,125	232	56	167,759	4	3	2	0	0	9	8340-9600	P
Orange														
Orange County Medical Center	P. H. Guth	137	3,633	322	98	34,226	6	6	6	4	0	22	8133-10379	P
Palo Alto														
Veterans Admin. - See Stanford University Affiliated Hospitals, Stanford														
Pasadena														
Huntington Memorial	W. J. Mitchell	121	4,774	409	55	20,541	5	5	5	0	0	15	8100-9900	FP
Riverside														
Riverside General	D. L. John	49	1,644	184	55	7,756	3	3	2	0	0	8	7920-8652	P
Sacramento														
Sacramento Medical Center - See Univ. of California (Davis) Affiliated Hospitals, Davis														
San Diego														
Mercy Hospital and Medical Center	D. G. Landale	117	5,176	360	43	10,425	1	1	1	0	0	3	6180-7380	F
University Hospital of San Diego County ¹³⁶	E. Braunwald	71	2,258	306	53	11,944	13	5	5	3	0	26	6200-9000	P
San Francisco														
Children's Hospital and Adult Medical Center	H. I. Griffeath	68	3,046	162	54	14,811	4	2	1	0	0	7	7800-9000	P
Kaiser Foundation	B. J. Sams	74	2,716	240	63	144,283	6	4	3	0	0	13	7920-9120	P
Mount Zion Hospital and Medical Center	H. Fishbon	195	5,386	357	54	13,007	6	5	2	0	0	13	7500-8700	P
Pacific Medical Center - Presbyterian	J. J. Kelly, Jr.	...	2,502	119	67	8,091	5	5	4	0	0	14	7380-8280	P
French	V. Di Raimondo	66	2,360	158	35	16,559	...	...	...	...	...	...	7800-9600	P
University of California Program	L. H. Smith, Jr.	...	...	...	...	...	26	27	8	5	6	72	...	...
H. C. Moffitt-University of California Hospitals	L. H. Smith, Jr.	97	3,009	141	73	29,324	...	...	...	...	...	...	6200-9600	O
San Francisco General	E. Rapaport	284	4,110	463	54	27,079	...	...	...	...	...	...	7116-10248	P
Veterans Admin.	M. H. Sleisenger	150	2,208	205	74	1,843	...	...	...	...	...	...	7761-10893	O
San Jose														
Santa Clara Valley Medical Center	R. A. O'Reilly	141	2,814	242	81	21,616	5	3	2	1	0	11	7238-9006	F
San Mateo														
San Mateo County General - See Stanford University Affiliated Hospitals, Stanford														
Santa Barbara														
Santa Barbara General-Cottage Hospitals	W. A. Faloon	...	...	...	...	...	4	3	3	0	0	10	9900-10200	P
Santa Barbara General	...	157	2,674	117	47	13,288	...	...	...	...	...	...	...	...
Santa Barbara Cottage	...	108	4,164	235	94	0	...	...	...	...	...	...	...	...
Stanford														
Stanford University Affiliated Hospitals	H. R. Holman	...	...	...	...	...	12	6	8	3	0	29	...	...
Stanford University	H. R. Holman	59	2,410	129	83	13,967	...	...	...	...	...	...	6500-8000	P
Veterans Admin. (Palo Alto)	K. B. Taylor	79	1,302	130	78	2,142	...	...	...	...	...	...	6190-8930	O
San Mateo County General (San Mateo)	E. Rubenstein	38	1,059	124	69	18,123	...	...	...	...	...	...	6361-8142	F
Stockton														
San Joaquin General	L. Armanino	53	1,823	210	69	15,818	4	2	1	0	0	7	9288-13464	P
Torrance														
Los Angeles County Harbor General	D. Solomon	165	8,669	563	56	25,959	12	10	7	6	0	35	8100-10116	P
COLORADO														
Denver														
Presbyterian Medical Center	H. B. Kennison	137	5,199	335	54	543	4	4	4	0	0	12	6600-7500	P
St. Joseph	M. E. Mc Dowell	192	7,885	250	51	2,415	2	2	2	0	0	6	6720-7620	P
University of Colorado Affiliated Hospitals	G. Meiklejohn	...	...	...	...	...	18	18	6	0	0	42	...	...
Denver General	A. B. Organick	75	2,099	264	63	20,543	...	...	...	...	...	...	5028-6000	P
University of Colorado Medical Center	E. Genton	95	2,985	179	84	30,985	...	...	...	...	...	...	5400-6200	P
Veterans Admin.	H. P. Ward	108	2,617	173	84	3,108	...	...	...	...	...	...	5620-8870	O
CONNECTICUT														
Bridgeport														
Bridgeport	P. E. Perillie	100	3,181	332	49	11,875	4	4	2	2	0	12	7600-9100	FP
St. Vincent's	M. Garrell	116	3,916	396	43	2,413	3	3	3	0	0	9	7800-8400	P
Greenwich														
Greenwich	J. G. Murray	114	3,718	144	65	6,494	2	2	1	0	0	5	8250-9750	F
Hartford														
Hartford	R. F. Reinfrank	230	5,320	55	56	5,480	12	8	8	0	0	28	7600-9100	O
Veterans Admin. (Newington)	P. Lipton	95	1,645	131	69	15,484	...	...	...	...	...	...	...	...
Mount Sinai	S. H. Bernstein	89	1,544	150	43	6,300	2	2	1	0	0	5	8500-9500	O
St. Francis	S. Sulavik	172	4,823	396	44	5,661	4	2	2	0	0	8	7200-8400	F
University of Connecticut Hospital-Mc Cook Division	J. Walker, S. Reichlin	32	1,023	48	71	20,121	4	4	4	4	0	16	8900-11900	O
Veterans Admin. (Newington)	P. Lipton	95	1,645	131	69	15,484	...	...	...	...	...	...	...	...
New Britain														
New Britain General	H. Levine	146	4,681	354	49	5,703	3	2	2	0	0	7	7500-8500	...
New Haven														
Hospital of St. Raphael	D. S. Dock	129	3,739	451	36	3,603	9	4	5	6	0	24	7866-10436	P
Laurel Heights (Shelton)	H. L. Ehrenkrantz F. C. Warring, Jr.	97	238	15	73	1,364	...	...	...	...	...	...	8370-10380	F
Yale-New Haven Medical Center	P. K. Bondy	...	...	...	...	...	16	14	2	0	0	29	...	...
Yale-New Haven	P. K. Bondy	178	5,688	533	55	28,296	9000-11000	O
Veterans Admin. (West Haven)	T. T. Amatruda, Jr.	105	1,919	192	72	7,650	6765-9265	O

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9. INTERNAL MEDICINE - Continued



Chief of Service or Program Director

	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
			Number	Neoprosy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
CONNECTICUT - Continued														
Newington														
Veterans Admin. - See Hartford Hsp., & U. Conn. Hlth. Ctr.-Mc Cook, Hartford														
Shelton														
Laurel Heights - See Hospital of St. Raphael, New Haven														
Stamford														
Stamford	M. G. Magida	145	4,165	304	52	6,469	2	2	1	1	0	6	9500-11000	P
Waterbury														
St. Mary's	M. Coshak, S. J. Ryan	200	4,109	381	42	5,553	2	2	2	0	0	6	7500-8900	F
Waterbury ¹⁴¹	A. J. Cappelletti	137	4,395	388	43	4,096	2	2	2	0	0	6	7500-8900	F
West Haven														
Veterans Admin. - See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Wilmington Medical Center	R. B. Flinn	281	7,759	883	51	18,403	4	4	2	0	0	10	8700-9700	P
DISTRICT OF COLUMBIA														
Washington														
District of Columbia General		...	...	...	...	31,856	...	...	...	...	...	...	...	...
Georgetown University Service	R. F. Donahoe	81	1,722	254	58	...	8	6	0	1	0	15	7000-10000	P
George Washington University Service	M. J. Romansky	81	1,725	303	55	...	9	2	2	1	0	14	7000-10000	P
Howard University Service	E. C. Nash	41	818	129	74	...	6	4	4	0	0	14	7000-10000	P
Doctors	C. W. Jones	117	3,358	221	53	1,006	3	2	2	0	0	7	8200-9000	F
Freedmen's	W. L. Henry	126	1,628	200	43	22,981	9	9	2	2	...	22	7865-9953	O
Georgetown University	L. H. Kyle	113	2,438	152	90	23,512	12	8	0	0	1	21	7500-9000	P
George Washington University	J. M. Evans	105	3,651	308	52	4,197	10	5	4	1	0	20	7517-10503	P
Providence	J. F. Finnegan	143	3,474	331	46	7,284	4	4	4	2	0	10	7800-9300	P
Veterans Admin.	S. Katz	...	...	...	...	...	12	7	5	0	0	24	7325-10325	...
Washington Hospital Center	J. A. Curtin	200	5,329	515	64	14,896	10	6	4	0	0	20	8200-8400	P
FLORIDA														
Gainesville														
University of Florida Affiliated Hospitals	L. E. Cluff	...	...	...	...	...	12	9	3	0	0	24	...	...
William A. Shands Teaching Hosp. and Clinics	L. E. Cluff	61	2,265	148	78	9,766	...	...	...	...	...	...	6500-10000	...
Veterans Admin.	W. C. Thomas, Jr.	49	1,136	62	71	9,552	...	...	...	...	...	...	6615-8115	O
Jacksonville														
Jacksonville Hospitals Educational Program	J. J. Lowenthal	...	...	...	...	...	6	4	4	0	0	14	...	...
Baptist Memorial	F. S. Monsour	98	3,741	235	42	31	...	...	...	...	...	...	8100-8700	...
Duval Medical Center	W. R. Keene	42	1,298	303	37	37,336	...	...	...	...	...	...	8100-8700	P
St. Luke's	G. Ira, Jr.	80	2,900	170	33	0	...	...	...	...	...	...	6300-6800	O
St. Vincent's	J. H. St John	12	4,363	234	38	2,947	...	...	...	...	...	...	7800-8400	P
Miami														
University of Miami Affiliated Hospitals	W. J. Harrington, S. Papper	...	...	...	...	...	24	24	16	8	8	80	...	...
Jackson Memorial	W. Harrington, S. Papper	230	6,591	955	49	59,677	...	...	...	...	...	...	7050-9150	P
Veterans Admin.	G. L. Baum	180	2,767	372	67	46,934	...	...	...	...	...	...	7160-8660	O
Miami Beach														
Mount Sinai Hospital of Greater Miami	D. S. Kushner	281	6,684	790	33	8,920	7	7	13	0	0	27	7300-9300	P
Orlando														
Orange Memorial	M. Levy	150	6,281	404	46	5,026	3	3	1	0	0	7	8400-9600	P
Pensacola														
Pensacola Educational Program	B. Beidleman	...	...	...	...	...	2	2	2	0	0	6	8400-9600	O
Baptist		96	4,523	184	43	0	...	...	...	...	...	...	...	...
Escambia General		27	1,255	134	55	14,379	...	...	...	...	...	...	...	...
Sacred Heart		76	3,997	138	39	0	...	...	...	...	...	...	...	...
Tampa														
Tampa General	L. Kahana	134	5,615	530	40	19,595	3	3	3	0	0	9	8500-9500	FP
GEORGIA														
Atlanta														
Crawford W. Long Memorial	H. S. Ramos	138	4,796	370	34	10,495	4	3	2	0	0	9	6480-7440	O
Emory University Affiliated Hospitals	J. W. Hurst	105	3,480	218	61	...	34*	28	3	0	0	65	...	...
Emory University	J. W. Hurst	140	4,607	685	49	140,123	...	...	...	...	...	...	6480-7440	P
Grady Memorial	J. W. Hurst	164	3,799	262	56	29,098	...	...	...	...	...	...	6480-8400	P
Veterans Admin.	J. C. Crutcher	95	4,141	91	55	1,040	2	2	1	0	0	5	6600-7200	...
Georgia Baptist	L. B. Peacock	77	2,761	216	37	401	1	1	1	0	0	3	6600-7800	P
Piedmont	C. F. Stone	...	...	...	...	...	...	...	...	...	...	...	...	...
Augusta														
Medical College of Georgia Hospitals	A. J. Bollet	75	1,490	105	72	6,343	16	8	6	1	0	31	...	...
Eugene Talmadge Memorial	A. J. Bollet	81	2,993	312	39	9,240	...	...	...	...	...	...	5534-6734	P
University	A. J. Bollet	136	1,361	119	65	1,175	...	...	...	...	...	...	4800-6000	P
Veterans Admin.	L. G. Horan	...	...	...	...	...	...	...	...	...	...	...	...	...
HAWAII														
Honolulu														
Queen's	J. A. Orbison	94	4,169	268	55	21,928	6	3	1	0	0	10	8400-9600	O
St. Francis	H. H. Chun, H. H. C. Fong	87	3,070	202	40	18,675	2	2	1	0	0	5	8400-9600	O

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APPROVED RESIDENCIES

9. INTERNAL MEDICINE - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
				Number	Neoprosy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS														
Chicago														
Chicago Medical School Affiliated Hospitals														
Mount Sinai Hospital Medical Center of Chicago	P. Freedman	132	3,621	272	50	15,493	6	6	3	1	0	16	8700-10500	P
Columbus - Cuneo Medical Center	H. P. Russe	148	3,842	345	34		4	4	4	0	0	12		
Columbus		52	2,006	150	37									
Frank Cuneo		522	19,297	2,403	46	41,246	18	18	18	0	0	54	9600-10800	P
Cook County	J. R. Tobin, Jr.	201	5,469	308	44	4,331	6	4	4	0	0	14	10000-11000	P
Illinois Masonic Medical Center	L. L. Braun	124	3,284	270	45	3,789	4	4	4	0	0	12	10100-11900	O
Louis A. Weiss Memorial	H. E. Bessinger	111	2,514	174	41	18,743	6	3	2	1	0	12	8300-9200	P
Mercy Hospital and Medical Center	G. F. O'Brien	300	6,499	635	54	31,247	15	10	8	0	0	33	8600-10400	P
Michael Reese Hospital and Medical Center	E. Reiss, S. Kabins													
Northwestern University Medical Center	D. P. Earle					25,660	30	25	25	2	1	83		
Chicago Wesley Memorial	G. Hollifield	203	4,824	315	62								7500-9500	P
Passavant Memorial	O. Paul	112	2,969	168	64	2,380							7500-9000	P
Veterans Admin. Research	C. W. Borden	199	3,304	323	68	3,237							8940-10940	O
Evanston (Evanston)	L. F. Jourdonais	199	6,023	350	69	3,155							7500-8500	P
Presbyterian-St. Luke's	J. S. Graettinger	281	7,571	565	68	17,180	16	10	4	0	0	30	8500-9500	P
St. Joseph	I. E. Steck	240	6,196	395	46	8,630	6	4	4	0	0	14	9600-10800	P
University of Chicago Hospitals and Clinics	A. R. Tarlov	158	4,324	302	74	34,425	13	8	7	0	0	28	8000-9000	O
University of Illinois Affiliated Hospitals	H. F. Dowling						16	12	12	3	3	46		
University of Illinois Research and Educational Hospitals	H. F. Dowling	120	2,360	170	70	27,100							9600-10800	P
Veterans Admin. (West Side)	P. Heller	201	3,068	337	78	68,620							6960-9260	O
Evanston														
Evanston - See Northwestern University	Medical Center, Chicago													
St. Francis	B. T. Heffernan	154	4,969	439	45	6,086	5	3	2	0	0	10	9300-9900	
Hines														
Veterans Admin. ¹⁶⁷	A. Littman	450	6,619	562	59	12,026	12	12	12	12	5	53	8940-10940	O
Maywood														
Loyola University	J. R. Tobin, H. Rubenstein					0	4	4	4	0	0	12	8500-9500	P
Peoria														
St. Francis	H. A. Warren	264	6,171	518	37	30,805	3	3	3	0	0	9	6900-7500	F
INDIANA														
Indianapolis														
Indiana University Medical Center	J. B. Hickam						16*	12	12	0	0	40		
Indiana University Hospitals		67	2,014	156	51	6,148							7000-8000	P
Marion County General						18,721							6288-7440	
Veterans Admin.		299	3,709	331	72	5,470							8350-9550	O
Methodist Hospital of Indiana	W. Gambill	335	8,021	623	48	5,867	4	4	4	0	0	12	8600-9800	P
IOWA														
Iowa City														
State University of Iowa Affiliated Hospitals ⁴							15	15	6	0	0	36		
University of Iowa Hospitals	W. B. Bean	147	5,792	199	73	33,274							7000-8000	P
Veterans Admin.	R. D. Eckhardt	183	2,768	200	76	8,386							6044-7044	P
KANSAS														
Kansas City														
University of Kansas Medical Center	M. H. Delp	125	4,545	159	88	35,725	12	8	6	0	0	26	6750-8160	P
Veterans Admin. (Kansas City, Mo.)	W. G. Calkins	182	2,946	339	60	3,137							6900-8160	P
Wichita														
Veterans Admin. Center	D. Givner	88	1,305	94	65	1,604	4	4	4	0	0	12	6640-7570	F
St. Francis	T. J. Luellen	246	9,317	442	36	569							7800-8400	FP
Wesley Medical Center	C. H. Rhoden	131	6,551	209	41	2,232							7800-8700	F
KENTUCKY														
Lexington														
University of Kentucky Medical Center	J. W. Hollingsworth						8	6	4	0	0	18		
University	J. W. Hollingsworth	77	2,338	167	47	11,593							6560-8360	P
Veterans Admin.	W. H. Nickell	44	1,011	102	63	2,749							5790-6990	P
Louisville														
St. Joseph Infirmary	R. D. Wolfe, H. Post	143	5,025	348	36	5,436	2	2	2	0	0	6	7800-9000	P
University of Louisville Affiliated Hospitals														
Louisville General	B. T. Towery	82	2,695	428	46	20,852	8	8	6	4	0	26	7100-8600	P
Veterans Admin.	J. J. Martin, Jr.	157	3,107	256	59	2,112	2	2	2	0	0	6	6100-6800	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana														
Louisiana State University Division	F. Allison	99	2,478	540	48	25,815	10	9	9	0	0	28	5400-6000	F
Tulane University Division	G. Burch	97	2,496	423	54	30,050	9	9	8	0	0	26	5400-6000	F
Ochsner Foundation	W. D. Davis	111	4,103	199	76	54,876	4	4	4	4	0	16	6500-8000	P
Touro Infirmary	S. Jacobs	131	4,610	397	9	10,700	2	2	2	0	0	6	6562-9260	O
Veterans Admin. ¹⁶⁸	H. A. Buechner	260	4,044	363	64	32,967	8	8	7	1	1	25	6525-7125	O
Shreveport														
Confederate Memorial Medical Center	H. D. Tucker, I. Muslow	83	3,590	360	49	13,678	3	3	3	0	0	9	5400-6000	F
MAINE														
Portland														
Maine Medical Center	A. Aranson	120	3,370	329	43	9,493	3	3	3	0	0	9	5850-8010	FP

APPROVED RESIDENCIES

9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Neurology Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
MARYLAND														
Baltimore														
Baltimore City Hospitals	C. C. J. Carpenter	622	4,326	797	54	27,684	7	7	1	0	0	15	6000-8200	P
Church Home and Hospital	S. Goldberg	111	2,595	228	28	5,258	4	3	1	0	0	8	7600-8200	P
Greater Baltimore Medical Center	T. E. Prout	79	1,872	172	48	6,194	3	3	3	0	0	9	8000-10000	P
Johns Hopkins ¹⁹²	A. M. Harvey	235	7,328	581	57	60,627	25	10	3	0	1	39	7000-...	P
Maryland General	E. F. Cotter, J. R. Karns	125	2,789	322	37	1,919	4	1	1	0	0	6	8250-9000	P
Mercy	V. M. Smith	93	2,317	193	56	8,666	6	4	2	0	0	12	7800-8400	P
St. Agnes	E. A. Bianco	120	3,932	346	33	2,424	3	3	3	0	0	9	8000-9000	P
St. Joseph	W. C. Ebeling	...	2,578	284	47	2,162	4	3	3	1	0	10	7000-8500	P
Sinai Hospital of Baltimore	A. I. Mendeloff	140	3,071	393	49	19,239	10	6	2	0	0	18	7000-8700	P
South Baltimore General	R. T. Parker	109	3,200	194	46	5,500	2	2	2	0	0	6	7400-8000	F
Union Memorial	J. Howard, J. Mulholland	171	3,567	502	49	13,610	5	3	1	0	0	9	9000-10500	P
University of Maryland	T. E. Woodward	107	2,676	242	59	14,784	11	11	2	0	1	25	7100-8300	P
Cheverly														
Prince George's General	N. Comeau	136	3,292	271	62	4,964	2	2	2	0	0	6	8400-9200	O
MASSACHUSETTS														
Boston														
Beth Israel ²⁰⁸	H. H. Hiatt	122	3,088	277	57	10,726	10	6	0	1	0	17	7600-11000	P
Boston City	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1st and 3d Medical Service (Tufts)	J. F. Desforges	80	2,939	327	46	12,788	10	7	0	1	0	18	6600-9000	...
2d and 4th Medical Service (Harvard)	J. H. Jandl	80	3,190	328	52	16,356	17	8	1	0	0	26	6600-9000	...
Boston University Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Program 1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Boston City	N. G. Levinsky	91	2,964	330	44	14,318	13	6	1	0	0	20	6600-9000	...
Program 2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University	R. W. Wilkins	48	1,734	123	59	9,880	6	3	2	0	0	11	7600-9100	P
Carney	F. L. Colpoys	124	3,802	313	50	7,364	2	2	2	0	0	6	6600-8100	O
Lahey Clinic	E. P. Clerkin	262	7,345	160	50	73,473	12	10	12	1	0	35	6600-8100	O
Lemuel Shattuck	F. L. Iber	158	1,258	228	64	12,227	4	...	...	...	...	20	7000-11000	P
Faulkner	J. R. Graham	88	2,144	184	46	0	...	...	...	...	...	7	7000-11000	P
Massachusetts General	A. Leaf	229	6,771	725	65	22,523	16	9	1	0	0	26	6600-9000	O
Middlesex County Sanatorium (Waltham)	K. T. Bird	142	454	36	20	25,484	...	...	...	...	...	...	10983-...	F
New England Deaconess	J. L. Tullis	228	6,931	296	61	3,884	8	6	2	0	0	16	7000-11000	O
New England Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hospitals	S. Proger	99	3,376	121	60	5,155	9	4	0	0	0	13	6600-10000	O
Peter Bent Brigham	G. W. Thorn	126	4,000	263	76	25,840	14	0	6	1	0	21	7600-11000	O
Veterans Admin. (West Roxbury)	T. A. Warthin	71	1,226	76	86	7,680	...	...	...	...	...	...	6600-10000	P
St. Elizabeth's Hospital of Boston	F. Stohman	96	2,793	240	47	3,561	6	6	2	0	0	14	6600-8100	P
Veterans Admin. (Jamaica Plain)	H. J. Zimmerman	276	5,195	472	55	35,913	16	14	10	10	10	60	6600-10000	O
Chelsea														
Lawrence F. Quigley Memorial Hospital-Malden	...	...	...	...	...	...	2	2	2	0	0	6	...	...
Lawrence F. Quigley Memorial (Malden)	A. I. De Friez	59	1,135	57	51	4,944	...	...	...	...	...	...	7000-11000	P
W. Bennett, F. Ades	...	80	2,833	96	42	451	...	...	...	...	...	...	6600-8100	P
Malden														
Malden - See Lawrence F. Quigley Memorial Hospital-Malden, Chelsea	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Newton Lower Falls														
Newton-Welesley ²⁰⁷	L. B. Page	89	3,269	252	45	2,170	4	3	2	0	0	9	6600-8100	P
Pittsfield														
Berkshire Medical Center	E. M. Fribush	130	4,221	136	59	12,507	3	3	2	0	0	8	6800-8900	P
Springfield														
Springfield Hospital Medical Center	W. S. Frankl	144	3,835	379	30	4,913	4	4	1	0	0	9	7300-8100	O
Waltham														
Middlesex County Sanatorium - See Massachusetts General, Boston	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Worcester														
Memorial	R. W. Robinson	98	2,764	245	59	4,507	4	2	1	0	0	8	6000-6900	F
St. Vincent	G. A. Laurenzi	179	4,525	399	49	1,237	6	6	3	0	0	15	6600-8100	P
MICHIGAN														
Allen Park														
Veterans Admin. - See Wayne State University Affiliated Hospitals, Detroit	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ann Arbor														
St. Joseph Mercy	R. E. Reichert, Jr.	185	5,356	399	49	59,815	5	5	5	0	0	15	8340-8940	O
University of Michigan Affiliated	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hospitals	W. D. Robinson	...	...	...	...	...	23	20	16	0	0	59	...	...
University	W. D. Robinson	226	5,220	302	78	164,998	...	...	...	...	...	...	6000-6600	O
Veterans Admin.	R. C. Bishop	154	2,243	157	86	10,174	...	...	...	...	...	...	6000-6600	O
Detroit														
Detroit-Macomb Hospitals	P. E. Mattman	...	...	...	...	...	3	3	2	0	0	8	9000-10200	P
Detroit Memorial	...	114	3,072	231	44	4,044	...	...	...	...	...	...	...	...
South Macomb (Warren)	...	56	1,774	104	49	0	...	...	...	...	...	...	...	...
Grace	D. W. Myers	299	9,337	734	47	12,617	...	...	...	...	...	20	8700-9300	P
Harper	S. Miller	255	4,399	410	42	13,120	8	6	4	0	0	18	8700-9300	P
Henry Ford	R. W. Smith	444	11,274	889	53	228,262	22	24	20	14	8	88	7000-9100	P
Mount Carmel Mercy	I. D. Fagin	204	5,561	503	43	2,420	4	4	4	0	0	12	9000-9600	P
St. John	R. E. Birk	134	5,073	375	48	3,796	3	3	3	0	0	9	10200-10800	P
Sinai Hospital of Detroit	H. A. Ravin	126	2,646	263	50	3,972	4	4	2	0	0	10	9000-9600	P
Wayne State University Affiliated	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hospitals	G. L. Brinkman	...	...	...	...	...	32	20	15	0	0	67	...	...
Veterans Admin. (Allen Park)	G. W. Bissell	381	2,976	323	54	15,679	...	...	...	...	...	...	7815-9015	O
Detroit General	G. L. Brinkman	121	2,712	421	46	18,583	...	...	...	...	...	...	7700-8600	P
Hutzel	Y. Morita	121	3,699	221	35	2,674	...	...	...	...	...	...	8700-9300	P
Eloise														
Wayne County General	B. A. Bercu	162	5,935	642	33	23,782	10	10	10	1	0	30	8376-10233	F
Flint														
Hurley	R. E. Johnson	234	6,365	529	47	1,591	3	5	2	0	0	10	8100-9300	FP
Grand Rapids														
Blodgett Memorial	N. L. Avery	102	3,795	269	63	630	2	2	2	0	0	6	7500-8100	...
Butterworth	C. K. Clawson	129	3,878	349	67	1,223	2	2	2	0	0	6	7500-8100	P



APPROVED RESIDENCIES

9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary Range per Year Min.-Max.	Maintenance
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN—Continued														
Highland Park														
Highland Park General	L. Jaffe	103	3,226	245	46	2,503	3	2	2	0	0	7	7700-8300	P
Pontiac														
Pontiac General	R. T. Lyons	107	3,563	282	46	1,780	2	2	2	0	0	6	7500-8100	FP
St. Joseph Mercy	J. R. Simpson	87	2,501	229	43	2,498	2	2	2	0	0	6	9480-10500	P
Royal Oak														
William Beaumont	W. Zimmerman	231	8,538	488	36	2,431	8	8	8	1	0	25	9500-11000	P
Southfield														
Providence	E. Zobl	129	3,015	264	44	1,825	2	2	2	0	0	6	9900-10500	P
Warren														
South Macomb - See Detroit-Macomb Hospitals, Detroit														
MINNESOTA														
Minneapolis														
Mount Sinai ²¹⁸	F. B. Lewis	226	10,762	183	65	16,480	4	3	3	0	0	10	6000-8000	P
Northwestern Hospital of Minneapolis	C. J. Watson	149	4,538	230	59	734	6	6	6	0	0	18	6000-8000	P
University of Minnesota Affiliated Hospitals	R. V. Ebert	...	...	...	...	...	42	27	36	10	13	128	...	...
University of Minnesota Hospitals	R. V. Ebert	115	2,772	243	81	14,350	...	...	...	...	...	...	6000-9500	O
Hennepin County General	A. L. Schultz	102	1,113	276	68	17,998	...	...	...	...	...	...	6250-9250	P
Veterans Admin.	W. Hall	330	4,150	227	79	26,316	...	...	...	...	...	...	5500-9500	O
St. Paul-Ramsey (St. Paul)	J. W. Frost	85	2,385	245	61	17,113	...	...	...	...	...	...	5500-8000	O
Rochester														
Mayo Graduate School of Medicine	R. J. Reitemeier	373	22,225	458	68	399,008	65	65	50	25	10	215	5400-6800	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul														
Charles T. Miller	M. E. Janssen	84	3,043	169	50	3,471	1	1	1	0	0	3	9420-10620	P
St. Paul-Ramsey - See Univ. of Minnesota Affiliated Hospitals, Minneapolis														
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center	H. K. Hellems	...	...	...	...	...	8	6	4	0	0	18	...	...
University	B. B. Johnson	69	2,135	207	57	16,879	...	...	...	...	...	...	5100-6000	O
Veterans Admin. Center	J. F. Busey	230	2,324	218	52	2,303	...	...	...	...	...	...	5450-6350	...
MISSOURI														
Columbia														
University of Missouri Medical Center	C. Mengel	80	2,068	155	50	6,128	10	5	1	0	0	30	6500-7500	P
Kansas City														
Kansas City General Hospital and Medical Center	J. D. Arnold	77	1,716	288	52	26,974	5	5	5	0	0	15	7785-9170	F
Menorah Medical Center ²⁴	A. D. Freedman	135	4,224	214	44	4,761	4	4	4	0	0	12	8460-9730	...
St. Luke's	P. Byers	220	...	372	47	...	5	5	5	1	1	17	7200-9000	...
Veterans Admin. - See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis														
Barnes Hospital Group	C. V. Moore	241	4,824	438	67	20,148	21	10	2	0	0	33	6500-9000	O
Jewish Hospital of St. Louis	S. Wessler	176	5,851	399	53	7,707	8	5	2	0	0	15	7500-8700	P
Missouri Baptist	F. J. Catanzaro	89	2,805	150	51	2,451	3	3	3	0	0	9	8400-15600	O
St. John's Mercy	R. A. Reider	158	6,229	295	48	3,101	4	4	2	0	0	10	5400-7200	F
St. Louis City	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Washington University Service	M. Peterson	65	1,706	249	62	16,114	2	2	1	1	0	6	6770-7836	O
St. Louis University Service	R. A. Kinsella, Jr.	65	1,707	249	62	16,114	3	2	1	1	0	7	6770-7836	O
St. Louis County	R. O. Muehler	54	1,721	255	39	19,853	3	3	3	0	0	9	5400-6600	F
St. Louis University Group of Hospitals	T. F. Frawley	212	5,488	568	65	37,113	12	12	2	0	0	26	6600-7200	...
St. Luke's	R. Paine	139	4,066	283	49	6,374	4	4	1	0	0	9	6000-7200	F
St. Mary's	W. A. Knight, Jr.	166	4,643	346	51	928	8	6	4	0	0	18	8400-10200	P
NEBRASKA														
Omaha														
Creighton University Affiliated Hospitals	R. P. Heaney	...	...	...	...	...	8	8	4	0	0	20	7800-9000	...
Creighton Memorial St. Joseph's	H. J. Jenkins	174	4,540	312	...	...	...	...	...	...	...	...	7800-9000	...
Douglas County	R. P. Heaney	29	711	73	58	...	...	...	...	...	...	...	...	...
Veterans Admin.	J. F. Sullivan	180	3,471	176	73	5,783	...	...	...	...	...	...	6550-8250	P
University of Nebraska Affiliated Hospitals ³⁰	F. Paustian	...	...	...	...	...	8	6	4	2	0	20	...	...
University of Nebraska	F. Paustian	31	749	61	67	12,724	...	...	...	...	...	...	6300-8000	P
Bishop Clarkson Memorial	F. Paustian	100	3,755	219	47	4,174	...	...	...	...	...	...	...	O
Douglas County	R. L. Grissom	26	663	78	41	...	...	...	...	...	...	...	...	...
Veterans Admin.	R. B. Tobin	180	3,471	176	73	5,783	...	...	...	...	...	...	6550-8250	P
NEW HAMPSHIRE														
Hanover														
Dartmouth Medical School Affiliated Hospitals	T. P. Almy	74	2,650	151	85	20,412	...	6	4	0	0	18	7000-8000	O
Mary Hitchcock Memorial	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin. Center (White River Junction, Vt.)	J. L. Grant	77	1,549	80	89	5,610	...	...	...	...	...	...	...	...
NEW JERSEY														
Atlantic City														
Atlantic City	W. R. Thompson	174	6,620	553	30	9,875	4	3	3	0	0	10	6000-7200	F
Camden														
Cooper	J. Dickensheets	147	4,294	567	30	8,440	2	2	2	0	0	6	7500-8500	F
East Orange														
Veterans Admin. - See New Jersey College of Med. Affiliated Hospitals, Newark														
Elizabeth														
St. Elizabeth ²²⁷	C. R. Ream	140	4,200	295	37	5,100	5	3	2	0	0	10	9200-10200	P

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APPROVED RESIDENCIES

9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary Per Year Min.-Max.	Main-tenance P O
				Number	Neopasy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued														
Hospital for Joint Diseases and Medical Center	J. Grossman	60	993	116	30	19,185	2	2	2	0	0	6	9500-11500	P
Jamaica	B. D. Gussoff	83	2,137	324	46	2,666	6	4	2	0	0	12	7750-9750	F
Jewish Hospital and Medical Center of Brooklyn	M. G. Goldner	205	3,780	520	42	20,371	14	8	2	0	0	24	9500-11000	O
Greenpoint	M. G. Goldner	47	1,004	184	23	59,489	...	...	...	...	...	...	9500-11000	O
Jewish Memorial	R. P. Lasser	52	1,182	221	33	9,933	3	2	3	0	0	8	6500-7500	F
Kingsbrook Jewish Medical Center-Unity	E. E. Mandel	...	...	...	...	...	8	8	6	3	1	26	8500-10500	P
Kingsbrook Jewish Medical Center-Unity	E. E. Mandel	567	2,150	622	37	8,250	...	...	...	...	...	...	...	...
Knickerbocker	V. Ginsberg	66	1,618	114	41	6,695	...	...	...	...	...	...	...	...
Lenox Hill	B. E. Krentz	90	1,588	251	42	5,936	3	3	2	0	0	8	7030-9310	FP
Lincoln	M. S. Bruno	235	5,349	465	49	23,279	6	5	4	0	0	15	9500-12000	P
Long Island College ¹²	S. Pollack	70	1,458	181	40	29,881	8	6	3	0	0	17	8250-10750	F
Lutheran Medical Center	J. N. Edson	235	6,335	440	29	4,034	3	3	2	0	0	8	9500-10500	P
Maimonides Medical Center Training Program	A. Caccese	84	2,545	273	42	12,182	3	3	2	0	0	8	10000-11000	P
Maimonides Medical Center	D. Grob	225	4,327	827	38	18,821	...	...	...	...	...	...	9500-11500	P
Misericordia - Fordham Training Program	S. M. Glick	130	3,051	887	30	60,117	...	...	...	...	...	...	9750-10750	P
Misericordia - Fordham Training Program	M. Hoffman	150	5,500	418	43	7,216	5	5	3	0	0	13	9500-10500	P
Montefiore Hospital Training Program	R. F. Gomprecht	...	...	...	...	...	14	10	8	5	0	37	10000-13000	FP
Montefiore Hospital and Medical Center	Misericordia	120	2,098	263	48	9,657	...	...	...	...	...	...	...	...
Morrisania City	Fordham	141	2,100	495	34	30,553	...	...	...	...	...	...	...	...
Mount Sinai Hospital Training Program	D. Hamerman	...	...	...	...	...	32	24	5	0	0	61	9750-11250	P
Mount Sinai	Center	288	4,593	675	42	34,552	...	...	...	...	...	...	...	...
New York Infirmary ²³⁶	Morrisania City	87	2,545	395	38	7,151	...	...	...	...	...	...	...	...
New York Medical College-Metropolitan Hospital Center	S. M. Berson	...	...	...	...	...	...	...	...	...	...	...	...	...
New York Medical College-Metropolitan Hospital Center	S. M. Berson	320	8,320	621	44	40,454	16	16	4	0	0	40	9750-11750	P
New York Medical College-Metropolitan Hospital Center	S. G. Seckler	284	5,003	840	37	27,045	12	12	9	5	0	38	9750-11750	P
New York Medical College-Metropolitan Hospital Center	M. L. Gelfand	106	1,773	180	30	9,768	4	4	2	0	0	10	8000-9000	P
New York Medical College-Metropolitan Hospital Center	R. Levine	...	...	...	...	...	18	18	18	0	0	54	10500-11500	F
New York Medical College-Metropolitan Hospital Center	Unit 1 - Flower and Fifth Avenue Hospitals	98	2,333	182	22	925	...	...	...	...	...	...	...	...
New York Medical College-Metropolitan Hospital Center	Unit 2 - Metropolitan Hospital and Home	200	3,016	540	39	356,450	...	...	...	...	...	...	...	...
New York Medical College-Metropolitan Hospital Center	Unit 3 - Bird S. Coler Memorial Hospital and Home	1,398	480	308	48	46,571	...	...	...	...	...	...	...	...
New York University Medical Center	R. Wallach, A. M. Gelb	103	2,059	258	48	11,050	4	4	2	0	0	10	8500-9100	P
New York University Medical Center	S. J. Farber	...	...	...	...	...	21	13	6	1	0	41	...	...
New York University Medical Center	S. J. Farber	216	8,800	473	41	60,000	...	...	...	...	...	...	8250-10750	F
New York University Medical Center	S. J. Farber	127	3,464	256	42	...	...	...	...	...	...	...	...	P
New York University Medical Center	Veterans Admin. (Manhattan)-University	...	...	...	...	...	12	0	0	0	0	12	...	...
New York University Medical Center	Veterans Admin. (Manhattan) University	188	2,344	282	44	...	...	...	...	...	...	...	8200-10200	O
New York University Medical Center	S. E. Bradley	127	3,464	256	42	...	...	...	...	...	...	...	...	P
New York University Medical Center	S. E. Bradley	229	6,656	551	41	64,552	16	12	6	0	0	32	10500-11500	O
Presbyterian Hospital Center - See L. I. Jewish Hospital Training Program, New Hyde Park	W. D' Angelo, A. Parrinello	86	1,616	398	37	14,939	8	8	4	0	0	20	...	...
Presbyterian Hospital Center - See L. I. Jewish Hospital Training Program, New Hyde Park	N. P. Christy	1,813	766	402	46	6,897	6	6	4	0	0	16	8500-10500	F
Presbyterian Hospital Center - See L. I. Jewish Hospital Training Program, New Hyde Park	A. J. Lewis	111	3,132	241	36	10,424	8	4	3	0	0	15	6500-7500	P
Presbyterian Hospital Center - See L. I. Jewish Hospital Training Program, New Hyde Park	F. Taubman	88	1,778	161	47	16,555	3	3	3	0	0	9	10050-11550	F
Presbyterian Hospital Center - See L. I. Jewish Hospital Training Program, New Hyde Park	T. B. Van Italie	195	3,788	353	52	42,951	8	6	6	0	0	20	10000-11000	P
Presbyterian Hospital Center - See L. I. Jewish Hospital Training Program, New Hyde Park	W. J. Grace	221	4,128	629	41	24,534	10	7	3	0	0	20	8500-9500	O
Presbyterian Hospital Center - See L. I. Jewish Hospital Training Program, New Hyde Park	T. J. Quigley	103	2,531	297	47	6,977	4	4	2	0	0	10	10500-12500	P
Presbyterian Hospital Center - See L. I. Jewish Hospital Training Program, New Hyde Park	T. G. Mc Ginn	...	...	122	46	...	...	...	...	...	...	...	...	...
Presbyterian Hospital Center - See L. I. Jewish Hospital Training Program, New Hyde Park	L. W. Eichna	706	8,692	1,452	40	21,821	20	19	16	0	0	55	8250-10750	F
Presbyterian Hospital Center - See L. I. Jewish Hospital Training Program, New Hyde Park	J. Wolf	26	693	50	38	2,767	...	...	...	...	...	...	...	...
Presbyterian Hospital Center - See L. I. Jewish Hospital Training Program, New Hyde Park	W. Dock	390	3,329	438	44	9,222	14	12	8	4	4	42	9750-11750	P
Presbyterian Hospital Center - See L. I. Jewish Hospital Training Program, New Hyde Park	N. Spritz	495	3,994	536	55	1,943	14	14	9	9	0	46	8200-10200	O
Presbyterian Hospital Center - See L. I. Jewish Hospital Training Program, New Hyde Park	N. Spritz	188	2,344	282	44	...	14	10	7	2	1	34	8200-10200	O
Rochester														
Rochester	A. L. Ureles	105	2,797	357	65	7,407	6	4	2	0	0	12	7250-8750	O
Rochester	J. W. Holler	77	2,271	275	51	1,033	4	3	1	0	0	8	7750-9250	P
Rochester	S. B. Troup	134	2,800	369	64	4,064	6	4	2	0	0	12	8500-9500	P
Rochester	V. Laglia, G. Eckert	90	2,381	251	90	2,114	2	2	1	0	0	5	6800-7400	P
Rochester	L. E. Young	137	3,996	437	75	20,464	16	10	2	0	0	28	...	...
Syracuse														
Syracuse	P. A. Bunn	219	4,780	675	45	23,559	11	10	6	0	0	27	8900-10400	O
Syracuse	A. T. Ladd	106	1,504	203	57	1,895	...	...	...	...	...	...	...	...
Valhalla														
Valhalla	F. A. Graig	144	2,161	266	51	19,359	5	5	5	0	0	15	9930-12360	P
NORTH CAROLINA														
Chapel Hill														
Chapel Hill	L. G. Welt	83	2,596	185	62	17,467	11	11	2	0	0	24	6500-10000	O
Charlotte														
Charlotte	M. M. Mc Call	131	4,709	359	45	13,287	2	2	1	0	0	5	6900-8100	P
Durham														
Durham	J. B. Wyngaarden	...	...	...	...	...	19	12	2	0	0	33	...	...
Durham	J. B. Wyngaarden	176	4,749	275	60	36,440	...	...	...	...	...	...	6500-7500	P
Durham	J. Laszlo	164	3,396	226	71	4,203	5500-8550	O
Durham	J. P. Mc Cracken	117	3,610	256	34	2,413	2	2	1	0	0	5	5400-7300	F

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APPROVED RESIDENCIES

9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance Y O
				Number	Neeropy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NORTH CAROLINA—Continued														
Greensboro														
Moses H. Cone Memorial	W. B. Herring	119	5,370	310	53	3,374	2	2	2	0	0	6	6750-8250	P
Winston-Salem														
North Carolina Baptist Hospitals	E. H. Yount	126	4,867	254	60	13,133	7	3	3	0	0	13	6000-8000	P
OHIO														
Akron														
Akron City	A. Kerr, Jr.	128	3,271	379	50	2,505	3	3	3	0	0	9	8420-9440	P
Akron General	G. F. Bowling	159	3,721	399	50	8,090	4	4	3	0	0	11	8400-9200	P
Canton														
Aultman	R. J. Bussan	213	6,450	394	47	3,862	4	4	2	0	0	10	6960-9360	P
Cincinnati														
Daniel Drake Memorial ⁶⁴	S. Goodman	549	959	313	49	6,746	9	4	2	0	0	15	7200-8400	F
Good Samaritan	D. C. Fischer	149	4,950†	471	48	2,433	3	3	2	0	0	8	7560-8880	P
Jewish	E. G. Margolin	160	4,384‡	545	39	5,167	8*	4	1	0	0	13	7560-8880	P
University of Cincinnati Hospital Group	R. W. Vilter	111	2,883	431	53	44,575	15	12	10	10	10	57	6340-7540	...
Cincinnati General	...	108	1,797	183	72	10,365	...	...	...	...	...	...	6888-8550	O
Cleveland														
Cleveland Clinic	H. S. Van Ordstrand	115	8,496	291	52	106,363	20	18	18	3	1	60	6800-7400	P
Cleveland Metropolitan General	C. H. Rammelkamp, Jr.	161	3,067	286	69	49,302	12*	8	8	4	0	32†	7000-9200	P
Cleveland Metropolitan General Hospital-Lutheran	C. Rammelkamp, W. Wilder	274	6,032	461	70	49,302	8	8	4	4	0	24	6000-7800	F
Cleveland Metropolitan General Lutheran	...	161	3,067	288	69	49,302	...	...	...	...	...	...	...	...
Fairview General	J. J. Pampush	99	2,975	261	44	5,421	4	4	4	3	0	15	6000-7800	F
Huron Road	E. M. Goyette	139	4,170	343	40	5,480	3	3	2	0	0	8	5400-6600	F
Mount Sinai Hospital of Cleveland	V. Vertes	191	4,629‡	333	44	18,291	8	5	1	0	0	14	7800-9300	O
St. Luke's	R. G. Wieland	136	3,695	305	53	13,882	4	4	2	0	0	10	7600-9100	P
University Hospitals of Cleveland	A. S. Weisberger	146	4,243‡	471	58	49,057	16	15	15	1	0	47†	7500-8500	P
Veterans Admin. ²⁸²	P. E. Wisenbaugh	246	3,080	307	66	2,692	15	15	8	4	0	42	6850-9250	P
Columbus														
Mount Carmel	P. T. Knies	77	2,248	221	54	2,520	2	2	2	0	0	6	6300-9000	P
Ohio State University Hospitals	J. V. Warren	220	6,494	403	69	18,743	16	12	0	0	0	28	5700-6000	P
Riverside Methodist	T. J. Williams	159	3,941‡	334	50	1,556	3	3	3	0	0	9	7800-8400	P
Dayton														
Good Samaritan	M. Block	187	5,884	202	44	2,040	2	2	2	0	0	6	7800-8400	F
Miami Valley	B. H. Bolton	296	7,357†	278	56	403	2	2	2	0	0	6	9600-10200	P
Veterans Admin. Center ²⁸⁷	J. T. Taguchi	249	2,909†	271	61	3,202	8	6	6	2	0	22	8700-9900	P
Lakewood														
Lakewood ²⁸³	K. C. Wells	122	3,110	293	43	1,806	4	5	2	...	...	11	5940-7280	FP
Toledo														
Maumee Valley	B. M. Wisinger	88	3,118	262	43	14,928	4	4	4	0	0	12	7500-8400	P
Toledo	B. K. Bradford	178	5,990	371	44	2,690	3	3	3	0	0	9	7500-8100	F
Youngstown														
St. Elizabeth	E. Kessler	220	6,063	474	42	7,222	3	3	3	0	0	9	6600-8400	FP
Youngstown	W. H. Bunn, Jr.	356	12,168	790	51	6,135	6	4	3	0	0	14	10600-11800	P
OKLAHOMA														
Oklahoma City														
Baptist Memorial	H. T. Avey	52	1,944†	149	34	1,473	1	1	1	0	0	3	9000-9600	P
St. Anthony	E. W. Allen	89	3,264‡	302	36	5,101	2	2	2	0	0	6	8700-9300	P
University of Oklahoma Medical Center	J. F. Hammarsten	...	...	...	...	...	...	...	...	...	...	29†	5500-8500	P
University of Oklahoma Hospitals	J. F. Hammarsten	65	1,748	146	66	16,136	...	...	...	...	...	...	...	...
Veterans Admin.	W. O. Smith	181	3,109	330	73	25,140	...	...	...	...	...	...	...	...
Tulsa														
St. John's	R. A. Liebendorfer	184	5,575	309	51	4,212	1	1	1	0	0	3	7500-9300	P
OREGON														
Portland														
Emanuel	L. M. Goldberg	112	4,670†	313	48	2,376	2	2	2	0	0	6	7800-9000	P
Good Samaritan Hospital and Medical Center	R. L. Hare	104	4,397	270	45	5,665	2	2	2	0	0	6	7800-9000	P
Providence	J. A. Blanchard	116	4,747	291	40	1,295	2	2	2	0	0	6	7800-9000	P
University of Oregon Medical School Hospitals and Clinics	H. P. Lewis	108	3,226	304	54	21,964	15	12	12	0	0	39	6600-7800	FP
Veterans Admin.	J. R. Walsh	22	3,716	255	76	743	...	...	...	...	...	...	5280-6480	P
PENNSYLVANIA														
Abington														
Abington Memorial	J. R. Kitchell	162	4,287	349	55	3,348	4	4	2	0	0	10	7500-8400	P
Allentown														
Allentown	D. F. Dimick	170	3,457†	476	46	2,757	2	2	2	0	0	6	7700-8300	P
Bethlehem														
St. Luke's	L. R. Sataline	167	3,667†	394	41	8,898	2	2	2	0	0	6	9000-10200	F
Bryn Mawr														
Bryn Mawr	J. A. Wagner	145	3,361†	355	31	5,264	2	2	2	0	0	6	8100-9500	P
Danville														
Geisinger Medical Center	J. A. Collins	109	3,844	311	52	37,067	3	3	2	0	0	8	6400-6900	...
Darby														
Thomas M. Fitzgerald Mercy	D. Hilferty, O. Muller	108	343	234	41	4,761	1	1	1	0	0	3	9000-10200	F
Harrisburg														
Harrisburg	K. E. Quicquel	238	5,700	554	45	21,000	4	4	4	0	0	12	7200-8700	P
Harrisburg Polyclinic	D. A. Smith	264	5,097	500	50	6,813	3	3	2	0	0	8	7000-9000	F
Philadelphia														
Albert Einstein Medical Center ²¹	T. M. Durant	420	8,904†	983	38	17,662	9	8	4	0	0	21	6500-7500	P
Moss Rehabilitation	G. Ehrlich	100	1,028	97	31	...	...	...	...	...	...	...	...	...
Episcopal	W. I. Gefter	134	2,769	277	49	3,137	4	3	3	2	0	12	6240-6960	P
Germantown Dispensary and Hospital	R. W. Mays	137	3,048	411	56	6,759	2	1	1	0	0	4	8400-9600	P
Graduate Hospital of the University of Pennsylvania	H. J. Tumen	142	3,577	328	52	12,369	6	7	6	0	0	19	8000-9000	P

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APPROVED RESIDENCIES

9. INTERNAL MEDICINE - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
			Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
PENNSYLVANIA, Philadelphia - Continued														
Hahnemann Medical College Affiliated Hospitals	J. H. Moyer	...	...	...	...	18	14	1	0	0	33	...	...
Hahnemann Medical College and Hospital	W. W. Oaks	216	4,797	416	43	4,930	...	...	...	...	...	5000-8000	P	
Philadelphia General	E. Coodley	103	4,659	796	40	35,212	...	...	...	...	...	8100-8900	O	
Jefferson Medical College ²⁸⁵	R. J. Wise	217	4,289	387	42	20,541	10	9	2	0	1	22	8000-9500	O
Lankenau ²⁹⁴	F. D. Gray, Jr.	162	3,870	304	48	4,632	3	3	2	0	0	8	7500-8700	P
Mercy-Douglass	E. E. Holloway	63	1,845	137	26	2,738	3	2	1	0	0	6	5400-6000	F
Misericordia	N. N. Cohen, C. Schott, Jr.	153	3,171	429	37	2,415	3	3	3	0	0	9	9000-10200	P
Nazareth	J. M. Waldron	137	3,371	356	30	2,096	3	3	2	0	0	8	7500-8100	F
Pennsylvania	E. D. Viner	133	3,024	227	41	16,421	6	4	2	0	0	12	6200-6800	O
Philadelphia General ²⁹⁰	E. D. Viner	103	4,659	796	40	35,212	14	13	9	0	0	36	8100-8900	O
Presbyterian-University of Pennsylvania Medical Center	H. L. Conn	152	3,586	327	52	18,645	5	5	5	0	0	15	6500-8000	P
Temple University	S. Sherry	187	5,290	454	66	23,703	10	9	9	0	0	28	7200-9600	P
University of Pennsylvania Affiliated Hospitals	A. S. Relman	...	...	...	...	...	20	12	1	0	0	33	...	...
Hospital of the University of Pennsylvania	A. S. Relman	231	4,963	302	63	27,650	...	...	...	...	...	8000-11000	P	
Veterans Admin.	E. J. Stemmler	223	3,071	320	61	16,110	...	...	...	...	...	...	...
Woman's Medical College Affiliated Hospitals	R. W. Myerson	...	...	...	...	16,110	10	7	5	3	0	25	6900-9300	...
Hospital of the Woman's Medical College of Pennsylvania	H. P. Potter, Jr.	64	1,431	103	46	9,387	...	...	...	...	...	...	P	
Veterans Admin.	R. M. Myerson	223	3,071	320	61	16,110	...	...	...	...	...	...	O	
Pittsburgh														
Allegheny General Hospitals of the University Health Center of Pittsburgh	G. J. Brodmerkel, Jr.	128	3,319	349	50	6,940	3	3	3	0	0	9	9000-9900	P
Magee-Womens	D. H. Mintz	111	2,507	155	43	0	...	...	...	...	...	7500-10000	O	
Presbyterian-University	J. D. Myers	215	5,461	312	72	27,045	...	...	...	...	...	...	O	
Veterans Admin.	E. Lamdin	342	3,203	392	53	5,923	...	...	...	...	...	6000-7800	O	
Mercy	F. J. Luparello	197	4,657	433	57	14,396	4	4	2	0	0	10	9000-10800	P
Montefiore	P. Troen	186	4,804	432	42	12,507	6	4	2	0	0	12	7800-9000	P
St. Francis General	R. J. Cammarata	199	4,239	421	34	9,141	4	4	4	0	0	12	7800-9000	FP
Shadyside	W. B. Tuttle	140	3,948	340	38	2,196	3	3	2	0	0	8	6300-6900	F
Western Pennsylvania	F. R. Franke	176	5,180	364	43	8,265	2	2	2	0	0	10	6600-7800	FP
Reading														
Reading	E. A. Hildreth	162	3,406	407	51	2,568	2	2	2	0	0	6	6600-7800	F
Sayre														
Robert Packer	B. Boselli	111	4,511	206	55	16,601	2	2	2	0	0	6	6500-7500	F
York														
York	J. L. Atkins	153	4,857	508	52	6,770	3	3	3	0	0	9	7800-8400	P
PUERTO RICO														
Ponce														
Ponce District General	H. F. Rodriguez	90	2,720	341	32	21,954	4	4	4	0	0	12	5400-9600	F
San Juan														
Municipal Hospital Dr. Rafael Lopez Nussa	E. J. Marchand	93	2,451	390	71	23,192	6	6	6	0	0	18	5400-6600	F
University District	M. R. Garcia Palmieri	86	2,082	390	...	45,686	10	10	6	2	0	28	6300-7500	P
Veterans Admin. Center ³⁰⁰	E. A. Ramirez	89	1,140	76	81	34,117	6	6	6	0	0	18	6720-7920	O
RHODE ISLAND														
Providence														
Miriam	R. P. Davis	106	2,481	184	45	1,570	4	4	1	0	0	9	7100-8300	...
Rhode Island	M. W. Hamolsky	202	5,309	614	42	18,030	12	10	1	1	0	24	7600-11000	P
Veterans Admin. ³⁰¹	S. Fink	173	1,709	205	49	36,104	4	4	2	2	0	12	6600-9000	P
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	K. T. Mc Kee	...	...	...	...	...	12	8	8	2	0	30	5400-7800	P
Medical College	K. T. Mc Kee	49	1,338	85	53	22,930	...	...	...	...	...	...	P	
Charleston County	...	13	765	156	37	...	...	...	...	...	...	...	...
TENNESSEE														
Chattanooga														
Baroness Erlanger	J. P. Pappas	196	8,640	579	33	7,993	4	2	2	1	0	9	7800-9000	FP
Knoxville														
University of Tennessee Memorial Research Center and Hospital	A. D. Beasley	83	2,811	230	27	1,755	2	2	2	0	0	6	5600-6240	F
Memphis														
Baptist Memorial	P. Milnor, Jr.	327	10,254	515	34	2,709	3	3	3	0	0	9	6300-7200	F
Methodist	H. B. Eason, F. C. Walker	238	10,000	576	32	3,110	1	1	1	0	0	3	...	...
University of Tennessee Affiliated Hospitals	G. H. Stollerman	...	...	...	...	...	16	16	8	1	0	41	...	...
City of Memphis Hospitals	G. H. Stollerman	154	4,876	542	61	54,905	...	...	...	...	...	...	5016-6468	P
Veterans Admin.	F. S. Dietrich	237	3,513	340	75	9,048	...	...	...	...	...	...	7160-9160	P
Nashville														
George W. Hubbard Hospital of the Meharry Medical College	R. S. Anderson	59	1,550	140	55	11,754	3	2	2	0	0	7	6300-6900	F
St. Thomas	H. L. Page, Jr.	82	4,051	203	53	1,653	3	3	1	0	0	7	7500-8100	O
Vanderbilt University Affiliated Hospitals	G. W. Liddle	...	...	...	...	...	20	13	7	0	0	40	6500-8500	P
Nashville Metropolitan General	T. F. Paine	26	1,011	139	48	18,226	...	...	...	...	...	...	...
Vanderbilt University	G. W. Liddle	141	3,647	212	58	19,636	
Veterans Admin.	R. M. Des Prez	215	2,624	230	60	22,930	

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APPROVED RESIDENCIES

9. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Neurosy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
TEXAS															
Dallas															
Baylor University Medical Center	R. Tompsett	164	6,534	477	40	5,338	3	3	2	0	0	8	6300-6900	P	
Methodist Hospital of Dallas	J. R. Mussell	94	3,708	252	31	5,097	2	2	2	0	0	6	6360-7020	P	
Parkland Memorial	D. W. Seldin	155	4,070	537	37	46,987	13	13	7	0	0	33	6360-7020	P	
St. Paul	M. Ewton	126	5,416	234	32	3,626	2	2	2	0	0	6	6300-7200	P	
Veterans Admin.	S. Eisenberg	297	4,848	418	49	11,305	8	3	6	0	1	18	6440-7640	P	
Galveston															
University of Texas Medical Branch Hospitals	W. P. Deiss, Jr.	220	4,783	396	59	22,388	11	12	7	0	0	30	7000-8600	P	
St. Joseph (Houston)	S. Schnur	170	6,917	234	50	1,525	...	...	...	...	...	...	6300-7200	P
University of Texas M. D. Anderson Hosp and Tumor Institute (Houston)	C. D. Howe	79	1,665	316	73	20,136	...	...	...	...	...	...	6000-13000	O
Houston															
Baylor University Affiliated Hospitals	H. L. Fred	...	...	...	...	...	16	12	10	4	0	42	...	...
Ben Taub General	H. Brown	77	2,946	427	58	58,259	...	...	...	...	...	...	6900-9900	P
Methodist	H. W. Cummings	236	6,772	338	57	0	...	...	...	...	...	...	6900-8700	P
St. Luke's Episcopal	C. A. Armbrust, Jr.	52	2,556	120	49	238	...	...	...	...	...	...	6900-8100	O
Veterans Admin.	...	357	4,042	549	57	44,752	...	...	...	...	...	...	6900-8100	P
Hermann	L. R. Rodgers, Sr.	155	5,336	348	42	22,421	3	3	3	0	0	9	6300-7200	P	
St. Joseph - See University of Texas Medical Branch Hospitals, Galveston	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University of Texas M. D. Anderson Hospital and Tumor Institute - See University of Texas Medical Branch Hospitals, Galveston	...	...	...	...	...	...	...	...	...	...	...	...	...	...
San Antonio															
University of Texas at San Antonio Teaching Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Robert B. Green Memorial	L. Cander	53	1,055	213	58	...	10	10	2	6	0	28	7800-9600	P	
Temple															
Scott and White Memorial	T. W. Inmon	95	3,948	160	48	90,391	...	...	...	...	...	16	7200-8400	...
UTAH															
Salt Lake City															
Latter-Day Saints	D. H. Nelson	135	5,364	411	39	3,995	4	2	2	0	0	8	5700-6600	P	
University of Utah Affiliated Hospitals	G. M. Cartwright	...	...	...	...	...	9	4	4	0	0	17	...	...
University	G. M. Cartwright	56	1,716	150	65	22,984	...	...	...	...	...	...	6600-8030	P
Veterans Admin.	E. Englert, Jr.	140	4,103	137	76	1,432	...	...	...	...	...	...	5700-6900	...
VERMONT															
Burlington															
Medical Center Hospital of Vermont	W. A. Tisdale	163	4,678	329	72	12,918	12	8	2	0	0	22	6600-7800	P	
White River Junction															
Veterans Admin. Center - See Dartmouth Med. Sch. Affiliated Hospitals, Hanover, N.H.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VIRGINIA															
Charlottesville															
University of Virginia	D. N. Mohler	106	3,667	136	52	10,517	6	6	2	0	0	14	5400-8400	O	
Norfolk															
Norfolk General	D. W. Drew	189	6,150	489	44	15,335	3	3	3	0	0	9	9900-10500	O	
Richmond															
Medical College of Virginia Affiliated Hospitals	W. T. Thompson	...	...	...	...	...	16	16	16	0	0	48	...	...
Medical College of Virginia-Hospital Division	W. T. Thompson	164	4,747	559	47	16,800	...	...	...	...	...	...	5400-6000	P
Veterans Admin.	J. J. Kelly, 3d	328	4,465	341	58	8,005	...	...	...	...	...	...	5400-6900	P
WASHINGTON															
Seattle															
University of Washington Affiliated Hospitals ²¹⁸	R. G. Petersdorf	...	...	...	...	...	24	25	7	0	0	56	...	...
Harborview Medical Center	R. G. Petersdorf	68	2,112	290	62	15,825	...	...	...	...	...	...	7008-9000	P
University	R. G. Petersdorf	28	1,150	92	94	12,909	...	...	...	...	...	...	7008-9000	PO
U. S. Public Health Service	M. Turck	63	1,732	83	87	10,416	...	...	...	...	...	...	6008-9000	PO
Veterans Admin.	R. S. Evans	87	1,955	181	85	27,654	...	...	...	...	...	...	6000-9000	P
Virginia Mason	C. Pearson, R. Hegstrom	81	4,301	185	62	85,052	5	3	3	0	0	11	6450-8350	FP	
WEST VIRGINIA															
Charleston															
Memorial	A. B. C. Ellison	115	3,125	213	37	3,158	1	1	1	0	0	3	6300-7200	F	
Morgantown															
West Virginia University Medical Center	E. B. Flink	81	2,903	164	52	12,190	6	6	4	0	0	16	7000-8000	P	
Wheeling															
Ohio Valley General	R. O. Strauch	73	2,015	186	34	1,520	2	2	2	0	0	6	9600-10800	P	
WISCONSIN															
La Crosse															
La Crosse Lutheran Hospital and Gundersen Clinic	E. L. Overholt	121	4,037	203	63	51,408	3	3	3	0	0	9	6000-7200	F	
Madison															
University of Wisconsin Affiliated Hospitals	R. F. Schilling	...	...	...	...	...	17	12	3	0	0	32	...	...
Madison General	R. F. Schilling	29	1,423	382	48	0	...	...	...	...	...	...	...	...
University Hospitals	R. F. Schilling	156	5,330	...	78	10,918	...	...	...	...	...	...	7700-8700	P
Veterans Admin.	G. H. Burnett	187	3,554	178	88	8,761	...	...	...	...	...	...	...	P
Milwaukee															
Marquette Affiliated Hospitals	W. W. Engstrom	...	...	...	...	...	15	15	15	2	0	47	7253-8454	...
Milwaukee County General	W. W. Engstrom	163	6,702	829	45	51,237	...	...	...	...	...	...	...	...
Veterans Admin. Center (Wood)	J. J. Levin	205	3,225	247	60	30,119	...	...	...	...	...	...	...	P
Columbia	D. G. Santer	103	2,885	209	61	7,051	...	...	...	...	...	...	...	...
Lutheran Hospital of Milwaukee	C. L. Junkerman	96	3,144	172	34	2,314	
Mount Sinai ²²¹	K. K. Kaufman	131	4,399	261	28	2,069	2	2	2	0	0	6	7800-9000	P	

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APPROVED RESIDENCIES

10. NEUROLOGICAL SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Neurological Surgery, through the Residency Review Committee for Neurological Surgery, as offering FOUR years of acceptable training in the specialty. Programs, 84; Residencies, 577

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance P O	
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE															
TEXAS															
San Antonio															
Walford Hall U. S. A. F., San Antonio	P. W. Myers	76	1,081	29	83	1,227	1*	1	1	1	1	5	.....	...
UNITED STATES ARMY															
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	L. G. Kempe	195	1,611	42	87	1,763	0	1	1	1	1	4	.....	...
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center	J. G. Galbraith	...	...	...	...	...	1	1	1	1	1	5	.....	...
Children's	S. Graham	...	...	...	...	...	...	...	...	...	...	...	.....	...
University of Alabama Hospitals and Clinics	J. G. Galbraith	66	1,823	116	54	1,353	...	...	...	...	...	...	6300-9300	P
Veterans Admin.	J. F. Mc Rae, Jr.	323	22	22	82	1,515	...	...	...	...	...	...	6607-9007	O
ARIZONA															
Phoenix															
Barrow Neurological Institute of St. Joseph's Hospital	J. R. Green	52	1,631	98	90	243	1	1	1	1	1	5	6000-8400	F	
CALIFORNIA															
Downey															
Rancho Los Amigos - See White Memorial Medical Center, Los Angeles															
Glendale															
Glendale Adventist - See White Memorial Medical Center, Los Angeles															
Long Beach															
Veterans Admin.	R. W. Porter	39	471	25	80	2,390	1	1	1*	1	1	5	9371-12071	O	
LOS ANGELES															
Los Angeles County-U.S.C. Medical Center	T. Kurze	56	1,983	231	19	2,745	2	2	2	2	2	10	8100-10800	P	
U.C.L.A. Affiliated Hospitals	W. E. Stern	...	...	...	...	...	2	1	2	2	3	10	.....	...
U. C. L. A.		20	497	24	92	1,160	...	...	...	...	...	...	6200-9800	O
Veterans Admin. Center-Wadsworth		20	561	16	94	1,210	...	...	...	...	...	...	10043-12071	P
Los Angeles County Harbor General (Torrance)		5	281	14	33	809	...	...	...	...	...	...	9444...	...
White Memorial Medical Center	P. J. Vogel	24	628	24	78	184	2	2	2	2	2	10	7860-10260	P	
Glendale Adventist (Glendale)		17	442	22	45	194	...	...	...	...	...	...	8280-9960	P
Rancho Los Amigos (Downey)		108	...	...	...	1,280	...	...	...	...	...	...	.....	P
Palo Alto															
Veterans Admin. - See Stanford University Affiliated Hospitals, Stanford															
Pasadena															
Huntington Memorial	C. H. Shelden	23	484	29	85	902	1	1	1	1	0	4	8700-11100	FP	
San Francisco															
University of California Program	C. B. Wilson	...	...	...	...	...	0	2	2	2	2	8	.....	...
H. C. Moffitt-University of California Hospitals	C. B. Wilson	23	751	15	66	1,360	...	...	...	...	...	...	6200-9600	O
Franklin	N. Chater	...	...	...	...	...	...	...	...	...	...	...	.....	...
San Francisco General	R. K. Perkins	12	284	69	12	...	...	...	...	...	...	...	7116-10248	P
Veterans Admin.	E. S. Connolly	18	255	14	93	726	...	...	...	...	...	...	7761-10893	O
Stanford															
Stanford University Affiliated Hospitals	J. W. Hanbery	...	...	...	...	...	1	1	1	1	1	5	.....	...
Stanford University	J. W. Hanbery	22	602	32	63	2,155	...	...	...	...	...	...	6500-8500	P
Veterans Admin. (Palo Alto)	A. W. H. Wong	27	333	19	68	772	...	...	...	...	...	...	6190-8930	O
Torrance															
Los Angeles County Harbor General - See U.C.L.A. Affiliated Hospitals, Los Angeles															
COLORADO															
Denver															
University of Colorado Affiliated Hospitals	K. Welch	...	...	...	...	...	1	1	1	1	0	4	.....	...
University of Colorado Medical Center	K. Welch	33	698	35	75	1,410	...	...	...	...	...	...	5400-6800	P
Veterans Admin.	T. E. Starzl	11	159	4	75	104	...	...	...	...	...	...	5620-8870	O
CONNECTICUT															
Hartford															
Hartford - See Yale-New Haven, New Haven															
New Haven															
Yale-New Haven	W. F. Collins, Jr.	28	760	40	60	1,549	2	0	4	2	1	9	9000-10500	O	
Hartford (Hartford)	W. Collins, Jr., B. Whitcomb	45	1,363	55	83	301	...	...	...	...	...	...	7600-11000	O
Veterans Admin. (West Haven)	W. F. Collins, Jr.	13	174	16	63	180	...	...	...	...	...	...	6765-9265	O
West Haven															
Veterans Admin. - See Yale-New Haven, New Haven															
DISTRICT OF COLUMBIA															
Washington															
Georgetown University Affiliated Hospitals	A. J. Luessenhop	...	...	...	...	...	1	2	1	1	1	6	.....	...
Children's Hospital of the District of Columbia		8	203	8	50	1,141	...	...	...	...	...	...	7500-8000	O
District of Columbia General		36	435	77	45	1,583	...	...	...	...	...	...	7000-10000	P
Georgetown University		24	374	30	80	158	7500-9000	...	
Veterans Admin.		15	219	11	100	7325-10325	P	

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Numerical and other references begin on page 305.

10. NEUROLOGICAL SURGERY - Continued

District or City	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Neurology Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
DISTRICT OF COLUMBIA, Washington - Continued														
George Washington University	H. V. Rizzoli	...	...	...	...	...	1	2	4	1	0	8	...	...
Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Children's Hospital of the District of Columbia	...	8	203†	8	50	1,141	...	...	...	...	...	...	7500-8000	O
George Washington University	...	25	668†	29	52	428	...	...	...	...	...	...	8018-10503	P
Veterans Admin.	...	15	219	11	100	...	...	...	...	...	...	...	7325-10325	P
Washington Hospital Center	...	49	1,135†	36	74	150	...	...	...	...	...	...	8200-8500	...
FLORIDA														
Gainesville														
University of Florida Affiliated Hospitals	H. L. Roberts	...	...	...	...	...	2	2	2	2	2	10	...	...
William A. Shands Teaching Hosp. and Clinics	...	20	468	47	60	2,005	...	...	...	...	...	...	5150-9000	O
Veterans Admin.	...	14	127	11	90	371	...	...	...	...	...	...	6600-8100	O
Miami														
University of Miami Affiliated Hospitals	D. H. Reynolds	...	...	...	...	...	2	2	2	1	0	7	...	...
Jackson Memorial	D. H. Reynolds	29	786	91	11	925	...	...	...	...	...	...	7550-9150	P
Veterans Admin.	W. P. Parker, Jr.	22	111	20	75	595	...	...	...	...	...	...	7160-8660	O
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals	R. A. Sears	...	...	...	...	...	1	1	1	1	1	5	...	...
Emory University	R. A. Sears	22	602†	19	63	...	...	...	...	...	...	...	6960-8800	P
Grady Memorial	R. A. Sears	19	541	53	24	1,539	...	...	...	...	...	...	6480-8400	P
Henrietta Egleson Hospital for Children	R. A. Sears	7	245	9	67	...	...	...	...	...	...	...	6960-8400	P
Veterans Admin.	H. D. Richardson	380	7,115	362	55	55,338	...	...	...	...	...	...	6480-8400	...
Augusta														
Medical College of Georgia Hospitals	M. B. Allen	...	...	...	...	...	1	1	1	1	1	5	...	...
Eugene Talmadge Memorial	M. B. Allen	20	294	25	88	1,532	...	...	...	...	...	...	5534-8934	P
University	M. B. Allen	35	1,645	65	17	254	...	...	...	...	...	...	5400-8200	P
Veterans Admin.	R. A. Gindin	20	275	13	90	579	...	...	...	...	...	...	...	P
ILLINOIS														
Chicago														
Cook County	A. J. Raimondi	50	1,634	182	75	2,653	2	2	2	2	2	10	9600-12000	P
Northwestern University Medical Center	P. C. Bucy	...	...	...	...	157	3	3	3	3	3	15	...	...
Chicago Wesley Memorial	P. C. Bucy	37	744	45	67	260	...	...	...	...	...	...	6000-8000	P
Children's Memorial	L. V. Amador	15	307	16	56	535	...	...	...	...	...	...	8000-10100	P
Veterans Admin. Research	P. C. Bucy	17	234	30	60	241	...	...	...	...	...	...	8940-10940	O
Evanston (Evanston)	J. A. Tarkington, Jr.	16	347	22	55	375	...	...	...	...	...	...	7500-9000	P
University of Chicago Hospitals and Clinics	J. F. Mullan	23	531	31	68	1,848	1	1	1	1	0	4	8000-9500	O
University of Illinois Affiliated Hospitals	E. Oldberg	...	...	...	...	...	2	2	2	2	0	8	...	...
Presbyterian-St. Luke's	...	17	290	19	84	200	...	...	...	...	...	...	8500-10000	P
University of Illinois Research and Educational Hospitals	...	28	480	33	70	9,600	...	...	...	...	...	...	...	...
Veterans Admin. (Hines)	...	35	513	70	60	737	...	...	...	...	...	...	8940-10940	O
Evanston - See Northwestern University Medical Center, Chicago														
Hines														
Veterans Admin. - See University of Illinois Affiliated Hospitals, Chicago														
INDIANA														
Indianapolis														
Indiana University Medical Center	R. L. Campbell	...	...	...	...	...	2	2	2	2	0	8	...	...
Indiana University Hospitals	R. L. Campbell	51	922	67	57	1,077	...	...	...	...	...	...	7000-8500	P
Marion County General	R. L. Campbell	...	360	52	13	882	...	...	...	...	...	...	...	...
Methodist Hospital of Indiana	J. R. Russell	63	1,589	88	48	105	...	...	...	...	...	...	8600-9800	P
Veterans Admin.	R. F. Campbell	20	296	27	67	415	...	...	...	...	...	...	8350-10150	O
IOWA														
Iowa City														
State University of Iowa Affiliated Hospitals	G. E. Perret	...	...	...	...	...	2	2	2	2	0	8	...	...
University of Iowa Hospitals	...	35	713	56	64	1,830	...	...	...	...	...	...	7500-10000	P
Veterans Admin.	...	15	246	11	100	645	...	...	...	...	...	...	6544-9044	...
KANSAS														
Kansas City														
University of Kansas Medical Center	C. E. Brackett, Jr.	19	689	40	73	1,433	1	2	1	1	0	5	6900-8790	P
Veterans Admin. (Kansas City, Mo.)	C. A. Clough	28	382	14	57	447	...	...	...	...	...	...	6900-8790	P
KENTUCKY														
Lexington														
University	H. Norell	18	612	43	54	1,680	1	1	1	1	0	4	6560-8960	P
Louisville														
University of Louisville Affiliated Hospitals	E. G. Grantham	...	...	...	...	...	1	1	1	1	0	4	...	...
Children's	L. Segerberg	7	191	12	42	263	...	...	...	...	...	...	...	...
John N. Norton Memorial Infirmary	E. G. Grantham	...	148	3	33	0	...	...	...	...	...	...	...	...
Louisville General	E. G. Grantham	9	305†	54	18	400	7100-8600	P
Veterans Admin.	E. G. Grantham	26	237	20	65	715	6100-8550	O

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APPROVED RESIDENCIES

10. NEUROLOGICAL SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
				Number	Neurosy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
LOUISIANA															
New Orleans															
Tulane University Affiliated Hospitals	R. C. Llewellyn	...	...	...	...	...	1	2	1	2	0	6	5500-8500	...
Charity Hospital of Louisiana	R. C. Llewellyn	20	22	1	...	30	...	...	...	...	...	...	7000-7500	P
Ochsner Foundation	H. D. Kirgis	30	1,028	38	70	4,300	...	...	...	...	...	...	6525-7125	O
Veterans Admin.	R. C. Llewellyn	20	3221	22	27	706	...	...	...	...	...	...	...	...
MARYLAND															
Baltimore															
Johns Hopkins	A. E. Walker	37	1,106†	37	27	1,284	1	1	2	2	1	7	7000-...	P	
Baltimore City Hospitals	J. D. Mc Queen	Inc. in Surg.	...	...	...	1,202	...	...	...	...	...	...	6500-7500	P
University of Maryland Affiliated Hospitals	J. G. Arnold	...	...	...	...	...	2	2	2	2	0	8	7100-8900	P
University of Maryland	...	33	788	73	38	628	...	...	...	...	...	...	...	...
Mercy	...	16	458	17	35	179	...	...	...	...	...	...	...	...
MASSACHUSETTS															
Boston															
Children's Hospital Medical Center-Peter Bent Brigham	J. Shillito, Jr.	...	...	...	...	...	1	1	1	1	0	4	7300-11000	O
Children's Hospital Medical Center	...	25	714	17	94	1,173	...	...	...	...	...	...	7600-11000	P
Peter Bent Brigham	...	12	260	...	...	279	...	...	...	...	...	...	6600-10000	O
Massachusetts General	W. H. Sweet	53	1,195†	96	65	951	2	2	2	2	1	9	6000-10000	O	
Beth Israel	W. Silen, N. Zervas	12	309	9	56	130	...	...	...	...	...	...	7000-11000	P
Boston City	V. H. Mark	22	215	67	27	996	...	...	...	...	...	...	...	...
New England Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hospitals	B. Selverstone	21	331	23	61	443	1	1	1	1	1	5	6600-10000	O	
Veterans Admin. (Jamaica Plain)	G. Hoessly	23	361	10	15	961	...	...	...	...	...	...	6600-10000	O
Rhode Island (Providence, R.I.)	J. Stoll, Jr.	29	804	49	29	378	...	...	...	...	...	...	9100-10000	P
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated Hospitals	R. C. Schneider	...	...	...	...	...	2	2	3	2	0	9	...	...
St. Joseph Mercy	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University	R. C. Schneider	32	825	62	68	3,195	...	...	...	...	...	...	6300-7900	O
Veterans Admin.	J. A. Taren	Inc. in Surg.	...	6	83	475	...	...	...	...	...	...	6300-6300	O
Wayne County General (Eloise)	J. A. Taren	12	373	46	43	630	...	...	...	...	...	...	8376-10233	F
Detroit															
Henry Ford	R. S. Knighton	32	748	30	77	4,130	2	2	2	2	0	8	7000-8900	P	
Wayne State University Affiliated Hospitals	E. S. Gurdjian	...	...	...	...	...	1	1	1	3	0	6	7700-8600	O
Detroit General	...	20	485	135	71	779	...	...	...	...	...	...	9300-9600	P
Grace	...	26	579	25	60	37	...	...	...	...	...	...	...	...
Eloise															
Wayne County General - See University of Michigan Affiliated Hospitals, Ann Arbor	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals	L. A. French	...	...	...	...	...	2	2	2	2	2	10	...	...
University of Minnesota Hospitals	...	35	1,013	24	79	2,140	...	...	...	...	...	...	5000-9000	O
Veterans Admin.	...	28	243	23	78	411	...	...	...	...	...	...	6000-9000	O
Mayo Graduate School of Medicine	C. S. Mac Carty	62	3,361	74	73	6,315	7	7	7	7	0	28	5400-8000	P	
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	O. J. Andy	...	...	...	...	...	1	1	1	1	1	5	...	...
University	O. J. Andy	20	601	53	53	864	...	...	...	...	...	...	5100-6000	O
Veterans Admin. Center	T. Sarafoglu	14	207	13	46	1,129	...	...	...	...	...	...	5450-8900	...
MISSOURI															
Columbia															
University of Missouri Medical Center	S. Black	11	294†	36	72	915	1	1	1	1	0	4	7000-8500	P	
St. Luke's (St. Louis)	G. Rouilhac	27	880	46	50	16	...	...	...	...	...	...	...	F
Kansas City															
Veterans Admin. - See University of Kansas Medical Center, Kansas City, Kansas	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Louis															
Barnes Hospital Group	H. G. Schwartz	45	906	46	50	3,300	0	1	2	1	1	5	7000-8500	O	
St. Luke's - See University of Missouri Medical Center, Columbia	...	...	...	...	...	...	...	...	...	...	...	...	...	...
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated Hospitals	E. Sachs, Jr.	...	...	...	...	...	1	1	1	1	0	4	7500-10000	O
Mary Hitchcock Memorial	...	23	678	43	88	1,456	...	...	...	...	...	...	...	...
Veterans Admin. Center (White River Junction, Vt.)	...	9	164	3	66	588	...	...	...	...	...	...	...	...
NEW YORK															
Albany															
Albany Medical College Affiliated Hospitals	R. A. Lende	...	...	...	...	...	1	1	1	1	0	4	...	...
Albany Medical Center	...	37	1,230	69	85	93	...	...	...	...	...	...	8800-11500	P
Veterans Admin.	...	9	196	16	63	390	...	...	...	...	...	...	8400-11800	...
Buffalo															
S.U.N.Y. at Buffalo Affiliated Hospitals	L. Bakay	...	...	...	...	...	1	1	1	1	0	4	...	...
Buffalo General	...	14	379	23	60	105	...	...	...	...	...	...	8270-10020	P
Children's Hospital of Buffalo	...	8	139	4	75	208	7805-10020	P	
Edward J. Meyer Memorial	...	8	158	26	39	220	7805-10020	P	

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10. NEUROLOGICAL SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
New York City														
Albert Einstein College of Medicine	H. L. Rosomoff	13	486	15	67	1,209	3	3	3	3	3	18	8250-10750	F
Affiliated Hospitals														
Bronx Municipal Hospital Center														
Hospital of the Albert Einstein College of Medicine														
Montefiore Hospital and Medical Center		22	378	29	41	283								
Cornell Cooperating Hospitals							1	1	1	1	1	5		
New York	B. Ray, R. Patterson, Jr.	35	638	31	97	1,492							9750-12250	P
Memorial Hospital for Cancer and Allied Diseases	R. Bergland	5	50	0	0	70							8000-12000	O
Mount Sinai Hospital Training Program	S. W. Gross						2	2	2	2	2	10	9750-12250	P
Mount Sinai		35	379	45	50	500								
City Hospital Center at Elmhurst		12	333	41	36	537								
Veterans Admin. (Bronx)		31	464	23	49	369								
New York University Medical Center	J. Ransohoff						2	2	2	2	2	10		
Bellevue Hospital Center		54	743	74	49	480							8250-10750	F
University		33	607	36	29									
Veterans Admin. (Manhattan)		16	159	12	58								8700-10200	O
Presbyterian	J. L. Pool	36	1,161	36	36	16,234	3	3	1	2	0	9	11000-12500	O
St. Vincent's Hospital and Medical Center of New York	R. L. Rovit	27	466	54	53	293	1	1	1	1	0	4	8500-10000	P
Lenox Hill	F. A. Echlin	18	198	18	42								11500-12500	P
State University - Kings County Hospital Center	A. W. Cook						1	1	1	1	1	5		
Kings County Hospital Center		67	1,035	200	30	1,644							8250-10750	F
Long Island College		21	384	37	32	690							10500-11000	P
State University			8			46								
Rochester														
Strong Memorial Hospital of the University of Rochester	F. P. Smith	28	824	42	43	235	1	1	1	1	0	4		P
Syracuse														
S.U.N.Y. Upstate Medical Center	R. B. King	54	1,095	65	50	1,112	2	2	2	2	2	10	8900-11400	O
Veterans Admin.		9	143	9	67	748								
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	G. S. Dugger	18	456	44	59	1,116	1	1	1	1	0	4	5000-7500	O
Durham														
Duke University Affiliated Hospitals	G. L. Odom						2	2	2	2	2	10		
Duke University Medical Center	G. L. Odom	40	1,161	79	68	1,389							6500-8500	P
Veterans Admin.	R. Wilkins	25	423	40	58								5500-8550	
Winston-Salem														
North Carolina Baptist Hospitals	E. Alexander, Jr.	27	835	57	60	1,298	1	1	1	1	0	4	6500-8500	P
OHIO														
Cincinnati														
University of Cincinnati Hospital Group	R. L. Mc Laurin						1	1	1	1	1	5		
Children's	R. L. Mc Laurin		263	15	73	144								
Christ	F. H. Mayfield	40	848	51	53	100							7680-8400	F
Cincinnati General	R. L. Mc Laurin	17	519	73	34	775							6340-7540	P
Good Samaritan	F. H. Mayfield	27	353	21	59	509							7560-9660	P
Veterans Admin.	R. L. Mc Laurin	16	252	14	86	545							6888-8550	O
Cleveland														
Case Western Reserve University														
Affiliated Hospitals	F. E. Nulsen						1	2	1	2	0	6		
Cleveland Metropolitan General	R. J. White	17	334	23	60	1,010								
University Hospitals of Cleveland	F. E. Nulsen	19	597	28	53	571							8000-9500	P
Veterans Admin.	J. A. Jane	18	190	16	69	271							6850-10250	P
Cleveland Clinic	D. Dohn	34	1,174	38	80	4,655	2	2	2	2	0	8	7100-9000	P
St. Vincent Charity	E. J. Bishop	24	328	18	72	210								
Columbus														
Ohio State University Affiliated Hospitals	W. E. Hunt						2	2	2	2	0	8		
Ohio State University Hospitals	W. E. Hunt	26	649	38	66	660							5400-7000	P
Children's	M. P. Sayers	26	814	40	90	630								
Riverside Methodist	J. N. Meagher	38	1,027	46	48	0							8100-8100	P
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	R. G. Fisher											8		
St. Anthony		9	217	20	55	641							8700-9600	P
University of Oklahoma Hospitals		6	86	17	12	352							5500-8500	P
Veterans Admin.														
OREGON														
Portland														
Good Samaritan Hospital and Medical Center	J. Raaf	34	1,204	36	72	262	1	1	1	1	1	5	7800-10200	P
University of Oregon Affiliated Hospitals	H. D. Paxton						1	1	1	1	0	4		
University of Oregon Medical School Hospitals and Clinics		17	421	30	70	720							6600-8400	FP
Veterans Admin.		16	198	10	100	237							5280-6480	P
PENNSYLVANIA														
Philadelphia														
Episcopal	H. A. Shenkin	27	784	56	68	545	1	1	1	1	0	4	6240-6960	P
Hahnemann Medical College and Hospital	J. Osterholm	17	369	26		677	0	2	0	1	0	3	7000-8000	P

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10. NEUROLOGICAL SURGERY—Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance	
			Number	Neurology Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
PENNSYLVANIA, Philadelphia—Continued														
Hospital of the University of Pennsylvania	T. W. Langfitt	24	21,685	33	58	1,095	2	2	2	2	2	10	8000-12000	P
Children's Hospital of Philadelphia	L. Schut	2	14	7	50	316								
Philadelphia General	T. W. Langfitt	19	331	35	37	671							7600-9300	O
Jefferson Medical College	P. D. Gordy	17	393	12	67	359	1	1	1	1	1	5	8000-9500	O
Temple University Affiliated Hospitals	M. Scott						2	1	2	1	0	6		
Temple University	M. Scott	31	877	48	54	655							7200-9600	P
Albert Einstein Medical Center (Northern Division)	M. R. Katz	10	218†	18	56	149								
Pittsburgh														
Hospitals of the University Health Center of Pittsburgh	A. F. Susen						2	2	2	2	0	8		
Children's Hospital of Pittsburgh	A. F. Susen	21	563	36	61	1,390								
Presbyterian University	A. F. Susen													
Veterans Admin.	P. Shaptak	23	404	22	36	1,188							6000-7800	O
Mercy	G. H. Gray	30	808	38	79	257	1	1	1	1	0	4	9000-10800	P
RHODE ISLAND														
Providence														
Rhode Island - See New England Medical Center Hospitals, Boston, Mass.														
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	P. L. Perot, Jr.						1	1	1	1	1	5		
Medical College	P. L. Perot, Jr.	23	507†	57	61	1,064							5400-7800	P
Veterans Admin.	S. Yamada												6175-7975	P
TENNESSEE														
Memphis														
Methodist	C. D. Hawkes	78	2,523†	103	47	384	1	1	1	1	0	4	6000-9160	P
Veterans Admin.	C. D. Hawkes	17	436	19	79	1,402							7160-9160	P
University of Tennessee Affiliated Hospitals	F. Murphey						2	2	2	2	0	8		
Baptist Memorial		118	4,193	137	41	600							6300-6600	F
City of Memphis Hospitals		19	651	123	25	935							6138-6468	F
Nashville														
Vanderbilt University Affiliated Hospitals	W. F. Meacham						2	2	1	2	0	7	7000-8500	P
Nashville Metropolitan General	J. L. Sawyers	4	132†	16	38	283								
Vanderbilt University	W. F. Meacham	42	1,219	79	48	664								
Veterans Admin.	W. F. Meacham	13	216	26	35	400								
TEXAS														
Dallas														
University of Texas Southwestern Medical School Affiliated Hospitals	W. K. Clark											5		
Children's Medical Center						172								
Parkland Memorial		14	431†	80	45	1,672							6360-7320	P
St. Paul		30	823	29	51	150							6300-7200	P
Galveston														
University of Texas Medical Branch Hospitals	S. Snodgrass, G. Tindall	27	621	48	46	1,294	1	1	1	1	0	4	6500-8500	P
Houston														
Baylor University Affiliated Hospitals	G. J. Ehni						3	3	3	3	0	12		
Ben Taub General	G. Ehni	11	346	50	100	1,070							6900-9900	P
Methodist	J. Greenwood, Jr.	70	2,059	108	59	0							6900-8700	P
Veterans Admin.	G. J. Ehni	34	402	31	58	864							6900-9300	P
VERMONT														
Burlington														
Medical Center Hospital of Vermont	R. M. P. Donaghy	25	805	51	77	1,669	1	1	1	1	0	4	7200-9000	O
White River Junction														
Veterans Admin. - See Dartmouth Med School Affiliated Hospitals, Hanover, N.H.														
VIRGINIA														
Charlottesville														
University of Virginia	J. A. Jane	31	984	53	36	891	2	1	1	1	1	6	5400-6900	O
Richmond														
Medical College of Virginia Affiliated Hospitals	J. Aiksne						2	1	2	1	0	6		
Medical College of Virginia-Hospital Division	J. Aiksne	34	691	85	45	860							5400-6900	P
Veterans Admin.	J. L. Ulmer	16	271	17	71	408							5400-6900	P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals ¹⁸	A. A. Ward, Jr.						2	2	3	2	3	12		
Harborview Medical Center	A. A. Ward, Jr.	10	356	60	33	479							7008-10008	P
University	A. A. Ward, Jr.	13	421	20	90	1,085							7008-10008	P
Veterans Admin.	W. A. Kelly	14	213	19	79								6000-9000	P
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center	B. M. Bloor	32	876	61	61	2,956	1	1	1	1	1	5	7000-9000	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	M. J. Javid						1	1	1	1	1	5		
University Hospitals	M. J. Javid	27	559	33	85	1,244							6000-8600	P
Veterans Admin.	W. E. F. Langheim	7	89	12	75	146								P

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APPROVED RESIDENCIES

11. NEUROLOGY

Residency programs in the following hospitals have been approved for THREE years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level. Programs, 88; Residencies, 931

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Neurology Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco ¹²⁸	D. S. Buchanan	28	428	11	55	7,277	2	2	2	0	0	6	.....	...
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	W. E. Porter	151	904	15	67	6,194	3	3	3	0	0	9	.....	...
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center Crippled Children's Clinic and Hospital	D. D. Lucy	...	...	...	...	...	3	3	3	1	...	10	.....	...
University of Alabama Hospitals and Clinics	S. C. Little	29	860	117	90	3,774	...	...	...	...	...	...	6300-8100	P
Veterans Admin.	I. Lewis	12	269	11	64	565	2	1	0	0	0	3	6607-9007	O
ARIZONA														
Phoenix														
Barrow Neurological Institute of St. Joseph's Hospital	J. C. White, Jr.	15	655	10	90	329	1	1	1	0	0	3	6000-7200	F
Tucson														
University of Arizona Affiliated Hospitals	W. A. Sibley	...	...	...	...	...	2	2	2	0	0	6	.....	...
Tucson Medical Center	W. A. Sibley	22	774	39	38	...	...	...	...	...	...	...	8400-9600	P
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
CALIFORNIA														
Davis														
University of California (Davis) Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
Sacramento Medical Center (Sacramento)	P. M. Dreyfus	20	450	52	60	3,120	2	2	1	0	0	5	8520-9852	O
Los Angeles														
Los Angeles County-U.S.C. Medical Center	H. Barrows	68	3,505	258	52	6,508	2	2	2	0	0	6	8100-9444	P
U. C. L. A.	A. S. Rose	20	707	12	58	5,279	4	4	4	2	0	14	6200-7400	...
Los Angeles County Harbor General, (Torrance)	J. Nelson	5	212	16	75	1,122	...	...	...	...	...	...	8100-9444	P
Veterans Admin. Center-Wadsworth	R. N. Baker	26	679	27	82	2,387	3	3	3	1	0	10	9371-12071	P
Martinez														
Veterans Admin. - See Pacific Med. Ctr.-Affiliated Hospitals, San Francisco	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
Palo Alto														
Veterans Admin. - See Stanford University Affiliated Hospitals, Stanford	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
Sacramento														
Sacramento Medical Center - See University of California (Davis) Affiliated Hosp., Davis	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
San Francisco														
Pacific Medical Center and Affiliated Hospitals	...	...	...	...	...	...	2	2	2	0	0	6	.....	...
Pacific Medical Center - Presbyterian	K. H. Finley	...	195	2	50	585	...	...	...	...	...	...	7380-8280	P
Children's Hospital and Adult Medical Center	K. H. Finley	2	163	3	33	189	...	...	...	...	...	...	.....	...
Veterans Admin. (Martinez)	W. M. Anderson	39	372	27	56	999	...	...	...	...	...	...	7232-8480	O
University of California Program	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
H. C. Moffitt-University of California Hospitals	R. A. Fishman	19	744	6	100	3,548	5	5	5	0	0	15	6000-9600	O
Stanford														
Stanford University Affiliated Hospitals	H. R. Holman	...	...	...	...	...	4	4	4	0	0	12	.....	...
Stanford University	H. R. Holman	11	3781	10	70	1,671	...	...	...	...	...	...	6500-7500	P
Veterans Admin. (Palo Alto)	W. W. Hofmann	50	330	27	89	453	...	...	...	...	...	...	6190-8690	...
Torrance														
Los Angeles County Harbor General - See U.C.L.A., Los Angeles	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
COLORADO														
Denver														
University of Colorado Affiliated Hospitals	J. H. Austin	...	...	...	...	...	4	3	4	0	0	11	.....	...
University of Colorado Medical Center	J. H. Austin	40	779	54	78	4,322	...	...	...	...	...	...	6000-7000	P
Denver General	R. Beresford	10	250	30	70	300	...	...	...	...	...	...	7000-8500	P
Veterans Admin.	E. Lewin	34	466	34	85	416	...	...	...	...	...	...	5620-8870	O
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center	G. Glaser	...	...	...	...	...	3	3	2	0	0	8	9000-10000	O
Yale-New Haven	G. Glaser	...	...	...	...	1,257	...	...	...	...	...	...	.....	O
Veterans Admin. (West Haven)	L. L. Levy	27	327	21	48	491	...	...	...	...	...	...	.....	O
West Haven														
Veterans Admin. - See Yale-New Haven Medical Center, New Haven	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
DISTRICT OF COLUMBIA														
Washington														
Georgetown University Affiliated Hospitals	J. F. Kurtzke	13	285	4	100	1,588	3	3	3	0	0	9	.....	...
Georgetown University	D. S. O' Doherty	1,065	7500-8500	...
Veterans Admin.	J. F. Kurtzke	53	801	42	52	1,588	7325-10325	O

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APPROVED RESIDENCIES

11. NEUROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
FLORIDA														
Gainesville														
William A. Shands Teaching Hosp. and Clinics	M. Greer	13	530	30	80	2,864	4	1	6	0	0	11	6000-9000	O
Veterans Admin.	R. P. Schmidt	30	376	13	85	516	...	...	...	...	...	...	6000-7500	O
Miami														
University of Miami Affiliated Hospitals	P. Scheinberg	...	...	...	...	...	5	5	5	0	0	15	...	P
Jackson Memorial	P. Scheinberg	39	1,105	139	50	3,254	...	...	...	...	...	...	7050-8650	P
Veterans Admin.	N. J. David	20	330	10	60	1,293	...	...	...	...	...	...	7160-8160	O
GEORGIA														
Atlanta														
Grady Memorial	H. R. Karp	8	195	7	57	2,695	2	2	2	0	0	6	6480-8400	P
Augusta														
Medical College of Georgia Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eugene Talmadge Memorial	H. Collings	15	247	6	100	2,143	2	2	2	0	0	6	5534-6734	P
ILLINOIS														
Chicago														
Northwestern University Medical Center	B. Boshes	...	...	...	...	4,915	7	7	9	1	1	25	...	...
Chicago Wesley Memorial	B. Boshes	26	600	15	67	...	...	...	...	...	...	...	7500-9500	P
Veterans Admin. Research	H. Koenig	23	197	12	83	236	...	...	...	...	...	...	8940-10940	O
Veterans Admin. (Hines)	K. D. Barron	125	1,088	110	62	1,745	...	...	...	...	...	...	8940-10940	O
University of Chicago Hospitals and Clinics	S. Schulman	9	298	9	67	3,342	2	2	0	0	0	4	8000-9000	O
University of Illinois Affiliated Hospitals	M. M. Cohen	...	...	...	...	...	3	3	3	0	0	9	...	P
Presbyterian-St. Luke's	...	25	275	12	75	575	...	...	...	...	...	...	8500-9500	P
University of Illinois Research and Educational Hospitals	Inc. in Neurosurg.	...	...	...	...	9,600	...	...	...	...	...	...	9000-10800	P
Hines														
Veterans Admin. - See Northwestern University Medical Center, Chicago	...	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIANA														
Indianapolis														
Indiana University Medical Center	A. T. Ross	...	...	9	...	3,628	3	3	3	0	0	9	...	...
Indiana University Hospitals	...	8	286	9	56	...	...	...	...	...	...	...	7000-8000	P
Marion County General	...	14	296	60	20	1,562	...	...	...	...	...	...	6288-8000	O
Veterans Admin.	...	28	469	27	59	172	...	...	...	...	...	...	8350-9550	O
IOWA														
Iowa City														
State University of Iowa Affiliated Hospitals ⁸⁹	...	...	...	...	...	...	4	4	4	1	0	13	...	...
University of Iowa Hospitals	A. L. Sahs	42	1,637	44	70	6,498	...	...	...	...	...	...	7000-8000	P
Veterans Admin.	E. W. Sybil	18	278	7	78	251	...	...	...	...	...	...	6044-8044	...
KANSAS														
Kansas City														
University of Kansas Medical Center	D. K. Ziegler	10	295	7	85	1,621	3	3	3	0	0	9	6000-7000	P
Veterans Admin. (Kansas City, Mo.)	V. B. Matovich	14	226	14	79	393	...	...	...	...	...	...	6900-8160	P
KENTUCKY														
Louisville														
University of Louisville Affiliated Hospitals	E. Roseman	...	...	...	...	...	2	2	2	2	0	8	...	...
Louisville General	E. Roseman	38	720	20	55	2,473	...	...	...	...	...	...	7100-8600	P
Veterans Admin.	I. O. Dein	36	309	36	61	456	...	...	...	...	...	...	6100-6800	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Louisiana State University Division	R. M. Paddison	19	420	34	41	3,545	2	2	2	0	0	6	5400-6000	F
Tulane University Division	R. G. Heath	22	461	34	35	3,609	2	1	0	0	0	3	5400-6000	F
MARYLAND														
Baltimore														
Johns Hopkins Hospital-Baltimore City Hospitals	...	...	...	...	...	...	4	4	4	0	0	12	...	...
Baltimore City Hospitals	J. G. Magladery	...	...	...	...	765	...	...	...	...	...	...	6000-6500	P
Johns Hopkins	G. M. Mc Khann	...	...	...	...	3,664	...	...	...	...	...	...	7500-...	P
University of Maryland	E. Nelson	16	386	44	63	1,423	3	3	4	0	0	10	7100-8300	P
MASSACHUSETTS														
Boston														
Boston City	N. Geschwind	16	273	15	53	3,204	4	4	3	1	0	12	6600-8100	O
Boston University Affiliated Hospitals	R. G. Feldman	...	...	...	...	...	6	5	4	2	2	19	6000-11000	P
University	...	40	800	15	30	1,560	...	...	...	...	...	...	...	...
Veterans Admin. (Jamaica Plain)	...	110	1,083	42	52	642	...	...	...	...	...	...	...	...
Children's Hospital Medical Center-Peter Bent Brigham Hospital	...	...	...	...	...	...	4	4	4	0	0	12	...	...
Children's Hospital Medical Center	C. F. Barlow	12	568	3	67	3,959	...	...	...	...	...	...	6000-7000	O
Peter Bent Brigham	H. R. Tyler	10	347	11	45	1,083	...	...	...	...	...	...	6000-8500	P
Massachusetts General	R. D. Adams	40	1,330	96	64	6,048	9	7	5	0	0	21	6500-11000	O
New England Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hospitals	J. F. Sullivan	13	466	11	55	2,167	3	3	1	0	0	7	6600-10000	O
St. Elizabeth's Hospital of Boston	R. E. Flynn	9	226	18	35	335	6600-6600	P

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11. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	O	Main-tenance
				Number	Neeropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated															
Hospitals	R. N. De Jong	...	...	...	...	...	5	3	4	2	0	14	...	...	...
University	R. N. De Jong	28	701	17	71	6,801	...	...	...	...	...	...	6000-7200	O	...
Veterans Admin.	E. R. Feringa	21	341	19	84	583	...	...	...	...	...	...	6000-6600	O	...
Allen Park															
Veterans Admin. - See Wayne State University Affiliated Hospitals, Detroit															
Detroit															
Henry Ford															
L. D. Practor	...	12	222	11	64	4,885	1	0	1	1	0	3	7000-8600	P	...
Wayne State University Affiliated															
Hospitals															
J. S. Meyer	...	...	...	...	...	...	5	4	4	1	1	15	...	...	...
Veterans Admin. (Allen Park)	J. S. Meyer	24	259	15	47	325	...	...	...	...	...	...	7815-9015	O	...
Detroit General	J. S. Meyer	17	387	100	41	3,083	...	...	...	...	...	...	7700-8600	O	...
Detroit Memorial	J. T. Mc Henry	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Harper	J. S. Meyer	15	464	32	50	1,447	...	...	...	...	...	...	8700-9300	O	...
Lafayette Clinic	E. A. Rodin	15	163	0	0	970	...	...	...	...	...	...	12132-17160	O	...
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated															
Hospitals															
A. B. Baker	...	...	...	...	...	...	10	10	10	0	0	30	...	...	...
Hennepin County General	M. G. Ettinger	21	673	59	59	2,766	...	...	...	...	...	...	6250-8250	P	...
University of Minnesota Hospitals	A. B. Baker	34	757	26	69	3,551	...	...	...	...	...	...	6000-8000	P	...
Veterans Admin.	M. Alter	82	793	28	61	...	...	...	...	...	...	...	6000-15369	O	...
St. Paul-Ramsey, (St. Paul)	R. J. Gummit	17	572	61	60	3,202	...	...	...	...	...	...	5500-8000	O	...
Veterans Admin.	M. Alter	82	793	28	61	1,842	3	3	3	1	1	11	6000-15369	...	...
Rochester															
Mayo Graduate School of Medicine															
D. W. Mulder	...	53	5,013	43	74	35,890	8	8	8	0	0	24	5400-7000	P	...
Rochester Methodist															
St. Mary's															
St. Paul															
St. Paul-Ramsey - See University of Minnesota Affiliated Hosps, Minneapolis															
MISSISSIPPI															
Jackson															
University of Mississippi Medical															
Center															
R. D. Currier	...	...	...	...	...	...	2	1	1	0	0	4	...	...	...
University	...	10	308	36	53	1,412	...	...	...	...	...	...	6000-7000	O	...
Veterans Admin. Center	...	18	217	21	62	120	...	...	...	...	...	...	5950-6950	...	...
MISSOURI															
Kansas City															
Kansas City General Hospital and															
Medical Center															
C. B. Francisco	...	8	314	43	37	1,846	3	2	1	0	0	6	7785-9170	F	...
Veterans Admin. - See University of Kansas Medical Center, Kansas City, Kansas															
St. Louis															
Barnes Hospital Group															
J. L. O' Leary	...	51	1,360	43	73	2,741	8	5	5	1	0	19	8000-9000	O	...
St. Louis University Group of															
Hospitals															
R. M. Woolsey	...	16	438	9	44	2,294	2	2	2	0	0	6	6600-7200	O	...
NEBRASKA															
Omaha															
University of Nebraska Affiliated															
Hospitals															
W. J. Friedlander	...	...	...	...	...	...	3	3	3	0	0	9	6300-8000	P	...
University of Nebraska	...	9	262	4	75	840	...	...	...	...	...	...	...	...	...
Douglas County	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	...	22	268	12	50	160	...	...	...	...	...	...	...	...	...
NEW JERSEY															
East Orange															
Veterans Admin.															
F. S. Stieglmayr	...	150	778	117	50	0	4	4	4	0	0	12	9500-10500	O	...
NEW MEXICO															
Albuquerque															
University of New Mexico Affiliated															
Hospitals															
A. H. Greenhouse	...	...	...	...	...	...	3	3	3	0	0	9	...	...	...
Bernalillo County Medical Center	A. H. Greenhouse	6	372	12	100	993	...	...	...	...	...	...	6060-7152	...	...
Veterans Admin.	J. M. Bicknell	30	678	19	79	252	...	...	...	...	...	...	6310-8550	...	...
NEW YORK															
Albany															
Albany Medical College Affiliated															
Hospitals															
K. D. Barron	...	...	...	...	...	...	4	3	3	3	0	13	...	...	...
Albany Medical Center	K. D. Barron	24	915	18	50	476	...	...	...	...	...	...	8100-9600	P	...
Veterans Admin.	S. Ball	23	319	9	56	568	...	...	...	...	...	...	8400-11800	...	...
Buffalo															
Edward J. Meyer Memorial															
B. H. Smith	...	27	625	53	30	2,600	3	3	3	1	0	10	7805-10020	P	...
New York City															
Albert Einstein College of Medicine															
Affiliated Hospitals															
L. C. Scheinberg	...	49	1,258	163	37	3,710	5	15	8	0	0	28	8250-10750	F	...
Bronx Municipal Hospital Center															
Montefiore Hospital and Medical															
Center															
E. Weitzman	...	49	629	68	38	9,957	...	...	...	...	...	...	...	...	...
Hospital of the Albert Einstein															
College of Medicine															
Cornell Cooperating Hospitals															
F. Plum	...	...	...	...	...	...	5	5	4	0	0	14	...	...	...
New York	F. Plum	35	736	24	80	3,856	...	...	...	...	...	...	9750-11250	P	...
Memorial Hospital for Cancer and															
Allied Diseases															
J. Posner	...	8	1501	17	53	1,076	...	...	...	...	...	...	8000-12000	P	...
Mount Sinai Hospital Training Program	M. B. Bender	...	...	...	...	...	9	4	6	1	0	20	9750-11750	P	...
Mount Sinai	M. B. Bender	105	1,726	96	40	2,500
City Hospital Center at Elmhurst	N. Christoff	30	484	169	29	2,235

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APPROVED RESIDENCIES

11. NEUROLOGY - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
			Number	Neurology Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK, New York City - Continued														
New York Medical College-Metropolitan Hospital Center Unit 1 - Flower and Fifth Avenue Hospitals	R. J. Strosos	7	96	1	0	974	4	4	3	2	0	13	8500-10500	F
Unit 2 - Metropolitan		33	465	42	51	1,833								
Unit 3 - Bird S. Coler Memorial Hospital and Home		20	20	0	0									
New York University Medical Center University	C. T. Randt	23	644	33	43		9	7	4	0	0	20		F
Bellevue Hospital Center	C. T. Randt	59	406	45	40	3,707							8250-10750	F
Veterans Admin. (Manhattan)														
Presbyterian St. Vincent's Hospital and Medical Center of New York	R. L. Masland	159	2,979	95	42	16,234	6	6	3	0	0	15	10500-11500	O
State University-Kings County Hospital Center	J. G. Chusid	39	505	102	40	1,521	3	3	3	0	0	9	8500-9500	P
State University Kings County Hospital Center	E. F. Vastola						3	3	2	0	0	8	8250-10750	F
Veterans Admin. (Bronx)	C. B. Booth	21	231	28	50	2,561								
		55	338	30	60	200	3	3	3	0	0	9	9750-11750	P
Rochester														
Strong Memorial Hospital of the University of Rochester	R. J. Joynt	15	414	32	65	1,622	3	3	3	0	0	9		P
Syracuse														
S. U. N. Y. Upstate Medical Center	G. S. Ross	40	565	20	50	2,451	2	2	2	0	0	6	8900-10400	O
Veterans Admin.	K. Sadjadpour	26	305	16	50	1,106								
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	T. W. Farmer	13	465	28	64	1,731	2	2	2	0	0	6	6500-9000	O
Durham														
Duke University Affiliated Hospitals	A. Heyman						4	2	2	0	0	8		F
Duke University Medical Center	A. Heyman	17	500	17	47	2,107							6500-7500	F
Veterans Admin.	A. V. Escueta	18	340	22	59								5500-8550	O
Winston-Salem														
North Carolina Baptist Hospitals	J. F. Toole	18	771	21	76	912	3	3	1	0	0	7	6500-9000	
OHIO														
Cincinnati														
University of Cincinnati Hospital Group	C. D. Aring						2	2	2	0	0	6		
Cincinnati General		0	20,399	73	58	2,508							6340-6940	O
Veterans Admin.		18	341	17	59	565							6888-8550	P
Cleveland														
Cleveland Clinic	G. H. Williams, Jr.	23	705	22	23	12,775	2	2	2	0	0	6	6800-7400	P
Cleveland Metropolitan General	M. Victor	15	405	24	83	3,031	4	3	3	0	0	10	7000-8760	P
University Hospitals of Cleveland	J. M. Foley	21	516	20	65	1,685	6	6	6	0	0	18	6000-9000	P
Highland View	S. Horenstein	37	282	17	73	75							7500-8500	P
Veterans Admin.	R. Bennett	39	354	32	56	363							7550	P
Columbus														
Ohio State University Hospitals	N. Allen	15	702	13	67		3	3	3	0	0	9	5700-9000	P
OREGON														
Portland														
University of Oregon Affiliated Hospitals	R. Swank						4	4	4	0	0	12		
Good Samaritan Hospital and Medical Center														
University of Oregon Medical School Hospitals and Clinics	R. Swank	46	1,238	35	70	2,040							6600-7800	FP
Veterans Admin.	J. R. Schimschock	24	336	17	88	1,096							5280-6480	P
PENNSYLVANIA														
Philadelphia														
Hospital of the University of Pennsylvania	L. P. Rowland	31	701	26	79	2,909	5	5	5	1	0	16	8000-11000	P
Jefferson Medical College ²⁹⁵	R. A. Chambers	27	498	34	47	1,158	4	3	4	0	0	11	8000-9000	O
Pennsylvania	F. A. Elliott	15	370	32	51	1,180	2	2	2	0	0	6	6000-8000	O
Temple University Affiliated Hospitals Philadelphia General, Div. B	G. R. Haase						3	3	3	0	0	9		
St. Christopher's Hospital for Children		55	199	47	39	1,506							8100-8900	O
Temple University		4	132	4	100	191							7200-9600	P
		11	307	45	42	1,043							7200-9600	P
PUERTO RICO														
San Juan														
University District	L. P. Sanchez Longo	8	350	36	90	3,700	3	3	3	1	0	10	6300-7500	P
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals														
Medical College	O. R. Talbert	19	667	20	75	1,839	3	3	3	0	0	9	5400-8500	P
TENNESSEE														
Memphis														
University of Tennessee Affiliated Hospitals	R. A. Utterback						3	3	3	0	0	9	7160-14409	
City of Memphis Hospitals		22	631	110	31	1,971								
Veterans Admin.		18	119	10	60	85								P

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11. NEUROLOGY—Continued

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
						Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
TEXAS																
Dallas																
		University of Texas Southwestern Medical School Affiliated Hospitals	D. D. Daly	...	...	...	...	...	...	...	...	...	...	4	...	...
		Parkland Memorial	D. D. Daly	6	1494	5	60	1,898	...	...	...	...	...	...	6360-7020	P
		Children's Medical Center	D. D. Daly	9	2214	16	13	580	...	...	...	...	...	...	...	...
		Veterans Admin.	L. M. Pence	27	371	14	71	1,110	...	...	...	...	...	...	6440-7040	P
Galveston																
		University of Texas Medical Branch Hospitals	J. R. Calverley	19	496	26	65	1,863	2	2	1	0	0	5	...	P
Houston																
		Baylor University Affiliated Hospitals	J. W. Crawley	...	...	...	...	...	2	2	2	0	0	6	...	...
		Ben Taub General	...	7	223	28	58	2,549	...	...	...	...	...	...	6900-9900	P
		Methodist	...	15	501	7	67	3,365	...	...	...	...	...	...	6900-8700	P
		Veterans Admin.	...	44	544	59	56	1,685	...	...	...	...	...	...	6900-8100	P
UTAH																
Salt Lake City																
		University of Utah Affiliated Hospitals	L. W. Jarcho	...	...	...	...	...	3	3	3	0	0	9	...	...
		University	L. W. Jarcho	12	592	15	80	2,643	...	...	...	...	...	...	6600-8000	...
		Veterans Admin.	E. T. Ajax	38	238	12	67	...	...	...	...	...	...	...	5700-6900	...
VERMONT																
Burlington																
		Medical Center Hospital of Vermont	C. M. Poser	19	689	17	65	1,669	2	2	2	1	0	7	6600-8400	O
VIRGINIA																
Charlottesville																
		University of Virginia	T. R. Johns	21	720	21	52	2,546	4	4	4	2	0	14	6600-8000	O
Richmond																
		Medical College of Virginia Affiliated Hospitals	C. G. Suter	...	...	...	...	294	3	3	3	3	0	12	...	...
		Medical College of Virginia-Hospital Division	C. G. Suter	31	708	69	30	4,215	...	...	...	...	...	...	5400-6900	P
		Veterans Admin.	H. R. Howell	50	338	7	57	294	...	...	...	...	...	...	10203-14889	P
WASHINGTON																
Seattle																
		University of Washington Affiliated Hospitals	P. D. Swanson	...	...	...	...	...	3	3	3	0	0	9	...	...
		Harborview Medical Center	P. D. Swanson	11	341	19	63	1,142	...	...	...	...	...	...	7008-9000	P
		University	P. D. Swanson	7	399	9	56	2,560	...	...	...	...	...	...	7008-9000	P
		Veterans Admin.	H. Leffman	16	368	7	87	...	...	...	...	...	...	...	6000-9000	P
WEST VIRGINIA																
Morgantown																
		West Virginia University Medical Center	L. Gutmann	19	718	12	67	3,609	2	2	2	0	0	6	7000-8000	P
WISCONSIN																
Madison																
		University of Wisconsin Affiliated Hospitals	F. M. Forster	...	...	...	...	...	9	3	3	0	0	15	...	...
		University Hospitals	F. M. Forster	28	751	...	...	2,106	...	...	...	...	...	...	6000-7000	P
		Veterans Admin.	B. Messert	30	359	20	85	482	...	...	...	...	...	...	...	...
MILWAUKEE																
		Marquette Affiliated Hospitals	P. T. White	88	779	15	73	4,733	2	2	2	0	0	6	...	...
		Milwaukee County General	P. T. White	18	286	7	41	2,617	...	...	...	...	...	...	7200-8400	P
		Milwaukee Children's	J. P. Davis	...	15	...	...	333	...	...	...	...	...	...	7500-9020	P
		Veterans Admin. Center (Wood)	E. W. Niles	70	493	8	100	1,616	...	...	...	...	...	...	7600-8800	P

Residency programs in the following hospitals have been approved for TWO years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Programs, 2; Residencies, 9

NONFEDERAL AND VETERANS ADMINISTRATION

ARKANSAS																
Little Rock																
		University of Arkansas Medical Center	D. D. Lucy	...	...	...	...	...	1	2	0	0	0	3	...	...
		University	...	5	202	12	67	1,380	...	...	...	...	...	...	5400-6000	O
		Veterans Admin. Consolidated	...	12	263	4	100	110	...	...	...	...	...	...	6150-6850	P
PENNSYLVANIA																
Coatesville																
		Veterans Admin.	R. A. Farmer	65	314	19	84	231	2	2	2	0	0	6	6000-14409	...

APPROVED RESIDENCIES

11. NEUROLOGY - Continued

Residency programs in the following hospitals have been approved for ONE year of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Programs, 4; Residencies, 12

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance	
			Number	Neurology Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES PUBLIC HEALTH SERVICE														
MARYLAND														
National Institutes of Health-Clinical Center, Bethesda														
NONFEDERAL AND VETERANS ADMINISTRATION														
DISTRICT OF COLUMBIA														
Washington														
Children's Hospital of the District of Columbia	R. Paine	10	426	7	100	1,247	1	1	0	0	0	2	6000-9500	P
ILLINOIS														
Chicago														
Northwestern University Medical Center														
Children's Memorial	J. G. Millichap	8	313	9	88	1,737	2	2	2	0	0	6	7500-1010	/P
PENNSYLVANIA														
Philadelphia														
Children's Hospital of Philadelphia	P. H. Borman	7	167	2	100	384	2	1	1	0	0	4	8000-10500	O

12. OBSTETRICS-GYNECOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Obstetrics and Gynecology and the American College of Obstetricians and Gynecologists through the Residency Review Committee for Obstetrics-Gynecology, as offering full training in the specialty. Programs, 356; Residencies, 3,124

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
			Number	Neurology Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE														
CALIFORNIA														
David Grant U.S.A.F., Fairfield	J. E. Wesp	26	1,870	1	100	61,742	4	2	2	2	0	8		
MISSISSIPPI														
U. S. Air Force, Biloxi	E. H. Currie	26	1,984	0	0	29,823	4	2	2	2	0	8		
TEXAS														
Wilford Hall U.S.A.F., San Antonio	D. F. Wolter	57	3,058	75		41,448	4	2	2	2	0	8		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	J. A. Austin	24	1,527	0	0	40,332	3	2	2	2	0	6†		
COLORADO														
Fitzsimons General, Denver ¹³⁷	J. Perrine	34	2,460	2	50	32,971	3	3	3	3	0	9†		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	W. E. Patow	63	2,538	11	81	35,387	3	3	3	3	0	9†		
HAWAII														
Tripler General, Honolulu	D. L. Vaughn	53	5,023	1	100	39,180	3	3	3	3	0	9†		
TEXAS														
William Beaumont General, El Paso	J. W. Pearson	44	4,323	67	91	60,092	3	3	3	3	0	9†		
R. E. Thomason General, El Paso	H. A. Jacobs	23	1,902	8	75	3,978								
Brooke General, San Antonio	S. N. Schanzer	31	2,173	4	75	43,037	3	2	2	2	0	6†		
WASHINGTON														
Madigan General, Tacoma	J. L. Gibson	38	3,310	4	100	50,703	3	3	3	3	0	9†		F
UNITED STATES NAVY														
CALIFORNIA														
Naval, Oakland	J. P. Semmens	31	2,586	4	75	27,941	3	2	2	2	0	6		
Naval, San Diego	W. E. Lucas	75	6,222	10	80	87,752	3	4	4	4	0	12		
ILLINOIS														
Naval, Great Lakes	R. C. Drips	26	1,956	1	100	32,835	3	1	1	2	0	4		
MARYLAND														
Naval, Bethesda	W. M. Lonergan	46	2,792	9	56	38,886	3	2	2	2	0	6		

APPROVED RESIDENCIES

12. OBSTETRICS - GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Neeropsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES NAVY - Continued															
MASSACHUSETTS															
Naval, Chelsea	K. C. Weidemann	19	1,345	1	100	18,075	3	1	1	1	0	0	3	.....	...
PENNSYLVANIA															
Naval, Philadelphia	R. F. Kirk	23	1,630	0	0	17,628	3	2	2	2	0	0	6	.....	...
VIRGINIA															
Naval, Portsmouth	F. Ostapowicz	71	6,641	6	66	48,262	3	4	4	4	0	0	12	.....	...
UNITED STATES PUBLIC HEALTH SERVICE															
LOUISIANA															
U. S. Public Health Service, New Orleans ¹⁸⁸	A. Landry	18	1,201	4	100	13,129	3	1	1	1	0	0	3	.....	...
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	A. Sholk	31	2,034	6	83	18,832	3	1	1	1	0	0	3	9517-12566	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
Carraway Methodist	T. M. Boulware	33	2,211	0	0	16,440	3	1	1	1	0	0	3	7200-8400	P
University of Alabama Medical Center	C. E. Flowers	...	...	...	...	...	3	4	4	4	0	0	12	.....	...
University of Alabama Hospitals and Clinics	...	31	4,280	4	50	31,755	...	...	...	...	...	...	...	6300-7500	P
Fairfield															
Lloyd Noland	J. P. Hardy	19	1,275	4	0	16,232	3	1	1	1	0	0	3	7800-9000	FP
Mobile															
Mobile General	O. M. Otts	39	3,266	22	50	7,811	3	2	2	2	0	0	6	6840-8040	P
ARIZONA															
Phoenix															
Good Samaritan	E. Sattenspiel	77	6,593	11	36	1,833	3	2	2	2	0	0	6	7800-9600	P
Maricopa County General	W. Crisp	39	3,822	5	80	5,278	3	2	2	2	0	0	6	8486-9984	P
St. Joseph's	R. J. Jennett	54	5,169	1	0	4,596	3	2	2	2	...	...	6	6000-7200	F
ARKANSAS															
Little Rock															
University	J. B. Nettles	50	3,740	13	31	16,952	3	3	3	3	...	...	12	5400-6000	O
CALIFORNIA															
Bakersfield															
Kern County General	L. E. Smale	15	1,408	4	50	12,198	3	2	2	2	0	0	6	8400-9900	O
Davis															
University of California (Davis) Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
Sacramento Medical Center (Sacramento)	N. N. Sehgal	12	1,287	8	...	9,502	3	1	1	1	0	0	3	8520-9852	P
Fresno															
Fresno General	H. Tieche	24	3,018	9	50	13,663	3	2	2	2	0	0	6	8544-10056	P
Glendale															
Glendale Adventist	G. B. Youngberg	28	2,354	3	67	7,217	3	1	1	1	0	0	3	8280-9240	P
Loma Linda															
Loma Linda University Affiliated Hospitals	E. E. Nichols	...	...	...	...	...	3	2	2	2	0	0	6	.....	...
Loma Linda University	E. E. Nichols	14	1,116	5	60	5,269	...	...	...	...	...	...	...	6198-8466	P
Riverside General (Riverside)	W. W. Brown	20	1,565	4	75	7,059	...	...	...	...	...	...	...	7920-9468	P
Long Beach															
Memorial Hospital of Long Beach	S. G. Pillsbury	74	4,384	10	40	6,461	3	1	1	1	0	0	3	7200-8400	P
Los Angeles															
California ¹⁸	K. P. Russell	38	3,077	1	100	4,242	3	2	2	2	0	0	6	7800-9000	F
Cedars-Sinai Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
Cedars of Lebanon Hospital Division	D. Adler	34	5,354	0	0	6,967	4	2	2	1	1	0	6	7800-9900	P
Hollywood Presbyterian	H. A. Lusk	24	2,244	1	0	3,136	3	2	2	2	0	0	6	7800-9000	P
Kaiser Foundation	T. H. Baker	80	6,204	9	67	83,837	3	4	4	4	0	0	12	6300-7500	P
Los Angeles County-U.S.C. Medical Center	G. Anderson	199	20,840	108	31	38,387	4	7	7	7	7	0	28	8100-10116	P
Queen of Angels	C. V. Von Der Ahe	42	4,119	6	83	5,220	3	2	2	2	0	0	6	6600-7800	F
U. C. L. A.	J. G. Moore	34	3,362	33	33	14,398	4	3	3	3	2	0	11	.....	...
White Memorial Medical Center	M. Nakamoto	41	3,612	11	45	25,302	3	2	2	2	1	0	7	7860-9660	P
Oakland															
Highland General	L. Parker	26	2,398	4	100	11,787	3	2	2	2	0	0	6	7800-9000	FP
Kaiser Foundation	S. C. Thomas	38	4,015	10	60	41,371	3	3	3	3	0	0	9	8340-9600	P
Orange															
Orange County Medical Center	J. H. Mc Clure	28	3,687	1	100	23,660	3	3	3	3	0	0	9	8133-10379	P
Riverside															
Riverside General - See Loma Linda University Affiliated Hospitals, Loma Linda	...	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
Sacramento															
Sacramento Medical Center - See Univ. of California (Davis) Affiliated Hospitals, Davis	...	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
San Bernardino															
San Bernardino County General	R. W. Moyce	26	2,057	7	86	9,702	3	1	1	1	0	0	3	7200-8400	F
San Diego															
Mercy Hospital and Medical Center ¹⁷⁷	J. F. Wanless	50	4,844	8	63	23,349	3	2	2	1	0	0	5	6180-7380	F
University Hospital of San Diego County	P. L. Martin	26	2,013	16	69	7,349	3	2	2	2	1	0	7	6200-8700	P
	J. F. Wanless

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APPROVED RESIDENCIES

12. OBSTETRICS - GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Necropsy Per cent	Outpatient Visits	Length of Ap-proved Pro-gram (Years)	1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA - Continued															
San Francisco															
Kaiser Foundation ¹⁷	H. B. Nelson	47	4,656	2	100	49,792	3	3	3	0	0	9	7920-9120	P	
Mount Zion Hospital and Medical Center	J. A. Kerner	31	2,205	1	100	5,246	3	1	1	1	0	3	7500-8700	P	
University of California Program Children's Hospital and Adult Medical Center	E. W. Page	...	...	...	...	...	4	6	5	5	5	0	21	...	...
H. C. Moffitt-University of California Hospitals	G. A. Webb	54	4,553	5	60	6,072	...	...	...	...	...	...	...	7800-9600	P
Pacific Medical Center-Presbyterian San Francisco General	E. W. Page	44	3,099	2	50	22,843	...	...	...	...	...	...	...	6200-9600	O
			650	2	50	1,308	...	...	...	...	...	...	...	7380-8280	P
	R. Smith	32	2,204	5	100	12,005	...	...	...	...	...	...	...	7116-10248	P
San Jose															
Santa Clara Valley Medical Center - See Stanford University Affiliated Hospitals, Stanford															
San Mateo															
San Mateo County General - See Stanford Med. Center and Affiliated Hospitals, Palo Alto															
Santa Clara															
Kaiser Foundation - See Stanford University Affiliated Hospitals, Stanford															
Stanford University Affiliated Hospitals															
Stanford University	C. E. Mc Lennan	...	...	...	...	...	3	6	6	6	0	0	18	...	...
Santa Clara Valley Medical Center (San Jose)	C. E. Mc Lennan	45	4,230	14	42	12,320	...	...	...	...	...	...	...	6500-7500	P
Kaiser Foundation (Santa Clara)	L. B. Magoon	25	2,087	7	100	15,135	...	...	...	...	...	...	...	7238-8361	F
	J. C. Portnuff	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	A. Langer	134	8,993	130	58	...	...	...	...	...	...	...	...	...	...
Stockton															
San Joaquin General	D. Harrington	21	1,554	7	71	15,846	3	2	2	2	0	0	6	9288-13464	P
Torrance															
Los Angeles County Harbor General	D. Mishell, Jr.	58	5,502	7	83	14,404	4	4	4	4	3	0	15	8100-10116	P
COLORADO															
Denver															
St. Joseph's	C. H. Alexander	63	4,819	4	25	4,991	3	2	2	2	0	0	6	6720-7620	P
University of Colorado Medical Center - Denver General	E. S. Taylor	...	...	...	...	...	3	6	6	6	0	0	18	...	...
University of Colorado Medical Center	E. S. Taylor	40	3,229	5	66	15,469	...	...	...	...	...	...	...	5400-6200	P
Denver General	H. E. Thompson	34	2,847	5	100	12,815	...	...	...	...	...	...	...	5028-6000	P
CONNECTICUT															
Bridgeport															
Bridgeport	J. R. Lyddy	45	4,274	1	0	4,070	3	1	1	1	0	0	3	7600-9100	P
St. Vincent's	H. S. Eckels	32	3,446	...	...	1,241	4	1	1	1	1	0	4	7800-8700	P
Hartford															
Hartford	R. C. Burchell	21	7,578	5	40	8,629	3	3	3	3	0	0	9	7600-10000	O
Mount Sinai	M. Solomkin	40	2,892	2	50	1,500	3	1	1	1	0	0	3	7500-9000	...
St. Francis	F. Marino	89	7,059	17	47	7,970	3	2	2	2	0	0	6	7200-8400	F
New Britain															
New Britain General															
	R. C. Wright	41	3,854	3	100	1,448	3	2	1	1	0	0	4	7500-8500	P
	H. Levine	...	...	...	...	...	...	...	...	...	...	...	...	...	...
New Haven															
Hospital of St. Raphael															
	D. F. Conway, Jr.	42	3,464	8	38	2,782	3	2	2	1	0	0	5	7866-9746	...
Yale-New Haven Medical Center															
	E. J. Quilligan	87	7,124	18	64	17,145	4	4	4	4	4	0	16	9000-11000	O
New London															
Lawrence and Memorial Hospitals															
	F. W. Goodrich, Jr.	41	3,391	2	0	1,652	3	1	1	1	0	0	3	6000-6600	F
Stamford															
Stamford	J. R. Farrell	33	2,064	0	0	3,850	3	1	1	1	0	0	3	9500-11000	P
DELAWARE															
Wilmington															
Wilmington Medical Center	R. C. Hayden	64	9,678	0	0	8,136	3	3	3	3	0	0	9	8700-9700	P
Delaware Division	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wilmington General Division	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
DISTRICT OF COLUMBIA															
Washington															
Freedmen's	J. F. J. Clark	56	3,954	14	28	4,481	4	4	4	4	0	0	16	7865-9953	O
District of Columbia General (Howard University Service)	E. W. Lowe	85	7,167	16	50	16,328	...	...	...	...	...	...	...	7000-9000	P
Georgetown University ¹⁴⁹	P. D. Bruns	53	3,713	6	85	...	3	5	5	5	0	0	15	7500-9000	P
George Washington University	...	...	...	...	...	...	3	7	7	7	0	0	21	7517-10502	P
Affiliated Hospitals	J. G. Sites	...	...	...	...	...	...	...	...	...	...	...	...	...	...
George Washington University	J. G. Sites	39	5,259	13	8	2,883	...	...	...	...	...	...	...	...	...
Columbia Hospital for Women	J. Marlow	118	9,942	6	83	12,181	...	...	...	...	...	...	...	...	...
Fairfax (Falls Church, Va.)	P. Soyster	64	8,930	1	0	2,261	...	...	...	...	...	...	...	...	...
Providence	J. Harrington, P. Protos	26	3,090	1	100	3,794	3	2	2	2	0	0	6	7800-9300	P
Washington Hospital Center	R. B. Nelson	83	6,756	9	67	8,612	4	3	2	3	2	0	10	8200-8500	P
FLORIDA															
Fort Lauderdale															
Broward General	J. L. Rinella	61	5,125	9	67	2,346	3	1	1	1	0	0	3	7200-8400	P
Gainesville															
William A. Shands Teaching Hosp. and Clinics	H. Prystowsky	39	2,763	9	66	10,385	4	3	3	3	3	0	12	6000-7000	P
Jacksonville															
Jacksonville Hospitals Educational Program	M. Suter	...	...	...	...	...	3	5	5	5	0	0	15	...	...
Baptist Memorial	R. M. Mein	51	4,459	2	100	2,799	...	...	...	...	...	...	...	8100-8700	P
Duval Medical Center	R. W. Mc Dowell	31	3,323	8	38	15,148	...	...	...	...	...	...	...	8100-8700	O
St. Luke's	R. W. Mc Dowell	30	2,181	5	40	2,360	6300-7200	O
St. Vincent's	W. J. Phelan	11	3,882	0	0	4,550	7800-9000	P

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12. OBSTETRICS - GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Residencies Offered 1970-1971						Salary per Year Min.-Max.	Maintenance
				Number	Necropsy Per cent	Outpatient Visits	Length of Approved Program (Years)	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
FLORIDA - Continued															
Miami															
Jackson Memorial	W. A. Little	121	7,350	21	43	12,458	4	6	6	6	6	0	24	7050-9150	P
Miami Beach															
Mount Sinai Hospital of Greater Miami	H. Kraff	35	2,856	8	37	5,929	3	1	1	1	0	0	3	7300-8300	P
Orlando															
Orange Memorial	R. M. Bleakney	77	6,208	11	36	3,251	3	2	2	2	0	0	6	8400-9600	P
Pensacola															
Pensacola Educational Program	J. W. Douglas	...	...	...	...	...	3	2	2	2	0	0	6	8400-9600	O
Baptist	...	43	3,047	4	0	0	...	...	...	...	...	...	...	...	...
Escambia General	...	10	1,454	1	0	5,151	...	...	...	...	...	...	...	...	...
Sacred Heart	...	37	1,340	2	50	0	...	...	...	...	...	...	...	...	...
St. Petersburg															
Mound Park	A. B. McCreary	29	3,004	6	33	9,200	3	1	1	1	1	0	4	8700-10200	O
Tampa															
Tampa General	S. B. Claytor	69	5,614	14	57	7,415	3	2	2	2	0	0	6	8500-9500	FP
GEORGIA															
Atlanta															
Crawford W. Long Memorial	E. G. Bowen	53	3,932	7	29	5,256	3	2	2	2	0	0	6	6480-7440	O
Georgia Baptist	R. M. Sealey	68	7,230	6	50	3,398	3	2	2	2	0	0	6	6600-7200	O
Grady Memorial	J. D. Thompson	138	8,551	22	55	39,722	3	10	8	8	0	0	26	6480-8400	P
Augusta															
Medical College of Georgia Hospitals	W. A. Scoggin	...	...	...	...	...	4	4	4	4	4	0	16	...	...
Eugene Talmadge Memorial	...	50	2,302	8	92	12,406	...	...	...	...	...	...	...	5534-7335	P
University	...	43	3,503	5	20	4,595	...	...	...	...	...	...	...	4800-6600	P
Macon															
Macon	G. W. Jackson	65	4,936	8	38	10,342	3	3	3	3	0	0	9	7800-9000	F
Savannah															
Memorial Medical Center ¹⁵⁷	R. W. Scarborough	28	2,385	8	25	4,901	3	1	1	1	0	0	3	6300-7200	F
HAWAII															
Honolulu															
University of Hawaii Affiliated Hospitals	J. A. Krieger	...	...	...	...	...	3	3	3	3	0	0	9	8400-9600	O
Kapiolani Maternity and Gynecological	...	69	7,242	4	75	4,419	...	...	...	...	...	...	...	...	...
Queen's	...	31	2,794	9	78	4,552	...	...	...	...	...	...	...	8400-9600	O
St. Francis	...	9	760	1	100	1,462	...	...	...	...	...	...	...	...	...
ILLINOIS															
Barwyn															
Mac Neal Memorial	D. M. Farley	49	3,620	10	50	1,510	3	2	2	2	0	0	6	9900-11100	O
Chicago															
Chicago Medical School Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Sinai Hospital Medical Center of Chicago	C. Fields	38	3,103	9	56	6,734	3	2	2	2	0	0	6	8700-9900	P
Cook County ¹⁷	A. F. Lash	227	22,681	...	...	33,504	3	8	8	8	4	0	28	9600-11400	P
Illinois Masonic Medical Center	J. G. Masterson	41	2,071	0	0	4,313	4	1	1	1	1	0	4	10000-11500	P
Mercy Hospital and Medical Center	C. J. Smith	61	3,593	22	51	4,292	3	2	2	2	0	0	6	8300-8900	P
Michael Reese Hospital and Medical Center	E. Friedman	81	3,290	10	70	16,843	4	4	4	4	4	0	16	8600-10400	P
Northwestern University Medical Center	...	...	...	...	...	3,090	...	...	...	...	...	...	...	...	...
Chicago Wesley Memorial	D. N. Danforth	54	3,402	6	16	10,316	4	2	2	1	2	0	7	7500-9000	P
Chicago Maternity Center	B. E. Tucker	...	...	...	...	11,540	...	...	...	...	...	...	...	8000-8000	...
Passavant Memorial	J. I. Brewer	50	2,633	8	62	761	3	2	2	2	0	0	6	7500-9000	P
Evanston (Evanston)	T. W. McElin	45	3,220	4	50	2,981	4	1	1	1	1	0	4	7500-9000	P
Presbyterian-St. Luke's	H. Boysen	80	4,271	4	100	14,268	3	4	4	4	0	0	12	8500-9500	P
St. Joseph	D. M. Fahrenbach	52	3,561	8	63	6,320	3	2	2	2	0	0	6	9600-10800	P
University of Chicago Hospitals and Clinics	F. P. Zuspan	83	5,311	20	45	31,819	3	5	5	5	3	0	18	8000-9500	O
University of Illinois Research and Educational Hospitals	R. M. Wynn	47	3,163	24	50	22,314	3	3	3	3	0	0	9	9600-10800	P
Evanston															
Evanston - See Northwestern University Medical Center, Chicago	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Francis	J. H. Isaacs	41	2,877	5	20	3,193	3	1	1	1	0	0	3	9300-9900	...
Evergreen Park															
Little Company of Mary	F. C. Lawler	77	6,254	2	50	930	3	3	3	3	0	0	9	8400-9900	P
Peoria															
St. Francis	P. J. Couri	61	4,711	7	43	2,702	3	1	1	1	0	0	3	6900-7500	F
INDIANA															
Indianapolis															
Indiana University Medical Center	C. A. Hunter	...	...	...	...	...	4	4	4	4	4	0	16	7000-8500	P
Indiana University Hospitals	C. A. Hunter	50	3,368	20	55	8,104	...	...	...	...	...	...	...	...	...
Marion County General	C. A. Hunter	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Methodist Hospital of Indiana	C. Gillespie	49	4,207	8	...	19,627	...	...	...	...	...	...	...	...	...
St. Vincent's	R. Rice	50	4,499	5	80	6,268	4	3	3	3	3	0	12	8600-10400	P
	P. F. Muller	42	3,344	6	33	3,724	3	1	1	1	0	0	3	7200-9280	FP
IOWA															
Iowa City															
University of Iowa Hospitals	W. C. Keettel	103	4,759	13	85	28,283	3	4	4	4	0	0	12	7000-8000	P
KANSAS															
Kansas City															
University of Kansas Medical Center	K. E. Krantz	61	2,764	4	50	25,310	3	4	4	4	0	0	12	7500-7500	P

APPROVED RESIDENCIES

12. OBSTETRICS - GYNECOLOGY - Continued

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Residencies Offered 1970-1971					Main-tenance				
						Number	Neerpsy Per cent	Outpatient Visits	Length of Ab-proved Prob-gram (Years)	1st Year	2nd Year	3rd Year	4th Year	5th Year		Total All Years	Salary per Year Min.-Max.		
KENTUCKY																			
Lexington	University	St. Joseph Infirmary	J. W. Greene, Jr.	36	2,399	9	44	10,876	3	4	4	4	0	0	12	6560-7760	P		
			Louisville	University of Louisville Affiliated Hospitals	J. Childers	58	4,062	5	40	7,188	3	1	1	1	0	0	3	7800-9000	P
					Louisville General	W. W. Wolfe	41	3,356	8	50	10,664	3	3	2	3	0	0	8	7100-8100	P
LOUISIANA																			
New Orleans	Charity Hospital of Louisiana	Louisiana State University Division	A. Mickal	148	6,207	25	48	20,810	3	9	8	8	0	0	25	5400-6000	F		
			Tulane University Division	C. Collins	144	5,958	20	15	21,452	3	6	6	6	0	0	18	5400-6000	F	
			Ochsner Foundation ¹⁸⁸	J. C. Weed	22	1,336	7	43	23,326	3	2	2	2	0	0	6	6500-7500	P	
			Southern Baptist	H. S. Collins	79	6,291	11	18	1,965	3	2	2	2	0	0	6	7200-400	P	
			Touro Infirmary	C. Weinberg
				J. Kushner	1	1	1	0	0	3
				E. E. Dilworth	56	5,198	5	60	14,089	3	3	3	3	0	0	9	5400-6000	F	
MARYLAND																			
Baltimore	Baltimore City Hospitals ⁵¹	Bon Secours	D. F. Kaltreider	53	3,967	5	100	15,804	3	4	4	4	2	0	14	6000-7500	P		
			C. B. Marek	38	3,316	4	33	5,054	3	2	2	2	0	0	6	7800-9600	P		
			N. J. Kohlerman	47	3,236	29	38	6,776	3	2	2	2	0	0	6	7600-8200	...		
			W. K. Mansfield	14	1,028	3	33	3,015	3	1	1	1	0	0	3	6000-7000	F		
			E. S. Diggs	78	5,389	7	43	6,192	4	4	2	2	2	0	10	8000-10000	F		
			A. C. Barnes	102	6,513	25	48	41,179	3	4	4	4	4	2	18	7000-...	P		
			N. Levin, J. H. Shell, Jr.	43	3,300	6	17	6,330	3	2	2	2	0	0	6	7500-8400	F		
			T. Kardash	39	2,964	4	25	2,152	3	2	2	2	0	0	6	8250-9000	P		
			J. P. Durkan	43	3,263	7	14	4,881	3	2	2	2	0	0	6	7800-8400	...		
			J. C. Dumler	
			J. Valderas	60	4,732	8	0	2,820	3	2	2	2	0	0	6	8000-9000	P		
			S. A. Alessi	...	2,731	2	50	413	3	2	2	2	0	0	6	7000-8000	P		
			J. S. Harris	91	7,602	4	50	17,982	3	4	3	3	0	0	10	7000-8100	P		
			J. M. Haws	41	2,950	2	0	10,313	4	2	2	2	2	0	8	9000-10500	P		
A. L. Haskins	45	3,592	8	38	25,614	3	4	4	4	4	0	16	7100-8900	P					
Cheverly	Prince George's General		J. Haught	45	5,400	1	100	6,037	3	1	1	1	1	0	4	8400-9600	O		
			MASSACHUSETTS																
Boston	Beth Israel ¹⁰⁸	Boston City	E. A. Friedman	53	4,306	0	0	8,044	3	4	4	4	4	0	16	7600-11000	P		
			D. Charles	84	5,265	13	38	35,904	3	7	5	5	0	0	17	6600-9000	F		
			D. E. Reid	195	13,580	219	83	42,231	3	6	6	6	0	0	18	8300-10000	F		
			J. Whelton	39	3,107	3	67	3,874	3	2	2	2	0	0	6	6600-8100	P		
			G. W. Mitchell, Jr.	
			E. L. Carey	13	803	5	50	762	3	4	4	4	0	0	12	...	O		
			G. W. Mitchell, Jr	11	450	1	0	5,103	6600-10000	O	
			E. L. Carey	109	8,689	6	50	8,291	6600-8100	O	
			CAMBRIDGE																
			Cambridge	Cambridge	Berkshire Medical Center	H. J. Kosasky	12	1,122	4	100	2,941	3	2	2	2	0	0	6	7480-8810	O
J. A. Reder	41	2,431				0	0	1,212	4	2	1	1	1	0	5	6200-9200	P		
Springfield	Wesson Maternity ¹⁵³		E. O. Hubbard, Jr.	84	6,368	3	100	3,933	3	2	2	2	0	0	6	7300-8100	O		
			MICHIGAN																
Ann Arbor	St. Joseph Mercy	University of Michigan Affiliated Hospitals	C. W. Newton	51	3,782	3	33	3,344	3	2	2	2	0	0	6	8940-9540	O		
			J. R. Willson	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			J. R. Willson	72	4,021	48	54	16,248	6000-7200	O	
			C. J. Eaton	40	2,735	9	44	8,284	8376-10233	F	
Dearborn	Oakwood ²¹⁴		W. O. Nickel	80	6,284	3	67	1,655	4	2	2	2	2	0	8	9000-9900	P		
			DETROIT																
Detroit	Crittenton	Detroit-Macomb Hospitals	W. K. Tregenza	57	3,368	2	0	11,971	4	2	2	2	2	0	8	7800-9300	FP		
			H. F. Jarvis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			Detroit Memorial	20	2,002	1	100	13,027	...	...	...	...	...	...	...	...	...
			South Macomb (Warren)	27	2,465	2	100	0	...	...	...	...	...	...	...	...	...
			P. S. Peven	98	5,807	10	40	2,164	4	3	3	3	3	0	12	8700-9600	P		
			C. P. Hodgkinson	84	3,627	23	48	35,411	4	3	3	3	3	0	12	7000-8900	P		
			J. M. Malone	48	3,331	0	0	3,054	4	2	2	2	2	0	8	9000-9900	P		
			P. C. Di Loreto	56	6,072	4	50	2,496	3	2	2	2	2	0	8	10200-10800	P		
			F. E. Check	32	1,959	3	67	3,567	4	1	1	1	1	0	4	6420-7320	FP		
			A. I. Sherman	68	5,101	9	78	3,231	3	2	2	2	0	0	6	9000-9600	P		
			T. N. Evans	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			E. R. Carter	47	3,569	4	100	2,145	6900-6900	F	
			T. N. Evans	43	1,432	7	56	2,247	7700-8600	P	
L. P. Heath	29	3,082	8	38	1,459	...	...	...	...	...	...	...	...	8700-9600	P		
T. N. Evans	130	8,367	24	46	9,582	...	...	...	...	...	...	...	...	8700-9600	P		
Eloise	Wayne County General - See University of Michigan Medical Center, Ann Arbor		J. W. Hallitt	63	4,003	15	46	1,707	3	2	1	2	0	0	5	8100-9000	FP		
			FILINT																
Filint	Hurley		J. W. Hallitt	63	4,003	15	46	1,707	3	2	1	2	0	0	5	8100-9000	FP		

12. OBSTETRICS - GYNECOLOGY - Continued

State	City	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Residencies Offered 1970-1971					Salary per Year Min.-Max.	Main-tenance	
						Number	Neonatal Per cent	Outpatient Visits	Length of Ap-proved Pro-gram (Years)	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
MICHIGAN - Continued																	
Grand Rapids																	
		Butterworth	K. Vander Kalk	60	4,935	5	100	2,009	3	2	2	2	0	0	6	7500-8100	P
		St. Mary's Hospital-Blodgett Memorial	H. C. Visscher	...	...	...	...	...	3	2	2	2	0	0	6	...	...
		St. Mary's	...	37	2,736	0	0	2,360	...	...	...	...	...	...	...	7500-8400	P
		Blodgett Memorial	...	50	3,484	6	66	1,004	...	...	...	...	...	...	...	7800-7800	...
Highland Park																	
		Highland Park General	W. Chavis	34	2,418	2	0	1,025	3	1	1	1	0	0	3	7700-8300	P
Kalamazoo																	
Bronson Methodist - See Wayne State University Affiliated Hospitals, Detroit																	
Pontiac																	
		Pontiac General	R. L. Segula	69	6,010	7	57	2,396	3	3	3	3	0	0	9	7500-8100	FP
		St. Joseph Mercy	M. Krane	47	3,588	2	50	982	3	2	2	2	0	0	6	9480-10500	P
Royal Oak																	
		William Beaumont	R. Margulis	106	7,702	7	14	2,547	3	3	3	3	0	0	9	9500-10500	P
			R. W. Dustin	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Saginaw																	
		Saginaw General	P. E. Prather	38	2,988	2	0	2,536	3	1	1	1	0	0	3	9600-10800	P
Southfield																	
		Providence	C. Henderson	57	3,700	5	20	2,996	3	2	2	2	0	0	6	9900-10500	P
			E. Cashman	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Warren																	
South Macomb - See Detroit-Macomb Hospitals, Detroit																	
MINNESOTA																	
Minneapolis																	
University of Minnesota Affiliated Hospitals																	
		Hennepin County General	J. J. Sciarra	...	...	0	0	10,113	4	5	5	5	5	0	20	...	...
		University of Minnesota Hospitals	D. W. Freeman	31	2,283	...	...	...	...	...	...	...	...	...	...	6250-8250	P
		St. Mary's	J. J. Sciarra	37	1,434	15	67	9,615	...	...	...	...	...	...	...	...	...
			F. Mc Caffrey	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		St. Joseph's (St. Paul)	J. Warren	63	4,876	10	80	2,361	...	...	...	...	...	...	...	...	...
			A. F. Spraitz	39	3,281	3	33	291	...	...	...	...	...	...	...	7320	P
Rochester																	
		Mayo Graduate School of Medicine ¹⁶⁶	R. B. Wilson	57	4,022	15	67	41,215	4	5	5	5	5	0	20	5400-8000	P
		Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul																	
		St. Joseph's - See University of Minnesota Affiliated Hosps., Minneapolis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		St. Paul-Ramsey	E. Y. Hakanson	31	1,907	4	50	8,685	4	2	2	2	2	0	8	5500-8000	O
MISSISSIPPI																	
Jackson																	
		University of Mississippi Medical Center	H. A. Thiede	45	3,508	15	73	13,429	3	4	4	4	0	0	12	5100-5700	O
MISSOURI																	
Columbia																	
		University of Missouri Medical Center	D. Hall	32	1,787	3	33	10,417	4	2	2	2	2	0	8	6500-8000	P
Kansas City																	
		Kansas City General Hospital and Medical Center	H. L. Gainey	44	3,699	17	71	18,461	3	3	3	3	0	0	9	7785-9170	F
		St. Luke's	R. L. Newman	74	3,831	4	75	5,191	3	3	3	3	0	0	9	7200-9000	...
St. Louis																	
		Barnes Hospital Group ²²⁵	W. M. Allen	88	6,636	44	54	13,608	4	4	4	4	4	0	16	6500-8000	O
		Deaconess	L. A. Hall	21	1,345	6	83	4,477	3	1	1	1	0	0	3	7500-8700	P
		Homer G. Phillips	S. Monat	66	4,457	14	50	6,887	3	3	3	3	0	0	9	6770-7463	P
		Jewish Hospital of St. Louis	D. Rothman	59	4,047	4	75	5,424	4	2	2	2	2	0	8	7500-9300	P
		St. John's Mercy	R. I. C. Muckerman	90	6,469	5	60	3,335	3	2	2	2	0	0	6	5400-7200	F
		St. Louis City ⁷⁶	F. Ostapowicz	59	4,091	14	40	11,954	3	3	3	3	0	0	9	6770-7463	O
		St. Louis County	R. Vaughan	12	1,024	0	0	3,718	3	1	1	1	0	0	3	5400-6600	F
		St. Louis University Group of Hospitals	D. Cavanagh	161	10,856	33	...	19,556	3	2	2	2	0	0	6	6600-7200	...
		Firmin Desloge General	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		St. Louis City	D. Cavanagh	59	4,091	14	40	11,954	...	...	...	...	...	...	...	6770-7463	O
		St. Mary's	E. G. Hamilton	76	5,240	5	60	1,030	...	...	...	...	...	...	...	8400-10200	P
NEBRASKA																	
Omaha																	
		Creighton University Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Creighton Memorial St. Joseph's	E. J. Slowinski	45	1,750	10	50	5,828	3	2	2	2	0	0	6	7800-9000	...
		University of Nebraska	W. H. Pearse	22	1,763	6	17	10,897	3	3	3	3	0	0	9	6300-6900	P
NEW JERSEY																	
Camden																	
		Cooper	B. F. Lovett	61	4,885	5	20	6,002	3	2	2	2	0	0	6	7500-8500	F
			F. L. Rose	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jersey City																	
		Margaret Hague Maternity ¹⁷	H. P. Wager	140	10,416	19	...	32,704	3	4	4	4	4	0	12	5600-6200	F
Livingston																	
		St. Barnabas Medical Center	J. L. Breen	64	4,183	4	50	38,000	3	2	2	2	0	0	6	6960-8160	P
Mount Holly																	
		Burlington County Memorial	R. H. Van Meter	21	1,471	1	100	3,375	3	1	1	1	0	0	3	6000-8400	FP
Neptune																	
		Jersey Shore Medical Center - Fitkin	D. Payne	43	3,347	6	17	3,703	3	1	1	1	0	0	3	7200-8400	F
Newark																	
		Martland	J. L. Breen	129	7,801	9	100	27,849	3	5	5	5	0	0	15	9500-10500	P
		Newark Beth Israel Medical Center	S. Goodman	57	4,055	3	33	5,055	3	2	2	2	0	0	6	9500-10500	O
		St. Michael's Medical Center	H. M. Jesurun	43	3,056	2	100	5,661	3	2	2	2	0	0	6	9500-10500	P
Paterson																	
		St. Joseph's	A. T. Lemay	49	3,880	4	50	4,932	3	1	1	1	0	0	3	8700-9300	O
Trenton																	
		St. Francis	S. Watov	44	3,532	1	0	3,668	3	2	2	2	0	0	6	6600-8500	FP

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APPROVED RESIDENCIES

12. OBSTETRICS-GYNECOLOGY-Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
			Number	Neonatal Per cent	Outpatient Visits	Length of Ap-proved Pro-gram (Years)	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW MEXICO															
Albuquerque															
University of New Mexico Affiliated Hospitals															
Bernalillo County Medical Center	R. A. Munsick	21	1,687	2	50	8,185	3	2	2	2	0	0	6	6060-6500	...
NEW YORK															
Albany															
Albany Medical Center	T. King	63	4,151	10	20	4,202	3	4	4	4	0	0	12	8100-9600	P
St. Peter's	J. J. Cassidy	65	4,691	2	0	1,432	...	...	...	...	...	...	...	8500-11500	...
Buffalo															
S.U.N.Y. at Buffalo Affiliated Hospitals															
Deaconess Hospital of Buffalo	N. G. Courey	57	3,542	5	40	5,943	4	2	2	2	2	0	8	8000-10000	P
Millard Fillmore	R. V. Moesch	90	5,530†	37	51	3,295	4	3	3	3	3	0	12	7805-9200	P
Sisters of Charity	C. J. Woepfel	75	5,079	8	38	2,529	4	2	2	2	2	0	8	6684-9234	P
University Residency	C. L. Randall	...	...	...	...	...	4	6	6	6	6	0	24	...	...
Buffalo General	C. L. Randall	57	3,235	9	11	5,299	...	...	...	...	...	...	...	7805-10020	P
Children's Hospital of Buffalo	K. R. Niswander	56	5,132	3	0	170	...	...	...	...	...	...	...	7805-10020	P
Edward J. Meyer Memorial	R. J. Foote	26	1,341	7	29	9,688	...	...	...	...	...	...	...	7805-10020	P
Roswell Park Memorial Institute	J. B. Graham	36	924	33	100	6,362	...	...	...	...	...	...	...	5522-6836	O
Cooperstown															
Mary Imogene Bassett	O. J. Severud	6	457	0	0	5,945	3	1	0	0	0	0	1	7500-9000	P
East Meadow															
Meadowbrook	R. C. Knapp	10	2,237	12	83	9,064	4	3	3	3	3	1	13	8500-10000	F
Mercy (Rockville Centre)	E. N. Cartnick	64	4,390	7	18	646	...	...	...	...	...	...	...	8500-10000	O
Glen Cove															
Community Hospital at Glen Cove	H. Mayberger	26	2,167‡	1	100	974	3	1	1	1	0	0	3	8500-9500	P
Johnson City															
Charles S. Wilson Memorial	W. Dixon	31	2,384	3	67	4,110	3	1	1	1	0	0	3	8100-8700	F
Menhasset															
North Shore ²⁵⁴	A. N. Fenton	57	4,501	4	25	2,787	4	2	2	2	2	0	8	9500-11500	P
Mineola															
Nassau	J. H. Malfetano	51	3,786	5	40	1,510	3	1	1	1	0	0	3	8500-9500	P
Mount Vernon															
Mount Vernon	N. M. Weinrod	32	2,089	8	50	3,334	3	1	1	1	0	0	3	9500-10500	FP
New Hyde Park															
Long Island Jewish Hospital Training Program	A. H. Rosenthal	...	...	...	...	...	3	3	3	3	0	0	9	9500-11000	PO
Long Island Jewish	A. H. Rosenthal	44	3,839	0	0	1,404	...	...	...	...	...	...	...	...	...
Queens Hospital Center (New York City)	D. Casper	51	3,735	7	29	18,461	...	...	...	...	...	...	...	...	...
New York City															
Albert Einstein College of Medicine Affiliated Hospitals															
Bronx Municipal Hosp Center-Hosp of Albert Einstein College of Med	S. L. Romney	67	4,528	22	32	21,932	4	9	7	7	7	0	30	8250-10750	F
Bronx Municipal Hospital Center .. Hospital of the Albert Einstein College of Medicine	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lincoln	J. J. Smith	61	4,665	1	0	27,966	4	4	4	4	4	0	16	8250-10750	F
Beth Israel	G. Blinick	74	4,757	6	50	30,931	4	3	3	3	3	0	12	9500-11500	O
Bronx-Lebanon Hospital Center	R. S. Neuirth	89	5,575	11	55	18,366	3	4	4	4	0	0	12	9500-10500	P
Brookdale Hospital Center	S. Birnbaum	83	5,591	5	40	12,018	4	3	3	3	3	0	12	9500-11000	P
Brooklyn - Cumberland Medieal Center	V. Tricomi	112	7,371	23	44	29,054	4	5	5	5	5	0	20	9750-11750	P
Brooklyn Womens	M. A. Rosenfeld	47	3,085	3	66	11,054	3	2	2	2	0	0	6	8500-10000	FP
Catholic Medical Center of Brooklyn and Queens	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's Division	L. H. Tisdall	48	2,975	2	100	10,502	3	2	2	2	0	0	6	8250-9250	F
Flushing Hospital and Medical Center	G. J. Lawrence, Jr.	38	2,896	2	50	2,127	4	1	1	1	1	0	4	8000-10100	P
French	M. L. Tancer	25	1,567	2	50	2,816	4	1	1	1	1	0	4	9000-10700	P
Harlem Hospital Center	D. P. Swartz	108	4,985	16	31	39,460	4	6	6	6	6	0	24	8250-9750	F
Jamaica	M. M. Abitbol	45	3,161	4	75	4,276	3	1	1	1	0	0	3	7750-9750	F
Jewish Hospital and Medical Center of Brooklyn															
Brooklyn	M. A. Schiffer	95	6,450	9	22	11,978	4	5	5	5	5	0	20	9500-11000	O
Greenpoint	M. A. Schiffer	40	2,906	4	0	22,384	...	...	...	...	...	...	...	9500-11000	F
Jewish Memorial	R. Landesman	38	2,724	3	33	2,947	3	2	1	1	0	0	4	6500-7000	F
Lenox Hill ²⁰⁹	H. R. K. Barber	65	3,479	19	47	9,371	4	2	2	2	2	0	8	9500-12500	P
Long Island College	H. L. Freedman	53	3,685	8	50	7,330	4	2	2	2	2	0	8	9500-11000	P
Lutheran Medical Center	G. S. Zarou	49	2,004	4	25	6,935	3	2	2	2	0	0	6	10000-11000	P
Maimonides Medical Center Training Program															
Maimonides Medical Center	W. Pomerance	77	5,816	9	44	8,197	...	...	...	...	...	...	...	9500-11500	P
Coney Island	A. Vasicka	27	1,484	14	36	4,827	...	...	...	...	...	...	...	9750-11250	P
Methodist Hospital of Brooklyn	C. Clemetson	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Methodist Hospital of Brooklyn	W. Ciaravino	68	4,645	6	17	9,506	4	3	3	3	3	0	12	9500-11000	F
Misericordia - Fordham Training Program															
Misericordia	S. G. Burgess	71	3,760	10	60	6,075	...	...	...	...	...	...	...	10000-13000	FP
Fordham	...	43	3,393	5	43	29,251	...	...	...	...	...	...	...	...	...
Montefiore Hospital Training Program															
Montefiore Hospital and Medical Center	N. Herzig	...	...	...	...	...	4	3	3	3	3	0	12	9750-11750	P
Center	...	8	316	1	0	1,285	...	...	...	...	...	...	...	...	...
Morrisania City	...	46	3,170	4	75	9,755	...	...	...	...	...	...	...	...	...
Mount Sinai Hospital Training Program															
Mount Sinai	S. B. Gusberg	120	6,230	9	33	32,500	...	6	6	6	6	0	24	9750-11750	P
City Hospital Center at Elmhurst	J. J. Rovinsky	45	2,727	13	38	25,803	...	...	...	...	...	...	...	...	...
New York	F. Fuchs, T. F. Dillon	125	8,509	24	33	34,460	4	5	5	4	5	2	21	9750-12000	P
New York Infirmary	E. C. Cline	59	2,823‡	9	25	5,561	3	2	2	2	0	0	6	8000-9000	P

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12. OBSTETRICS - GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Neonatal Per cent	Outpatient Visits			1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City - Continued																
New York Medical College-Metropolitan Hospital Center Unit 1 - Flower and Fifth Avenue Hospitals	M. L. Stone	75	4,505	4	25	4,863	4	6	6	6	6	0	24	8270-9750	P	
Unit 2 - Metropolitan		84	4,203	26	58	38,955	...	...	...	...	...	...	...	...	...
New York Polyclinic Medical School and Hospital	L. J. Caruso, J. Mayron	29	1,748	2	50	3,866	4	1	1	1	1	0	4	8500-9100	P	
New York University Medical Center Bellevue Hospital Center	G. W. Douglas	126	3,758	3	67	32,899	...	6	6	6	6	0	24	8250-10750	F	
Booth Memorial		42	4,000	3	100	5,774	...	...	...	...	...	...	...	8250-10250	P
University		50	3,088	18	66	...	...	...	...	...	...	...	...	...	P
Presbyterian ²⁵²	C. M. Steer	141	8,469	15	26	47,439	3	6	6	6	2	2	22	10500-12500	O	
Queens Hospital Center - See Long Island Jewish Hosp. Training Prog., New Hyde Park																
Roosevelt	R. Gause	57	...	...	...	2,107	4	2	2	2	2	0	8	10000-12000	...
St. Clare's ²⁵⁹	M. Jordan	31	1,415	5	60	3,274	4	2	2	2	2	0	8	6500-8000	F	
St. John's Episcopal	C. W. Mueller	60	3,068	22	18	10,236	4	2	2	2	2	0	8	10050-11550	F	
St. Luke's Hospital Center	H. M. M. Tovell	106	5,925	15	53	30,855	4	4	4	4	4	0	16	10000-11500	P	
St. Vincent's Hospital and Medical Center of New York	B. J. Pisani	50	3,181	4	25	9,058	4	3	2	2	2	0	9	8500-10000	P	
St. Vincent's Medical Center of Richmond	V. S. Svesko	36	2,715	7	70	3,243	3	1	1	1	0	0	3	10500-12000	O	
State University - Kings County Hospital Center	L. M. Hellman	...	...	...	...	...	4	12	6	6	6	0	30	8250-10750	F
Kings County Hospital Center		113	10,244	40	23	29,599	...	...	...	...	...	...	...	...	...
State University		21	1,376	9	33	1,469	...	...	...	...	...	...	...	...	...
Staten Island	M. S. Rapp	31	2,486	1	100	3,899	4	1	1	1	1	0	4	8750-10250	F	
Sydenham	V. C. Mason	29	1,675	3	67	3,772	3	1	1	1	0	0	3	8250-10750	F	
Unity	M. Berind	36	2,617	1	100	6,985	3	2	2	2	0	0	6	8500-9500	FP	
Wyckoff Heights	M. Friedman															
	R. J. Hessekie			3	0	3,865	3	2	2	2	0	0	6	6500-7500	F	
Rochester																
Genesee	C. H. Lauterbach	27	2,817	2	100	2,875	3	2	2	2	0	0	6	7250-8750	O	
Highland Hospital of Rochester	G. C. Trombetta	29	3,997	8	37	2,239	3	2	2	2	0	0	6	7750-9250	P	
Rochester General	W. A. Lange	70	4,895	2	50	3,999	3	1	1	1	0	0	3	8500-9500	P	
St. Mary's	E. Callahan	25	3,261	4	50	995	3	1	1	1	0	0	3	6800-8000	P	
Strong Memorial Hospital of the University of Rochester	C. J. Lund	50	4,799	7	71	11,631	4	3	3	3	3	0	12	...	P	
Rockville Centre																
Mercy - See Meadowbrook, East Meadow																
Schenectady																
Schenectady Affiliated Program	W. H. Brown	...	...	...	...	...	4	1	1	1	1	0	4	...	...
Ellis		33	2,405	7	71	897	...	...	...	...	...	...	...	6930-8520	FP
St. Clare's		6	1,081	3	0	423	...	...	...	...	...	...	...	8760-...	FP
Syracuse																
S. U. N. Y. Upstate Medical Center	R. E. L. Nesbitt, Jr.	100	7,430	16	18	12,090	3	4	4	4	1	0	13	8900-10900	O	
State University		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Crouse Irving-Memorial		...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Joseph's	W. V. Redfield	54	4,171	5	0	3,422	...	...	...	...	...	...	...	...	...
NORTH CAROLINA																
Chapel Hill																
North Carolina Memorial	C. H. Hendricks	33	2,094	6	67	16,245	4	3	2	3	4	0	12	5500-8500	O	
Memorial Hospital of Wake County (Raleigh)	F. Wiegand	18	1,804	0	0	4,223	...	...	...	...	...	...	...	5000-7500	F
Charlotte																
Charlotte Memorial	R. P. Rankin	78	5,945	11	55	13,395	3	3	3	2	0	0	8	6900-7800	P	
Durham																
Duke University Medical Center ⁵⁷	R. T. Parker	64	3,648	30	43	15,337	4	5	5	3	3	0	16	6500-8500	P	
Raleigh																
Memorial Hospital of Wake County - See North Carolina Memorial, Chapel Hill																
Wilmington																
New Hanover Memorial	C. H. Ficklen	43	3,104	4	50	2,618	3	2	2	2	0	0	6	6300-6900	F	
Winston-Salem																
North Carolina Baptist Hospitals	R. Burt	51	3,292	8	63	8,387	4	3	3	3	3	0	12	6000-8500	...	
OHIO																
Akron																
Akron City	L. M. Walker	68	4,570	6	50	3,831	4	2	2	2	2	0	8	8420-10040	P	
Akron General	L. F. Moldavsky	62	3,628	4	50	2,056	3	2	2	2	0	0	6	8400-9200	P	
St. Thomas	J. J. Dettling	65	4,396	2	100	1,045	4	2	2	2	0	0	6	6720-7560	P	
Canton																
Aultman	J. G. Tift	53	3,726	5	80	1,961	3	1	1	1	0	0	3	6960-9360	P	
Mercy	S. P. Pascale	60	4,140	0	0	148	3	1	1	1	0	0	3	6000-7200	F	
Cincinnati																
Bethesda	W. Graf	99	4,451	1	100	5,026	3	2	2	2	0	0	6	7080-7920	O	
Good Samaritan ²⁷⁷	R. T. F. Schmidt	102	7,656	11	64	4,995	3	2	2	2	0	0	6	7560-8880	P	
University of Cincinnati Hospital Group		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cincinnati General	R. W. Stander	59	4,357	9	22	13,512	4	3	3	3	3	0	12	6340-7240	P	
Cleveland																
Cleveland Metropolitan General	B. Little	58	3,986	9	56	31,609	4	4	4	4	4	0	16	7000-9200	P	
Fairview General	D. G. Cook	74	4,948	2	0	3,172	4	2	2	1	1	0	6	6000-7800	F	
Huron Road	A. E. Lenhart	35	2,125	4	50	1,423	3	2	2	2	0	0	6	5400-6600	F	
Mount Sinai Hospital of Cleveland	M. Linden	66	4,643	4	50	8,647	3	2	2	2	0	0	6	7800-9300	O	
St. Ann	P. O. Funk	66	4,101	1	100	4,787	3	2	2	2	0	0	6	7500-9000	...	
St. Luke's	J. R. Boyd	61	4,076	7	67	6,482	3	2	2	2	0	0	6	7600-9100	P	
University Hospitals of Cleveland	K. J. Ryan	91	6,772	20	70	31,494	4	4	4	4	4	0	16	7500-9000	P	



APPROVED RESIDENCIES

12. OBSTETRICS - GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Necropsy Per cent	Outpatient Visits	Length of Ap-proved Pro-gram (Years)	1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO - Continued															
Columbus															
Mount Carmel	J. G. Boutselis	52	4,800	3	33	7,726	4	1	1	1	1	0	4	6300-9000	P
Ohio State University Hospitals	J. C. Ullery	88	5,684	6	80	18,402	4	4	4	4	4	0	16	5700-7000	P
Riverside Methodist Hospital-St. Ann's Hospital for Women	Z. J. R. Hollenbeck	...	...	...	...	...	4	2	2	2	2	0	8	7800-9000	P
Riverside Methodist	K. De Voe, Jr.	53	4,405†	4	25	1,681	...	...	...	...	...	...	...	...	...
St. Ann's Hospital for Women	F. Bressler	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Z. Hollenbeck	71	5,883	3	33	4,541	...	...	...	...	...	...	...	...	...
Dayton															
Good Samaritan	L. Kritzer	40	5,267	2	100	1,310	3	1	1	1	0	0	3	7800-8400	F
Miami Valley	N. J. Thompson	60	5,500†	9	89	7,424	3	2	2	2	2	0	8†	9600-10200	F
Toledo															
Medical College of Ohio at Toledo															
Affiliated Hospitals	M. A. Ayers	...	...	...	...	...	3	4	4	4	0	0	12	...	...
Maumee Valley	M. A. Ayers	18	952	6	33	3,375	...	...	...	...	...	...	...	7500-8400	P
St. Vincent Hospital and Medical Center	M. A. Ayers	56	3,768†	8	38	1,237	...	...	...	...	...	...	...	7500-8400	P
Toledo	W. L. Woodward	76	5,136	1	100	3,697	...	...	...	...	...	...	...	7500-8100	F
Warren															
Trumbull Memorial	G. Mokris	47	3,337†	0	0	2,159	3	1	1	1	0	0	3	8100-9300	P
Youngstown															
St. Elizabeth	R. V. Bruchs	71	4,797	5	40	2,070	3	2	2	2	0	0	6	6600-8400	FP
OKLAHOMA															
Oklahoma City															
St. Anthony	F. W. Coggins	70	4,957	13	62	5,175	3	2	2	2	0	0	6	8700-9300	P
University of Oklahoma Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University of Oklahoma Hospitals	J. A. Merrill	40	2,017	4	25	14,531	3	2	2	2	2	0	8†	5500-8200	P
Tulsa															
Hillcrest Medical Center	A. N. Vammen	40	2,271†	3	67	6,273	3	2	2	2	0	0	6	8700-9300	P
St. John's	W. F. Thomas	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	D. Burns	67	4,671	6	50	5,524	3	1	1	1	0	0	3	8904-9804	P
OREGON															
Portland															
University of Oregon Affiliated Hospitals	R. Benson	...	...	...	...	...	3	6	6	6	3	0	21	...	...
University of Oregon Medical School Hospitals and Clinics ¹⁵⁸	R. Benson	43	3,090	9	33	17,721	...	...	...	...	...	...	...	6600-8400	FP
Emanuel	R. N. Bolton	82	7,418†	8	25	9,161	...	...	...	...	...	...	...	7800-9000	P
PENNSYLVANIA															
Abington															
Abington Memorial	A. L. Brenner	69	4,937	0	0	2,058	3	1	1	1	0	0	3	7500-8400	P
Allentown															
Allentown	F. C. Schaeffer	80	3,892	16	25	2,833	3	2	2	2	0	0	6	7700-8300	P
Altoona															
Altoona	J. S. Taylor, Jr.	44	2,802	7	43	1,643	3	1	1	1	0	0	3	7200-9000	F
Bethlehem															
St. Luke's	F. S. Flor	35	2,302†	6	17	1,806	3	1	1	1	0	0	3	9000-10200	F
Danville															
Geisinger Medical Center	C. T. Beecham	26	1,370	14	43	16,761	3	1	1	1	0	0	3	6400-6900	P
Darby															
Thomas M. Fitzgerald Mercy	L. Mc Gowan	51	3,812	4	0	5,460	3	2	2	1	0	0	5	9000-10200	F
Erle															
Hamot Hospital - St. Vincent	E. S. Kremer	...	...	...	...	...	4	1	1	1	1	0	4	7800-9000	P
Hamot	D. B. Mc Neill	37	2,645†	6	33	1,951	...	...	...	...	...	...	...	...	...
St. Vincent	J. J. De Marco	47	3,742†	7	43	1,326	...	...	...	...	...	...	...	...	...
Harrisburg															
Harrisburg	C. K. Fetterhoff	61	3,969	8	50	8,979	3	2	2	2	0	0	6	7200-8700	...
Philadelphia															
Albert Einstein Medical Center	W. G. State	92	6,023†	6	67	5,878	3	3	3	3	0	0	9	6500-7500	P
Episcopal	R. W. Hyatt	39	2,764	4	50	5,569	3	1	1	1	0	0	3	6240-6960	P
Germanatown Dispensary and Hospital	W. M. Heyl	25	1,931	1	0	4,685	3	1	1	1	0	0	3	8400-9600	P
Hahnemann Medical College and Hospital	J. H. Lee, Jr.	91	5,206	22	55	9,245	3	4	4	4	0	0	12	6500-7500	P
Hospital of the Woman's Medical College of Pennsylvania	E. R. Carrington	50	2,896	6	66	10,202	3	3	3	3	0	0	9	6900-8500	P
Jefferson Medical College ²⁸³	R. G. Holly	85	5,334	10	30	17,283	3	5	5	5	0	0	15	8000-9000	O
Lankenau	J. D. Corbit, Jr.	51	3,329	52	44	3,101	3	2	2	2	0	0	6	7500-8700	P
Methodist	W. W. Bare	45	3,120	1	100	4,166	3	1	1	1	0	0	3	8500-9500	P
Misericordia	J. E. Lynch	33	2,090	1	0	3,816	4	1	1	1	1	0	4	9000-10800	O
Pennsylvania	S. L. Israel	81	5,644	7	75	19,851	3	4	4	4	0	0	12	6200-6800	O
Philadelphia General Hospital-Hahnemann Service	M. Klavan	30	1,510	9	44	8,080	3	2	2	2	0	0	6	8100-8900	O
Presbyterian-University of Pennsylvania Medical Center	W. D. Chamblin	30	1,939	3	66	7,456	3	1	1	1	0	0	3	6500-8000	P
Temple University	R. R. De Alvarez	146	4,131	11	75	18,000	3	5	5	5	1	0	16	7200-10000	P
University of Pennsylvania Affiliated Hospitals	...	...	...	...	...	...	4	6	6	6	6	0	24	...	...
Hospital of the University of Pennsylvania	L. Mastroianni	86	5,096	20	85	19,913	...	...	...	...	...	...	...	8000-11500	P
Philadelphia General Hospital (University of Pennsylvania Division)	J. P. Emich, Jr.	30	1,510	9	44	8,080	...	...	...	...	...	...	...	8100-8900	O
Pittsburgh															
Allegheny General Hospitals of the University Health Center of Pittsburgh	J. Gilmore	62	3,248	3	100	4,972	3	1	1	1	0	0	3	9000-9600	P
Magee-Womens	D. L. Hutchinson	187	11,319	31	45	17,160	3	5	5	5	5	...	20	7500-10000	O
Mercy	G. J. Carlin	50	2,911	3	67	2,339	3	1	1	1	0	0	3	9000-10800	P

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APPROVED RESIDENCIES

12. OBSTETRICS - GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Neonatal Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OHIO, Pittsburgh-Continued															
Pittsburgh	R. N. Mc Garvey	28	1,679†	1	0	1,506	3	1	1	1	0	0	3	6900-7500	FP
Columbia (Wilkinsburg)	R. N. Mc Garvey	26	9,458†	2	100	...	...	...	...	...	...	...	...	6900-7500	...
St. Francis General	M. A. Guthrie	47	3,054	13	31	2,495	3	1	1	1	0	0	3	7800-9000	FP
Western Pennsylvania	L. E. Laufe	66	3,460	7	71	4,172	3	2	2	2	0	0	6	6600-7800	FP
Reading	J. G. Meharg	85	2,106	8	50	2,641	3	1	1	1	0	0	3	6600-7800	F
Wilkinsburg															
Columbia - See Pittsburgh Hospital, Pittsburgh															
York															
York	J. S. Monk	53	4,345	13	46	3,727	3	2	2	2	0	0	6	7800-8400	P
PUERTO RICO															
Ponce															
Ponce District General	A. Tamm	66	4,861	5	100	7,738	3	4	4	4	0	0	12	5400-9600	F
San Juan															
Municipal Hospital Dr. Rafael Lopez	D. H. Chafey	97	8,997	14	71	7,739	3	6	6	6	0	0	18	5400-6600	F
Nussa	I. Pelegrina	106	7,707	7	86	36,815	3	6	6	6	0	0	18	6300-7500	P
RHODE ISLAND															
Providence															
Providence Lying-in Hospital-Rhode Island	H. C. Mc Duff, Jr.	...	...	...	...	...	4	2	2	2	2	0	8	...	...
Providence Lying-in	F. W. Ripley, Jr.	127	10,272	5	40	6,780	...	...	...	...	...	...	...	6600-9000	...
Rhode Island	H. C. Mc Duff, Jr.	12	493	12	25	2,636	...	...	...	...	...	...	...	7600-10000	P
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	L. L. Hester, Jr.	139	3,605†	9	30	28,377	4	3	3	3	3	0	12	5400-7200	P
Columbia															
Columbia Hospital of Richland County	D. Mitchell, Jr.	36	3,039	7	43	1,439	3	1	1	1	0	0	3	6600-7800	P
Greenville															
Greenville General	C. M. Easley	74	4,974	17	24	9,014	3	2	2	2	0	0	6	7500-9000	P
TENNESSEE															
Chattanooga															
Baroness Erlanger	W. P. Hutcherson	75	4,959	15	20	4,968	3	3	3	3	0	0	9	7800-9000	FP
Knoxville															
University of Tennessee Memorial Research Center and Hospital	A. W. Diddle	26	2,073	6	17	4,911	3	3	1	2	0	0	6	5600-6240	F
Memphis															
Baptist Memorial ⁵³	P. C. Schreier	91	7,691	6	33	2,266	3	1	1	1	0	0	3	6300-6900	F
City of Memphis Hospitals	S. A. Fish	96	8,449 #	32	21	19,749	3	5	5	5	0	0	15	5016-6468	...
Methodist ⁵⁰²	H. P. James	82	5,723†	10	50	1,996	3	1	1	1	0	0	3	6000-8100	P
St. Joseph ³⁰²	W. F. Mackey	59	3,980	7	43	2,993	3	1	1	1	0	0	3	5700-6900	FP
Nashville															
Baptist	G. Crafton	55	4,124	4	25	3,598	3	2	2	2	0	0	6	7800-9000	O
George W. Hubbard Hospital of the Meharry Medical College ⁵⁶	W. F. B. James	30	2,085	2	50	5,337	3	2	2	2	0	0	6	6300-6900	...
St. Thomas ¹³	E. M. Clayton, Jr.	52	2,405	8	13	2,182	3	1	1	1	0	0	3	7500-8100	O
Vanderbilt University Affiliated Hospitals	D. A. Goss	...	...	...	...	...	3	4	4	4	0	0	12	6500-7500	P
Vanderbilt University	D. A. Goss	55	1,214	3	100	11,384	...	...	...	...	...	...	...	...	...
Nashville Metropolitan General	J. S. Zelenik	21	1,645†	4	25	9,580	...	...	...	...	...	...	...	...	...
TEXAS															
Dallas															
Baylor University Medical Center	O. V. Prejean	108	8,695	5	40	4,194	3	3	3	3	0	0	9	...	O
Methodist Hospital of Dallas	O. T. Hotchkiss	49	4,547	5	20	4,084	3	2	2	2	0	0	6	6300-6900	P
Parkland Memorial	J. A. Pritchard	113	8,512†	13	31	30,835	3	6	5	5	0	0	16	6360-7020	P
St. Paul	R. Martin	55	5,513	3	66	8,527	3	2	2	2	0	0	6	6300-7200	P
El Paso															
R. E. Thomason General - See William Beaumont General, El Paso (United States Army)															
Galveston															
University of Texas Medical Branch Hospitals ²⁴	W. Mc Ganity	...	...	...	...	...	3	4	4	4	0	0	12	7200-9600	P
A. Le Blanc	...	57	3,046	13	46	11,450	3	...	...	...	...	...	...	...	...
Houston															
Baylor University Affiliated Hospitals	R. H. Kaufman	...	...	...	...	...	3	7	7	7	0	0	21	...	...
Ben Taub General	R. H. Kaufman	31	1,321	15	40	15,303	...	...	...	...	...	...	...	6900-9900	P
Jefferson Davis	R. H. Kaufman	83	6,907	1	0	21,219	...	...	...	...	...	...	...	6900-9900	P
Methodist	H. P. Arnold	...	...	...	...	...	...	...	...	...	...	...	...	...	...
J. A. Wall	...	77	5,182	10	20	212	...	...	...	...	...	...	...	6900-8700	P
St. Luke's Episcopal	H. L. Gardner	41	3,052	0	...	1,201	...	...	...	...	...	...	...	6900-8100	O
Hermann	W. A. Mc Roberts, Jr.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
J. T. Armstrong	...	93	7,174	11	64	20,120	3	3	3	2	0	0	8	6300-7200	P
Univ. of Texas Post-Graduate Medical School Affiliated Hospitals	...	...	...	...	...	...	3	3	3	3	0	0	9	...	...
St. Joseph	J. A. Lucci, Jr.	68	5,318	1	100	6,327	...	...	...	...	...	...	...	6300-6800	P
University of Texas Medical Branch Hospitals (Galveston)	J. Lucci, Jr.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
W. Mc Ganity	...	57	3,046	13	46	11,450	...	...	...	...	...	...	...	7200-9600	P
San Antonio															
University of Texas at San Antonio Teaching Hospitals ¹²⁸	J. Seitchik	...	...	...	...	...	3	4	4	4	1	0	13	...	...
Bexar County Teaching	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Robert B. Green Memorial	...	54	4,843†	3	66	13,866	...	...	...	...	...	...	...	7800-9600	P
Temple															
Scott and White Memorial	W. F. Baden	19	1,521†	2	50	12,055	3	1	1	1	0	0	3	7200-8400	P

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APPROVED RESIDENCIES

12. OBSTETRICS - GYNECOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Residencies Offered 1970-1971						Main-tenance	
				Number	Neerpsy Per cent	Outpatient Visits	Length of Approved Program (Years)	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		Salary per Year Min.-Max.
UTAH															
Salt Lake City															
Latter-Day Saints	J. Z. Brown	61	5,505	1	100	1,276	3	2	2	2	0	0	6	5700-6600	P
University	R. Hebertson	23	1,652	5	80	9,682	3	3	3	2	0	0	8	5700-6300	P
VERMONT															
Burlington															
Medical Center Hospital of Vermont	J. V. S. Maeck	21	3,505	12	83	3,670	4	2	2	2	2	0	8	6600-8400	O
VIRGINIA															
Charlottesville															
University of Virginia	W. N. Thornton, Jr.	35	2,550	1	100	10,255	4	3	3	3	2	0	11	5400-6900	O
Falls Church															
Fairfax - See Geo. Washington Univ Affiliated Hosps., Washington, D.C.															
Newport News															
Riverside	J. Q. Hatten	51	3,578	0	0	2,939	3	1	1	1	0	0	3	8400-12000	P
Norfolk															
De Paul	F. T. Given, Jr.	43	2,991	8	38	3,675	3	1	1	1	0	0	3	9900-10500	P
Norfolk General	W. C. Andrews	56	4,505	5	40	11,846	3	2	2	2	0	0	6	9900-10500	O
	W. L. Le Hew														
Richmond															
Medical College of Virginia-Hospital Division	L. Dunn	102	8,152	17	18	10,495	3	6	6	6	0	0	18	5400-6000	P
WASHINGTON															
Seattle															
University of Washington Affiliated Hospitals ²¹⁴															
Harborview Medical Center	W. L. Herrmann	20	1,721	5	80	7,915	4	4	4	4	4	0	16	7008-9000	P
University		21	1,975	3	100	16,394	3	3	3	3	3	3	18	6000-8600	P
Spokane															
Sacred Heart	H. W. Irwin	37	3,254	3	...	1,539	3	1	1	1	0	0	3	6600-8700	F
WEST VIRGINIA															
Charleston															
Memorial	D. Mairs	34	3,337	1	0	5,723	3	2	2	2	0	0	6	6300-7200	F
Morgantown															
West Virginia University Medical Center ²¹⁵	W. A. Bonney	242	1,328	8	13	5,668	3	1	2	0	1	0	4	7000-8000	P
Wheeling															
Ohio Valley General	R. T. Brandfass	38	2,847	11	36	2,608	3	1	1	1	0	0	3	9600-10800	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals ²¹⁶															
Madison General	B. M. Peckham	42	2,872	2	50	...	3	3	3	3	3	0	12
St. Mary's		27	2,287	0	0
University Hospitals		28	1,405	7	71	11,981	6000-8600	P
Milwaukee															
Milwaukee County General	R. F. Mattingly	50	3,297	12	58	19,405	4	3	3	4	3	0	13	7200-9020	P
Mount Sinai	F. J. Jacobson	55	3,938	4	75	4,226	3	1	1	1	0	0	3	7800-9000	P
St. Joseph's	J. A. Klieger	84	6,172	6	60	1,651	3	2	2	2	0	0	6	8100-9900	P
St. Mary's ²¹⁷	W. C. Fetherston	43	2,760	20	30	1,570	3	1	1	1	0	0	3	7200-9020	P

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13. OCCUPATIONAL MEDICINE

The programs in Occupational Medicine which have been approved by the Council on Medical Education and the American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, p. 255.

14. OPHTHALMOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Ophthalmology through the Residency Review Committee for Ophthalmology, for THREE OR MORE years of acceptable training in the specialty. Programs, 159; Residencies, 1,407

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Main-tenance	
				Number	Neerpsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		Salary per Year Min.-Max.
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall U.S.A.F., San Antonio	V. J. Shepherd	20	606	0	0	24,916	2	2	2	0	0	6	...	...
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	F. L. Wergeland, Jr.	23	412	0	0	27,323	2	2	2	0	0	6
COLORADO														
Fitzsimons General, Denver	P. J. Zamora	37	582	0	0	25,383	1	1	1	0	0	3

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14. OPHTHALMOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY - Continued														
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	B. Appleton	120	909	0	0	53,368	3	3	3	0	0	9	.....	..
TEXAS														
Brooke General, San Antonio	J. R. Simmons	35	446	0	0	55,332	3	3	3	0	0	9	.....	..
UNITED STATES ARMY, NAVY, AND AIR FORCE														
DISTRICT OF COLUMBIA														
Armed Forces Institute of Pathology, Washington - See George Washington Univ. Affil. Hosps., Washington, D. C.														
UNITED STATES NAVY														
CALIFORNIA														
Naval, Oakland	J. F. Rosborough, Jr.	21	324	0	0	20,116	2	2	2	0	0	6	.....	..
Naval, San Diego	F. R. Preston	46	918	0	0	33,674	3	3	3	0	0	9	.....	..
MARYLAND														
Naval, Bethesda	J. F. Rosborough	38	503	0	0	18,586	2	2	2	0	0	6	.....	..
PENNSYLVANIA														
Naval, Philadelphia ²⁹⁶	J. R. Valdivieso	14	245	0	0	18,146	2	2	2	0	0	6	.....	..
UNITED STATES PUBLIC HEALTH SERVICE														
CALIFORNIA														
U. S. Public Health Service, San Francisco	W. W. Richards	7	173	0	0	7,470	1	1	1	0	0	3	.....	..
LOUISIANA														
U. S. Public Health Service, New Orleans	V. R. Williams	9	356	0	0	9,253	1	1	1	0	0	3	.....	..
MARYLAND														
U. S. Public Health Service, Baltimore	W. E. Newby	11	246	0	0	9,372	2	2	2	0	0	6	.....	..
NEW YORK														
U.S. Public Health Service (Staten Island), New York City	F. Dykstra	21	456	0	0	12,768	2	2	2	0	0	6	.....	..
WASHINGTON														
U. S. Public Health Service, Seattle - See Univ. of Washington Affiliated Hospitals, Seattle, Wash.														
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE														
WASHINGTON														
St. Elizabeths, Washington - See George Washington Univ. Affil. Hosps., Washington, D. C.														
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights	R. Rupp	5	216	0	0	11,648	1	1	1	0	0	3	9517-12566	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Eye Foundation	A. Callahan	29	1,468	0	...	3,244	2	2	2	0	0	6	6300-7500	P
University of Alabama Medical Center	S. J. Kelly, C. P. Grant	...	...	...	...	...	3	3	3	0	0	9	.....	..
University of Alabama Hospitals and Clinics	S. J. Kelly, C. P. Grant	10	534	0	...	5,787	...	...	...	...	...	...	6300-7500	P
Veterans Admin.	S. J. Kelly	7	232	0	0	1,170	...	...	...	...	...	...	6607-9007	O
Tuskegee														
Veterans Admin. ⁵⁶	S. H. Settler, Jr.	4	100	0	0	3,700	1	1	1	0	0	3	6607-9007	P
ARKANSAS														
Little Rock														
University of Arkansas Medical Center	F. T. Fraunfelder	...	...	...	...	...	2	2	2	0	0	6	.....	..
Arkansas Baptist Medical Center	J. L. Smith	15	915	1	0	0	...	...	...	...	...	...	4900-5500	P
University	...	4	104	0	0	264	...	...	...	...	...	...	5400-6000	O
Veterans Admin. Consolidated	...	11	247	0	...	1,520	...	...	...	...	...	...	6150-6850	P
CALIFORNIA														
Bakersfield														
Kern County General	A. R. Johnson	...	841	0	0	2,364	1	1	0	0	0	2	8400-9900	O
Devils														
University of California (Davis) Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	.....	..
Sacramento Medical Center (Sacramento)	B. H. Demorest	4	227	0	0	6,428	1	1	1	0	0	3	8520-9852	P
Fresno														
Fresno General	R. H. Whitten	1	205	...	...	6,047	1	1	1	0	0	3	8544-10056	P
Loma Linda														
Loma Linda University ⁷⁸	R. Shearer	4	2441	0	0	7,500	2	1	1	0	0	4	6198-8466	P
Long Beach														
Veterans Admin. ¹¹²	R. E. Christensen	18	236	0	0	9,860	2	1	1	0	0	4	9371-12071	O

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APPROVED RESIDENCIES

14. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA, Los Angeles—Continued														
Los Angeles														
Hollywood Presbyterian	S. Rome	14	872	1	0	7,117	2	2	1	0	0	5	7800-9000	P
Los Angeles County-U.S.C. Medical Center	A. E. Oberman	29	1,180	1	0	27,902	4	4	4	0	0	12	8100-9444	P
U. C. L. A.	B. R. Straatsma	29	1,713	0	0	19,650	4	4	4	2	0	14	6200-7500	P
Veterans Admin. Center-Wadsworth ¹¹²	R. E. Bartlett	16	817	17	77	5,696	1	2	2	0	0	5	9371-12071	P
White Memorial Medical Center ¹⁰²	G. K. Kambara	6	479	0	0	12,607	3	2	2	0	0	7	7860-9060	P
Oakland														
Highland General ¹¹⁰	E. H. Brugge	3	122	0	0	6,448	1	1	1	0	0	3	7800-9000	FP
Orange														
Orange County Medical Center	J. G. Tirico	2	272	0	0	3,892	2	1	1	0	0	4	8133-10379	P
Palo Alto														
Veterans Admin. - See Stanford University Affiliated Hospitals, Stanford														
Sacramento														
Sacramento Medical Center - See University of California (Davis) Affil. Hosps., Davis														
San Francisco														
Pacific Medical Center - Presbyterian ¹²¹	W. Erdbrink	...	738	0	0	3,727	2	2	2	0	0	6	7380-8280	P
University of California Program	M. J. Hogan	...	...	...	...	...	6	7	6	6	0	25	...	...
H. C. Moffitt-University of California Hospitals	M. J. Hogan	11	5,642	0	0	13,247	...	...	...	...	...	...	6200-9600	O
Veterans Admin.	D. O. Jesberg	11	178	0	0	2,222	...	...	...	...	...	...	7761-10893	O
San Mateo														
San Mateo County General - See Stanford University Affiliated Hospitals, Stanford														
Stanford														
Stanford University Affiliated Hospitals														
Stanford University	A. Dellaporta	14	752	0	0	6,176	3	3	3	0	0	9	6500-7500	P
Veterans Admin. (Palo Alto)	A. Dellaporta	5	217	0	...	5,514	...	...	...	...	...	...	6190-8930	O
San Mateo County General (San Mateo)	R. O. Sherwood	1	80	...	...	3,144	...	...	...	...	...	...	6696-7366	F
Torrance														
Los Angeles County Harbor General	I. Pilger	4	240	0	0	9,571	3	1	1	0	0	5	8100-9444	P
COLORADO														
Denver														
Denver General	P. Kimball	4	139	0	0	8,854	2	2	2	0	0	6	5028-6000	P
University of Colorado Affiliated Hospitals ¹³⁵	P. P. Ellis	...	...	...	...	...	3	3	3	1	0	10	...	...
University of Colorado Medical Center	P. P. Ellis	4	289	0	0	15,292	...	...	...	...	...	...	5400-6800	P
Veterans Admin.	C. W. Whistler	7	193	0	0	936	...	...	...	...	...	...	5620-8870	O
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Yale-New Haven	M. Sears	13	595	...	...	11,278	2	2	3	2	0	9	9000-10500	O
DELAWARE														
Wilmington														
Veterans Admin. - See Jefferson Med. College Affil. Hosps., Philadelphia, Pa.														
Wilmington Medical Center - See Jefferson Med. College Affil. Hosps., Philadelphia, Pa.														
DISTRICT OF COLUMBIA														
Washington														
Freedmen's ¹⁴⁹	C. L. Cowan	4	61	0	0	5,551	2	1	2	0	0	5	7865-9535	O
Georgetown University Affiliated Hospitals	J. O' Rourke	...	...	...	...	...	4	4	4	4	0	16	...	...
District of Columbia General	R. P. Kling	12	330	0	0	10,190	...	...	...	...	...	...	7000-10000	P
Georgetown University	J. O' Rourke	5	183	0	0	3,035	...	...	...	...	...	...	7500-9000	P
Sibley Memorial	A. M. Reynolds	11	545	1	0	2,777	...	...	...	...	...	...	7500-7500	P
Veterans Admin.	A. R. Pilkerton	9	175	0	0	7,500	...	...	...	...	...	...	7325-10325	P
George Washington University Affiliated Hospitals	R. S. Fishman	...	...	...	...	...	3	3	3	0	0	9	7517-8519	P
George Washington University	R. S. Fishman	7	267	0	0	2,888	...	...	...	...	...	...	...	...
Armed Forces Institute of Pathology	L. E. Zimmerman	...	...	...	...	...	...	...	...	...	...	...	...	...
Children's Hospital of the District of Columbia	M. Parks, D. Friendly	6	1,471	0	0	5,882	...	...	...	...	...	...	...	...
St. Elizabeths	H. S. Wicker	10	...	0	0	5,000	...	...	...	...	...	...	...	...
Washington Hospital Center	W. B. Glew	41	1,869	1	100	21,523	3	3	4	0	0	10	8200-8400	P
FLORIDA														
Gainesville														
University of Florida Affiliated Hospitals	H. E. Kaufman	...	...	...	...	...	4	4	4	4	0	16	...	...
William A. Shands Teaching Hosp. and Clinics	H. E. Kaufman	16	725	0	0	11,146	...	...	...	...	...	...	6000-8000	O
Duval Medical Center (Jacksonville)	W. H. Houston	5	234	0	0	6,344	...	...	...	...	...	...	8700-9000	P
Veterans Admin.	J. M. Little	12	174	0	0	1,605	...	...	...	...	...	...	6096-8096	P
Jacksonville														
Duval Medical Center - See University of Florida Affiliated Hospitals, Gainesville														
Miami														
University of Miami Affiliated Hospitals	E. W. D. Norton	...	...	...	...	...	6	6	6	0	0	18	...	...
Jackson Memorial	E. W. D. Norton	57	2,171	3	67	20,949	...	...	...	...	...	...	7050-8150	P
Veterans Admin.	R. Zeppa	6	86	0	0	3,387	...	...	...	...	...	...	7160-8160	O
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals	F. P. Calhoun, Jr.	...	...	...	...	...	4	4	4	0	0	12	...	...
Emory University	...	19	8181	0	0	...	...	...	...	...	...	...	6480-7440	...
Grady Memorial ¹⁵⁶	...	15	667	1	100	25,084	6480-8400	P
Veterans Admin.	...	380	7,115	362	55	55,338	6480-8400	...

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APPROVED RESIDENCIES

14. OPHTHALMOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
GEORGIA - Continued														
Augusta														
Medical College of Georgia Hospitals	R. P. Thomas	..	..	..	..	..	2	2	2	0	0	6	5534-7334	P
Eugene Talmadge Memorial University		3	331	1	0	19	..	..	..	..	..	..	4800-6000	P
Veterans Admin.		4	78	0	0	503	..	..	..	..	..	..	..	P
ILLINOIS														
Chicago														
Cook County	M. Frenkel	20	708	1	0	22,117	4	3	3	0	1	11	9600-10800	P
Michael Reese Hospital and Medical Center	M. Stillerman	8	156	0	0	8,176	3	3	3	0	0	9	8600-10400	P
Northwestern University Medical Center	D. E. Shoch	..	..	..	..	7,440	3	3	3	0	0	9	..	P
Chicago Wesley Memorial	E. H. Merz	..	..	..	..	..	..	..	..	..	..	..	7500-9000	P
Children's Memorial	J. E. Alfano	3	275	0	0	4,959	..	..	..	..	..	..	7500-10100	P
Passavant Memorial	D. E. Shoch	12	583	0	0	181	..	..	..	..	..	..	7500-9000	P
Veterans Admin. Research	D. E. Shoch	12	216	1	100	499	..	..	..	..	..	..	8940-10940	O
Presbyterian-St. Luke's	W. F. Hughes	15	724	0	0	5,171	3	2	2	0	0	7	8500-9500	P
University of Chicago Hospitals and Clinics	F. W. Newell	9	566	2	50	8,946	1	1	1	0	0	3	8000-9000	O
University of Illinois Affiliated Hospitals	J. E. Mc Donald	..	..	..	..	..	7	7	7	0	0	21	9600-10800	P
Illinois Eye and Ear Infirmary		25	1,380	1	50	49,500	..	..	..	..	..	..	..	..
University of Illinois Research and Educational Hospitals		4	230	0	0	6,560	..	..	..	..	..	..	..	..
Evanston														
Evanston	C. V. Barrett	14	788	0	0	1,402	1	1	1	0	0	3	7500-8500	P
Hines														
Veterans Admin.	W. Mann	26	516	0	0	3,576	2	2	2	0	0	6	8940-9940	..
INDIANA														
Indianapolis														
Indiana University Medical Center	F. M. Wilson	..	..	..	..	..	7	7	7	0	0	21	..	..
Indiana University Hospitals		11	674	0	0	11,643	..	..	..	..	..	..	7000-8000	P
Marion County General		7	313	0	0	7,383	..	..	..	..	..	..	6288-7440	..
Veterans Admin.		6	181	0	0	1,870	..	..	..	..	..	..	8350-9550	O
IOWA														
Iowa City														
State University of Iowa Affiliated Hospitals	F. C. Blodi	..	..	..	..	..	8	8	8	4	0	28	..	..
University of Iowa Hospitals ¹⁹²		36	2,317	1	0	26,648	..	..	..	..	..	..	7000-8000	P
Veterans Admin.		13	291	0	0	3,311	..	..	..	..	..	..	6044-8044	..
KANSAS														
Kansas City														
University of Kansas Medical Center	A. N. Lemoine	13	892	0	0	7,298	2	2	2	0	0	6	6000-7800	..
Veterans Admin. (Kansas City, Mo.)	L. L. Hyde	6	198	..	..	1,116	..	..	..	..	..	..	6900-8160	P
KENTUCKY														
Lexington														
University	J. D. Wirtschafter	3	145	0	0	2,115	2	2	1	0	0	5	6560-7760	P
Louisville														
University of Louisville Affiliated Hospitals	R. Mac Donald, Jr.	..	..	..	..	..	2	2	2	2	0	8	..	..
Louisville General		3	1661	0	0	5,982	..	..	..	..	..	..	7100-8600	P
Children's		2	190	0	0	2,748	..	..	..	..	..	..	..	..
Veterans Admin.		6	180	0	0	1,657	..	..	..	..	..	..	6100-6800	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana		..	..	..	..	..	..	..	..	..	..	..	..	..
Louisiana State University Division	G. M. Haik	20	541	1	100	16,936	2	2	2	2	0	8	5400-6000	F
Tulane University Division	M. G. Holland	17	451	0	0	19,188	3	3	3	0	0	9	5400-6000	F
Eye, Ear, Nose and Throat	M. G. Holland	8	501	0	0	18,363	4	4	3	0	0	11	5400-6000	F
Ochsner Foundation ¹⁹⁶	R. A. Schimek	9	382	0	0	14,209	2	2	2	0	0	6	6500-7500	P
Veterans Admin.	M. G. Holland	12	2194	1	0	1,702	1	1	1	0	0	3	6525-7125	O
Shreveport														
Confederate Memorial Medical Center	L. F. Gray	13	497	0	0	7,720	2	2	2	0	0	6	5400-6000	F
MARYLAND														
Baltimore														
Greater Baltimore Medical Center	R. E. Hoover	28	1,504	0	0	21,336	3	3	3	0	0	9	8000-10000	P
Johns Hopkins ¹⁹²	A. E. Maumenee	54	2,2834	0	0	27,835	5	5	5	5	1	21	7000-...	P
Maryland General	A. Kremen	17	970	2	0	12,698	1	1	2	0	0	4	8250-9000	P
Sinai Hospital of Baltimore	H. K. Goldberg	9	434	0	0	2,689	1	0	1	0	0	2	7000-8100	P
University of Maryland	R. D. Richards	11	506	0	0	5,256	3	3	3	0	0	9	7100-8300	P
MASSACHUSETTS														
Boston														
Boston University-Tufts University Affiliated Hospitals	E. Friedman	..	..	..	..	..	5	5	5	0	0	15	..	..
Boston City	S. Lessell	21	311	1	100	14,745	..	..	..	..	..	..	6600-9000	..
New England Medical Center	B. Schwartz	1	54	0	0	1,312	..	..	..	..	..	..	6600-10000	O
University	E. Friedman	4	274	0	0	4,641	..	..	..	..	..	..	7600-9100	P
Veterans Admin. (Jamaica Plain)	B. Sachs	11	313	0	0	2,634	..	..	..	..	..	..	6600-10000	O
Massachusetts Eye and Ear Infirmary	H. F. Allen	104	6,121	2	0	52,756	6	6	8	0	0	20	6600-8100	P
MICHIGAN														
Allen Park														
Veterans Admin. - See Wayne State University Affiliated Hospitals, Detroit														

14. OPHTHALMOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN - Continued														
Ann Arbor														
University of Michigan Affiliated Hospitals	J. W. Henderson	...	...	...	...	...	6	6	6	0	0	18	...	...
University	J. W. Henderson	21	1,104	0	0	16,457	...	...	...	...	...	...	6000-6600	O
Veterans Admin.	J. R. Wolter	...	Inc. in Surg.	1	100	1,294	...	...	...	...	...	...	6000-6600	O
Detroit														
Grace	J. A. Olson	22	825	0	0	4,333	2	2	2	0	0	6	8700-9300	P
Harper	W. S. Davies	30	1,098	0	0	6,217	2	2	2	0	0	6	8700-9300	P
Henry Ford	J. S. Guyton	29	1,009	0	0	20,711	4	4	4	4	4	20	7000-8900	P
Sinai Hospital of Detroit	H. S. Sugar	11	799	1	100	4,121	1	1	1	0	0	3	9000-9600	P
Wayne State University Affiliated														
Hospitals	W. S. Davies	...	...	...	...	...	5	5	5	0	0	15	...	...
Veterans Admin. (Allen Park)	...	6	115	0	0	1,488	...	...	...	...	...	...	7815-9015	O
Detroit General	...	11	443	2	0	21,904	...	...	...	...	...	...	7700-8600	P
MINNESOTA														
Minneapolis														
University of Minnesota Affiliated Hospitals	J. E. Harris	...	...	...	...	...	5	5	5	2	0	17	...	...
Hennepin County General	H. A. Shaw	3	156	0	0	5,016	...	...	...	...	...	...	6250-8250	P
University of Minnesota Hospitals	J. E. Harris	20	914	0	0	13,239	...	...	...	...	...	...	6500-10000	O
Veterans Admin.	J. E. Harris	19	270	2	100	2,262	...	...	...	...	...	...	6000-7000	...
St. Paul-Ramsey (St. Paul)	R. H. Monahan	5	254	0	0	6,071	...	...	...	...	...	...	5500-8000	O
Rochester														
Mayo Graduate School of Medicine	J. W. Henderson	17	890	1	0	70,169	8	8	8	0	0	24	5400-6800	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul														
St. Paul-Ramsey	- See Univ. of Minnesota Affiliated Hospitals, Minneapolis													
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center	S. B. Johnson	...	...	...	...	...	2	2	1	0	0	5	...	...
University	...	6	350	0	0	3,148	...	...	...	...	...	...	5400-6000	O
Veterans Admin. Center	...	5	200	0	0	3,315	...	...	...	...	...	...	5450-6750	...
MISSOURI														
Columbia														
University of Missouri Medical Center	W. Hart	7	384	...	...	6,404	2	0	3	0	0	5	6500-7500	P
Kansas City General Hospital and Medical Center (Kansas City)	F. N. Sabates	3	165	0	0	6,081	...	...	...	...	...	...	7785-9170	F
Kansas City														
Kansas City General Hospital and Medical Center	- See University of Missouri Medical Center, Columbia													
Veterans Admin.	- See University of Kansas Medical Center, Kansas City, Kan.													
St. Louis														
Barnes Hospital Group	B. Becker	61	3,183	1	0	21,951	8	8	8	2	0	26	6500-7500	O
Veterans Admin.	H. D. Rosenbaum	7	318	0	0	2,275	...	...	...	...	...	...	6840-8040	P
Homer G. Phillips	H. P. Venable	6	172	1	0	7,399	4	3	3	0	0	10	6770-7463	P
St. Louis City	A. E. Kolker	7	228	2	0	7,468	3	3	3	0	0	9	6770-7463	O
St. Louis University Group of Hospitals	R. D. Mattis	26	1,220	0	0	14,240	4	4	4	4	0	16	6600-7500	O
NEBRASKA														
Omaha														
University of Nebraska Affiliated Hospitals	H. Gifford	...	...	...	...	...	2	1	1	0	0	4	...	...
Douglas County	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University of Nebraska	...	2	80	0	0	5,184	...	...	...	...	...	...	6300-6900	P
Veterans Admin.	...	4	110	0	0	2,646	...	...	...	...	...	...	6550-7150	P
NEW JERSEY														
East Orange														
Veterans Admin.	- See Associated Eye Residencies of New Jersey, Newark													
Jersey City														
Jersey City Medical Center	- See Associated Eye Residencies of New Jersey, Newark													
Newark														
Associated Eye Residencies of New Jersey	A. Cinotti	...	...	...	...	...	5	5	5	0	0	15	...	...
Jersey City Medical Center (Jersey City)	A. Cinotti	8	309	0	0	4,115	...	...	...	...	...	...	8500-9500	O
Martland	A. Cinotti	5	91	0	0	4,200	...	...	...	...	...	...	9500-10500	P
United Hospitals of Newark Eye and Ear Infirmary	J. E. Sullivan	4	1,562	2	0	16,411	...	...	...	...	...	...	9000-10000	O
Veterans Admin. (East Orange)	J. L. Harris	8	200	0	0	2,500	...	...	...	...	...	...	9500-10500	O
NEW YORK														
Albany														
Albany Medical College Affiliated Hospitals	J. Miller	...	...	...	...	...	4	4	4	0	0	12	...	...
Albany Medical Center	...	10	524	1	0	4,584	...	...	...	...	...	...	8100-9600	P
Child's	...	13	745	...	...	41	...	...	...	...	...	...	...	...
Veterans Admin.	...	11	166	0	0	470	...	...	...	...	...	...	8400-11800	...
Buffalo														
Buffalo General	C. H. Addington	31	1,386	0	0	8,427	2	2	2	0	0	6	7805-8735	P
Deaconess Hospital of Buffalo	E. P. Olmsted	10	764	0	0	15,970	2	2	2	0	0	6	8000-10000	P
Edward J. Meyer Memorial	W. Y. Jones	8	253	1	0	20,906	1	1	3	0	0	5	7805-9200	P
East Meadow														
Meadowbrook	E. Rahn	5	186	0	0	3,185	2	2	2	0	0	6	8500-9500	F

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14. OPHTHALMOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Neurology Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK - Continued														
New Hyde Park														
Long Island Jewish Hospital Training Program	P. Ballen						2	2	2	0	0	6	9500-11000	P
Long Island Jewish		3	257	0	0	1,250								
Queens Hospital Center (New York City)		7	184	2	50	9,782								
New York City														
Albert Einstein College of Medicine Affiliated Hospitals	M. Chamlin						3	3	4	0	0	10	8250-10750	F
Bronx Municipal Hospital Center		10	456	1	0	19,625								
Hospital of the Albert Einstein College of Medicine														
Beth Israel	H. M. Haddad	7	263	0	0	7,819	2	2	2	2	0	8	9500-11500	P
Bronx Eye Infirmary	S. S. Epstein	26	1,595	0	0	22,673	3	3	3	0	0	9	6500-7500	P
Brooklyn Eye and Ear	M. A. Lasky	39	2,836	2	0	40,829	3	3	3	0	0	9	9500-10500	O
Jewish Hospital and Medical Center of Brooklyn	M. Lasky	12	383	0	0	4,584	1	2	1	0	0	4	9500-11000	O
Lenox Hill	J. Sauer	14	529	0	0	5,531	1	1	1	0	0	3	9500-10500	P
Manhattan Eye, Ear and Throat	F. H. Constantine	75	4,371	3	33	53,857	6	7	6	0	0	19	9500-10500	O
Montefiore Hospital and Medical Center	S. Gartner	8	419	0	0	7,155	2	2	2	0	0	6	9750-11250	P
Mount Sinai Hospital Training Program	I. H. Leopold						4	4	4	0	0	12	9750-11750	P
Mount Sinai	I. H. Leopold	50	1,067	0	0	26,000								
City Hospital Center at Elmhurst	A. Safir	13	387	1	0	12,869								
New York Eye and Ear Infirmary	J. G. Cole	110	5,326	4	50	64,654	7	7	7	0	0	21	9000-10000	P
New York	D. Shafer	23	1,140	1	0	16,270	2	2	2	0	0	6	9750-11250	P
New York Medical														
College-Metropolitan Hospital Center	M. A. Galin						3	3	3	3	0	12	8000-9500	P
Unit 1 - Flower and Fifth Avenue Hospitals		6	991	0	0	625								
Unit 2 - Metropolitan		3	260	0	0	21,870								
Unit 3 - Bird S. Coler Memorial Hospital and Home		2	40	0	0	2,996								
New York Polyclinic Medical School and Hospital	S. Schutz	7	322	0	0	5,672	1	1	1	0	0	3	8500-9100	P
New York University Medical Center	G. M. Breinin						5	5	5	5	0	20		
Bellevue Hospital Center		26	466	0	0	17,902							8250-10750	F
University		15	860	1	0									P
Veterans Admin. (Manhattan)		22	346	0	0								8200-9700	O
Presbyterian (Institute of Ophthalmology)	A. G. De Voe	79	4,274	1	0	26,510	3	3	3	0	0	9	10500-11500	O
Veterans Admin. (Bronx)		12	391	0	0	4,098							9750-11750	P
Queens Hospital Center - See Long Island Jewish Hosp. Training Program, New Hyde Park														
St. Luke's Hospital Center	G. Clark	16	517	2	50	10,436	1	1	1	0	0	3	10000-11000	P
St. Vincent's Hospital and Medical Center of New York	R. Castroviejo	13	365	0	0	6,418	1	1	1	0	0	3	8500-9500	P
State University - Kings County														
Hospital Center ²⁴²	R. C. Troutman						6	6	6	6	0	24		
Brooklyn-Cumberland Medical Center	E. P. Porter	5	102			2,345							10250-10750	
Kings County Hospital Center	R. C. Troutman	23	615	5	0	14,209							8250-10750	F
Long Island College	A. J. Fink	7	302	2	0	2,221							9500-10500	P
Maimonides Medical Center	R. C. Troutman	2	458	2	0								9500-11000	P
State University	R. C. Troutman		271	0	0	2,417								
Veterans Admin. (Brooklyn)	A. A. Levine	8	193	0		430							8200-10200	O
Rochester														
St. Mary's	S. Ianacone	10	675	0	0	1,779	1	1	1	0	0	3	6800-8000	P
Strong Memorial Hospital of the University of Rochester	A. C. Snell	10	499	0	0	4,470	2	3	0	1	0	6		P
Syracuse														
S. U. N. Y. Upstate Medical Center	J. L. Mc Graw	9	779	0	0	5,318	2	2	2	0	0	6	8900-10400	O
Veterans Admin.		6	132	0	0	774								
Valhalla														
Grasslands	J. A. Duncan	3	143	0	0	4,389	1	1	1	0	0	3	9930-11550	P
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial Hospital - Mc Pherson	S. D. Mc Pherson, Jr.						1	1	1	0	0	3		
North Carolina Memorial		5	282			7,136							6500-8000	O
Mc Pherson (Durham)		16	947	2	0	26,933							6500-7500	P
Durham														
Duke University Affiliated Hospitals	J. A. C. Wadsworth						3	3	3	0	0	9		
Duke University Medical Center		15	768	0	0	7,980							6500-7500	P
Veterans Admin.		12	330	2	100								5500-8550	
Mc Pherson Hospital - North Carolina Memorial	S. D. Mc Pherson, Jr.						1	1	1	0	0	3		
Mc Pherson		16	947	2	0	26,933							6500-7500	P
North Carolina Memorial (Chapel Hill)		5	282			7,136							6500-8000	O
Winston-Salem														
North Carolina Baptist Hospitals	W. Roberts	10	597	0	0	7,266	1	1	1	1	0	4	6000-8000	P
OHIO														
Akron														
Akron City	D. W. Mathias	6	257	0	0	371	1	1	0	0	0	2	8420-9440	P
Cincinnati														
University of Cincinnati Hospital Group														
Cincinnati General	T. Asbury	6	242	1	100	9,167	3	3	3	1	0	10	6340-6940	P

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14. OPHTHALMOLOGY - Continued

State	City	Institution	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Salary per Year Min.-Max.	Main-tenance P O	
						Number	Neecropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
OHIO - Continued																
Cleveland																
		Cleveland Clinic	R. J. Kennedy	10	659	0	0	15,489	2	3	2	0	0	7	6800-7400	P
		St. Vincent Charity	H. S. Siegel	9	417	0	0	3,898	..	..	..	..	..	..	..	..
		Cleveland Metropolitan General	R. J. Nicholl	5	195	0	0	11,498	2	2	2	0	0	6	7000-8260	P
		St. Luke's		14	620	1	0	3,647	..	..	..	..	..	..	8300-8300	P
		Fairview General	R. C. Kirk	3	171	0	0	396	1	1	1	0	0	3	6000-7200	F
		Mount Sinai Hospital of Cleveland	J. A. Gans	12	678	1	100	3,908	1	2	1	0	0	4	7800-9300	O
		University Hospitals of Cleveland	C. I. Thomas	16	783	0	..	9,003	3	3	3	0	0	9	7500-9000	P
		Veterans Admin.		13	368	3	67	1,255	..	..	..	..	..	..	6850-8350	P
		Columbus														
		Ohio State University Hospitals	T. A. Makley, Jr.	25	10	0	0	16,371	5	5	5	2	0	17	4500-6500	P
OKLAHOMA																
Oklahoma City																
		University of Oklahoma Medical Center	T. O. Coston	..	..	..	..	..	2	3	2	0	0	7	..	..
		University of Oklahoma Hospitals	T. O. Coston	7	291	0	0	4,756	..	..	..	..	..	..	6500-7300	P
		Veterans Admin.	R. G. Small	13	326	1	100	3,251	..	..	..	..	..	..	..	..
		St. Anthony	T. O. Coston	24	1,330	1	0	741	..	..	..	..	..	..	8700-9000	P
OREGON																
Portland																
		Good Samaritan Hospital and Medical Center	M. Reeh	27	1,575	2	50	6,205	1	1	1	0	0	3	7800-9000	P
		University of Oregon Medical School Hospitals and Clinics		12	498	0	0	10,498	..	..	..	..	..	..	6600-7800	FP
		Veterans Admin.		10	282	..	..	1,226	..	..	..	..	..	..	5280-6480	P
PENNSYLVANIA																
Danville																
		Geisinger Medical Center	J. L. Curtis	7	1,035	2	100	16,885	2	2	2	0	0	6	6400-6900	P
Philadelphia																
		Graduate Hospital of the University of Pennsylvania	R. H. Trueman, H. G. Scheie	12	299	0	0	3,000	1	1	1	0	0	3	8000-9000	P
		Hospital of the University of Pennsylvania	H. G. Scheie	32	1,627	0	0	7,798	6	7	6	0	3	22	8000-11000	P
		Children's Hospital of Philadelphia	H. Scheie, D. Schaffer	2	200	0	0	4,060	..	..	..	..	..	..	8000-11000	..
		Philadelphia General		8	210	0	0	6,604	..	..	..	..	..	..	8100-8900	O
		Veterans Admin.		9	298	0	0	1,234	..	..	..	..	..	..	6125-8425	O
		Jefferson Medical College Affiliated Hospitals	W. C. Frayer	..	..	..	..	..	4	4	4	0	0	12	..	..
		Jefferson Medical College	W. C. Frayer	5	441	1	100	4,187	..	..	..	..	..	..	8000-9000	O
		Lankenau	P. R. Mc Donald	9	413	1	100	260	..	..	..	..	..	..	8000-9000	O
		Veterans Admin. (Wilmington, Del.)		2	70	0	0	575	..	..	..	..	..	..	8957-10957	O
		Wilmington Medical Center (Wilmington, Del.)	D. Durham	..	..	..	..	..	..	..	..	..	..	..	..	..
		Philadelphia General		..	..	..	..	..	..	..	..	..	..	..	..	..
		University of Pennsylvania Service	H. G. Scheie	8	210	0	0	6,604	2	2	2	0	0	6	8100-8900	O
		Wills Eye Hospital-Temple University	A. H. Keeney	..	..	..	..	..	14	14	13	0	0	41	..	..
		Wills Eye Hospital and Research Institute		147	7,053	6	16	79,075	..	..	..	..	..	..	5250-7100	O
		St. Christopher's Hospital for Children		5	275	0	0	826	..	..	..	..	..	..	9200-10000	..
		Temple University		..	..	..	..	..	..	..	..	..	..	..	..	..
Pittsburgh																
		Hospitals of the University Health Center of Pittsburgh	K. T. Richardson	..	..	..	..	..	5	5	5	0	0	15	..	..
		Allegheny General		3	127	0	0	2,208	..	..	..	..	..	..	..	..
		Children's Hospital of Pittsburgh		5	329	..	..	1,701	..	..	..	..	..	..	..	..
		Eye and Ear Hospital of Pittsburgh		66	3,607	0	0	2,370	..	..	..	..	..	..	7500-8500	O
		Mercy		..	..	..	..	..	..	..	..	..	..	..	..	..
		Veterans Admin.		24	350	0	0	2,114	..	..	..	..	..	..	6000-7800	O
		Montefiore	S. Goldberg	24	987	5	20	3,842	1	1	1	0	0	3	7800-9000	P
Sayre																
		Robert Packer	E. Kulczycki	6	261	0	0	11,577	1	1	1	0	0	3	6500-7500	..
PUERTO RICO																
San Juan																
		University of Puerto Rico Affiliated Hospitals	G. Pico	..	..	..	..	..	5	5	5	0	0	15	..	..
		Municipal Hospital Dr. Rafael Lopez Nussa		17	705	0	0	16,810	..	..	..	..	..	..	6900-8100	F
		University District		8	298	0	0	11,873	..	..	..	..	..	..	6900-8100	P
		Veterans Admin. Center		7	143	0	0	2,984	..	..	..	..	..	..	6900-8100	P
RHODE ISLAND																
Providence																
		Rhode Island	H. F. Stephens	13	1,073	0	0	3,947	1	1	1	0	0	3	7600-9100	P
SOUTH CAROLINA																
Charleston																
		Medical Center Hospitals	W. W. Vallotton	..	..	..	..	..	3	3	3	0	0	9	..	..
		Medical College		50	786	0	0	11,985	..	..	..	..	..	..	5400-6600	P
		Charleston County		8	88	0	0	..	..	..	..	..	..	..	..	..
		Veterans Admin.		..	..	..	..	..	..	..	..	..	..	..	5575-6775	P
TENNESSEE																
Chattanooga																
		Baroness Erlanger	D. Isbell	17	1,075	1	0	3,738	1	1	1	0	0	3	7800-9000	FP

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14. OPHTHALMOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Neurology Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
TENNESSEE - Continued															
Memphis															
University of Tennessee Affiliated Hospitals	P. M. Lewis, R. L. Hiatt	...	...	...	...	...	3	3	3	0	0	9	...	...	...
City of Memphis Hospitals	R. L. Hiatt	12	400	0	0	10,000	...	...	...	...	...	...	5016-6138	...	P
Methodist	R. L. Hiatt, J. M. Freeman	35	1,842	0	0	4,634	...	...	...	...	...	...	6000-8100	...	P
Veterans Admin.	P. M. Lewis	10	394	0	0	8,902	...	...	...	...	...	...	7160-9160	...	P
Nashville															
George W. Hubbard Hospital of the Meharry Medical College	A. C. Hansen	3	150	1	100	4,952	1	1	1	0	0	3	6300-6900	...	F
Vanderbilt University Affiliated Hospitals	J. H. Elliott	...	...	...	...	...	3	3	3	0	0	9	6500-7500	...	P
Vanderbilt University	J. H. Elliott	15	906	0	0	3,891	...	...	...	...	...	...	...	...	...
Nashville Metropolitan General	J. L. Sawyers	1	70	0	0	2,134	...	...	...	...	...	...	...	...	...
Veterans Admin.	J. H. Elliott	7	155	0	0	2,925	...	...	...	...	...	...	...	...	...
TEXAS															
Dallas															
Parkland Memorial	J. R. Lynn	9	442	0	0	12,738	...	...	...	...	...	10	6360-7020	...	P
Veterans Admin.	S. B. Gostin	21	395	0	0	3,115	1	1	1	0	0	3	6440-7040	...	P
Galveston															
University of Texas Medical Branch Hospitals	E. C. Ferguson, 3d	17	450	0	0	6,054	3	3	3	1	0	10	6000-7000	...	P
Houston															
Baylor University Affiliated Hospitals	L. J. Girard	...	...	...	...	...	5	5	5	0	0	15	...	...	...
Ben Taub General	L. J. Girard	8	374	0	0	13,303	...	...	...	...	...	...	6900-9900	...	P
Methodist	J. T. Stough	34	1,416	2	50	318	...	...	...	...	...	...	6900-8700	...	P
Veterans Admin.	L. J. Girard	15	360	1	0	3,384	...	...	...	...	...	...	6900-8100	...	P
Hermann	R. S. Ruiz	32	1,876	1	100	6,590	3	3	2	0	0	8	6300-7200	...	P
San Antonio															
University of Texas at San Antonio Teaching Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Robert B. Green Memorial	F. Weixel, D. Russell, Jr.	6	265	1	0	7,975	2	2	2	0	0	6	7800-9000	...	P
Temple															
Scott and White Memorial	R. D. Cunningham	13	427	0	0	20,906	2	2	2	0	0	6	7200-8400	...	P
VIRGINIA															
Charlottesville															
University of Virginia	M. K. Humphries, Jr.	10	512	0	0	5,126	2	2	2	0	0	6	5400-6900	...	O
Richmond															
Medical College of Virginia-Hospital Division	D. Guerry, 3d	7	358	0	0	8,943	3	3	3	0	0	9	5400-6000	...	P
Veterans Admin.	E. W. Perkins	8	242	0	0	2,796	1	1	1	0	0	3	5400-6900	...	P
WASHINGTON															
Seattle															
University of Washington Affiliated Hospitals	C. Kupfer	...	...	...	...	...	3	3	3	2	0	11	7008-9000	...	P
University	C. Kupfer	1	68	...	...	3,231	...	...	...	...	...	...	...	...	P
Harborview Medical Center	C. Kupfer	1	80	...	...	2,275	...	...	...	...	...	...	7008-9000	...	P
Children's Orthopedic Hospital and Medical Center	R. Johnson, C. Kupfer	2	182	0	0	1,552	...	...	...	...	...	...	...	...	O
U. S. Public Health Service	C. L. Wright	3	99	0	0	7,033	...	...	...	...	...	...	...	...	...
Veterans Admin.	C. Rich	...	...	...	...	...	...	...	...	...	...	...	...	...	...
WEST VIRGINIA															
Morgantown															
West Virginia University Medical Center	R. R. Trotter	6	288	0	0	7,569	2	2	2	0	0	6	7000-8000	...	P
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals	P. A. Duehr	...	...	...	...	...	4	4	3	3	0	14	...	...	...
University Hospitals	P. A. Duehr, M. D. Davis	24	956	0	0	7,187	...	...	...	...	...	...	6000-7500	...	P
Veterans Admin.	J. T. Mendenhall	6	145	0	0	1,158	...	...	...	...	...	...	...	...	P
Milwaukee															
Marquette Affiliated Hospitals	R. O. Schultz	...	...	...	...	...	6	6	7	0	0	19	...	...	...
Milwaukee County General	R. O. Schultz	11	361	0	0	12,779	...	...	...	...	...	...	7200-9020	...	P
Lutheran Hospital of Milwaukee	J. B. Hitz	6	302	0	0	200	...	...	...	...	...	...	7200-8400	...	P
Milwaukee Children's	H. Giller	2	260	...	...	2,350	...	...	...	...	...	...	7500-9020	...	P
Veterans Admin. Center (Wood)	R. H. Lehman	14	351	2	0	7,564	...	...	...	...	...	...	7600-8800	...	P

W
D

APPROVED RESIDENCIES

15. ORTHOPEDIC SURGERY

Type of training acceptable to Board: A—Adult Orthopedics; C—Children's Orthopedics; F—Fractures. Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Orthopaedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics; children's orthopedics, and fractures. Training in the basic sciences is given either as an integral part of these services or as a separate course. Services collaborating in an integral plan of training are designated by a program number, a list of which is found on pages 210 and 211. Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopaedic Surgery, including children's orthopedic surgery.

Programs, 228; Residencies, 2,154

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Salary per Year Min.-Max.	Main-tenance
						Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
UNITED STATES AIR FORCE																
TEXAS Wilford Hall U.S.A.F., San Antonio	J. L. Earle	ACF	120	145	2,875	3	100	25,699	4	4	4	4	0	16	.....	...
UNITED STATES ARMY																
CALIFORNIA Letterman General, San Francisco	A. O. Heldobler	AF	40	207	2,088	3	37	21,905	0	3	3	3	0	9	.....	...
COLORADO Fitzsimons General, Denver - See Univ. of Colorado Affiliated Hospitals, Denver, Colo.																
DISTRICT OF COLUMBIA Walter Reed General, Washington	C. W. Metz, Jr.	ACF		425	1,712	5	67	25,184	0	4	4	4	0	12	.....	...
HAWAII Tripler General, Honolulu ⁸⁹	W. E. Burkhalter	ACF	86	208	1,891	1	100	66,882	0	3	3	2	0	8	.....	...
TEXAS William Beaumont General, El Paso ²³³ Brooke General, San Antonio	C. R. W. Reed G. E. Omer, Jr.	AF ACF	96 117	151 321	1,655 2,631	1 6	0 67	32,409 49,527	0 0	3 3	3 3	3 3	0 0	9 9	.....	...
UNITED STATES NAVY																
CALIFORNIA Naval, Oakland Naval, San Diego	H. W. S. Huseby W. S. Stryker	AF ACF	20	287 479	1,870 2,627	2 6	100 80	23,017 19,649	3 4	4 4	3 3	0 1	0 0	10 12	.....	...
MARYLAND Naval, Bethesda	R. H. Brown	ACF	20	237	1,477	2	100	11,190	2	2	2	2	0	8	.....	...
MASSACHUSETTS Naval, Chelsea	J. W. Howard	AF	20	205	1,063	1	100	8,734	2	2	2	0	0	6	.....	...
PENNSYLVANIA Naval, Philadelphia	M. C. Wilber	AF	20	526	2,218	5	60	22,079	2	2	2	0	0	6	.....	...
SOUTH CAROLINA Naval, Charleston - See Medical Center Hospitals, Charleston, S. C.																
VIRGINIA Naval, Portsmouth	C. S. Lambdin	ACF		379	2,184	5	60	44,637	3	3	3	3	0	12	.....	...
UNITED STATES PUBLIC HEALTH SERVICE																
ALASKA U. S. Public Health Service Alaska Native Medical Center, Anchorage	J. F. Wilson	C	110	28	31	2	100	778	0	0	1	0	0	1	13000-13000	O
CALIFORNIA U. S. Public Health Service, San Francisco	R. E. Burky	AF	110	42	1,077	2	0	9,077	2	2	2	2	0	8	.....	...
LOUISIANA U. S. Public Health Service, New Orleans	L. R. Hamilton	AF	10	41	719	1	100	5,857	1	1	1	1	0	4	.....	...
NEW YORK U.S. Public Health Service (Staten Island), New York City ²⁷¹	A. A. Michele, V. L. Purila	AF	127	83	1,268	1	100	18,620	2	2	2	2	0	8	.....	...
WASHINGTON U. S. Public Health Service, Seattle - See Univ. of Washington Affiliated Hospitals, Seattle, Wash.																
OTHER FEDERAL																
CANAL ZONE Gorgas, Balboa Heights	S. Walton	ACF		39	1,104	8	38	15,379	1	2	2	2	0	7	9517-13258	O
NONFEDERAL AND VETERANS ADMINISTRATION																
ALABAMA Birmingham University of Alabama Medical Center Children's Crippled Children's Clinic and Hospital University of Alabama Hospitals and Clinics Veterans Admin.	C. L. Yelton	C	44	44,68,75	50	1,267	3	100	...	0	0	1	1	2	.....	...
Fairfield Lloyd Noland	W. T. Tarpley	AF	68	25	844	5	40	12,315	1	1	1	1	0	4	7800-11700	FP
Mobile Mobile General	R. T. King	ACF		22	646	8	12	3,838	2	1	1	1	0	5	6840-8640	P
ARIZONA Phoenix Crippled Children's	W. A. Colton, Jr.	C	40,96	33	397	0	0	6,973	0	0	0	4	0	4	P

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APPROVED RESIDENCIES

15. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
						Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
ARKANSAS																
Little Rock																
University of Arkansas Medical Center	G. H. Chambers	...	94	...	...	...	...	...	2	3	2	2	0	9	...	...
Arkansas Children's University	W. Selakovich	C	94	15	459	2	0	2,192	1	0	0	0	0	1	5500-6500	P
University	G. H. Chambers	AF	94	25	636	10	50	3,469	...	...	...	...	...	...	5700-6900	O
Veterans Admin. Consolidated	G. H. Chambers	AF	94	37	826	4	75	2,089	...	...	...	...	...	...	6150-8550	P
CALIFORNIA																
Costa Mesa																
Fairview State - See Univ. of California (Irvine) Affiliated Hosps., Orange																
Daly City																
Mary's Help - See San Francisco Combined Prog. for Ortho. Residency Trng.																
Davis																
University of California (Davis)																
Affiliated Hospitals																
Sacramento Medical Center (Sacramento)																
	P. R. Lipscomb	ACF	...	29	905	17	53	4,788	3	3	3	3	0	12	8250-10860	P
Downey																
Rancho Los Amigos																
	...	AC	10,111	274	...	...	...	6,196	...	...	...	...	...	...	...	P
Eldridge																
Sonoma State - See University of California Program, San Francisco																
Imola																
Napa State - See San Francisco Combined Prog. for Ortho. Residency Trng.																
Long Beach																
Long Beach Community																
	O. Walker, B. Cooperman	ACF	90,118	48	1,635	7	71	10,092	1	1	0	0	0	2	7500-7500	...
Veterans Admin. - See Univ. of California (Irvine) Affiliated Hosps., Orange																
Los Angeles																
Childrens Hospital of Los Angeles																
	J. C. Wilson, Jr.	C	111	15	562	0	0	5,087	0	4	0	0	0	4	8772-8772	P
Los Angeles County-U.S.C. Medical Center																
	J. P. Harvey	ACF	111	188	5,285	87	15	40,438	8	8	8	8	0	32	8100-10116	P
Orthopaedic																
	T. Gucker, 3d	ACF	20,119	130	4,900	9	78	54,143	1	1	10	5	0	17	5800-7900	P
Shriners Hospital for Crippled Children																
	G. W. Westin	C	3,40,90	51	291	0	0	2,362	0	0	0	3	0	3	...	F
U. C. L. A.																
	C. O. Bechtol	AF	90,118	18	744	3	67	8,008	3	3	3	0	0	9	6900-9300	O
Veterans Admin. Center-Wadsworth																
	R. E. Richter	AF	119	65	1,070	15	73	16,982	3	3	3	0	0	9	10043-12071	P
White Memorial Medical Center ¹⁰⁴																
	A. J. Neufeld	ACF	111	18	679	2	0	4,621	2	2	2	2	0	8	7860-9460	P
Oakland																
Children's Hospital Medical Center of Northern California - See University of California Program, San Francisco																
	W. S. T. Jackson	AF	2,3	52	1,188	13	8	11,779	...	...	...	...	...	...	8400-9000	FP
Highland General																
Samuel Merritt - See University of California Program, San Francisco																
Orange																
University of California (Irvine)																
Affiliated Hospitals ¹⁰²																
	T. R. Waugh	...	64	...	...	...	...	...	2	2	2	2	0	8	8133-10379	P
Orange County Medical Center																
	T. R. Waugh	ACF	64	32	948	6	00	7,690	...	...	...	...	...	...	...	...
Childrens Hospital of Orange County																
	M. J. Carson	C	64	5	390	1	00	230	...	...	...	...	...	...	...	...
Fairview State (Costa Mesa)																
	T. R. Waugh	C	64	7	51	0	0	375	...	...	...	...	...	...	...	...
Veterans Admin. (Long Beach)																
	R. H. Hutchinson	AF	64	41	462	0	0	10,590	...	...	...	...	...	...	...	...
Sacramento																
Sacramento Medical Center - See Univ. of California (Davis) Affiliated Hosps., Davis																
San Diego																
San Diego Residency Program																
	F. B. Kimball	...	109	...	...	...	...	...	2	2	2	2	0	8	...	...
University Hospital of San Diego																
	F. B. Kimball	AF	109	42	792	18	50	5,685	...	...	...	...	...	...	6200-8700	P
Childrens																
	C. K. Barta	C	109	43	313	...	...	2,555	...	...	...	...	...	...	6324-7032	...
Donald N. Sharp Memorial																
	F. B. Kimball	AF	109	...	...	...	...	...	...	...	...	...	...	...	...	...
Mercy Hospital and Medical Center																
	H. E. Wiggins	AF	109	41	1,716	12	58	1,529	...	...	...	...	...	...	6180-7380	P
San Francisco																
Pacific Medical Center - Presbyterian																
	D. E. King	AF	2	...	843	2	0	1,288	2	0	0	0	0	2	7380-8280	P
San Francisco Combined Program for Orthopedic Residency Training																
	L. W. Taylor	...	108	...	...	...	...	...	0	4	4	4	0	12	...	...
Mary's Help (Daly City)																
	M. C. Mensor	ACF	108	43	1,145	4	0	4,067	...	...	...	...	...	...	6000-8400	O
St. Joseph's																
	R. Soto-Hall	ACF	108	40	1,121	9	...	1,885	...	...	...	...	...	...	...	...
St. Mary's Hospital and Medical Center																
	L. W. Taylor	AF	108	42	1,246	17	65	6,590	...	...	...	...	...	...	7800-9600	P
Napa State (Imola)																
	R. Soto-Hall	AF	108	22	113	9	55	980	...	...	...	...	...	...	...	...
University of California Program ¹⁰³																
	V. T. Inman	...	2	...	...	...	...	...	9	9	10	10	0	38	...	...
H. C. Moffitt-University of California Hospitals																
	D. B. Lucas	ACF	2	39	1,054	3	100	5,625	...	...	...	...	...	...	6200-9600	O
Children's Hospital and Adult Medical Center																
	L. J. Larsen	C	2	37	1,207	1	0	1,539	...	...	...	...	...	...	7800-9600	P
Franklin																
	F. Cox	A	2	...	...	...	...	...	...	...	...	...	...	...	...	...
San Francisco General																
	E. G. Bovill	AF	2	62	1,129	14	21	5,613	...	...	...	...	...	...	7116-10248	P
Shriners Hospital for Crippled Children																
	L. J. Larsen	C	2,40	60	224	0	0	2,535	...	...	...	...	...	...	...	...
Veterans Admin.																
	F. H. Jergesen	AF	2,3	34	218	6	100	802	...	...	...	...	...	...	7761-10893	O
Sonoma State (Eldridge)																
	R. L. Samilson	C	2	91	168	...	...	3,323	...	...	...	...	...	...	4248-4488	O
Children's Hospital Medical Center of Northern California (Oakland)																
	C. Rowe	C	2	7	407	1	100	1,558	...	...	...	...	...	...	6300-8100	F
Highland General (Oakland)																
	W. S. T. Jackson	AF	2,3	52	1,188	13	8	11,779	...	...	...	...	...	...	8400-9000	FP
Samuel Merritt (Oakland)																
	...	AF	2	61	2,573	12	25	68,412	...	...	...	...	...	...	...	...
Shriners Hospital for Crippled Children (Honolulu, Hawaii)																
	I. J. Larsen	C	2,86	52	199	0	0	3,421	...	...	...	...	...	...	...	FP
Stanford																
Stanford University ¹⁰⁶																
	C. H. Hatcher	ACF	...	50	1,565	12	25	4,657	2	2	2	0	1	7	6500-9000	P

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APPROVED RESIDENCIES

15. ORTHOPEDIC SURGERY - Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
						Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
California - Continued																
Torrance																
Los Angeles County Harbor General	D. Street	AF	90, 119	47	1,074	15	100	24,959	3	3	3	3	0	12	8100-10116	P
COLORADO																
Denver																
University of Colorado Affiliated Hospitals	J. S. Miles		4							4	4	4	5	0	17	
University of Colorado Medical Center	J. S. Miles	AF	4	25	764	3	67	7,930								
Veterans Admin.	M. E. Gibbens	AF	4	27	474	1	0	1,300								5400-6800 P
Children's	M. L. Clayton	C	4	8	772	0	0	2,911								5620-8870 O
Denver General	L. G. Hawkins	AF	4	30	746	19	68	7,091								6000-6500 P
Fitzsimons General	P. W. Brown	AF	4	307	2,212	4	75	19,959								5028-6600 P
CONNECTICUT																
Hartford																
Hartford - See Yale-New Haven Medical Center, New Haven																
New Haven																
Hospital of St. Raphael	A. H. Goodman	AF		47	1,276	23	38	6,256	1	1	1	1	0	4	7866-10436	P
Yale-New Haven Medical Center	W. O. Southwick	AF	5	44	1,281	17	29	5,595	1	4	5	2	0	12		
Yale-New Haven	W. O. Southwick	AF	5	67	1,896	31	50	66								9000-10500 O
Hartford	H. R. Gossling	C	5	95	605	3	0	4,750								8300-10000 O
Newington Children's (Newington)	B. H. Curtis	C	5	18	320	1	100	780								8400 O
Veterans Admin. (West Haven)	W. O. Southwick	AF														6765-9265 O
Newington																
Newington Hospital for Crippled Children - See Yale-New Haven Medical Center, New Haven																
West Haven																
Veterans Admin. - See Yale-New Haven Medical Center, New Haven																
DELAWARE																
Wilmington																
Alfred I. Dupont Institute of the Nemours Foundation	G. D. Mac Ewen	C	20, 77	41	630	0	0	9,889	0	0	0	6	0	6	7200-7200	F
Veterans Admin.	H. R. Cowen	A	77	31	259	4	100	1,609								8790-10390 P
DISTRICT OF COLUMBIA																
Washington																
Children's Hospital of the District of Columbia	J. P. Adams, P. Griffen	C	54, 83	8	288	0	0	2,557								
District of Columbia General (Howard University Service)	M. Gladden, C. Epps, Jr.	ACF	115	45	559	19	21	5,501	2	2	2	2	0	8	7000-10000	P
District of Columbia General (Crippled Children's Unit)	C. H. Epps, Jr.	C	14,83,115	25	396	0	0	10,761								7000-10000 P
Georgetown University Affiliated Hospitals	G. W. Hyatt		14						3	2	6	1	0	12		
Georgetown University	G. W. Hyatt	AF	14	30	764	7		12,460								7500-9000 P
Sibley Memorial	G. Hyatt	ACF	14	24	638	11	64	1,076								7500-7500 O
Veterans Admin.	G. W. Hyatt, J. P. Adams		14,83,115	30	389	3	33									7325-10325 P
George Washington University Affiliated Hospitals	J. P. Adams		83						2	5	5	5	0	17		
George Washington University	J. P. Adams	AF	83	34	1,218	6	50	826								7517-9500 P
Washington Hospital Center	W. J. Tobin	AF	54,83	55	1,408	9	71	199								8300-8500 P
FLORIDA																
Gainesville																
William A. Shands Teaching Hosp. and Clinics	W. F. Enneking	ACF	123	20	605	4	100	5,423	2	2	2	2	2	10	6500-10000	O
Veterans Admin.	T. K. Greenlee, Jr.	AF	123	25	237	3	100	996								4596-6596 P
Jacksonville																
Jacksonville Hospitals Educational Program	J. T. Hocker		62						2	2	2	0	0	6		
Baptist Memorial	G. I. Raybin	AF	62	36	1,294	13	23	61								8100-8700 P
Duval Medical Center	J. Q. U. Thompson	AF	62	18	518	11	0	4,635								8400-9000 P
Hope Haven Children's	J. T. Hocker	C	62	9	340	0	0	2,682								8400-9000 P
Miami																
Jackson Memorial	W. E. Miller	AF	76	109	2,165	41	26	7,218	4	5	5	5	0	19	7050-8650	P
Variety Children's	R. P. Keiser	C	76	22	624	1	0	6,706								8000-8000 P
Miami Beach																
Mount Sinai Hospital of Greater Miami	L. A. Russin	AF	118	45	971	15	40	1,365	2	1	1	0	0	4	7800-8800	P
Orlando																
Orange Memorial	R. Willis	ACF	20	103	4,075	8	13	5,321	2	2	2	2	0	8	8400-10200	P
GEORGIA																
Atlanta																
Emory University Affiliated Hospitals	R. P. Kelly		39						0	4	4	4	0	12		
Emory University		AF	39	21	624	2	50									6960-7920 P
Grady Memorial		ACF	39	52	1,381	13	23	15,748								6960-8400 P
Henrietta Egleston Hospital for Children		C	39	4	237	0	0									
Veterans Admin.		A	39	28	495	10	56	2,200								6213-9320 O
Georgia Baptist	W. W. Lovell	AF	113	51	1,791	15	49	364	2	2	2	0	0	6		O
Augusta																
Medical College of Georgia Hospitals	F. E. Bliven		114						3	3	3	3	0	12		
Eugene Talmadge Memorial	F. E. Bliven	ACF	114	28	596	4	100	6,000								6134-8334 P
University	F. E. Bliven	A	114	38	1,223	28	14	3,685								5534-7334 P
Veterans Admin.	P. E. Sabatelle	A	114	30	350	2	50	1,766								P

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15. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Salary per Year Min.-Max.	Main-tenance O
						Number	Necropsy Percent		1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
OHIO															
Columbus															
Medical Center	J. C. Hughston	AF	15		1,078	7	3	549	2	2	0	0	0	4	
Decatur															
Scottish Rite Hospital for Crippled Children	W. W. Lovell	C	10, 113						0	2	1	0	0	3	
HAWAII															
Honolulu															
Shriners Hospital for Crippled Children	I. J. Larsen	C	2, 86	52	199	0	0	3,421							FP
ILLINOIS															
Chicago															
Michael Reese Hospital and Medical Center	M. Post	ACF		61	330	2	3	7,016	2	2	2	2	0	8	8600-10400
Northwestern University Medical Center															
Children's Memorial	M. O. Tachdjian	C	121	24	1,058	2	50	6,177		2	2	1	1	6	7500-10100
Northwestern University Medical Center-Cook County	J. K. Stack		7					2,119	0	10	10	13	11	44	
Chicago Wesley Memorial	E. L. Compere	ACF	7	72	1,827	13	31	4,442							7500-9000
Cook County	J. T. Hartman	ACF	7, 47	163	6,612	95	4	25,152							9600-12000
Passavant Memorial	J. K. Stack	A	7	21	696	7	71	4,942							7500-9000
St. Anne's	J. J. Callahan	A	7	43	1,081	27	29	3,377							7200
Veterans Admin. Research	E. L. Compere	AF	7	28	427	4	75	824							8940-10940
Evanston (Evanston)	N. C. Mead	AF	7	63	1,759	6	34	12,196							7500-8500
St. Francis (Evanston)	J. J. Fahey	AF	7	75	1,591	4		7,151							9300-10200
Shriners Hospital for Crippled Children	E. A. Millar	C	50	56	470	0	0	5,186							
University of Chicago Hospitals and Clinics	J. Stevens	ACF		32	869	6	57	7,383	2	2	2	1	0	7	8000-9500
University of Illinois Affiliated Hospitals	R. D. Ray		47						5	5	5	5	0	20	
Presbyterian-St. Luke's	R. D. Ray	AF	47	29	912	8	52	2,159							8500-10000
University of Illinois Research and Educational Hospitals	R. D. Ray	ACF	47	75	1,010	6	30	12,820							9600-11400
Veterans Admin. (West Side)	R. Barmada	AF	47	37	660	3	100	1,820	1	0	2	1	0	4	6960-9260
Evanston															
Evanston - See Northwestern Univ. Medical Center-Cook County, Chicago															
St. Francis - See Northwestern Univ. Medical Center-Cook County, Chicago															
Hines															
Veterans Admin.	B. W. Carr	AF	50	81	998	20	55	3,759	3	3	3	3	0	12	8940-10440
Oak Park															
West Suburban	H. A. Sofield	AF	50	48	1,421	15	40	6,193							6960-7460
Park Ridge															
Lutheran General	R. T. Lidge	AF	50	32	798	6	100								9000-12000
Peoria															
St. Francis	J. J. Flaherty	ACF		68	1,877	11	18	5,137	1	1	1	1	0	4	6900-7800
INDIANA															
Fort Wayne															
Lutheran Hospital of Fort Wayne	F. W. Brown	ACF		69	2,048	34	44		1	1	1	0	0	3	...7500
Indianapolis															
Indiana University Medical Center and Affiliated Hospitals	J. Wray		8, 101				20		5	5	5	5	0	20	
Indiana University Hospitals	J. Wray		8, 101	20	594	5	20	7,692							7000-8500
James Whitcomb Riley		C	8, 101												
Robert W. Long		AF	8, 101												
Marion County General	F. R. Brueckmann	ACF	8	44	716	17	18	10,257							
Methodist Hospital of Indiana	F. R. Brueckmann	AF	8	78	1,823	34	36	1,298							8600-10400
St. Vincent's	G. C. Garceau	AF	8	39	1,025	17	53	2,986							7200-9280
Veterans Admin.	J. Wray	AF	8	38	508	6	100	1,405							8350-9550
IOWA															
Iowa City															
University of Iowa Hospitals	C. B. Larson	ACF		67	2,435	12	58	14,250	5	5	5	5	0	20	7000-9000
KANSAS															
Kansas City															
University of Kansas Medical Center	L. F. Peltier	ACF		20	743	5	40	8,282	2	2	2	2	0	8	
Wichita															
St. Francis	H. O. Marsh	ACF	106	72	2,061	13	23	1,634	3	3	3	0	0	9	8100-8700
Veterans Admin. Center	F. W. Robinson	AF	106	19	267	2	100	756							6640-7570
Wesley Medical Center	C. D. Hensley, Jr.	AC	106	38	1,458	7	28	1,090							7800-8700
KENTUCKY															
Lexington															
University of Kentucky-Lexington Residency Program	T. D. Brower		59	159	3,000	6	50	6,800	0	3	3	3	0	9	
University	T. D. Brower	AF	59	20	500	1	100	1,800							6560-8960
Veterans Admin.	T. D. Brower	AF	59				0	512							5790-6990
Shriners Hospital for Crippled Children	T. D. Yocum	C	7,59	45	326	0	0	3,087							
Good Samaritan	K. R. Thompson	ACF	59	30	1,289	17	6	156							5560-6760
St. Joseph	W. K. Massie	ACF	59	25		9	11	64							5560-7360
Louisville															
University of Louisville Affiliated Hospitals	J. W. Harkess		9						4	4	4	4	0	16	
Kosair Crippled Children	J. W. Harkess	C	9	57	1,182	0	0	12,304							6500-7100
Louisville General	J. W. Harkess	AF	9	32	731	17	59	5,885							7100-8600
Veterans Admin.	O. J. Hurt	AF	9	37	621	11	56	3,263							6100-6800

APPROVED RESIDENCIES

15. ORTHOPEDIC SURGERY--Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
						Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
LOUISIANA																
Monroe																
E. A. Conway Memorial	A. R. Altenberg	A	56	5	312	7	0	3,229	0	0	2	0	0	2	12000-...	P
New Orleans																
Charity Hospital of Louisiana																
Louisiana State University																
Division	I. Cahen	ACF		76	1,047	45	9	14,746	3	3	3	3	0	12	5400-6000	F
Tulane University Division	J. Wickstrom	ACF	10, 110	71	1,168	32	28	16,239	4	4	3	3	0	14	5400-6000	F
Ochsner Foundation	A. W. Dunn	ACF	56	34	1,020	8	50	15,069	2	2	2	2	0	8	6500-8000	P
Touro Infirmary	H. R. Soboloff	ACF	10						1	1	1	1	0	4	6211-8216	
Veterans Admin.	R. H. Alldredge	AF	10	46	640	18	44	4,735	1	1	1	1	0	4	6525-7125	O
Pineville																
Huey P. Long Charity	T. E. Banks	AF	10	12	332			2,629	0	0	1	1	0	2		
Shreveport																
Confederate Memorial Medical Center	C. Reed, Jr.															
Shriners Hospital for Crippled Children	D. W. Mc Kay	ACF	43	40	1,527	9	22	5,488	3	3	3	3	0	12	5400-6000	F
	D. W. Mc Kay	C	10,43	52	244	0	0	1,648	0	0	3	0	0	3		P
MARYLAND																
Baltimore																
Children's	G. O. Eaton	C	57	94	2,418	1		2,153								
James Lawrence Kernan	A. F. Voshell	C	20,88	72	1,195	2	0	3,430	0	0	0	4	0	4	6200-7600	F
Johns Hopkins	R. A. Robinson	ACF	57	58	1,320	11	27	9,731	4	4	3	1		12	7000-...	P
Baltimore City Hospitals	G. Schmeisser	ACF	57	Inc. in Surg.				6,251							6000-7500	P
University of Maryland	G. N. Austin	AF	88	18	597	7	0	6,575	3	2	2	2	0	9	7100-8900	P
MASSACHUSETTS																
Boston																
Boston City	A. A. Thibodeau	AF	13, 45, 66	66	1,295	22	31	18,306	0	0	4	4	0	8	8100-9000	
Carney	R. M. Kilfoyle	AF	45	37	748	14	28	7,661	2	2	2	0	0	6	6600-8100	O
Children's Hospital Medical Center	A. M. Pappas	C	11	68	1,903	1	0	15,879	12	0	7	3	0	22	6600-11000	O
Lahey Clinic	R. E. Leach	A	66	34	965	1	0	6,587	4	0	0	0	0	4	7300-7300	O
Massachusetts General	M. J. Glimcher	ACF	11	210	2,951	20	40	14,327	12	12	12	12	0	48	7300-10000	O
Peter Bent Brigham	H. H. Banks	AF	11	27	654			5,323	0	0	2	0	0	2	10000-10000	P
Veterans Admin. (Jamaica Plain) ²⁰⁷	A. A. Thibodeau	AF	13	47	1,175	9	3	3,032	0	1	1	0	1	3	7300-10000	O
Veterans Admin. (West Roxbury)	J. B. Mc Ginty	A	11	13	156	0	0	1,178	0	0	1	0	1	2	6600-10000	O
Canton																
Massachusetts Hospital School	A. Thibodeau, R. Kilfoyle	C	13,45,66	115	67	0	0	0								
Lakeville																
Lakeville	P. L. Norton	C	13,45,66	132	236	9	66	470							10168-...	PO
Springfield																
Shriners Hospital for Crippled Children	J. D. Fisher	C	66	56	349	2	100	3,811								FP
Worcester																
Worcester City	W. Eddy	ACF	78	46	1,080	14	36	11,220	2	2	2	0	0	6	6595-8932	F
Memorial	V. S. Johnson	AF	78	35	1,227	8	62	193	1	0	0	0	0	1	6300-...	F
St. Vincent	W. Eddy	AF	78	39	880	25	28	5,360							6600-8100	P
MICHIGAN																
Allen Park																
Veterans Admin. - See Wayne State University Affiliated Hospitals, Detroit																
Ann Arbor																
University of Michigan Affiliated Hospitals	W. S. Smith		74						6	4	5	0	0	15		
University	W. S. Smith	ACF	74	45	1,207	3	67	10,306							6300-7200	O
St. Joseph Mercy	G. H. Bauer	A	74	55	1,629	16	38	13,220							8940-8940	O
Wayne County General (Eloise)	H. Kaufer	F	74	33	749	43	27	5,163							8376-10233	F
Detroit																
Henry Ford	H. M. Frost	ACF		49	1,632	8	50	23,205	5	5	5	5	0	20	7000-8900	P
Wayne State University Affiliated Hospitals	H. E. Pedersen		12						0	5	5	5	0	15		
Veterans Admin. (Allen Park)	R. H. Ramsey	A	12	33	365	1	100	1,732							7815-9015	O
Children's Hospital of Michigan	A. J. Day	C	12	13	481	0	0	4,307							7500-8400	P
Detroit General	H. E. Pedersen	AF	12	41	977	31	65	8,213							7700-8600	P
Grace	W. H. Blodgett	A	12	33	1,770	3	67	520							9000-9000	P
Harper	A. J. Day	A	12	32	806	10	40	1,328							9000-9600	
Eloise																
Wayne County General - See University of Michigan Affiliated Hospitals, Ann Arbor																
Grand Rapids																
Blodgett Memorial	A. B. Swanson	ACF	20	87	1,730	23	74	3,077	1	1	1	2	0	5	7500-8400	P
St. Mary's	G. T. Aitken	ACF		50	1,692	36	44	4,222	1	1	1	1	0	4	7500-8400	P
Kalamazoo																
Borgess-Bronson Hospitals																
Orthopedic Residency	C. M. Hanson		126						2	2	2	2	0	8	6900-7800	F
Borgess		ACF	126	43	1,440	22	41	411								
Bronson Methodist		ACF	126	37	1,118	17	35	590								
MINNESOTA																
Minneapolis																
Fairview	W. J. Kane	AF	89	336	9,996	307	41	10,900	4	4	4	4	0	16	6500-7500	
Hennepin County General	M. J. Nydahl	AF	89	5	124	0	0	3,227	2	2	2	2	0	8	6250-8250	P
St. Mary's	W. J. Kane	AF	89	49	1,364	6	66	21							6500-7500	
Shriners Hospital for Crippled Children	D. R. Lannin	C	16	47	279	0	0	2,061	0	0	2	0	0	2		
University of Minnesota Hospitals	J. H. Moe	ACF	80,89	45	519	4	75	4,378	4	4	4	4	0	16	5500-5500	O
Veterans Admin.	R. Premer	AF	16,80	66	874	0	0	1,628	4	3	3	3	0	13	6000-8000	

15. ORTHOPEDIC SURGERY - Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Salary per Year Min.-Max.	Main-tenance O	
						Number	Neurology Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
MINNESOTA - Continued																
Rochester																
Mayo Graduate School of Medicine ²⁸	M. B. Coventry	...	121	171	6,962	34	68	60,606	16	16	16	16	0	64	5400-8000	P
Rochester Methodist	...	ACF	121	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	ACF	121	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul																
Gillette State Hospital for Crippled Children	J. H. Moe	C	16,89	89	985	1	100	19,098	...	...	...	...	...	...	6564-8564	...
St. Paul-Ramsey	T. Comfort	F	80	35	756	14	71	5,111	...	...	...	...	...	...	5500-8000	...
MISSISSIPPI																
Jackson																
University of Mississippi Medical Center	P. S. Derian	...	6	...	...	...	...	...	2	2	1	3	0	8	...	...
University	P. S. Derian	ACF	6	25	791	3	33	5,407	...	...	...	...	...	...	5100-7100	O
Veterans Admin. Center	W. F. Owens, Jr.	AF	6	27	306	4	100	2,500	...	...	...	...	...	...	5450-7780	...
MISSOURI																
Columbia																
University of Missouri Medical Center	L. Litton	ACF	...	19	699	4	50	5,786	1	1	2	0	0	4	6500-7500	P
Kansas City																
Children's Mercy	R. H. Kiene, J. L. Barnard	C	18	10	282	0	0	5,155	3	2	3	2	0	10	6900-7425	...
Kansas City General Hospital and Medical Center	R. H. Kiene	AF	18	31	530	24	52	4,894	1	0	2	0	0	3	7785-9170	F
St. Luke's	R. H. Kiene, J. L. Barnard	ACF	18	...	...	...	...	...	3	2	3	2	0	10	7200-9000	...
Veterans Admin.	J. L. Barnard	AF	18	21	459	7	29	923	...	...	...	...	...	...	6900-8790	P
St. Louis																
Barnes Hospital Group	F. C. Reynolds	ACF	60	75	2,160	1	0	4,298	5	5	5	5	0	20	6500-8500	O
St. Louis City	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Washington University Service	G. Schoedinger	F	60	15	326	16	11	2,802	...	...	...	...	...	...	6770-7836	O
St. Louis University Service	S. Wayne	F	46	16	325	16	11	2,801	...	...	...	...	...	...	6770-7836	O
St. Louis University Group of Hospitals	D. E. O' Reilly	ACF	46	73	1,898	31	42	7,280	2	2	2	2	0	8	6600-7500	O
Shriners Hospital for Crippled Children	G. E. Scheer	C	60	89	872	0	0	7,892	...	...	...	...	...	...	...	F
Veterans Admin.	F. C. Reynolds	A	60	30	485	7	86	1,405	...	...	...	...	...	...	6840-8040	P
NEBRASKA																
Lincoln																
Nebraska Orthopedic	F. Teal	C	4	50	853	1	100	...	...	...	...	...	...	...	4296-5496	P
NEW HAMPSHIRE																
Hanover																
Dartmouth Medical School Affiliated Hospitals	L. W. Hall	...	82	...	...	...	...	6,354	2	2	2	0	0	6	7500-9000	O
Mary Hitchcock Memorial	...	AF	82	27	687	4	50	6,354	...	...	...	...	...	...	...	...
Veterans Admin. Center (White River Junction, Vt.)	...	AF	82	16	285	1	100	1,118	...	...	...	...	...	...	...	...
NEW JERSEY																
Camden																
Cooper	H. H. Sherk, K. E. Haines	ACF	...	32	1,132	21	15	1,688	1	1	1	0	0	3	8000-9000	F
East Orange																
Veterans Admin. - See New Jersey College of Med. Affiliated Hospitals, Newark	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jersey City																
Jersey City Medical Center	A. Francis	ACF	...	30	658	31	0	3,810	0	2	2	1	0	5	8500-9500	O
Long Branch																
Monmouth Medical Center	B. M. Halbstein	ACF	...	51	1,306	20	53	1,685	1	2	1	1	0	5	8000-9500	P
Newark																
New Jersey College of Medicine Affiliated Hospitals	V. A. Scudese	...	102	...	...	...	...	...	2	2	2	2	0	8	9500-11000	P
Veterans Admin. (East Orange)	J. J. Amster	A	102	38	355	10	70	625	...	...	...	...	...	...	...	...
Martland	V. A. Scudese	ACF	102	80	918	22	23	7,800	...	...	...	...	...	...	...	P
United Hospitals of Newark-Hospital for Crippled Children	P. Willner	AC	...	82	2,318	9	0	6,283	...	...	...	...	...	...	7692-9492	O
Orange																
Hospital Center at Orange	C. I. Nadel	ACF	122	53	1,326	12	50	16,959	2	2	2	0	0	6	7800-9300	FP
New Jersey Orthopaedic	...	...	122	...	...	...	...	...	...	...	...	...	...	...	...	...
Orange Memorial	...	...	122	...	...	...	...	...	...	...	...	...	...	...	...	...
Paterson																
St. Joseph's	R. R. Goldenberg	ACF	...	47	1,302	18	50	2,231	2	2	1	0	0	5	9000-9600	...
NEW MEXICO																
Albuquerque																
University of New Mexico Affiliated Hospitals	J. K. Weaver	...	93	...	...	...	...	...	2	2	2	2	0	8	...	...
Bernalillo County Medical Center	J. K. Weaver	AF	93	11	361	6	50	2,821	...	...	...	...	...	...	6060-6720	P
Veterans Admin.	L. M. Overton	AF	93	27	289	4	100	1,068	...	...	...	...	...	...	6310-8550	P
Truth Or Consequences																
Carrie Tingley Crippled Children's	R. M. Jameson	C	4, 75, 93	80	427	1	0	4,485	...	...	...	...	...	...	6200-6200	P
NEW YORK																
Albany																
Albany Medical Center	C. Campbell	ACF	55	61	1,611	5	80	1,387	4	4	4	3	0	15	8100-11500	P
Veterans Admin.	C. J. Campbell	A	55	9	304	4	50	598	...	...	...	...	...	...	8400-11800	...

APPROVED RESIDENCIES

15. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
						Number	Neeropy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK—Continued																
Buffalo																
Buffalo General	B. E. Obletz	AF	24	4	1,236	29	7	798	2	2	2	2	0	8	7805-9200	P
Children's Hospital of Buffalo	J. D. Godfrey	C	24,107	18	590	1	100	1,216	0	0	4	0	0	4	7805-10020	P
Edward J. Meyer Memorial	E. R. Mindell	AF	24,107	26	403	7	43	2,656	2	2	2	2	0	8	7805-10020	P
Veterans Admin.	R. B. Erickson	AF	24,107	64	571	9	67	890	0	0	0	2	0	2	7880-8660	O
East Meadow																
Meadowbrook	A. Potenza	F	38	43	833	4	50	4,071	3	3	3	3	0	12	8500-10000	F
Mineola																
Nassau	J. C. Dunn	AF	38	42	1,422	9	11	417	2	2	2	0	0	6	9000-10000	P
New York City																
Albert Einstein College of Medicine																
Affiliated Hospitals	A. J. Helfet		112						5	4	4	5	0	18	8250-10750	F
Bronx Municipal Hospital Center		ACF	112	45	872	2	50	10,320								
Hospital of the Albert Einstein College of Medicine		AF	112													
Lincoln		ACF	112	25	443	5	0	9,861								
Brookdale Hospital Center	A. Kenin	ACF		24	1,197	2	50	3,251	2	2	2	0	0	6	10000-11000	P
Catholic Medical Center of Brooklyn and Queens																
St. Charles Division	F. P. Vaccarino	C	20,103	22	447	0	0	6,194	4	0	0	0	0	4	8250-9750	P
Columbus	M. E. Stella	F	51	58	930	36	38	3,071	0	2	0	0	0	2	7500-8500	F
Harlem Hospital Center	M. L. Shelton	ACF		62	562	24	100	8,109	2	2	2	0	0	6	8250-9250	F
Hospital for Joint Diseases and Medical Center	H. J. Mankin	ACF	125	168	3,463	39	13	33,231	6	5	4	8	0	23	9500-11500	P
Hospital for Special Surgery	R. L. Patterson, Jr.	ACF	22	170	3,196	27	58	35,174	6	6	6	6	0	24	11000-13000	P
House of St. Giles the Cripple	J. W. Fielding	C	26,41	21	180	0	0	9,384							...9000	F
Jewish Hospital and Medical Center of Brooklyn	L. J. Koven	AF	84	36	607	21	0	3,601	2	2	2	2	0	8	9500-11000	O
Kingsbrook Jewish Medical Center	M. Schneider	C	84	39	334	9		2,864	0	2	1	0	0	3	8500-10500	O
Kings County Hospital Center ²⁴³	L. S. Lavine	ACF	73	61	844	17	24	10,636	0	4	4	4	0	12	8250-10750	F
Lenox Hill	S. S. Gaynor	AF	103	50	1,143	5	100	3,523	1	1	1	0	0	3	10000-12500	P
Maimonides Medical Center Training Program			73						2	2	2	0	0	6		
Maimonides Medical Center	H. Pearlman	AF	73	24	528	21	5	4,013							9500-11500	P
Coney Island	D. W. Wilson	AF	73	23	371	4	0	4,952							10250-11250	P
Montefiore Hospital Training Program	B. B. Greenberg		125						3	3	3	0	0	9	10250-11750	P
Montefiore Hospital and Medical Center		ACF	125	45	602	7	29	3,177								
Morrisania City		ACF	125	44	712	9	0	3,545								
Mount Sinai Hospital Training Program	R. S. Siffert		65						0	3	3	4	0	10		
Mount Sinai	R. S. Siffert	ACF	65	52	394	2	0	7,200							10250-11750	P
City Hospital Center at Elmhurst	A. Schein	AF	65	64	794	44	28	6,496							9750-11750	P
New York Medical College-Metropolitan Hospital																
Center	A. A. Michele		67						6	6	6	6	2	26	8000-10500	P
Unit 1 - Flower and Fifth Avenue Hospitals		AF	67	19	419	4	25									
Unit 2 - Metropolitan		ACF	67	316	759	23	10	11,854								
New York Polyclinic Medical School and Hospital																
	J. W. Fielding	AF	26	26	413	5	0	1,957	0	2	0	0	0	2	9100-9100	P
New York University Medical Center²³⁹																
Bellevue Hospital Center	W. A. L. Thompson	ACF	51	42	1,547	1	0	10,114	5	5	5	0	0	15		
University		A	51	40	862	13	44									
Veterans Admin. (Manhattan)		AF	51	34	450	3	67								8700-10200	O
Presbyterian	F. E. Stinchfield	ACF	128	142	3,481	19	15	31,497	6	6	10	2	0	24	11000-12500	O
Queens Hospital Center	J. Manly	ACF		72	1,087	63	61	8,697	2	2	0	0	0	6	10000-11500	P
St. Luke's Hospital Center	F. R. Thompson	ACF	41	70	1,305	28	21	9,442	3	2	2	0	0	7	10500-11500	P
St. Vincent's Medical Center of Richmond	J. W. Fielding	AF	26	26	565	9	11	1,261	2	0	0	0	0	2	10500-11000	O
Veterans Admin. (Bronx)	R. L. Patterson	AF	22	44	745	9	23	1,190	0	2	0	2	0	4	9750-11750	P
Port Jefferson																
St. Charles	J. S. Consoli	C	38, 127	20	530	0	0	2,829	0	0	2	2	0	4	7000-7000	P
Rochester																
Rochester General	L. R. Callin	A	31	32	909	13	38	426							10000-10000	P
Strong Memorial Hospital of the University of Rochester ²⁷²	F. N. Zuck	ACF	31	48	1,164	9	56	4,000	3	3	3	1	0	10		P
Schanectady																
Ellis Hospital-Sunnyview Rehabilitation Center	W. A. Dunham, W. E. Gazeley	ACF	104						2	1	1	0	0	4		FP
Ellis			104	54	1,677	19	53	475							7260-8520	FP
Sunnyview Rehabilitation Center			104	53	543	3	0	26,183								
Syracuse																
S. U. N. Y. Upstate Medical Center	D. G. Murray		48	131	2,896	26	43	16,948	3	3	3	3	0	12	9400-11400	O
Crouse Irving-Memorial		ACF	48													
State University Hospital, Upstate Medical Center		AF	48													
Veterans Admin.	R. O. Becker	A	48	31	355	8	88	805								
Utica																
Children's Hospital and Rehabilitation Center of Utica	D. Murray	C	48	46	1,290	5	60	1,916								
West Haverstraw																
New York State Rehabilitation	A. Garrett	C	128													
NORTH CAROLINA																
Chapel Hill																
North-Carolina Memorial	F. C. Wilson	ACF	81	23	6181	2	50	8,005	3	3	3	3	0	131	6500-9000	O

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APPROVED RESIDENCIES

15. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Salary per Year Min.-Max.	Main-tenance	
						Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
NORTH CAROLINA—Continued																	
Charlotte																	
Charlotte Memorial	J. S. Gaul	ACF		118	3,475	30	17	3,804	2	2	2	2	0	8	6900-8100	P	
Durham																	
Duke University Affiliated Hospitals	J. L. Goldner								5	5	5	5	5	25			
Duke University Medical Center ⁶⁷	J. L. Goldner	ACF	19, 20	36	1,618	2	50	7,345							6500-8500	P	
Veterans Admin.	D. E. Mc Collum	AF	19	24	493	9	56								5500-8550		
Gastonia																	
North Carolina Orthopedic	G. R. Miller	C	19, 81	116	298	1	0	4,719	0	0	0	2	0	2	6500-6500	P	
Winston-Salem																	
Bowman Gray School of Medicine									3	3	3	0	0	9			
Affiliated Hospitals			77														
Forsyth Memorial	J. T. Hayes	ACF	77	57	1,827	23	17	746							7500-8500	P	
North Carolina Baptist Hospitals	J. T. Hayes	ACF	77	22	681	8	25	3,884							6500-8500	P	
OHIO																	
Akron																	
Akron City	W. A. Hoyt	AF	15	77	1,889	20	35	610	2	2	2	2	0	8	8420-10040	P	
Akron General	H. W. O' Dell	AF	58	66	1,449	21	62	911	2	2	2	2	0	8	8400-9600	P	
Children's Hospital of Akron	W. Hoyt, Jr.	C	15, 58	34	1,495	0	0	3,143	0	2	2	0	0	4	7780-9340	P	
Cincinnati																	
Good Samaritan	N. J. Giannestras	C	118	98	2,460	30	433	559								P	
University of Cincinnati Hospital									0	2	2	4	0	8			
Group	J. A. Freiberg	C	17	7	274			861									
Children's	J. A. Freiberg	AF	17	23	585	1	0	4,155							6340-7240	P	
Cincinnati General	J. A. Freiberg	AF	17	36	949	17	41	451							7560-8160	P	
Jewish	I. M. Zeligs	AF	17	22	268	1	0	860							6888-8550	O	
Veterans Admin.	J. A. Freiberg	AF	17														
Cleveland																	
Case Western Reserve University									8	8	8	0	0	24			
Affiliated Hospitals	C. H. Herndon		27														
Cleveland Metropolitan General	R. P. Mack	ACF	27	22	473	2	50	8,369							7500-8760		
University Hospitals of Cleveland	C. H. Herndon	ACF	27	71	1,549	11	9	7,763							8000-9000	P	
Cleveland Clinic	C. M. Everts	ACF	42	43	1,232	2	100	16,464	3	3	3	0	0	9	7100-8500	P	
Mount Sinai Hospital of Cleveland	A. W. Tramer	ACF	101	58	1,522	6	60	3,126	2	2	2	0	0	6	8500-10200	P	
St. Luke's	J. E. Brown	ACF		39	1,064	4	33	1,893	2	2	2	2	0	8	7600-10000	P	
St. Vincent Charity	K. S. Alfred	F	42	30	839	10	30	1,868	1	0	1	0	0	2	7100-8500	P	
Veterans Admin.	V. H. Frankel	A	27	53	617	11	36	1,423							6850-9250	P	
Columbus																	
Children's	P. H. Curtiss	C	25, 98, 99	21	983	0	0	4,846	0	0	2	2	0	4			
Mount Carmel	H. B. Lacey	AF	25	53	1,591	25	52	1,092	1	1	1	1	0	4	6300-9000	P	
Ohio State University Hospitals	P. H. Curtiss, Jr.	AF	99	31	897	3	66	1,745	2	2	2	2	0	8	5400-7000	P	
Riverside Methodist ⁶⁸	J. T. Leach	AF	98	558	1,485	13	39	1,590	1	1	1	1	0	4	7800-9000	P	
Elyria																	
Elyria Memorial	W. L. Hassler	ACF		25	1,520	13	46	10,521	1	1	1	1	0	4	7200-8100	F	
Toledo																	
Medical College of Ohio at Toledo																	
Affiliated Hospitals			69						1	1	1	1	0	4	7500-8400	P	
Maumee Valley	J. A. Gosman	AF	69	12	340	15	47	1,283									
St. Vincent Hospital and Medical Center	H. M. Rosenblatt	ACF	69	36	1,210	14	29										
Youngstown																	
Youngstown	G. W. Cook	AF	71	56	1,609	59	41	757	1	1	0	0	0	2	10600-10900	P	
OKLAHOMA																	
Oklahoma City																	
University of Oklahoma Medical Center	D. H. O' Donoghue			53						5	5	5	5	0	20	5730-9600	P
Bone and Joint	S. Tkach	AF	53	60	2,426	19	32										
St. Anthony	D. H. O' Donoghue	AF	53	56	2,338	22	50	2,001									
University of Oklahoma Hospitals	D. H. O' Donoghue	ACF	53	25	709	2		7,116									
Veterans Admin.	G. R. Frank	AF	53	25	540	4	50	4,010									
OREGON																	
Portland																	
Emanuel	R. Zimmerman	AF	28	92	2,687	21	47	609	0	2	1	0	0	3	7800-9600	P	
Shriners Hospital for Crippled Children	E. G. Chuinard	C	28	63	425	0	0	3,092									
University of Oregon Medical School Hospitals and Clinics	W. Snell	AF	28	40	832	23	70	6,879	3	3	3	3	0	12	6600-8400	FP	
Veterans Admin.	W. E. Snell	AF	91	49	572	7	57	1,268	1	0	1	2	0	4	5280-6480	P	
PENNSYLVANIA																	
Danville																	
Geisinger Medical Center	R. D. Heath	ACF		27	861	22	27	16,703	2	2	1	1	0	6	6400-7600	P	
Elizabethtown																	
State Hospital for Crippled Children	J. M. Hunter	C	21, 92	130	298	0	0	5,015	0	0	4	0	0	4	-10954	O	
Erie																	
Hamot	J. J. Euliano	ACF		84	2,542	45	57	5,458	1	1	1	1	0	4	7800-9000	P	
Philadelphia																	
Albert Einstein Medical Center ¹⁹³	I. Stein	ACF		75	1,774	37	46	4,609	2	2	2	2	0	8	6500-8000	P	
Children's Hospital of Philadelphia	S. M. K. Chung	C	23, 72, 87	36	253	0	0	3,347							-6300	P	
Graduate Hospital of the University of Pennsylvania	J. T. Nicholson	A	23	18	446	5	40	1,713	2	2	2	2	0	8	8000-9500	P	
Hahnemann Medical College and Hospital	D. Nagel	AF	92	27	572	13	23	7,120	2	2	2	2	0	8	6500-8000	P	
Hospital of the University of Pennsylvania	E. Ralston, J. Sbarbaro, Jr.	ACF		58	1,253	10	60	5,584	8	8	8	0	0	24	8500-11000	P	
Jefferson Medical College ²⁸⁵	A. F. De Palma	ACF	21	56	1,445	9	88	3,648	5	5	5	5	5	25	8000-9500	O	
Lankenau	J. J. Gartland	AF	23	30	893	7	15	2,819							7500-8700	P	
Pennsylvania	J. Nicholson, H. Wiedner, Jr.	F	23, 87	8	443	8	85	1,940							6200-7100	O	

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15. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
						Number	Neeropy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA, Philadelphia—Continued																
Philadelphia General ^{29*}	A. F. De Palma	ACF		18	260	8	63	2,915	1	1	1	1	0	4	8100-9300	O
St. Christopher's Hospital for Children	J. W. Lachman	C	29	10	373	0	0	747	...	...	...	...	...	...	7200-9600	P
Shriners Hospital for Crippled Children	H. H. Steel	C	29	92	419	0	0	3,289	...	...	...	...	...	...	...	FP
Temple University	J. W. Lachman	AF	29	41	1,150	11	36	5,714	4	3	3	4	0	14	7200-9600	P
Veterans Admin.	J. E. Nixon	A	87	35	476	9	0	3,900	...	...	...	...	...	...	6125-8425	...
Pittsburgh																
Allegheny General	R. F. Botkin	ACF	71	105	2,104	23	30	17,318	3	3	3	3	0	12	9000-9900	P
Hospitals of the University Health Center of Pittsburgh	A. B. Ferguson, Jr.	C	30	...	...	...	...	14,683	1	8	6	6	0	20	...	...
Children's Hospital of Pittsburgh	A. B. Ferguson, Jr.	C	30	32	1,249	4	75	7,970	...	...	...	...	...	...	6000-7500	O
Presbyterian-University	A. B. Ferguson, Jr.	AF	30	59	1,794	7	57	1,982	...	...	...	...	...	...	...	O
St. Francis General	A. B. Ferguson, Jr.	A	30	33	866	8	50	503	...	...	...	...	...	...	7800-9000	FP
Veterans Admin.	P. Laing	AF	30	30	944	8	75	3,448	...	...	...	...	...	...	6000-7800	O
Reading																
Reading	L. C. Yund	AF	72	56	1,014	18	66	7,749	1	1	1	0	0	3	6600-7800	F
PUERTO RICO																
San Juan																
University of Puerto Rico Affiliated Hospitals	A. L. Lugo	ACF		...	...	...	...	...	2	2	2	2	0	8	6300-7500	P
University District	...	...	...	28	275	1	0	7,581	...	...	...	...	...	...	6300-7500	P
I. Gonzalez Martinez Oncologic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6300-8100	...
Municipal Hospital Dr. Rafael Lopez Nussa	...	...	...	16	502	10	90	8,909	...	...	...	...	...	...	6000-6600	F
Veterans Admin.	...	...	...	9	187	0	0	3,916	...	...	...	...	...	...	...	...
RHODE ISLAND																
Providence																
Rhode Island	A. A. Savastano	ACF		82	1,780	27	11	6,229	2	2	2	2	...	8	7600-10000	P
SOUTH CAROLINA																
Charleston																
Medical Center Hospitals	J. A. Siegling	...	52	...	...	...	...	...	2	2	2	2	0	8	...	...
Medical College	J. A. Siegling	ACF	52	15	426	6	73	5,532	...	...	...	...	...	...	5400-7200	O
Charleston County	J. A. Siegling	ACF	52	14	169	5	40	...	...	...	...	...	...	...	...	...
Naval	N. L. Sims, W. J. Mullins	ACF	52	127	1,638	2	50	19,274	...	...	...	...	...	...	...	...
Veterans Admin.	J. A. Siegling	AF	52	...	...	...	...	...	...	...	...	...	...	...	5575-7375	P
Columbia																
Columbia Hospital of Richland County	D. C. Mitchell, Jr.	ACF		70	1,948	33	10	1,688	1	1	1	1	0	4	6600-8400	P
Greenville																
Greenville General	F. H. Stelling	AF	33	96	2,854	25	20	3,190	2	2	2	2	0	8	7500-9000	P
Shriners Hospital for Crippled Children	F. H. Stelling	C	19, 33	59	403	0	0	4,760	0	0	0	3	0	3	...	O
TENNESSEE																
Chattanooga																
Baroness Erlanger	R. C. Coddington	ACF		89	3,096	41	24	2,472	0	3	3	3	0	9	6600-9600	FP
Knoxville																
St. Mary's Memorial	R. G. Brashear	AF	85	64	2,486	12	25	...	1	...	...	...	...	1	...	...
University of Tennessee Memorial Research Center and Hospital	R. G. Brashear	AF	85	33	1,199	10	20	2,007	3	2	1	0	0	6	5600-6240	F
Memphis																
Campbell Foundation and University of Tennessee	L. D. Anderson	...	61	...	...	...	...	...	8	8	8	0	0	24	...	...
City of Memphis Hospitals	H. B. Boyd, L. D. Anderson	AF	61	52	1,066	11	27	8,638	...	...	...	...	...	...	5016-6468	P
Baptist Memorial	H. B. Boyd	AF	61	114	3,765	36	25	733	...	...	...	...	...	...	...	...
Methodist	H. B. Boyd, M. Moore, Jr.	AF	61	89	3,099	34	35	395	...	...	...	...	...	...	3600-8460	P
Le Bonheur Children's	A. J. Ingram	C	61	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	A	61	19	438	4	75	2,648	...	...	...	...	...	...	...	7160-9160	P
Crippled Children's	F. P. Sage	C	61	...	...	...	...	...	...	...	...	...	...	...	...	...
Nashville																
Vanderbilt University Affiliated Hospitals	J. W. Hillman	...	116	...	...	...	...	...	0	5	5	5	0	15	...	...
Nashville Metropolitan General	F. L. Ware	AF	116	13	454	12	42	4,246	...	...	...	...	...	...	...	...
Vanderbilt University	J. W. Hillman	ACF	116	128	2,430	15	27	14,031	...	...	...	...	...	...	...	...
Veterans Admin.	J. F. Connolly	AF	116	38	415	3	33	5,000	...	...	...	...	...	...	...	...
TEXAS																
Dallas																
University of Texas Southwestern Medical School Affiliated Hospitals	C. F. Gregory	...	32	...	...	...	...	...	...	...	...	...	...	16	...	...
Baylor University Medical Center	F. L. Ware	AF	32	117	3,752	26	19	980	...	...	...	...	...	...	...	O
Parkland Memorial	C. F. Gregory	AF	32	42	1,025	20	45	11,000	...	...	...	...	...	...	6360-7320	P
Texas Scottish Rite Hospital for Crippled Children	B. Carrell	C	32	58	797	2	100	8,340	...	...	...	...	...	...	6300-7200	P
Veterans Admin.	V. M. Bryant	AF	75	68	868	10	40	3,274	2	2	2	2	0	8	6440-7340	P
Fort Worth																
Fort Worth Affiliated Hospitals	J. L. Branscum	...	100	...	...	...	...	...	2	2	2	0	0	6	9000-10200	P
Fort Worth Children's Hospital-Fort Worth Medical Center	...	C	100	15	370	0	0	1,100	...	...	...	...	...	...	...	...
Harris Hospital-Fort Worth Medical Center	...	AF	100	61	1,895	31	35
John Peter Smith	...	ACF	100	14	457	9	44	3,278

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15. ORTHOPEDIC SURGERY - Continued

Chief of Service or Program Director	Type of Training	Program Identification	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Salary per Year Min.-Max.	Main-tenance P O	
					Number	Neeropy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
TEXAS - Continued																
Galveston																
University of Texas Medical Branch Hospitals	S. Snodgrass, E. Evans	ACF	51	939	5	60	5,545	3	3	3	3	0	12	6000-8500	P	
Houston																
Baylor University Affiliated Hospitals																
Ben Taub General	J. W. King	ACF	49	31	912	8	22	9,569	0	5	5	5	0	15	6900-9900	P
Methodist	J. W. King	AF	49	84	2,498	9	50	1,873	6900-8700	P
Veterans Admin.	R. L. Brownhill	A	49	34	695	6	17	6,360	6900-8700	P
Hermann ⁹⁸	F. F. Parrish	ACF	85	2,054	16	31	6,771	2	2	2	2	0	8	6300-7200	...	
San Antonio																
University of Texas at San Antonio Teaching Hospitals																
Bexar County Teaching	C. Rockwood, Jr.	AF	95	3	5	5	5	2	20	
Robert B. Green Memorial	C. Rockwood, Jr.	AF	95	40	972	12	50	6,438	7800-10200	P
Santa Rosa Medical Center	J. J. Hinchey	AC	95,117,120	93	2,873	36	31	5,895	6372-7572	P
Temple																
Scott and White Memorial ⁹⁹	R. A. Murray	ACF	77	2,219	8	0	27,899	2	2	2	2	0	8	7200-8400	P	
UTAH																
Salt Lake City																
Latter-Day Saints																
Primary Children's	S. W. Allred	C	63	20	787	2	100	2,239	2	0	0	0	0	2	5700-6600	P
University of Utah Affiliated Hospitals																
University	S. S. Coleman	AF	34	16	560	5	60	7,068	3	3	2	2	0	10	5700-8550	...
Holy Cross	J. N. Henrie	AF	34	35	1,405	8	50	10
St. Mark's	A. Martin	AF	34	32	1,596	4	75	1,688	6000-9400	P
Shriners Hospital for Crippled Children																
Veterans Admin.	A. C. Ruoff, 3d	AF	34	32	508	2	100	1,482	5700-6900	O
VERMONT																
Burlington																
Medical Center Hospital of Vermont	F. T. Hoaglund	ACF	54	1,491	6	83	6,256	1	2	1	1	0	5	6600-8400	O	
White River Junction																
Veterans Admin. - See Dartmouth Med. School Affiliated Hosps., Hanover, N. H.																
VIRGINIA																
Arlington																
National Orthopaedic and Rehabilitation																
	F. W. Rook	ACF	89	2,517	15	47	3,100	1	1	1	1	0	4	7000-8000	F	
Charlottesville																
University of Virginia ²²⁷	W. G. Stamp	ACF	30	1,056	8	63	5,323	3	3	4	3	0	13	5400-6900	O	
Richmond																
Crippled Children's																
Medical College of Virginia	J. T. Tucker	C	35	87	710	1	...	2,196	1	1	1	0	0	3	...	F
Affiliated Hospitals																
Medical College of Virginia-Hospital Division	S. Elmore	...	35	0	4	4	4	0	12
Veterans Admin.	S. Elmore	AF	35	47	1,212	15	40	7,200	5700-6900	P
	C. L. Mc Dowell	A	35	37	509	3	33	1,753	5400-6900	P
WASHINGTON																
Seattle																
University of Washington Affiliated Hospitals																
Children's Orthopaedic Hospital and Medical Center	D. K. Clawson	...	36	5	5	4	4	4	22
Harborview Medical Center	P. Gloyd, L. Stehli	C	36	13	796	0	0	4,220	O
Swedish Hospital Medical Center	D. K. Clawson	AF	36	32	831	15	40	5,138	7008-10008	P
U. S. Public Health Service	J. E. Stewart	AF	36	77	3,288	23	39	7080-9300	P
University	D. K. Clawson	AF	36	35	800	2	50	5,877	7008-10008	P
Veterans Admin.	D. K. Clawson	AF	36	23	775	0	0	6,554	6000-9000	P
Shriners Hospital for Crippled Children (Spokane)	L. R. Fry	A	36	20	293	2	100	P
Spokane																
Shriners Hospital for Crippled Children - See University of Washington Affiliated Hospitals, Seattle																
WEST VIRGINIA																
Morgantown																
West Virginia University Medical Center	J. C. Pickett	ACF	31	727	6	0	4,998	2	2	2	2	0	8	7000-8000	P	
WISCONSIN																
Madison																
University of Wisconsin Affiliated Hospitals																
Madison General	H. W. Wirka	AF	97	43	1,361	18	28	...	4	3	5	4	0	16
St. Mary's	H. W. Wirka	AF	97	19	654	8	25
University Hospitals	H. W. Wirka	ACF	97	50	1,201	10	60	7,559	6000-7500	P
Veterans Admin.	S. C. Rogers	A	97	31	448	6	100	1,861	P
Milwaukee																
Marquette Affiliated Hospitals																
Columbia	B. J. Brewer	AF	37	35	809	6	67	3,811	5	5	4	4	0	18	...	P
Milwaukee Children's	A. Schmidt	...	37	15	626	0	0	2,485	7500-9020	P
Milwaukee County General	R. C. Waisman	C	37	38	1,124	37	62	11,028	7800-9870	P
Veterans Admin. Center (Wood)	B. J. Brewer	AF	37	29	635	5	80	6,057	7600-9400	P

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ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
1.	Sonoma State Hospital.	Eldridge, Calif.	22.	Children's Hospital of Philadelphia.	Philadelphia
	Children's Hospital Medical Center of Northern California.	Oakland, Calif.		Graduate Hospital of the University of Pennsylvania.	Philadelphia
	Highland General Hospital.	Oakland, Calif.		Lankenau Hospital.	Philadelphia
	Samuel Merritt Hospital.	Oakland, Calif.	23.	Pennsylvania Hospital.	Philadelphia
	Children's Hospital and Adult Medical Center.	San Francisco		Buffalo General Hospital.	Buffalo
	Franklin Hospital.	San Francisco		Children's Hospital of Buffalo.	Buffalo
	San Francisco General Hospital.	San Francisco		Edward J. Meyer Memorial Hospital.	Buffalo
	Shriners Hospital for Crippled Children.	San Francisco		Veterans Admin. Hospital.	Buffalo
	H. C. Moffitt-University of California Hospitals.	San Francisco	24.	Children's Hospital.	Columbus, Ohio
	Veterans Admin. Hospital.	San Francisco		Mount Carmel Hospital.	Columbus, Ohio
	Shriners Hospital for Crippled Children.	Honolulu, Hawaii	25.	House of St. Giles the Cripple (Brooklyn).	New York City
2.	Shriners Hospital for Crippled Children.	Los Angeles		New York Polyclinic Medical School and Hospital.	New York City
	Highland General Hospital.	Oakland, Calif.		St. Vincent's Medical Center of Richmond (Staten Island).	New York City
	Veterans Admin. Hospital.	San Francisco	26.	Cleveland Metropolitan General Hospital.	Cleveland
3.	Children's Hospital.	Denver		University Hospitals of Cleveland.	Cleveland
	Denver General Hospital.	Denver		Veterans Admin. Hospital.	Cleveland
	Fitzsimons General Hospital.	Denver	27.	Emanuel Hospital.	Portland, Ore.
	University of Colorado Medical Center.	Denver		Shriners Hospital for Crippled Children.	Portland, Ore.
	Veterans Admin. Hospital.	Denver		University of Oregon Medical School Hospitals and Clinics.	Portland, Ore.
	Nebraska Orthopedic Hospital.	Lincoln, Neb.	28.	St. Christopher's Hospital for Children.	Philadelphia
	Carrie Tingley Crippled Children's Hospital.	Truth or Consequences, N. M.		Shriners Hospital for Crippled Children.	Philadelphia
4.	Hartford Hospital.	Hartford, Conn.		Temple University Hospital.	Philadelphia
	Yale-New Haven Hospital.	New Haven, Conn.	29.	Children's Hospital of Pittsburgh.	Pittsburgh
	Newington Children's Hospital.	Newington, Conn.		Presbyterian-University Hospital.	Pittsburgh
	Veterans Admin. Hospital.	West Haven, Conn.		St. Francis General Hospital.	Pittsburgh
5.	University Hospital.	Jackson, Miss.		Veterans Admin. Hospital.	Pittsburgh
	Veterans Admin. Center.	Jackson, Miss.	30.	Rochester General Hospital.	Rochester, N. Y.
6.	Chicago Wesley Memorial Hospital.	Chicago		Strong Memorial Hospital of the University of Rochester.	Rochester, N. Y.
	Cook County Hospital.	Chicago	31.	Baylor University Medical Center.	Dallas, Texas
	Passavant Memorial Hospital.	Chicago		Parland Memorial Hospital.	Dallas, Texas
	St. Anne's Hospital.	Chicago		Texas Scottish Rite Hospital for Crippled Children.	Dallas, Texas
	Veterans Admin. Research Hospital.	Chicago	32.	Greenville General Hospital.	Greenville, S. C.
	Evanston Hospital.	Evanston, Ill.		Shriners Hospital for Crippled Children.	Greenville, S. C.
	St. Francis Hospital.	Evanston, Ill.	33.	Holy Cross Hospital.	Salt Lake City
	Shriners Hospital for Crippled Children.	Lexington, Ky.		St. Mark's Hospital.	Salt Lake City
7.	James Whitcomb Riley Hospital.	Indianapolis		Shriners Hospital for Crippled Children.	Salt Lake City
	Marion County General Hospital.	Indianapolis		University Hospital.	Salt Lake City
	Methodist Hospital of Indiana.	Indianapolis		Veterans Admin. Hospital.	Salt Lake City
	Robert W. Long Hospital.	Indianapolis	34.	Crippled Children's Hospital.	Richmond, Va.
	St. Vincent's Hospital.	Indianapolis		Medical College of Virginia-Hospital Division.	Richmond, Va.
	Veterans Admin. Hospital.	Indianapolis		Veterans Admin. Hospital.	Richmond, Va.
8.	Kosair Crippled Children's Hospital.	Louisville, Ky.	35.	Children's Orthopedic Hospital and Medical Center.	Seattle
	Louisville General Hospital.	Louisville, Ky.		Harborview Medical Center.	Seattle
	Veterans Admin. Hospital.	Louisville, Ky.		Swedish Hospital Medical Center.	Seattle
9.	Rancho Los Amigos.	Downey, Calif.		U. S. Public Health Service Hospital.	Seattle
	Scottish Rite Hospital for Crippled Children.	Decatur, Ga.		University Hospital.	Seattle
	Charity Hospital of Louisiana.	New Orleans, La.		Veterans Admin. Hospital.	Seattle
	Tulane University Division.	New Orleans, La.		Shriners Hospital for Crippled Children.	Spokane, Wash.
	Touro Infirmary.	New Orleans, La.	36.	Columbia Hospital.	Milwaukee
	U. S. Public Health Service Hospital.	New Orleans, La.		Milwaukee Children's Hospital.	Milwaukee
	Veterans Admin. Hospital.	New Orleans, La.		Milwaukee County General Hospital.	Milwaukee
	Huey P. Long Charity Hospital.	Pineville, La.		Veterans Admin. Center (Wood).	Milwaukee
	Shriners Hospital for Crippled Children.	Shreveport, La.	37.	Meadowbrook Hospital.	East Meadow, N. Y.
10.	Children's Hospital Medical Center.	Boston		Nassau Hospital.	Minola, N. Y.
	Massachusetts General Hospital.	Boston		St. Charles Hospital.	Port Jefferson, N. Y.
	Peter Bent Brigham Hospital.	Boston	38.	Emory University Hospital.	Atlanta, Ga.
	Veterans Admin. Hospital (West Roxbury).	Boston		Grady Memorial Hospital.	Atlanta, Ga.
11.	Children's Hospital of Michigan.	Detroit		Henrietta Egleson Hospital for Children.	Atlanta, Ga.
	Detroit General Hospital.	Detroit		Veterans Admin. Hospital.	Atlanta, Ga.
	Grace Hospital.	Detroit	39.	Crippled Children's Hospital.	Phoenix, Ariz.
	Harper Hospital.	Detroit		Shriners Hospital for Crippled Children.	Los Angeles
12.	Boston City Hospital.	Boston		Letterman General Hospital.	San Francisco
	Veterans Admin. Hospital (Jamaica Plain).	Boston		Shriners Hospital for Crippled Children.	San Francisco
	Massachusetts Hospital School.	Canton, Mass.	40.	House of St. Giles the Cripple (Brooklyn).	New York City
	Lakeville Hospital.	Lakeville, Mass.		St. Luke's Hospital Center.	New York City
13.	District of Columbia General Hospital (Crippled Children's Unit).	Washington, D.C.	41.	Cleveland Clinic Hospital.	Cleveland
	Georgetown University Hospital.	Washington, D.C.		St. Vincent Charity Hospital.	Cleveland
	Sibley Memorial Hospital.	Washington, D.C.	42.	Confederate Memorial Medical Center.	Shreveport, La.
	Veterans Admin. Hospital.	Washington, D.C.		Shriners Hospital for Crippled Children.	Shreveport, La.
	Arlington Hospital.	Arlington, Va.	43.	Children's Hospital.	Birmingham, Ala.
	Medical Center.	Columbus, Ga.		Crippled Children's Clinic and Hospital.	Birmingham, Ala.
14.	Akron City Hospital.	Akron, Ohio		University of Alabama Hospitals and Clinics.	Birmingham, Ala.
	Children's Hospital of Akron.	Akron, Ohio	44.	Veterans Admin. Hospital.	Birmingham, Ala.
	Shriners Hospital for Crippled Children.	Minneapolis		Boston City Hospital.	Boston
	Veterans Admin. Hospital.	Minneapolis		Carney Hospital.	Boston
	Gillette State Hospital for Crippled Children.	St. Paul, Minn.		Massachusetts Hospital School.	Canton, Mass.
16.	Children's Hospital.	Cincinnati	45.	Lakeville Hospital.	Lakeville, Mass.
	Cincinnati General Hospital.	Cincinnati		St. Louis City Hospital.	St. Louis
	Jewish Hospital.	Cincinnati	46.	St. Louis University Group of Hospitals.	St. Louis
	Veterans Admin. Hospital.	Cincinnati		Cook County Hospital.	Chicago
17.	Children's Mercy Hospital.	Kansas City, Mo.		Presbyterian-St. Luke's Hospital.	Chicago
	Kansas City General Hospital and Medical Center.	Kansas City, Mo.		University of Illinois Research and Educational Hospitals.	Chicago
	St. Luke's Hospital.	Kansas City, Mo.	47.	Veterans Admin. Hospital (West Side).	Chicago
	Veterans Admin. Hospital.	Kansas City, Mo.		Crouse Irving-Memorial Hospital.	Syracuse, N. Y.
18.	Duke University Medical Center.	Durham, N. C.		State University Hospital, Upstate Medical Center.	Syracuse, N. Y.
	Veterans Admin. Hospital.	Durham, N. C.		Veterans Admin. Hospital.	Syracuse, N. Y.
	North Carolina Orthopedic Hospital.	Gastonia, N. C.		Children's Hospital and Rehabilitation Center of Utica.	Utica, N. Y.
	Shriners Hospital for Crippled Children.	Greenville, S. C.	48.	Ben Taub General Hospital.	Houston, Texas
19.	Orthopaedic Hospital.	Los Angeles		Methodist Hospital.	Houston, Texas
	Naval Hospital.	Oakland, Calif.		Veterans Admin. Hospital.	Houston, Texas
	Alfred I. DuPont Institute of the Nemours Foundation.	Wilmington, Del.	49.	Shriners Hospital for Crippled Children.	Chicago
	Orange Memorial Hospital.	Orlando, Fla.		Veterans Admin. Hospital.	Hines, Ill.
	James Lawrence Kernan Hospital.	Baltimore		West Suburban Hospital.	Oak Park, Ill.
	Naval Hospital.	Bethesda, Md.	50.	Lutheran General Hospital.	Park Ridge, Ill.
	Naval Hospital.	Chelsea, Mass.		Bellevue Hospital Center.	New York City
	Blodgett Memorial Hospital.	Grand Rapids, Mich.		Columbus Hospital.	New York City
	St. Charles Hospital (Brooklyn).	New York City		University.	New York City
	Duke University Medical Center.	Durham, N. C.	51.	Veterans Admin. Hospital (Manhattan).	New York City
	Naval Hospital.	Philadelphia		Charleston County Hospital.	Charleston, S.C.
20.	State Hospital for Crippled Children.	Elizabethtown, Pa.		Medical College Hospital.	Charleston, S.C.
	Jefferson Medical College Hospital.	Philadelphia		Naval Hospital.	Charleston, S.C.
21.	Hospital for Special Surgery.	New York City	52.	Veterans Admin. Hospital.	Charleston, S.C.
	Veterans Admin. Hospital (Bronx).	New York City		Bone and Joint Hospital.	Oklahoma City
				St. Anthony Hospital.	Oklahoma City
				University of Oklahoma Hospitals.	Oklahoma City
				Veterans Admin. Hospital.	Oklahoma City

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
53.	Children's Hospital of the District of Columbia	Washington, D.C.	87.	Long Beach Community Hospital	Long Beach, Calif.
	Washington Hospital Center	Washington, D.C.		Shriners Hospital for Crippled Children	Los Angeles
54.	Albany Medical Center Hospital	Albany, N. Y.		U. C. L. A. Hospital	Los Angeles
	Veterans Admin. Hospital	Albany, N. Y.	88.	Los Angeles County Harbor General Hospital	Torrance, Calif.
55.	E. A. Conway Memorial Hospital	Monroe, La.		Veterans Admin. Hospital	Portland, Ore.
	Ochsner Foundation Hospital	New Orleans		Shriners Hospital for Crippled Children	Spokane, Wash.
56.	Baltimore City Hospitals	Baltimore	89.	State Hospital for Crippled Children	Elizabethtown, Pa.
	Children's Hospital	Baltimore		Hahnemann Medical College and Hospital	Philadelphia
	Johns Hopkins Hospital	Baltimore	90.	Bernalillo County Medical Center	Albuquerque, N. M.
57.	Akron General Hospital	Akron, Ohio		Veterans Admin. Hospital	Albuquerque, N. M.
	Children's Hospital of Akron	Akron, Ohio		Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N. M.
58.	Good Samaritan Hospital	Lexington, Ky.	91.	Arkansas Children's Hospital	Little Rock, Ark.
	St. Joseph Hospital	Lexington, Ky.		University Hospital	Little Rock, Ark.
	Shriners Hospital for Crippled Children	Lexington, Ky.		Veterans Admin. Consolidated Hospital	Little Rock, Ark.
	University Hospital	Lexington, Ky.	92.	Bexar County Teaching Hospital	San Antonio, Tex.
	Veterans Admin. Hospital	Lexington, Ky.		Robert B. Green Memorial Hospital	San Antonio, Tex.
59.	Barnes Hospital Group	St. Louis		Santa Rosa Medical Center	San Antonio, Tex.
	St. Louis City Hospital	St. Louis	93.	Crippled Children's Hospital	Phoenix, Ariz.
	Shriners Hospital for Crippled Children	St. Louis		William Beaumont General Hospital	El Paso, Texas
	Veterans Admin. Hospital	St. Louis	94.	Madison General Hospital	Madison, Wis.
60.	Baptist Memorial Hospital	Memphis, Tenn.		St. Mary's Hospital	Madison, Wis.
	City of Memphis Hospitals	Memphis, Tenn.		University Hospitals	Madison, Wis.
	Crippled Children's Hospital	Memphis, Tenn.	95.	Veterans Admin. Hospital	Madison, Wis.
	LeBonheur Children's Hospital	Memphis, Tenn.		Children's Hospital	Columbus, Ohio
	Methodist Hospital	Memphis, Tenn.	96.	Riverside Methodist Hospital	Columbus, Ohio
	Veterans Admin. Hospital	Memphis, Tenn.		Children's Hospital	Columbus, Ohio
61.	Baptist Memorial Hospital	Jacksonville, Fla.	97.	Ohio State University Hospitals	Columbus, Ohio
	Duval Medical Center	Jacksonville, Fla.		Fort Worth Children's Hospital-Fort Worth Medical Center	Fort Worth, Tex.
	Hope Haven Children's Hospital	Jacksonville, Fla.		Harris Hospital-Fort Worth Medical Center	Fort Worth, Tex.
62.	Latter-day Saints Hospital	Salt Lake City		John Peter Smith Hospital	Fort Worth, Tex.
	Primary Children's Hospital	Salt Lake City	98.	James Whitcomb Riley Hospital	Indianapolis
63.	Veterans Admin. Hospital	Long Beach, Calif.		Robert W. Long Hospital	Indianapolis
	Orange County Pediatric Orthopedic Program	Orange, Calif.		Mount Sinai Hospital of Cleveland	Cleveland
	Orange County Medical Center	Orange, Calif.	99.	Veterans Admin. Hospital	East Orange, N. J.
	Children's Hospital of Orange County	Orange, Calif.		Martland Hospital	Newark, N. J.
	Fairview State Hospital	Costa Mesa, Calif.	100.	Lenox Hill Hospital	New York City
64.	City Hospital Center at Elmhurst	New York City		St. Charles Hospital (Brooklyn)	New York City
	Mount Sinai Hospital	New York City	101.	Ellis Hospital	Schenectady, N. Y.
65.	Boston City Hospital	Boston		Sunnyview Rehabilitation Center	Schenectady, N. Y.
	Lahey Clinic	Boston	102.	St. Francis Hospital	Wichita, Kans.
	Massachusetts Hospital School	Canton, Mass.		Veterans Admin. Center	Wichita, Kans.
	Lakeville Hospital	Lakeville, Mass.		Wesley Medical Center	Wichita, Kans.
	Shriners Hospital for Crippled Children	Springfield, Mass.	103.	Children's Hospital of Buffalo	Buffalo
66.	New York Medical College—Metropolitan Hospital Center	New York City		Edward J. Meyer Memorial Hospital	Buffalo
	Unit 1—Flower and Fifth Avenue Hospitals	New York City		Veterans Admin. Hospital	Buffalo
	Unit 2—Metropolitan Hospital	New York City	104.	Napa State Hospital	Imola, Calif.
67.	Crippled Children's Clinic and Hospital	Birmingham, Ala.		Mary's Help Hospital	San Francisco
68.	Lloyd Noland Hospital	Fairfield, Ala.		St. Joseph's Hospital	San Francisco
69.	Maumee Valley Hospital	Toledo, Ohio		St. Mary's Hospital and Medical Center	San Francisco
	St. Vincent Hospital and Medical Center	Toledo, Ohio	105.	Children's Hospital	San Diego, Calif.
	Youngstown Hospital	Youngstown, Ohio		Donald N. Sharp Memorial Community Hospital	San Diego, Calif.
	Allegheny General Hospital	Pittsburgh		Mercy Hospital and Medical Center	San Diego, Calif.
70.	Children's Hospital of Philadelphia	Philadelphia		University Hospital of San Diego County	San Diego, Calif.
	Reading Hospital	Reading, Pa.	106.	U.S. Public Health Service Alaska Native Medical Center	Anchorage, Alaska
71.	Coney Island Hospital (Brooklyn)	New York City		U.S. Public Health Service Hospital	San Francisco
	Kings County Hospital Center (Brooklyn)	New York City		Charity Hospital of Louisiana	New Orleans
	Maimonides Medical Center	New York City		Tulane University Division	New Orleans
72.	St. Joseph Mercy Hospital	Ann Arbor, Mich.	107.	Rancho Los Amigos Hospital	Downey, Calif.
	University Hospital	Ann Arbor, Mich.		Children's Hospital of Los Angeles	Los Angeles
	Wayne County General Hospital	Eloise, Mich.		Los Angeles County-U.S.C. Medical Center	Los Angeles
73.	Crippled Children's Clinic and Hospital	Birmingham, Ala.		White Memorial Medical Center	Los Angeles
	Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N. M.	108.	Bronx Municipal Hospital Center	New York City
	Veterans Admin. Hospital	Dallas, Texas		Hospital of the Albert Einstein College of Medicine	New York City
74.	Jackson Memorial Hospital	Miami, Fla.		Lincoln Hospital	New York City
	Variety Children's Hospital	Miami, Fla.	109.	Georgia Baptist Hospital	Atlanta, Ga.
75.	Alfred I. DuPont Institute of the Nemours Foundation	Wilmington, Del.		Scottish Rite Hospital for Crippled Children	Decatur, Ga.
	Veterans Administration Hospital	Wilmington, Del.	110.	Eugene Talmadge Memorial Hospital	Augusta, Ga.
	Forsyth Memorial Hospital	Winston-Salem, N.C.		University Hospital	Augusta, Ga.
	North Carolina Baptist Hospitals	Winston-Salem, N.C.		Veterans Admin. Hospital	Augusta, Ga.
76.	Memorial Hospital	Worcester, Mass.	111.	District of Columbia General Hospital	Washington, D.C.
	St. Vincent Hospital	Worcester, Mass.		District of Columbia General Hospital (Crippled Children's Unit)	Washington, D.C.
	Worcester City Hospital	Worcester, Mass.		Veterans Admin. Hospital	Washington, D.C.
77.	University of Minnesota Hospitals	Minneapolis	112.	Nashville Metropolitan General Hospital	Nashville, Tenn.
	Veterans Admin. Hospital	Minneapolis		Vanderbilt University Hospital	Nashville, Tenn.
	St. Paul-Ramsey Hospital	St. Paul, Minn.		Veterans Admin. Hospital	Nashville, Tenn.
78.	North Carolina Memorial Hospital	Chapel Hill, N.C.	113.	Brooke General Hospital	San Antonio, Texas
	North Carolina Orthopedic Hospital	Gastonia, N.C.		Santa Rosa Medical Center	San Antonio, Texas
79.	Newington Children's Hospital	Newington, Conn.	114.	Long Beach Community Hospital	Long Beach, Calif.
	Mary Hitchcock Memorial Hospital	Hanover, N. H.		U. C. L. A. Hospital	Los Angeles
	Veterans Admin. Center	White River Jct., Vt.		Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.
80.	Children's Hospital of the District of Columbia	Washington, D. C.	115.	Good Samaritan Hospital	Cincinnati
	District of Columbia General Hospital (Crippled Children's Unit)	Washington, D. C.		Orthopaedic Hospital	Los Angeles
	George Washington University Hospital	Washington, D. C.		Veterans Admin. Center—Wadsworth Hospital	Los Angeles
	Veterans Admin. Hospital	Washington, D. C.	116.	Los Angeles County Harbor General Hospital	Torrance, Calif.
	Washington Hospital Center	Washington, D. C.		Santa Rosa Medical Center	San Antonio, Texas
81.	Jewish Hospital and Medical Center of Brooklyn	New York City		Wilford Hall U.S.A.F. Hospital	San Antonio, Texas
	Kingsbrook Jewish Medical Center	New York City	117.	Children's Memorial Hospital	Chicago
82.	St. Mary's Memorial Hospital	Knoxville, Tenn.		Mayo Graduate School of Medicine	Rochester, Minn.
	University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.		Rochester Methodist Hospital	Rochester, Minn.
83.	Shriners Hospital for Crippled Children	Honolulu, Hawaii	118.	St. Mary's Hospital	Rochester, Minn.
	Tripler General Hospital	Honolulu, Hawaii		New Jersey Orthopaedic Hospital	Orange, N. J.
84.	Children's Hospital of Philadelphia	Philadelphia	119.	Orange Memorial Hospital	Orange, N. J.
	Pennsylvania Hospital	Philadelphia		William A Shands Teaching Hospital and Clinics	Gainesville, Fla.
	Veterans Admin. Hospital	Philadelphia		Veterans Admin. Hospital	Gainesville, Fla.
85.	James Lawrence Kernan Hospital	Baltimore	120.	Hospital for Joint Diseases and Medical Center	New York City
	University Hospital	Baltimore		Montefiore Hospital and Medical Center	New York City
86.	Fairview Hospital	Minneapolis, Minn.	121.	Morrisania City Hospital	New York City
	Hennepin County General Hospital	Minneapolis, Minn.		Borgess Hospital	Kalamazoo, Mich.
	St. Mary's Hospital	Minneapolis, Minn.		Bronson Methodist Hospital	Kalamazoo, Mich.
	University of Minnesota Hospitals	Minneapolis, Minn.	122.	St. Charles Hospital	Port Jefferson, N. Y.
	Gillette State Hospital for Crippled Children	St. Paul, Minn.	123.	U. S. Public Health Service Hospital	New York City
				Presbyterian Hospital	New York City
				New York State Rehabilitation Hospital	West Haverstraw, N. Y.

APPROVED RESIDENCIES

16. OTOLARYNGOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Otolaryngology and the American College of Surgeons, through the Residency Review Committee for Otolaryngology, as offering full training in the specialty. Programs, 105; Residencies, 1,056

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
			Number	Neerpsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall U.S.A.F., San Antonio	F. R. Portelli	41	1,607	4	75	23,642	2	2	2	2	0	8	.....	..
UNITED STATES ARMY														
COLORADO														
Fitzsimons General, Denver	R. C. Newell	25	750	1	100	14,570	0	1	1	2	0	4	.....	..
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	E. A. Krekorian	45	1,251	2	50	16,732	0	3	3	3	0	9	.....	..
TEXAS														
Brooke General, San Antonio	R. N. Rupp	19	610	1	100	14,132	0	2	2	2	0	6	.....	..
UNITED STATES NAVY														
CALIFORNIA														
Naval, Oakland	R. K. Middlekauff	28	763	0	0	13,738	2	2	1	2	0	7	.....	..
Naval, San Diego	M. Magi	60	1,613	11	82	18,600	3	3	3	3	0	12	.....	..
MARYLAND														
Naval, Bethesda	G. W. Taylor, Jr.	38	812	5	80	17,361	2	2	2	2	0	8	.....	..
MASSACHUSETTS														
Naval, Chelsea - See Boston University Affiliated Hospitals, Boston														
PENNSYLVANIA														
Naval, Philadelphia	J. H. Ramlo	49	1,151	9	67	12,919	1	1	1	1	...	4	.....	..
UNITED STATES PUBLIC HEALTH SERVICE														
WASHINGTON														
U. S. Public Health Service, Seattle - See University of Washington Affiliated Hospitals, Seattle														
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center	J. J. Hicks, J. N. Hicks	...	...	...	...	...	5	5	5	5	0	20	.....	..
University of Alabama Hospitals and Clinics	.....	14	957	2	0	2,903	...	...	...	...	...	6300-8100	P	
Children's	.....	11	366	7	57	1,570	...	...	...	...	...	6607-9007	O	
Veterans Admin.	.....	...	...	...	...	...	...	...	...	...	...	...	...	...
CALIFORNIA														
Long Beach														
Veterans Admin. ⁶⁶	A. Swirsky	42	472	16	63	5,350	2	2	2	2	0	8	9371-12071	O
Los Angeles														
Los Angeles County-U.S.C. Medical Center	C. Whitaker	35	2,226	27	37	22,682	5	5	5	5	0	20	8100-10116	P
U. C. L. A.	P. H. Ward	8	737	2	50	8,800	6	6	6	6	2	26	6200-9300	O
Los Angeles County Harbor General (Torrance)	R. Strahan	8	586	10	43	6,760	...	...	...	...	...	...	8100-9444	P
Veterans Admin. Center - Wadsworth ⁶⁹	M. J. Acquarelli	35	1,369	32	56	5,922	3	3	3	0	0	9	10043-12071	P
White Memorial Medical Center ¹¹⁶	L. R. House	9	838	5	0	6,572	2	2	1	2	0	7	7860-9460	P
Oakland														
Kaiser Foundation	K. K. Adour	5	869	2	0	15,046	1	1	1	0	0	3	7920-9840	P
Palo Alto														
Veterans Admin. - See Stanford University Affiliated Hospitals, Stanford														
San Francisco														
University of California Program	F. A. Sooy	...	...	...	...	...	1	2	3	3	0	9	.....	..
H. C. Moffitt-University of California Hospitals	F. A. Sooy	13	1,130	2	100	9,224	...	...	...	...	...	...	6200-9600	O
San Francisco General	E. S. Hopp	6	2,254	3	33	...	...	...	...	...	...	...	7116-10248	P
Veterans Admin. ¹³¹	J. A. T. Ross	16	353	5	80	2,188	1	1	1	0	0	3	7761-10893	O
San Jose														
Santa Clara Valley Medical Center - See Stanford University Affiliated Hospitals, Stanford														
Stanford														
Stanford University Affiliated Hospitals	F. B. Simmons	...	...	...	...	...	3	3	3	2	0	11	.....	..
Stanford University	F. B. Simmons	5	3164	1	100	5,964	...	...	...	...	...	...	6500-8000	P
Veterans Admin. (Palo Alto)	R. L. Goode	18	414	7	84	5,240	...	...	...	...	...	...	6190-8930	O
Santa Clara Valley Medical Center (San Jose)	M. F. W. Smith	7	5444	8	38	6,194	...	...	...	...	...	...	7238-9006	F
Torrance														
Los Angeles County Harbor General - See U.C.L.A., Los Angeles														
COLORADO														
Denver														
University of Colorado Affiliated Hospitals	W. G. Hemenway	...	...	...	...	...	3	3	3	3	0	12	.....	..
University of Colorado Medical Center	W. G. Hemenway	36	593	0	0	14,889	...	...	...	...	...	...	5400-6800	P
Denver General	.....	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	C. W. Whistler	12	266	2	100	520	...	...	...	...	...	...	5620-8870	O

APPROVED RESIDENCIES

16. OTOLARYNGOLOGY—Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
			Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
CONNECTICUT														
New Haven														
Yale-New Haven Medical Center	J. A. Kirchner	...	...	...	...	0	3	3	3	0	9	...	...
Yale-New Haven	J. A. Kirchner	11	855	0	0	10,974	...	...	...	...	...	9500-10500	O
Hospital of St. Raphael	H. W. Smith	18	1,042	3	66	787	...	...	...	...	...	9000-10000	F
DISTRICT OF COLUMBIA														
Washington														
Georgetown University Affiliated Hospitals	A. G. Di Biasio	3	3	3	3	2	14
Georgetown University	A. G. Di Biasio	3	420	...	...	4,132	...	...	...	...	...	7500-9000	...
District of Columbia General	A. G. Di Biasio	19	516	8	63	4,302	...	...	...	...	...	7000-10000	P
Veterans Admin.	J. Mc Farland, A. Dibiasio	9	128	3	66	...	...	...	...	...	...	7325-10325	P
Washington Hospital Center ¹⁵⁰	J. J. Sabri	26	3,611†	14	57	4,572	3	3	3	0	0	9	8300-8500	P
FLORIDA														
Gainesville														
University of Florida Affiliated Hospitals	G. T. Singleton	2	2	2	2	0	8
William A. Shands Teaching Hosp. and Clinics	G. T. Singleton	8	593	0	0	4,926	...	...	...	...	...	6500-10000	O
Veterans Admin.	B. Hardcastle	11	179	3	82	1,005	...	...	...	...	...	6596-7860	P
Miami														
University of Miami Affiliated Hospitals	J. R. Chandler	2	3	3	0	0	8
Jackson Memorial	J. R. Chandler	16	805	14	50	6,179	...	...	...	...	...	7550-8650	P
Veterans Admin.	F. W. Pullen, 2d	9	64	7	60	2,404	...	...	...	...	...	7160-8160	O
Tampa														
Tampa General ¹⁵²	W. I. Dunn	18	1,846†	5	60	4,814	2	2	2	0	0	6	9000-10000	FP
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals	J. S. Turner, Jr.	3	3	3	0	0	9
Emory University	J. S. Turner, Jr.	18	861†	16	75	...	...	...	...	...	...	6960-7920	P
Grady Memorial	J. S. Turner, Jr.	12	530	5	0	5,898	...	...	...	...	...	6960-8400	P
Henrietta Eggleston Hospital for Children	J. S. Turner, Jr.	5	878	0	0	...	...	...	...	...	...	6000-7430	...
Veterans Admin.	D. W. Rooker	380	7,115	362	55	52,338	...	...	...	...	...	6480-8400	...
ILLINOIS														
Chicago														
Northwestern University Medical Center	G. A. Sisson	29,991	5	5	5	5	5	25	7500-12000	P
Chicago Wesley Memorial	G. A. Sisson	15	1,352	4	25	2,640	...	...	...	...	...	7500-9000	P
Children's Memorial	J. Elsen	2	537	...	...	2,217	...	...	...	...	...	8500-10100	P
Cook County	J. D. Kerth	42	1,484	44	33	19,025	...	...	...	...	...	9600-12000	...
Michael Reese Hospital and Medical Center	N. Leshin	9	661	3	67	1,789	...	...	...	...	...	8600-10400	P
Passavant Memorial	G. A. Sisson	3	212	1	100	104	...	...	...	...	...	7500-9000	P
Veterans Admin. Research	G. A. Sisson	14	318	11	82	531	...	...	...	...	...	8940-10940	O
University of Chicago Hospitals and Clinics	R. F. Naunton	12	911	12	58	11,727	2	2	2	2	0	8	8000-10000	O
University of Illinois Affiliated Hospitals	A. H. Andrews	6	6	6	0	0	18
Illinois Eye and Ear Infirmary	A. H. Andrews	35	1,550	18	6	23,400	...	...	...	...	...	...	...
Presbyterian-St. Luke's	S. A. Friedberg	24	1,083	6	84	5,294	...	...	...	...	...	8500-10000	P
University of Illinois Research and Educational Hospitals	A. H. Andrews	10	520	13	50	6,550	...	...	...	...	...	10200-11400	P
Hines														
Veterans Admin. ¹⁷⁰	B. J. Soboroff	25	695	12	58	4,395	2	2	2	0	0	6	8940-10440	...
INDIANA														
Indianapolis														
Indiana University Medical Center	D. E. Brown	3	3	3	0	0	9
Indiana University Hospitals	D. E. Brown	7	494	2	0	8,334	...	...	...	...	...	7500-8500	P
Marion County General	D. E. Brown	4	519	7	...	4,443	...	...	...	...	...	6288-7440	...
Methodist Hospital of Indiana	L. E. Morrison	13	2,109	5	40	576	...	...	...	...	...	9200-9800	P
Veterans Admin.	D. E. Brown	10	235	13	62	875	...	...	...	...	...	8350-10150	O
IOWA														
Iowa City														
State University of Iowa Affiliated Hospitals	B. F. Mc Cabe	5	5	5	5	5	25
University of Iowa Hospitals	...	67	3,763	15	67	29,885	...	...	...	...	...	7000-9000	P
Veterans Admin.	...	12	250	6	...	1,579	...	...	...	...	...	6044-9044	P
KANSAS														
Kansas City														
University of Kansas Medical Center	G. O. Proud	19	706	1	0	12,186	2	2	2	2	0	8	...	P
Veterans Admin. (Kansas City, Mo.)	H. A. Knauff	12	396	11	45	996	...	...	...	...	...	6900-8160	P
KENTUCKY														
Louisville														
University of Louisville Affiliated Hospitals	G. I. Uhde	4	4	2	1	0	11
Louisville General	G. I. Uhde	4	232†	2	0	3,494	...	...	...	...	...	7100-8600	P
Children's	G. I. Uhde	4	640	0	0	2,849	...	...	...	...	...	...	...
Veterans Admin.	H. Oppenheim	7	281	1	100	2,082	...	...	...	...	...	6100-6800	O

APPROVED RESIDENCIES

16. OTOLARYNGOLOGY - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary Per Year Min.-Max.	Main-tenance
			Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
LOUISIANA													
New Orleans													
Charity Hospital of Louisiana	21	566	8	50	9,651	2	2	2	2	2	10	5400-6000	F
Louisiana State University Division	27	676	10	20	10,312	2	2	2	2	0	8	5400-6000	F
Tulane University Division	5	554	3	66	6,639	0	2	2	2	0	6	6000-6000	F
Eye, Ear, Nose and Throat ²⁸⁸													
Shreveport													
Confederate Memorial Medical Center	14	973	6	17	5,858	1	1	1	1	0	4	5400-6000	F
MARYLAND													
Baltimore													
Johns Hopkins Affiliated Hospitals	23	1,689	5	60	19,017	3	3	3	3	3	15	7000	P
Johns Hopkins					3,077							6500-7500	P
Baltimore City Hospitals					8,442								P
Greater Baltimore Medical Center	38	4,354	7										P
University of Maryland Affiliated Hospitals						0	3	3	3	0	9	7100-8300	P
University of Maryland	12	796	11	33	8,492								P
Maryland General	11	1,851	0	0	6,702							8250-9000	P
MASSACHUSETTS													
Boston													
Boston University Affiliated Hospitals						0	2	2	2	0	6	8300-10000	O
University	10	519	3	75	1,063							8100-8100	O
Lahey Clinic	21	944	5	20	9,468							6600-10000	O
Veterans Admin. (Jamaica Plain)	11	302	24	8	2,488								O
Naval (Chelsea)	32	384	0	0	3,357								P
Massachusetts Eye and Ear Infirmary	54	4,917	7	43	22,901	0	6	6	6	0	18	7300-9000	P
Tufts University Affiliated Hospitals						0	3	3	3	0	9	7300-9000	P
Boston City	16	1,309	7	14	15,237								P
New England Medical Center Hosps.	1	54	0	0	1,312								P
MICHIGAN													
Allen Park													
Veterans Admin. - See Wayne State University Affiliated Hospitals, Detroit													
Ann Arbor													
University ²²⁹	26	1,112	9	67	11,837	4	4	4	4	0	16	6300-7900	O
Detroit													
Henry Ford	20	1,302	5	100	27,150	3	3	3	3	0	12	7000-8900	P
Wayne State University Affiliated Hospitals						4	4	4	0	0	12	7500-8400	P
Children's Hospital of Michigan	4	598	0	0	3,138							7700-8600	P
Detroit General	13	590	0	0	4,455							9000-9600	P
Harper	31	2,408	13	8	1,273							7815-9015	O
Veterans Admin. (Allen Park)	9	147	2	100	1,434								O
MINNESOTA													
Minneapolis													
University of Minnesota Affiliated Hospitals						6	3	3	4	0	16	6250-8250	P
Hennepin County General	5	344	2	100	3,646							5500-8000	P
University of Minnesota Hospitals	9	503	1	100	4,663							6000-8000	P
Veterans Admin.	21	370	3	100	1,769							5500-8000	O
St. Paul-Ramsey (St. Paul)	7	498	3	0	3,328								O
Rochester													
Mayo Graduate School of Medicine	16	1,589	2	50	61,078	4	4	4	4	0	16	5400-8000	P
Rochester Methodist													P
St. Mary's													P
St. Paul													
St. Paul-Ramsey - See Univ. of Minnesota Affiliated Hospitals, Minneapolis													
MISSISSIPPI													
Jackson													
University of Mississippi Medical Center						2	2	2	2	0	8	5100-6000	O
University	6	458	0	0	2,774							5450-7780	P
Veterans Admin. Center	8	329	6	17	3,022								P
MISSOURI													
Columbia													
University of Missouri Medical Center	3	168	0	0	2,722	1	2	2	2	0	7	6500-8000	P
Kansas City													
Veterans Admin. - See University of Kansas Medical Center, Kansas City, Kan.													
St. Louis													
Homer G. Phillips	11	309	6	17	3,641	2	2	2	2	0	8	6770-7836	P
St. Louis University Group of Hospitals	16	1,765	1	100	3,880	1	1	1	0	0	3	6600-7500	O
Washington University Affiliated Hospitals ²²⁵						5	6	5	3	4	23	6500-8000	O
Barnes Hospital Group	47	3,462	32	51	7,385							6840-8040	P
Veterans Admin.	13	251	14	58	2,060								P
NEBRASKA													
Omaha													
University of Nebraska Affiliated Hospitals						3	3	3	3	0	12	6300-8000	P
University of Nebraska		67			824								P
Bishop Clarkson Memorial	10	1,241	1	100	2,378								P
Douglas County													P
Veterans Admin.	4	110	1	100	1,824							6500-8250	P

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16. OTOLARYNGOLOGY - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
			Number	Necepsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW JERSEY														
Newark														
United Hospitals of Newark, Eye and Ear Infirmary-Martland	W. F. Keim	...	...	...	...	2	2	2	0	0	6	...	...
United Hospitals of Newark Eye and Ear Infirmary	...	3	943	1	0	7,696	...	...	...	...	...	9500-10500	O
Martland	...	9	395	10	50	3,447	...	...	...	...	...	10000-11000	P
NEW YORK														
Albany														
Albany Medical College Affiliated Hospitals	F. Goffin	...	...	...	...	2	2	2	0	0	6	...	...
Albany Medical Center	...	13	813	7	71	2,034	...	...	...	...	...	8800-10500	P
Veterans Admin.	...	9	219	4	50	975	...	...	...	...	...	8400-11800	...
Buffalo														
S.U.N.Y. at Buffalo Affiliated Hospitals	J. M. Lore, Jr.	...	...	...	...	3	4	4	0	0	11	...	...
Buffalo General	...	27	1,716	22	36	1,447	...	...	...	...	...	8270-10020	P
Children's Hospital of Buffalo	...	14	4,218	0	0	1,990	...	...	...	...	...	7805-10020	...
Edward J. Meyer Memorial	...	4	313	2	50	2,154	...	...	...	...	...	7805-9200	P
Veterans Admin.	...	...	...	9	56	275	...	...	...	...	...	6560-8660	O
New York City														
Albert Einstein College of Medicine Affiliated Hospitals	R. J. Ruben	...	...	...	...	3	3	3	3	0	12	8250-10750	F
Bronx Municipal Hospital Center	...	13	646	16	31	4,966	...	...	...	...	...	...	...
Hospital of the Albert Einstein College of Medicine	...	...	...	...	...	...	...	...	...	...	...	...	...
Lincoln	...	10	170	0	0	3,111	...	...	...	...	...	...	...
Brooklyn Eye and Ear	L. Mazarella	43	7,348	6	33	28,539	4	4	4	0	0	12	9500-10500	O
Long Island College	I. A. Polisar	7	615	1	0	3,187	1	1	1	0	0	3	9500-10500	P
Manhattan Eye, Ear and Throat	R. J. Bellucci	35	3,820	4	50	45,584	5	5	5	0	0	15	10000-11000	O
Mount Sinai Hospital Training Program	J. L. Goldman	...	...	...	...	...	4	4	4	0	0	12	...
Mount Sinai	J. L. Goldman	34	5,179	0	0	6,500	...	...	...	...	...	10250-11750	P
City Hospital Center at Elmhurst	K. Morgenstein	13	563	7	14	9,415	...	...	...	...	...	9750-11750	P
New York Eye and Ear Infirmary	E. A. Weymuller	31	3,185	0	0	31,992	5	5	5	0	0	15	9000-10000	P
New York	J. A. Moore	21	1,408	3	1	16,866	1	1	1	1	1	6	9250-12250	P
New York University Medical Center	J. F. Daly	...	...	...	...	...	4	4	4	4	0	16	...
Bellevue Hospital Center	...	70	2,224	10	50	19,701	...	...	...	...	...	8250-10750	F
University	...	16	969	7	29	...	...	...	...	...	...	...	...
Veterans Admin. (Manhattan)	...	25	353	12	58	...	...	...	...	...	...	8700-10200	O
Presbyterian	D. C. Baker, Jr.	27	2,005	10	10	21,577	3	3	2	0	0	8	11000-12000	O
St. Luke's Hospital Center	S. Whitfield	13	825	7	14	9,394	1	1	1	0	0	3	10500-11500	P
State University - Kings County Hospital Center ²⁴⁸	A. Lapidot	3	3	3	3	0	12	8250-10750	F
Kings County Hospital Center	...	35	869	3	0	8,983	...	...	...	...	...	...	...
State University	...	...	341	...	...	1,047	...	...	...	...	...	...	...
Veterans Admin. (Bronx)	J. L. Goldman	19	369	7	14	3,502	1	1	1	0	0	3	9750-11750	P
Rochester														
Strong Memorial Hospital of the University of Rochester	J. P. Frazer	9	760	3	66	3,077	2	0	2	0	0	4	...	P
Syracuse														
S.U.N.Y. Upstate Medical Center	G. F. Reed	42	3,904	16	44	6,230	3	3	3	1	0	10	9400-11400	O
Veterans Admin.	...	11	267	8	63	995	...	...	...	...	...	...	...
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	N. D. Fischer	11	484	2	100	7,034	2	2	2	2	2	10	6000-9000	...
Durham														
Duke University Affiliated Hospitals	W. R. Hudson	3	3	3	2	0	11
Duke University Medical Center	...	12	777	1	100	5,073	...	...	...	...	...	6500-8000	P
Veterans Admin.	...	15	277	4	25	...	...	...	...	...	...	5500-8550	O
Winston-Salem														
North Carolina Baptist Hospitals	J. A. Harrill	9	662	1	...	6,768	1	1	1	1	0	4	...	P
OHIO														
Cincinnati														
University of Cincinnati Hospital Group	D. A. Shumrick	5	5	5	5	5	25
Cincinnati General	...	17	875	9	67	6,363	...	...	...	...	...	6340-7540	P
Veterans Admin.	...	8	183	0	0	725	...	...	...	...	...	6888-8550	O
Cleveland														
Cleveland Clinic	H. E. Harris	11	902	13	0	16,512	2	3	2	0	0	7	7100-8500	P
St. Vincent Charity	S. C. Missal	14	544	4	50	1,768	...	...	...	...	...	...	...
St. Luke's	R. L. Ruggles	12	1,627	6	80	1,796	1	1	1	1	0	4	7600-10000	P
University Hospitals of Cleveland	W. H. Maloney	11	986	4	50	3,654	2	2	2	0	0	6	8000-9000	P
Cleveland Metropolitan General	...	4	302	2	100	5,358	...	...	...	...	...	...	...
Veterans Admin.	...	12	287	13	62	657	...	...	...	...	...	6850-8350	P
Columbus														
Ohio State University Affiliated Hospitals	W. Saunders, H. Birck	4	3	4	3	0	14	5000-7000	P
Ohio State University Hospitals	...	35	4,955	2	100	20,000	...	...	...	...	...	...	...
Children's	...	22	4,959	0	0	3,320	...	...	...	...	...	...	...
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	J. B. Snow, Jr.	3	3	2	2	0	10	6000-7400	P
University of Oklahoma Hospitals	...	12	586	2	100	5,187	
Veterans Admin.	...	15	344	3	100	3,920	

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APPROVED RESIDENCIES

16. OTOLARYNGOLOGY - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
			Number	Neeropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	D. D. De Weese	16	1,062	6	33	7,172	3	3	3	3	0	12	6600-8400	FP
Veterans Admin.	T. C. Ten Eyck	7	31	6	100	421	...	...	...	...	...	...	5280-6480	P
PENNSYLVANIA														
Danville														
Geisinger Medical Center	J. M. Cole	17	1,687	5	60	19,535	2	2	2	2	0	8	6400-7600	P
Philadelphia														
Jefferson Medical College	F. Harbert	17	987	11	27	2,728	5	5	5	5	0	20	8500-9500	O
Philadelphia General	J. B. Reddy	12	530	5	0	8,846	...	...	...	...	...	...	8100-9300	O
Temple University ⁶²	B. J. Ronis	30	1,076	10	50	4,585	3	3	3	3	0	12	7200-9600	P
University of Pennsylvania Affiliated Hospitals														
Children's Hospital of Philadelphia	P. A. Marden	...	...	...	...	...	3	3	3	0	0	9	...	...
Graduate Hospital of the University of Pennsylvania	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hospital of the University of Pennsylvania	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Presbyterian-University of Pennsylvania Medical Center	...	11	730	4	50	3,845	...	...	...	...	...	...	8000-11000	P
Veterans Admin.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pittsburgh														
Hospitals of the University Health Center of Pittsburgh														
Center of Pittsburgh	R. E. Jordan, G. C. Shein	...	...	...	...	...	3	3	3	3	0	12	...	...
Eye and Ear Hospital of Pittsburgh	R. E. Jordan, G. C. Shein	67	6,740	9	11	4,121	...	...	...	...	...	...	7500-9000	O
Veterans Admin.	C. Dimling	15	400	16	19	2,104	...	...	...	...	...	...	6000-7800	O
Mercy	J. T. Dickinson	41	2,457	18	50	2,193	1	1	1	1	1	5	9000-10800	P
PUERTO RICO														
San Juan														
Municipal Hospital Dr. Rafael Lopez Nussa	J. Pico	13	1,048	10	70	7,618	0	3	3	3	0	9	6000-7200	F
RHODE ISLAND														
Providence														
Rhode Island	F. L. Mc Nelis	17	3,016	7	29	2,839	2	2	2	2	0	8	7600-10000	P
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Medical College	R. W. Hanckel, Jr.	8	470	3	33	2,647	3	3	3	3	0	12	5400-7200	O
TENNESSEE														
Memphis														
University of Tennessee Affiliated Hospitals														
City of Memphis Hospitals	C. W. Gross	25	768	5	40	7,946	...	...	...	...	...	...	5016-6468	P
Methodist	...	12	1,218	2	50	1,410	...	...	...	...	...	...	6000-8100	P
Veterans Admin.	T. A. Maguda	18	697	2	50	4,806	1	1	1	0	0	3	7160-9160	P
Nashville														
Vanderbilt University Affiliated Hospitals														
Vanderbilt University	J. Cherry	5	1,872	1	0	2,120	0	2	3	3	0	8	7000-8500	P
Nashville Metropolitan General	J. L. Sawyers	2	129	0	0	2,003	...	...	...	...	...	...	...	...
Veterans Admin.	J. Cherry	9	196	7	100	2,412	...	...	...	...	...	...	...	...
TEXAS														
Dallas														
Parkland Memorial	D. W. Alexander	6	457	1	0	7,172	...	...	...	...	...	6	6660-7320	P
Veterans Admin. ³⁰⁶	D. A. Corgill	36	789	18	72	4,565	0	3	3	3	3	12	6440-7640	P
Galveston														
University of Texas Medical Branch Hospitals														
Hospitals	B. J. Bailey	5	218	2	5	2,961	2	2	2	2	1	9	6500-8500	P
Houston														
Baylor University Affiliated Hospitals														
Ben Taub General	B. R. Alford	7	416	3	33	7,473	0	4	4	4	0	12	...	...
Methodist	J. C. Dickson	12	1,245	0	0	188	...	...	...	...	...	...	6900-9900	P
Veterans Admin.	B. R. Alford	15	433	7	57	3,336	...	...	...	...	...	...	6900-8700	P
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals														
University	G. K. Thomas	5	299	1	0	5,972	3	1	1	1	0	6	6000-8550	...
Veterans Admin.	G. K. Thomas, C. C. Snyder	12	213	4	50	1,184	...	...	...	...	...	...	5700-6900	O
VERMONT														
Burlington														
Medical Center Hospital of Vermont	C. Karmody, C. Tschopp	10	1,308	0	0	3,764	1	1	1	1	0	4	6600-8400	O
VIRGINIA														
Charlottesville														
University of Virginia	G. S. Fitz-Hugh	22	1,138	8	63	5,566	2	2	2	0	0	6	5400-6900	O
Richmond														
Medical College of Virginia Affiliated Hospitals														
Medical College of Virginia-Hospital Division	P. N. Pastore	15	1,116	12	58	4,890	0	4	4	4	2	14	...	P
Veterans Admin.	...	9	228	0	0	1,991	5700-7800	P
													5400-6900	P

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16. OTOLARYNGOLOGY—Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P P P O	
			Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals ²²¹	J. A. Donaldson	2	215	0	0	12,644	3	3	4	0	0	10	7008-9000	P
Children's Orthopedic Hospital and Medical Center	A. J. Novack	5	922	0	0	1,390								O
Harborview Medical Center	J. W. Walike	1	74	0	0	1,267							7008-9000	P
U. S. Public Health Service	A. L. Cain	12	629	0	0	7,452							4680-7680	
WEST VIRGINIA														
Morgantown														
West Virginia University Medical Center	P. M. Sprinkle	18	955	7	43	7,890	2	2	2	2	0	8	7000-8000	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	J. H. Brandenburg						2	2	2	2	0	8		
University Hospitals	J. H. Brandenburg	30	6791	4		5,846							6000-7400	P
Madison General	J. H. Brandenburg	17	2,085	0	0									P
Veterans Admin.	J. T. Mendenhall	8	228	4	100	1,338								P
Milwaukee														
Veterans Admin. Center (Wood)	R. H. Lehman	17	400	15	73	7,564	3	3	3	3	0	12	7600-9400	P

17. PATHOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, and the American Board of Pathology as offering acceptable training in the specialty. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designated as follows: A—atomic pathology only; C—clinical pathology only; P—atomic pathology and clinical pathology. SP—special pathology is a separate category. Programs, 654; Residencies, 3,824

Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P P P O	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall U.S.A.F., San Antonio	R. W. Morrissey	320	2,179,561	15,212	15,152	4P	2	2	2	2	0	8		
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	R. E. Kellenberger	190	954,759	5,590	5,580	4P	2	2	2	2	0	8		
COLORADO														
Fitzsimons General, Denver ¹³⁷	W. R. Dwyre	248	937,079	6,094	6,074	4P	2	2	2	2	0	8		
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	M. H. Sulak	374	1,639,252	9,835	9,835	4P	3	3	3	3	0	12		
HAWAII														
Tripler General, Honolulu	W. C. Butz	235	1,951,489	8,886	8,886	4P	2	2	2	2	0	8		
TEXAS														
William Beaumont General, El Paso	E. Ylitalo, P. Stansifer	292	1,273,801	4,950	4,950	4P	2	2	1	1	0	6		
Brooke General, San Antonio	S. A. Chamblin, Jr.	332	1,303,688	6,430	6,394	4P	2	2	2	2	0	8		
WASHINGTON														
Madigan General, Tacoma	W. A. Meriwether	210	1,830,340	5,977	5,925	4P	2	2	2	2	0	8		
UNITED STATES ARMY, NAVY, AND AIR FORCE														
DISTRICT OF COLUMBIA														
Armed Forces Institute of Pathology, Washington	E. B. Helwig	14,921		34,949	34,949	1A	0	0	10	10	0	20		
UNITED STATES NAVY														
CALIFORNIA														
Naval, Oakland	M. Borowsky	125	592,663	7,945	7,542	4P	1	1	1	1	0	4		
Naval, San Diego	R. M. Dimmette	487	2,125,739	19,300	17,756	4P	3	3	3	1	0	10		
MARYLAND														
Naval, Bethesda	F. G. Steen	259	1,310,454	9,298	9,248	4P	2	2	2	2	0	8		
NEW YORK														
Naval, St. Albans	C. F. Bishop	112	722,068	4,671	4,495	4P	2	2	1	1	0	6		
PENNSYLVANIA														
Naval, Philadelphia	W. A. Schrader	176	494,772	4,603	3,796	4P	1	1	1	1	0	4		

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17. PATHOLOGY - Continued

Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES PUBLIC HEALTH SERVICE														
LOUISIANA														
U. S. Public Health Service, New Orleans	R. N. Padgett	191	358,729	4,945	4,945	4P	1	0	2	0	0	3	.....	...
MARYLAND														
U. S. Public Health Service, Baltimore	F. W. Bauer	152	516,355	4,712	4,700	4P	2	2	2	2	0	8	.....	...
National Institutes of Health - Clinical Center, Bethesda	G. Williams, H. Stewart	236	850,000	4,986	4,986	4P	...	...	...	...	...	15	.....	...
NEW YORK														
U.S. Public Health Service (Staten Island), New York City	L. J. Karlin	131	385,649	4,308	4,308	4P	2	2	1	1	0	6	.....	...
WASHINGTON														
U.S. Public Health Service, Seattle - See Univ. of Washington Affiliated Hospitals, Seattle, Wash.														
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
St. Elizabeths, Washington	P. A. Athanasiadou	186	160,866	731	725	1A	2	0	0	0	0	2	8000-9000	O
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights	D. De Jong	249	499,629	4,740	3,942	4P	1	1	1	1	0	4	9517-13258	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Birmingham Baptist Hospitals	A. E. Casey	...	...	...	...	4P	4	1	0	0	0	5	6600-8400	P
Baptist Medical Center	...	109	303,144	6,545	6,545	...	...	...	...	...	...	...	.....	...
Birmingham Baptist	...	119	292,975	5,969	5,969	...	...	...	...	...	...	...	.....	...
Carraway Methodist	J. B. Beard	130	220,000	3,682	3,682	4P	1	1	1	1	0	4	7200-9600	P
University of Alabama Medical Center	C. Lupton, Jr.	...	...	...	...	4P	6	6	8	6	1	27	.....	...
University of Alabama Hospitals and Clinics	J. Straumfjord, Jr.	...	...	...	...	...	...	...	...	...	...	...	.....	...
Veterans Admin.	C. Lupton, Jr.	542	992,973	7,298	7,298	...	...	...	...	...	...	...	6300-8700	P
	J. Straumfjord, Jr.	261	428,373	2,285	2,285	...	...	...	...	...	...	...	6607-9007	O
	B. M. Hathaway	...	...	...	...	...	...	...	...	...	...	...	.....	...
Fairfield														
Lloyd Noland ²²⁸	H. G. Davis, Jr.	165	177,036	4,584	4,105	1A	1	1	1	1	0	4	7800-8400	FP
Mobile														
Mobile General	E. L. Brown	223	383,172	2,929	2,929	1A	1	1	1	0	0	3	6840-8040	P
Tuscaloosa														
Druid City	L. Brahen	100	371,821	5,196	5,050	4P	1	0	0	0	0	1	5000-7500	O
ARIZONA														
Phoenix														
Good Samaritan	W. A. Bennett	333	391,108	11,396	10,390	4P	2	2	1	1	0	6	7800-10500	P
Maricopa County General	R. L. Camponovo	406	494,641	3,176	2,808	4P	2	2	2	2	0	8	8910-11225	P
St. Joseph's	R. A. Brooks	357	363,729	3,748	3,748	4P	1	1	1	1	0	4	6000-7800	F
ARKANSAS														
Little Rock														
Arkansas Baptist Medical Center	R. A. Burger	276	373,188	12,177	9,863	4P	1	1	1	1	0	4	6900-6900	F
University of Arkansas Medical Center	W. E. Jaques	...	...	...	...	4P	6	4	4	4	0	18	.....	...
University	W. E. Jaques	361	273,984	4,909	4,909	...	...	...	...	...	...	...	5400-6000	O
Veterans Admin. Consolidated	H. J. White, R. C. Pope	348	563,635	4,275	4,275	...	...	...	...	...	...	...	6150-14409	P
CALIFORNIA														
Bakersfield														
Kern County General	R. Huntington	731	391,931	8,255	5,758	4P	1	1	1	1	0	4	8400-10500	O
Burbank														
St. Joseph	R. Straus	217	301,245	8,832	7,186	4P	1	1	0	1	0	2	6000-12000	O
Davis														
University of California (Davis) Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
Sacramento Medical Center (Sacramento)	R. E. Stowell	400	350,000	2,488	2,488	4P	2	2	1	1	0	6	8520-10344	P
Duarte														
City of Hope Medical Center	H. W. Gordon	223	250,931	4,067	4,067	2P	0	0	1	1	0	2	6800-11000	O
Glendale														
Glendale Adventist	H. I. Harder	186	359,763	6,886	6,886	4P	1	1	1	0	0	3	8280-9960	P
La Mesa														
Grossmont	W. C. Herrick	...	...	...	...	2P	1	1	0	0	0	2	.....	...
Loma Linda														
Loma Linda University Affiliated Hospitals	W. P. Thompson	...	...	...	...	4P	2	2	2	2	0	8	.....	...
Loma Linda University	...	225	414,374	5,699	4,917	...	...	...	...	...	...	...	6198-8466	P
Riverside General (Riverside)	...	203	279,907	2,145	1,894	...	...	...	...	...	...	...	6200-8500	P
Long Beach														
Memorial Hospital of Long Beach	E. R. Jennings	326	520,734	10,398	8,703	4P	1	1	1	2	0	5	7200-9000	P
St. Mary's Long Beach	T. Kiddie	202	310,905	8,124	6,909	4P	1	1	0	1	0	3	8400-10800	P
Veterans Admin. ¹³⁴	I. M. Reingold	521	1,097,122	4,477	4,377	4P	4	1	3	2	0	10	9371-12071	O
Los Angeles														
California Cedars-Sinai Medical Center	P. H. Jernstrom	208	164,560	7,797	4,483	4P	1	1	1	1	0	4	7800-9600	F
Cedars of Lebanon Hospital	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
Division	N. B. Friedman	274	492,114	9,736	9,613	4P	2*	2	2	2	1	9	7800-9900	P
Mount Sinai Hospital Division	L. Kaplan	122	536,788	4,147	3,746	4P	1	1	1	1	0	4	7800-9900	P
Childrens Hospital of Los Angeles	B. H. Landing	249	267,975	3,573	1,610	1A	2	2	0	0	0	4	4800-8940	O

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APPROVED RESIDENCIES

17. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Neeropses	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA, Los Angeles—Continued														
Hospital of the Good Samaritan Medical Center	W. H. Kern, J. A. Kernen	248	280,325	7,026	5,756	4P	1	0	0	1	0	2	7500-10500	...
Kaiser Foundation	J. Gordon	271	2,302,968	20,069	19,063	4P	1	1	1	1	0	4	6300-8100	P
Los Angeles County-U.S.C. Medical Center	H. A. Edmondson	1,613	3,250,000	17,100	16,200	4P	7	7	7	7	0	28	8100-10116	P
Queen of Angels	J. H. Cremin	167	158,513	5,377	4,246	4P	1	0	1	0	0	2	6600-8400	F
U. C. L. A.	W. H. Carnes	411	430,864	8,325	7,558	4P	4	4	4	3	0	15	6200-9300	P
Veterans Admin. Center-Wadsworth ¹¹⁵	B. G. Fishkin	699	958,977	9,013	9,013	4P	5	5	5	4	1	20	9371-12071	P
White Memorial Medical Center	O. B. Pratt	...	...	...	...	...	...	...	...	...	...	...	...	...
White Memorial Medical Center	G. Kyridakis	269	667,089	7,421	5,894	4P	1	1	0	0	0	2	7860-9460	P
Los Gatos														
Community Hospital-Los Gatos-Saratoga	D. Krag	101	178,000	4,000	3,000	2P	...	...	...	...	...	2	...	...
Martinez														
Veterans Admin. ¹⁴⁷	P. J. Melnick	230	243,915	3,470	3,332	4P	1	1	2	1	1	6	7232-9080	O
Mountain View														
El Camino	F. A. Fox	181	375,000	9,050	6,425	4P	1	0	1	0	0	2	7200-10800	...
Oakland														
Children's Hospital Medical Center of Northern California	E. Robertson	...	...	...	...	...	...	...	...	...	...	...	...	...
Highland General	B. Von Schmidt	92	132,163	2,402	585	1A	1	0	0	0	0	1	5772-5772	FP
Kaiser Foundation	R. J. Parsons	334	254,279	5,596	5,197	4P	2	2	2	2	0	8	7800-9600	FP
Samuel Merritt	N. L. Morgenstern	302	1,372,000	9,169	8,136	4P	1	1	1	1	0	4	8340-10320	P
Orange	C. P. Baker	191	268,647	6,107	4,891	4P	1	1	1	1	0	2	7356-9156	F
Orange County Medical Center	E. R. Arquilla	259	767,459	3,587	3,095	4P	2	2	2	2	1	9	8133-11273	P
Palo Alto														
Veterans Admin. - See Stanford University Affiliated Hospitals, Stanford	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pasadena														
Huntington Memorial	D. Shillam	412	474,685	10,185	7,860	4P	1	1	1	1	0	4	8100-10500	P
Riverside														
Riverside General - See Loma Linda University Affiliated Hospitals, Loma Linda	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sacramento														
Mercy Hospital of Sacramento	S. Friedlander, R. Gasber	115	298,981	11,731	8,176	4P	1	1	0	0	0	2	8400-10800	O
Sacramento Medical Center - See Univ. of California (Davis) Affiliated Hospitals, Davis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sutter Community Hospitals of Sacramento	C. Blumenfeld, J. Masters	241	408,292	9,249	9,171	4P	1	1	1	1	0	4	6000-7800	...
San Diego														
Donald N. Sharp Memorial Community	H. R. Irwin	...	...	...	...	4P	1	1	1	1	0	4	...	...
Mercy Hospital and Medical Center	D. De Santo, J. Heard	328	577,009	19,880	24,855	4P	1	1	1	1	0	4	6180-7980	F
University Hospital of San Diego County	A. A. Liebow	...	...	...	...	4P	2	2	2	2	0	8	...	...
San Francisco														
Children's Hospital and Adult Medical Center	S. T. Nerenberg	202	341,338	5,452	4,405	4P	1	1	1	1	0	4	7800-9600	P
French	G. Watson	113	212,612	3,693	3,594	2P	2	2	2	2	0	2	7800-9600	P
Harkness Community Hospital and Medical Center	A. G. Scottolini	160	326,146	4,145	3,877	4P	1	1	1	1	0	4	9200-11420	FP
Kaiser Foundation	M. L. Bassis	329	1,254,500	13,044	12,540	4P	2	1	1	1	0	5	7920-9840	P
Mount Zion Hospital and Medical Center	N. Rudo	289	546,991	5,195	5,078	4P	1	1	1	1	0	4	7500-9300	P
Pacific Medical Center - Presbyterian	R. J. Kleinhenz	164	218,000	3,690	3,500	4P	1	1	1	1	0	4	7380-8880	P
St. Francis Memorial	L. B. Carr	147	274,280	4,668	3,365	4P	1	1	1	1	0	4	4800-6600	...
St. Joseph's	C. M. Mc Candless, Jr.	102	133,403	2,535	1,913	2P	1	1	0	0	0	2	6000-8400	FO
St. Luke's	M. Black	159	184,556	3,647	3,012	4P	1	1	1	1	0	4	7800-9600	P
St. Mary's Hospital and Medical Center	R. A. Jeffrey, Jr	174	255,000	6,517	6,300	4P	1	1	1	1	0	4	7800-9600	P
University of California Program	H. D. Moon	...	...	...	...	4P	7	8	7	3	2	27	...	...
H. C. Moffitt-University of California Hospitals	O. N. Rambo, G. Brecher	358	516,130	6,515	6,515	...	...	...	...	...	...	...	6200-9600	O
San Francisco General	M. Polycove, D. Mc Kay	365	409,904	3,107	2,957	...	...	...	...	...	...	...	7116-10248	P
Veterans Admin.	S. H. Choy, P. R. Jensen	210	463,461	3,153	3,153	...	...	...	...	...	...	...	7761-10893	O
San Jose														
O' Connor	L. R. Grams	127	486,780	5,756	4,068	4P	1	1	1	1	0	4	4800-8400	P
Santa Clara Valley Medical Center	R. S. Cox, Jr.	340	451,000	3,318	2,947	4P	2	2	1	2	0	8	7238-9006	F
San Pablo														
Brookside	C. Rolle	94	266,280	3,714	3,319	4P	1	1	1	1	0	4	7200-9600	O
Santa Barbara														
Santa Barbara Cottage	D. R. Dickson	227	186,042	7,160	1,182	4P	1	0	1	0	0	2	8100-9900	P
Santa Monica														
St. John's	G. J. Hummer	203	701,310	6,790	7,534	2A	1	1	0	0	0	2	...	...
Stanford														
Stanford University Affiliated Hospitals	D. Korn	...	...	...	...	4P	2	4	2	5	1	14	...	...
Stanford University	D. Korn	480	955,517	12,567	10,399	...	...	...	...	...	...	...	6500-8000	P
Veterans Admin. (Palo Alto)	B. Gerstl	227	545,391	2,616	2,616	...	...	...	...	...	...	...	6190-8690	O
Stockton														
San Joaquin General	H. Schneider, R. Chard	273	212,993	2,699	2,224	4P	1	0	1	0	0	2	9288-10464	P
Torrance														
Los Angeles County Harbor General	D. Moyer	593	998,166	6,532	6,277	4P	3	3	3	3	0	12	8110-10116	P
COLORADO														
Colorado Springs														
Penrose	M. Berthrong	247	374,186	6,234	4,860	4P	2	1	0	1	0	4	7200-9000	P
Denver														
Children's	B. E. Favara	78	395,268	1,133	799	2P	1	1	0	0	0	2	6000-7000	P
Denver General	G. Ogura	916	649,791	5,237	5,081	4P	2	1	1	1	0	5	5028-6600	P
General Rose Memorial	J. Minckler	215	479,404	6,636	6,546	4P	1	1	1	2	0	5	5400-5940	P
Mercy	M. Cherington	...	...	...	...	...	...	...	...	...	...	...	...	...
Mercy	R. Hawley	111	201,219	6,981	6,720	4P	1	1	1	1	0	4	7400-8400	F

APPROVED RESIDENCIES

17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO, Denver - Continued														
Porter Memorial	J. Denst	108	156,668	4,689	4,514	4P	..	..	..	..	..	..	3600-6000	O
Presbyterian Medical Center	A. E. Lubchenco	271	386,950	8,677	7,165	4P	2	2	1	1	0	6	6600-7500	P
St. Anthony	S. K. Kurland	195	346,662	10,091	6,716	4P	1	1	1	1	0	4	7500-8400	P
St. Joseph	J. B. Holyoke	248	594,582	13,872	11,261	4P	1	1	1	1	0	4	6720-7920	P
St. Luke's ¹⁹³	W. C. Black	242	319,871	7,500	6,279	4P	1	1	1	1	0	4	6600-7800	P
University of Colorado Affiliated Hospitals	G. B. Pierce	...	...	...	...	4P	9	9	9	9	0	36	...	...
University of Colorado Medical Center	G. B. Pierce	752	...	5,988	5,988	...	...	...	...	...	...	...	5400-6800	...
Veterans Admin.	R. A. Macdonald	245	454,000	2,100	2,100	...	...	...	...	...	...	...	5620-8870	O
Pueblo														
St. Mary-Corwin	G. E. Mc Kinnon	187	332,310	5,666	4,409	1C	2	0	0	0	0	2	7200-8400	P
CONNECTICUT														
Bridgeport														
Bridgeport	R. H. Pope	317	375,000	8,595	7,380	4P	1	1	1	1	0	4	7600-10000	P
St. Vincent's	D. H. Lobdell	269	355,385	6,305	5,222	4P	1	1	1	1	0	4	7800-8700	P
Danbury														
Danbury	N. Herrera	137	305,296	4,700	3,630	4P	1	1	1	1	0	4	6000-7800	F
Derby														
Derby	D. F. Miller	104	167,487	3,210	2,401	4P	1	1	1	1	0	4	8500-10500	P
Greenwich														
Greenwich	D. Benninghoff	203	249,057	6,494	5,289	4P	1	1	0	0	0	2	8250-12000	F
Hartford														
Hartford	G. B. Mc Adams	780	865,533	16,914	13,294	4P	2	2	2	2	0	8	7600-10000	O
St. Francis	J. E. Thayer	351	537,799	12,631	9,600	4P	1	1	1	1	0	4	7200-9000	F
University of Connecticut Affiliated Hospitals	P. B. Hukill	...	...	...	...	4P	...	...	...	...	...	10	...	...
University of Connecticut Hospital-Mc Cook Division	P. B. Hukill	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin. (Newington)	R. G. Olivetti	113	119,574	1,410	1,378	...	...	...	...	...	...	...	8900-9900	...
Manchester														
Manchester Memorial	F. P. Becker	176	266,319	6,067	4,102	2P	2	2	0	0	0	4	6600-7100	P
Middletown														
Middlesex Memorial	C. E. Mc Leod	285	194,463	4,570	3,570	4P	1	1	0	0	0	2	7200-10000	O
New Britain														
New Britain General	P. D. Rosahn	276	311,457	7,724	6,304	4P	1	1	1	1	0	4	7500-9000	P
New Haven														
Hospital of St. Raphael	R. Nesbit	314	16,131	7,289	6,764	4P	1	1	1	1	0	4	7866-10436	P
Yale-New Haven Medical Center	L. L. Waters	668	15,281	14,995	12,919	4P	6	3	4	0	0	13	9000-10500	O
Yale-New Haven	R. Yesner	255	1,141,809	3,984	3,505	4P	2	2	1	1	0	6	6765-9265	O
Veterans Admin. (West Haven)														
Newington														
Veterans Admin. - See Univ. of Connecticut Affiliated Hospitals, Hartford														
Norwalk														
Norwalk	R. Barnett	271	285,440	6,584	4,619	4P	1	1	1	1	0	4	7800-9600	F
Stamford														
Stamford	E. S. Breakell	215	473,136	4,555	3,506	4P	1	1	1	1	0	4	9500-11000	P
Waterbury														
Waterbury	M. E. Cox, B. P. Bisson	208	283,330	4,976	4,001	4P	1	1	1	1	0	4	6000-7800	F
Waterbury	J. O. Collins	260	250,759	5,367	3,837	4P	1	1	1	1	0	4	7500-9600	F
Veterans Admin. - See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Wilmington Medical Center	J. V. Casella	819	1,198,223	19,716	15,576	4P	2	2	2	2	0	8	8700-10200	P
DISTRICT OF COLUMBIA														
Washington														
Children's Hospital of the District of Columbia	J. Patrick	137	322,915	4,993	1,031	1A	2	0	0	0	0	2	7000-7500	P
District of Columbia General	S. L. Perry	808	1,862,663	5,171	5,171	4P	2	1	1	1	1	6	7000-10000	P
Doctors Hospital-Sibley Memorial	O. B. Hunter, Jr.	...	...	...	...	4P	1	1	1	1	0	4	7200-9600	F
Doctors	...	185	310,290	6,286	4,947	...	...	...	...	...	...	...	...	...
Sibley Memorial	...	167	290,135	6,853	5,952	...	...	...	...	...	...	...	...	...
Freedmen's	M. Jackson	195	448,857	4,455	4,455	4P	1	1	1	1	0	4	7865-9953	O
Georgetown University	A. Golden	336	726,000	5,513	5,360	4P	3	3	3	2	0	11	7500-9000	P
George Washington University	T. M. Peery	336	560,622	10,430	10,355	4P	...	...	...	...	...	6	7517-9500	P
Providence	K. L. Mc Coy	252	432,726	7,207	6,648	4P	1	1	1	1	0	4	7800-9600	P
Veterans Admin.	M. Matthews	...	...	...	...	...	...	...	...	...	...	...	...	...
Washington Hospital Center	R. Lingeman	307	1,012,153	5,189	5,141	4P	2	1	2	2	1	8	7325-10325	P
	V. E. Martens	567	645,304	14,970	13,982	4P	3	3	2	2	0	10	8200-8500	P
FLORIDA														
Fort Lauderdale														
Broward General	R. J. Poppiti	409	565,268	7,503	5,823	4P	1	1	1	1	0	4	7200-9000	P
Gainesville														
University of Florida Affiliated Hospitals	...	...	...	...	...	4P	4	4	4	2	1	15	...	...
William A. Shands Teaching Hosp. and Clinics ¹⁰	K. K. Pierson	526	438,495	7,453	7,453	...	...	...	...	...	...	...	5757-8590	O
Veterans Admin.	W. R. Adams	...	...	...	...	...	...	...	...	...	...	...	...	...
Hollywood														
Memorial	J. Mickley	287	1,028,244	6,107	5,255	4P	0	1	0	1	0	2	4800-9600	P
Jacksonville														
Baptist Memorial	A. G. Foraker	274	361,902	10,072	8,672	4P	1	1	1	1	0	4	8100-9000	O
Duval Medical Center	R. M. Rhatigan	207	471,918	3,564	3,556	4P	1	1	1	1	0	4	8100-9000	P
St. Vincent's	C. M. Whorton	178	320,192	8,858	6,446	4P	1	1	1	1	0	4	7800-9600	P

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APPROVED RESIDENCIES

17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Neoplasies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
Miami														
University of Miami Affiliated Hospitals														
Jackson Memorial	W. A. D. Anderson	881	1,703,551	10,442	10,442	4P	2	3	3	4	1	16	7050-9150	P
Variety Children's	M. Bevilacqua, E. B. Blum	39	121,139	2,569	622	2P	0	2	0	0	0	2	7500-7500	O
Veterans Admin.	R. M. Clark	198	656,314	4,124	1,141	4P	3	3	3	3	1	13	7160-9160	O
Miami Beach														
Mount Sinai Hospital of Greater Miami	A. Rywlin	408	1,152,813	6,933	6,252	4P	3	3	2	2	1	11	7300-9300	P
Orlando														
Florida Sanitarium and Hospital	J. G. Jones	160	295,598	4,202	3,305	2P	1	1	0	0	0	2	.....7800	F
Orange Memorial		616	676,778	7,321	6,851	4P	2	2	2	2	0	8	8400-9600	P
Pensacola														
Pensacola Educational Program	G. Squires, G. H. Hilbert	...	...	...	...	4P	1	1	1	1	0	4	8400-10200	O
Baptist	G. Squires	120	177,340	5,863	4,112	...	...	...	...	...	...	...	...	...
Escambia General	G. Squires	195	70,216	2,805	1,856	...	...	...	...	...	...	...	...	...
Sacred Heart	G. H. Hilbert	178	174,460	7,324	5,708	...	...	...	...	...	...	...	...	...
St. Petersburg														
Mound Park	I. C. Evans	626	457,163	6,286	5,661	4P	1	1	1	1	0	4	8700-10200	O
Tampa														
Tampa General	G. S. Hooper	697	662,609	16,072	14,496	4P	2	2	2	2	0	8	8500-10000	PO
GEORGIA														
Atlanta														
Crawford W. Long Memorial	J. F. Olley	239	388,341	8,979	8,709	4P	3	2	2	1	0	8	6480-8400	...
Emory University Affiliated Hospitals	W. G. Campbell	...	...	...	...	4P	7	7	6	7	0	27	...	...
Emory University	W. G. Campbell	421	524,627	8,092	8,092	...	...	...	...	...	...	...	5400-7200	P
Grady Memorial	N. Ende	511	1,132,875	8,714	8,714	...	...	...	...	...	...	...	6480-8400	P
Veterans Admin.	J. Mendeloff	207	523,275	2,467	2,350	...	...	...	...	...	...	...	6213-9320	...
Piedmont	R. Vincenzi	123	422,645	8,922	8,922	4P	1	1	1	1	0	4	6600-8400	P
St. Joseph's Infirmary	J. T. Godwin	185	388,335	7,505	7,133	4P	1	1	1	1	0	4	6968-8008	FP
Augusta														
Medical College of Georgia Hospitals														
Eugene Talmadge Memorial	A. B. Chandler	250	1,085,388	4,536	4,456	4P	2	2	2	2	1	9	5534-8334	P
University	M. Ihnen	155	386,556	6,265	4,936	4P	...	...	...	...	...	...	6500-...	P
Savannah														
Memorial Medical Center	W. S. Medart	242	240,857	3,694	3,668	4P	1	1	1	1	0	4	6300-7800	F
HAWAII														
Honolulu														
Kuakini Hospital and Home	G. N. Stemmermann	162	148,763	5,243	3,547	4P	1	0	1	0	0	2	8400-9600	P
Queen's	D. W. Will	338	414,834	6,925	6,806	4P	1	2	1	0	0	4	8400-10200	O
St. Francis	M. H. Haber	138	266,521	3,986	3,964	4P	1	1	1	1	0	4	8400-10200	O
ILLINOIS														
Berwyn														
Mac Neal Memorial	B. H. Neiman	341	409,474	10,390	14,005	4P	1	1	1	1	0	4	9900-11700	O
Chicago														
American Hospital of Chicago	W. Eisenstaedt, B. Khan	67	150,529	1,449	1,347	2P	1	1	0	0	0	2	4800-4800	P
Augustana	G. Milles	144	230,402	3,602	3,275	4P	1	1	1	0	0	3	9000-...	P
Chicago Medical School Affiliated Hospitals														
Mount Sinai Hospital Medical Center of Chicago	A. Rubenstone	269	553,790	4,090	3,735	4P	3	3	3	3	0	12	8700-11100	P
Columbus	C. Maso	153	386,062	4,110	3,959	4P	1	1	1	1	0	4	9600-11400	P
Frank Cuneo	C. Maso	101	142,954	1,848	1,533	...	...	...	...	...	...	...	9600-11400	P
St. Frances Xavier Cabrini	C. Maso	72	166,703	1,960	1,897	...	...	...	...	...	...	...	9600-11400	P
Cook County	P. B. Szanto	...	...	...	...	...	...	...	...	...	...	...	...	...
Edgewater	G. M. Novak	1,888	2,735,809	17,633	17,613	4P	6	5	4	4	0	19	9600-11400	P
Englewood	J. F. Barnhill	144	317,528	4,799	4,690	4P	1	1	1	1	0	4	6000-8400	F
Grant	C. A. Torres	77	102,638	1,884	1,519	2P	1	1	0	0	0	2	7200-7800	P
Illinois Central	C. Mason	200	187,000	5,320	2,973	4P	1	1	1	1	0	4	9000-9900	P
Illinois Masonic Medical Center	W. P. Mavrelis	112	223,625	3,614	3,614	1A	1	0	0	0	0	1	9000-...	FP
Jackson Park	G. Gyori	236	720,861	5,381	4,447	4P	1	1	1	1	0	4	10000-11500	P
Louis A. Weiss Memorial	A. Sion	80	140,168	2,384	2,034	2P	1	1	0	0	0	2	...	...
Mercy Hospital and Medical Center	W. Drwiega	132	412,312	5,152	4,941	4P	1	1	1	1	0	4	10100-11900	O
Michael Reese Hospital and Medical Center	G. W. Changus	164	618,224	3,939	3,880	4P	1	1	2	2	0	6	8300-9200	P
Northwestern University Medical Center	C. Pirani	575	1,864,017	11,284	9,852	4P	4	3	4	1	0	12	8600-10400	P
Chicago Wesley Memorial	R. B. Jennings	...	...	...	...	...	...	...	...	...	...	...	...	...
Children's Memorial	K. A. Schneider	388	679,775	13,254	13,064	4P	2	2	2	2	0	8	7500-9000	P
Passavant Memorial	J. D. Boggs	205	269,190	1,668	1,668	2P	0	1	1	0	0	2	7500-10000	P
Veterans Admin. Research	J. C. Sherrick	182	340,064	4,479	4,479	4P	1	1	1	1	0	4	7500-9000	P
Evanston (Evanston)	H. Yokoo	348	813,491	2,473	2,349	4P	2	2	1	1	0	6	8940-10940	O
Presbyterian-St. Luke's	C. B. Taylor	376	604,840	7,020	5,930	4P	2	2	1	1	0	6	7500-9000	P
Ravenswood	G. M. Hass	622	989,402	10,566	9,645	4P	2	2	2	2	1	9	8500-10500	P
St. Elizabeth's	H. T. Hetz	111	232,740	6,927	6,785	1A	1	0	0	0	0	1	9600-9600	P
St. Joseph	A. M. Ring	102	201,000	3,943	3,063	4P	1	1	1	1	0	4	9600-...	F
Swedish Covenant	J. R. Kraft	276	435,034	6,203	5,934	4P	...	...	...	...	...	...	9600-11400	...
University of Chicago Hospitals and Clinics	J. B. Mc Cormick	131	173,274	3,132	2,014	4P	1	1	1	1	0	4	8100-9000	F
University of Illinois Research and Educational Hospitals	R. W. Wissler	507	873,000	7,601	7,601	4P	4	4	5	4	1	18	8000-10000	O
Veterans Admin. (West Side) ⁷²	C. A. Krakower	340	1,396,800	14,890	14,890	4P	3	3	3	3	0	12	9600-11400	P
Everston	B. Chomet	338	700,000	1,877	1,877	4P	3	2	1	0	0	6	6960-14409	O
Evergreen Park														
Little Company of Mary	L. J. Knaff	276	812,975	8,241	5,681	4P	1	1	1	1	0	4	8400-10200	P

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APPROVED RESIDENCIES

17. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary Per Year Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS—Continued														
Hines														
Veterans Admin. ¹⁷⁴	M. E. Rubnitz	685	901,021	5,718	5,486	4P	2	2	3	1	0	8	8940-10440	O
Maywood														
Loyola University	G. Brynjolfsson	...	...	...	...	4P	2	2	2	2	0	8	...	...
Oak Park														
West Suburban	G. Kent	294	310,978	5,827	5,045	4P	1	2	1	2	0	4	9500-11000	O
Park Ridge														
Lutheran General	J. Valaitis	355	400,000	6,883	5,234	4P	1	1	1	1	0	4	9000-12000	...
Peoria														
Methodist Hospital of Central Illinois	K. R. Sohlberg	176	532,564	6,773	4,798	4P	1	1	1	1	0	4	6000-...	FP
St. Francis	K. G. Kechriotis	322	440,910	5,448	4,687	4P	2	1	2	1	0	6	6900-7800	F
Rockford														
Rockford Memorial	M. O. Alexander	217	313,057	5,298	4,172	4P	2	0	0	0	0	2	6000-8000	F
Urbana														
Carle Foundation	H. P. Friedman	87	250,000	4,523	4,523	1A	...	...	...	...	...	...	...	...
INDIANA														
Elkhart														
Elkhart General - See South Bend Medical Foundation Hospitals, South Bend														
Fort Wayne														
St. Joseph's Hospital of Fort Wayne	L. A. Schneider	195	308,312	15,601	13,917	4P	2	1	1	0	0	4	6000-8000	P
Gary														
Methodist Hospital of Gary	W. Loh	513	424,426	8,896	7,910	4P	2	2	2	1	0	7	8400-11400	F
St. Mary Mercy	E. J. Mason	...	...	...	...	...	...	...	...	...	...	...	...	...
	P. B. Cabrera	179	281,123	7,158	6,578	4P	2	1	1	0	0	4	10250-13800	P
Indianapolis														
Indiana University Medical Center	J. D. Hubbard	...	...	...	...	4P	3	3	3	3	0	12	...	...
Indiana University Hospitals	J. D. Hubbard	336	702,507	5,601	5,123	...	...	...	...	...	...	...	7000-8500	P
Marion County General	J. L. Edwards	1,112	316,231	4,226	3,792	...	...	...	...	...	...	...	...	...
Veterans Admin.	J. D. Hubbard	338	391,887	3,093	3,093	...	...	...	...	...	...	...	8350-10150	O
Methodist Hospital of Indiana	L. H. Hoyt	494	1,041,781	16,408	11,978	4P	2	2	2	2	0	8	8600-10400	P
St. Vincent's	L. N. Foster	207	456,953	6,508	5,786	4P	1	1	1	1	0	4	7200-9280	FP
Lafayette														
St. Elizabeth	H. T. Russell	94	225,282	4,147	3,145	4P	1	1	1	1	0	4	12000-12000	F
Mishawaka														
St. Joseph - See South Bend Medical Foundation Hospitals, South Bend														
Muncie														
Ball Memorial	G. E. Branam	329	199,000	8,842	7,325	4P	1	1	1	1	1	5	9500-12500	O
South Bend														
South Bend Medical Foundation Hospitals	J. R. Bennett	569	1,003,048	18,171	13,686	4P	3	3	3	3	0	12	7800-9000	O
Elkhart General (Elkhart)		...	...	...	...	...	...	...	...	...	...	...	...	...
St. Joseph (Mishawaka)		...	...	...	...	...	...	...	...	...	...	...	...	...
Memorial Hospital of South Bend		...	...	...	...	...	...	...	...	...	...	...	...	...
St. Joseph's		...	...	...	...	...	...	...	...	...	...	...	...	...
IOWA														
Cedar Rapids														
St. Luke's Methodist	R. F. Looker	...	...	...	...	...	...	...	...	...	...	...	...	...
	K. B. Grant	247	341,009	6,135	4,890	4P	1	1	1	1	0	4	7800-8700	F
Des Moines														
Iowa Methodist	J. W. Green, Jr.	308	310,052	10,856	8,268	4P	1	1	1	1	0	4	6300-7200	F
Mercy	R. S. Vellella	165	405,000	7,000	6,460	4P	2	1	1	1	0	5	7200-9000	F
Veterans Admin. Center	T. E. Corcoran	179	189,840	2,280	2,270	1A	1	0	0	0	0	1	7680-8880	P
Iowa City														
University of Iowa Hospitals	E. D. Warner	488	813,069	8,449	8,449	4P	3	3	3	3	1	13	7000-9000	P
Veterans Admin.	K. R. Cross	231	347,500	2,075	1,791	4P	1	1	1	1	0	4	6044-9044	P
KANSAS														
Kansas City														
University of Kansas Medical Center	D. G. Scarpelli	386	1,181,556	8,226	7,926	4P	4	4	3	3	1	15	6000-8000	P
Veterans Admin. (Kansas City, Mo.)	H. P. Fink	285	575,568	3,102	2,946	...	...	...	...	...	...	...	6900-8790	P
Wichita														
St. Francis	R. J. Taylor	421	812,233	9,062	6,308	4P	1	1	1	1	0	4	7800-8700	FP
St. Joseph Hospital and Rehabilitation Center-Veterans Admin. Center	W. J. Reals	...	...	...	...	4P	1	1	1	1	0	4	...	...
St. Joseph Hospital and Rehabilitation Center	W. J. Reals	270	387,223	10,869	7,294	...	...	...	...	...	...	...	7800-8700	P
Veterans Admin. Center	R. S. Jessup	110	139,593	1,475	1,460	...	...	...	...	...	...	...	6640-7570	O
Wesley Medical Center	B. E. Stofer	194	992,108	8,131	5,748	4P	1	1	1	1	0	4	7800-8700	F
KENTUCKY														
Harlan														
Harlan Appalachian Regional	J. Willard, S. Imprescia	51	92,057	6,647	5,568	1A	1	1	0	0	0	2	9000-10800	O
Lexington														
St. Joseph	J. T. McClellan	108	418,988	8,398	8,398	2P	1	0	0	0	0	1	5560-7360	P
University	W. B. Stewart	229	476,932	14,483	14,483	4P	1	1	1	1	0	4	6560-8360	P
Louisville														
University of Louisville Affiliated Hospitals	W. M. Christopherson	...	...	...	...	4P	3	1	2	2	0	8	...	...
Children's	D. Kmetz	80	82,140	1,682	...	...	...	...	...	...	...	...	...	...
Louisville General	W. M. Christopherson	524	672,604	5,547	5,547	...	...	...	...	...	...	...	7100-8600	P
Veterans Admin.	W. M. Christopherson	260	252,428	2,135	2,101	4P	...	...	...	...	...	...	6100-14409	O
LOUISIANA														
New Orleans														
Charity Hospital of Louisiana	E. Moss	1,328	1,385,577	14,081	14,081	4P	3	3	6	4	0	16	5400-6000	F
Louisiana State University Affiliated Hospitals	
Veterans Admin.	J. P. Strong	296	373,804	4,870	4,841	4P	1	1	1	1	0	4	6525-7125	O

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APPROVED RESIDENCIES

17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Neuropsys	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary Per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
LOUISIANA, New Orleans - Continued														
Ochsner Foundation	G. M. Carrera	267	673,090	8,402	8,400	3C	1	1	1	0	0	3	6500-8000	P
Ochsner Foundation	G. M. Carrera	267	673,090	8,402	8,400	4P	1	1	1	1	0	4	6500-8000	O
Touro Infirmary	A. J. Hertzog	289	416,124	7,902	7,902	4P	1	1	1	1	0	4	6191-7712	O
Shreveport														
Confederate Memorial Medical Center	W. R. Mathews	359	542,898	5,200	5,200	4P	1	1	1	1	0	4	5400-6000	F
MAINE														
Bangor														
Eastern Maine General	R. C. Wadsworth	255	198,128	7,308	6,189	4P	1	1	1	0	0	3	3900-4800	FP
Lewiston														
Central Maine General	R. S. Potts	208	178,004	5,763	4,610	4P	1	0	1	0	0	2	5000-8000	P
Portland														
Maine Medical Center	J. E. Porter	317	410,275	6,711	5,037	4P	1	1	1	1	0	4	5850-8910	FP
MARYLAND														
Baltimore														
Baltimore City Hospitals	A. D. Pollack	536	794,966	4,083	4,071	4P	2	2	4	3	1	12	6000-8200	P
Greater Baltimore Medical Center	J. E. Adams	181	336,765	12,922	9,692	4P	1	1	1	1	0	4	9000-10500	P
Johns Hopkins	R. H. Heptinstall	691	1,584,125	16,560	16,036	3A	2	5	3	2	1	13	7000-...	P
Maryland General	W. B. King, Jr.	183	700,000	6,000	5,000	3A	1	1	1	0	0	3	8250-9000	P
Mercy	R. G. Lancaster	161	688,773	6,901	6,225	4P	1	1	1	1	0	3	7800-8700	P
Office of the Chief Medical Examiner, State of Maryland	R. S. Fisher	...	...	...	...	1A	1	0	0	0	0	1	...	...
Provident	...	55	103,293	1,598	1,369	1A	1	0	0	0	0	1	6400-6400	...
St. Agnes	E. Rechak	181	383,746	8,663	8,471	4P	2	2	2	2	0	8	8000-9000	FP
St. Joseph	L. F. Misanik	214	258,746	6,149	6,149	4P	1	1	1	1	0	4	7000-8500	P
Sinai Hospital of Baltimore	T. Weinberg	395	648,316	23,140	23,140	4P	3	2	1	1	0	7	7000-8700	P
Union Memorial	D. K. Merenyi	333	313,058	7,213	7,064	4P	1	0	2	1	0	4	9000-10500	P
University of Maryland	R. B. Schultz	345	24,377	8,114	7,657	4P	2	2	2	2	0	8	7100-8900	P
Bethesda														
Suburban	J. S. Shaver	381	630,838	7,537	7,348	4P	1	0	0	1	0	2	8400-9600	...
Cheverly														
Prince George's General	C. J. Burns	553	341,925	7,193	7,193	2P	1	1	0	0	0	2	8400-8800	O
MASSACHUSETTS														
Beverly														
Beverly	R. Fienberg	112	214,567	2,559	2,509	4P	2	0	0	0	0	2	6600-8400	F
Boston														
Beth Israel ^{29,202}	D. G. Freiman	273	433,169	5,588	5,588	4P	2	2	1	1	0	6	7600-11000	P
Boston City ²⁹	S. Robbins, L. Gottlieb	901	17,295	9,075	8,860	4P	7	6	3	3	0	19	6600-9000	O
Boston Hospital for Women ²⁹	J. M. Craig	192	...	9,867	9,867	1A	4	0	0	0	0	4	8300-8300	F
Carney	H. J. Christian	229	356,902	5,907	5,276	4P	1	1	1	1	0	4	6600-9000	O
Children's Hospital Medical Center	G. F. Vawter	288	327,112	4,194	3,534	2P	0	0	0	1	1	2	9000-11000	O
Faulkner	P. M. Le Comptie	115	136,740	3,088	...	1A	1	1	1	0	0	3	8100-9000	...
Lemuel Shattuck	G. W. Curtis	180	262,000	1,753	1,753	SP	...	...	...	...	...	1	7000-11000	P
Massachusetts General ²⁹	B. Castleman, E. B. Taft	1,088	1,432,350	14,880	14,880	4P	2	2	3	3	0	10	7500-11000	O
New England Deaconess	W. A. Meissner	364	546,250	11,991	11,391	4P	2	2	2	3	2	11	6600-10000	O
New England Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hospitals	H. E. Mac Mahon	226	496,211	4,179	4,000	2A	2	1	1	0	0	4	6600-10000	O
Peter Bent Brigham ^{29,201}	G. J. Dammin	371	541,007	4,878	4,878	4P	3	3	2	1	0	9	7600-11000	P
St. Elizabeth's Hospital of Boston	J. Graham	226	313,280	5,251	4,376	4P	0	0	2	1	0	3	6600-9000	P
University	K. Balogh	135	...	2,740	2,680	4P	1	1	1	1	1	5	7600-10000	O
Veterans Admin. (Jamaica Plain)	R. A. Cote	336	973,964	3,036	3,036	4P	2	2	2	2	0	8	6600-10000	...
Veterans Admin. (West Roxbury) ^{9,29}	E. O. Fox	121	279,743	1,282	1,282	2P	1	1	0	1	1	4	6600-10000	...
Brockton														
Brockton	G. R. Dickensin	93	257,377	3,872	2,684	3A	...	...	...	...	...	3	6600-8100	O
Cambridge														
Cambridge	C. R. Robinson	153	208,952	1,396	1,301	4P	1	1	1	1	0	4	18000-18000	...
Mount Auburn	H. A. Bird	262	368,085	4,061	3,961	4P	1	1	1	1	0	4	6600-9000	P
Framingham														
Framingham Union	C. G. Tedeschi	324	270,620	7,573	5,708	4P	1	1	1	1	0	4	6600-9000	P
Lawrence														
Lawrence General	L. S. Jolliffe	139	286,879	3,769	2,347	4P	2	0	0	0	0	2	7200-9000	F
Lynn														
Lynn	H. G. Olken, L. Brooks	188	366,246	3,515	3,515	4P	1	1	1	0	0	3	6600-9000	P
Malden														
Malden	M. V. Mac Kenzie	147	193,441	3,781	3,656	2P	1	1	0	0	0	2	6600-7300	P
Newton Lower Falls														
Newton-Wellesley	A. E. O' Dea	160	297,532	4,830	3,670	4P	1	1	1	1	0	4	6600-9000	P
Norfolk														
Pondville	R. L. Mc Auley	113	78,946	1,293	1,293	2P	0	0	1	1	0	2	10168-12945	O
Pittsfield														
Berkshire Medical Center	W. Beautyman	208	639,272	9,763	6,775	4P	1	1	1	1	0	4	6800-10200	P
Quincy														
Quincy City	R. Street	98	217,815	5,846	4,616	4P	1	1	1	1	0	4	7600-10000	P
Salem														
Salem	D. A. Nickerson	150	275,814	4,449	4,016	4P	1	1	1	1	0	4	6550-8050	F
Springfield														
Springfield Hospital Medical Center	J. P. Sullivan	231	410,669	6,332	5,076	4P	2	2	1	1	0	6	7300-9000	O
Worcester														
Memorial	R. Harper, L. James, Jr.	215	212,983	5,046	4,550	3A	1	1	0	0	0	2	6000-6300	F
Worcester City	W. F. Mac Gillivray	265	275,540	3,341	3,341	4P	1	1	1	1	0	4	6595-8932	F
MICHIGAN														
Allen Park														
Veterans Admin. - See Wayne State University Affiliated Hospitals, Detroit														
Ann Arbor														
St. Joseph Mercy	F. Holtz	377	342,480	10,497	10,321	4P	1	1	1	1	0	4	8340-9240	O
University of Michigan Affiliated Hospitals	A. J. French	...	...	...	...	4P	8	8	8	8	0	32	...	...
University	A. J. French	637	1,077,690	10,400	10,300	...	...	...	...	...	...	...	6000-7200	O
Veterans Admin.	L. Weatherbee	208	311,980	2,168	2,168	...	...	...	...	...	...	...	6000-7200	O
Wayne County General (Eloise)	R. W. Schmidt	338	690,181	3,749	3,686	8376-10233	F

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17. PATHOLOGY - Continued

Chief of Service or Program Director	Number of Neurosites	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
MICHIGAN - Continued														
Dearborn														
Oakwood - See Wayne State University Affiliated Hospitals, Detroit														
Detroit														
Children's Hospital of Michigan	W. Zuelzer	158	162,175	1,225	860	1A	1	0	0	0	0	1	7500-8400	P
Detroit-Macomb Hospitals	J. D. Langston	...	...	...	...	4P	2	2	2	2	0	8	9000-10800	P
Detroit Memorial	...	167	289,936	3,359	3,000	...	...	...	...	...	...	...	...	...
South Macomb (Warren)	...	104	250,355	3,797	3,200	...	...	...	...	...	...	...	...	...
Grace	G. D. Stobbe	524	685,476	13,831	13,266	4P	1	1	1	1	0	4	8700-9600	P
Henry Ford	R. C. Harn	685	1,236,104	14,467	14,467	4P	4	4	4	4	0	16	7000-8900	P
Mount Carmel Mercy	L. W. Gardner	346	520,573	28,262	26,372	4P	2	2	1	1	0	6	9000-9900	P
St. John	J. J. Humes	266	741,981	7,662	5,886	4P	1	1	1	1	0	4	10200-11100	P
Sinai Hospital of Detroit	S. D. Kobernick	239	431,676	8,068	5,324	4P	1	1	1	1	0	4	9000-9900	P
Wayne State University Affiliated														
Hospitals	J. Shrager	...	...	...	...	...	13	10	2	4	0	29	...	...
Veterans Admin. (Allen Park)	J. Shrager	262	453,100	3,182	3,069	4P	...	...	...	...	...	...	7815-9015	O
Oakwood (Dearborn)	R. L. Mainwaring	271	586,838	8,876	8,300	4P	...	...	...	...	...	...	9000-9900	P
Detroit General	J. L. Chason	383	787,790	14,510	13,785	4P	...	...	...	...	...	...	7700-8600	FP
Harper	J. R. Mc Donald	319	585,786	9,487	8,718	4P	...	...	...	...	...	...	8700-9600	...
Hutzel	E. Booth	215	408,103	5,494	5,377	4P	...	...	...	...	...	...	9000-9000	P
William Beaumont (Royal Oak)	J. Bernstein, J. Rutzky	...	...	...	...	4P	...	...	...	...	...	...	...	...
Eloise														
Wayne County General - See University of Michigan Affiliated Hospitals, Ann Arbor.														
Flint														
Hurley	F. V. Hodges	505	370,268	6,764	6,624	4P	2	1	1	0	0	4	8100-9300	FP
Mc Laren General	E. G. Murphy	170	343,692	6,276	5,384	4P	1	1	1	1	0	4	9000-9900	F
St. Joseph	W. L. Eaton	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Joseph	C. A. Brown	162	375,671	5,584	4,981	4P	1	1	1	1	0	4	9000-10800	P
Grand Rapids														
Blodgett Memorial	C. A. Payne	501	421,292	10,287	9,164	4P	2	2	1	1	0	6	7500-8400	P
Butterworth	J. D. Mann	423	366,981	8,574	6,909	4P	1	1	0	0	0	2	7500-8400	P
St. Mary's	H. E. Bowman	206	263,065	8,368	7,561	4P	0	0	1	1	0	2	7500-8400	P
Kalamazoo														
Borgess	P. M. Keep, F. H. Cox	192	243,695	6,637	4,924	2P	1	1	0	0	0	2	7200-8400	F
Lansing														
Edward W. Sparrow	J. F. Dunkel	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Lawrence	W. Maldonado	220	350,528	9,026	6,508	4P	1	1	1	1	0	4	11000-14000	P
St. Lawrence	L. W. Walker	102	64,642	5,894	5,894	4P	2	2	0	0	0	4	11200-14200	P
Pontiac														
Pontiac General	W. R. Dito	304	557,113	7,715	7,595	4P	1	1	1	1	0	4	7500-8400	FP
St. Joseph Mercy	W. C. Swatek	172	239,684	6,085	4,018	4P	1	1	1	1	0	4	9480-11040	P
Royal Oak														
William Beaumont - See Wayne State University Affiliated Hospitals, Detroit														
Southfield														
Providence	E. Knights	272	330,000	6,040	5,358	4P	2	1	1	2	0	6	9900-10800	P
Warren														
South Macomb - See Detroit-Macomb Hospitals, Detroit														
MINNESOTA														
Duluth														
St. Luke's	V. G. Goldschmidt	802	518,065	10,534	9,500	4P	1	1	1	1	0	4	9400-11800	F
St. Mary's	A. C. Aufderheide	300	280,731	6,343	4,753	4P	1	1	1	1	0	4	9000-10200	F
Minneapolis														
Hennepin County General	J. I. Coe	359	1,014,434	4,887	4,542	4P	1	1	1	1	0	4	6250-9250	P
Mount Sinai	P. C. J. Ward	139	358,634	4,140	3,400	1A	1	1	0	0	0	2	6000-8000	P
Northwestern Hospital of Minneapolis	F. Lott	232	311,600	4,692	3,332	4P	1	1	1	1	0	4	6000-8000	P
Swedish	J. O. Swanson	237	159,265	6,307	3,912	4P	1	1	1	0	0	3	5220-6420	F
University of Minnesota Hospitals	E. S. Benson	...	...	...	...	...	...	...	...	...	...	20	5500-...	O
Veterans Admin.	J. R. Dawson	552	1,005,384	4,506	4,127	4P	...	...	...	...	...	8	5500-14409	...
Veterans Admin.	D. F. Gleason	413	710,000	3,973	3,924	4P	2	2	2	2	0	8	...	...
Rochester														
Mayo Graduate School of Medicine	J. L. Titus	885	1,873,600	31,344	31,344	4P	8	8	8	8	0	32	5400-8200	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul														
Charles T. Miller	J. Edwards, R. Woodburn	162	244,142	5,609	4,706	4P	1	1	1	1	0	4	9420-11220	P
St. Joseph's	E. James	102	206,603	5,603	4,970	1A	1	0	0	0	0	1	6000-...	P
St. Paul-Ramsey	E. Haus	398	403,000	6,000	6,000	4P	2	2	2	2	0	8	5500-8000	O
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center	J. Brunson, W. Bell	...	...	...	...	4P	2	3	2	1	0	8	...	...
University	J. G. Brunson, W. N. Bell	325	912,349	5,958	5,958	...	...	...	...	...	...	...	5100-6000	...
Veterans Admin. Center	L. L. Barta	161	526,101	3,470	3,189	...	...	...	...	...	...	...	5450-6050	...
MISSOURI														
Columbia														
Ellis Fischel State Cancer	C. Perez-Mesa	63	143,600	2,672	2,672	1A	1	0	0	0	0	1	6000-6000	P
University of Missouri Medical Center	F. Lucas	210	544,123	25,694	25,694	4P	4	4	4	4	0	20	6500-8000	P
Kansas City														
Kansas City General Hospital and Medical Center	J. S. Arnold	350	514,706	2,919	2,842	4P	2	2	2	0	0	6	7785-9860	...
Menorah Medical Center	F. A. Mantz	136	261,212	11,919	11,816	4P	1	1	1	1	0	4	8460-10440	P
Research Hospital and Medical Center	J. M. Flynn	226	562,219	7,817	5,849	4P	1	1	1	1	0	4	7200-9000	F
St. Joseph	V. B. Buhler	192	320,958	6,326	6,326	4P	1	1	1	1	0	4	5000-9600	O
St. Luke's	D. M. Gibson	411	385,182	10,885	8,672	4P	2	2	2	2	0	8	7200-9000	...
St. Mary's	A. Lapi	191	558,761	1,569	1,569	4P	1	1	1	1	0	4	6000-7800	P
Veterans Admin. - See Univ. of Kansas Medical Center, Kansas City, Kansas														

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17. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O P F
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
MISSOURI—Continued														
St. Louis														
Barnes Hospital Group	P. E. Lacy	676	1,118,308	14,214	14,214	3A	5	5	5	2	0	17	6000-8500	O
Veterans Admin.	P. E. Lacy	340	659,460	2,490	2,490	...	...	...	...	...	...	...	6840-8040	P
De Paul	J. D. Bauer	177	382,385	5,583	5,316	4P	1	1	0	2	0	4	8220-10620	P
Homer G. Phillips	M. F. Menendez	243	435,094	2,685	2,685	3A	3	3	3	0	0	9	6770-7463	P
Jewish Hospital of St. Louis	R. Ahlvin	369	520,545	7,100	13,427	4P	1	2	2	1	0	6	7500-9300	P
Missouri Baptist	W. R. Platt, M. V. Altug	280	179,467	5,734	5,584	4P	0	1	1	1	1	4	8400-15600	O
St. John's Mercy	F. G. Germuth, Jr.	264	417,240	8,306	6,595	4P	1	1	1	1	0	4	5400-7200	F
St. Louis City	V. R. Bleisch	446	832,000	4,439	4,408	4P	2	2	2	2	0	8	7134-10500	O
St. Louis University Group of Hospitals	G. D. Sorenson	248	4,199,929	11,611	9,990	4P	3	3	3	3	0	12	6600-7500	O
Cardinal Glennon Memorial Hospital for Children														
St. Mary's	E. F. Tucker	248	1,001,812	8,611	7,490	...	...	...	...	...	...	...	8400-10200	P
St. Luke's	R. Ogilvie	229	375,070	6,273	5,060	3A	1	1	1	0	0	3	6000-6900	F
NEBRASKA														
Lincoln														
Lincoln General	H. L. Papenfuss	194	223,159	7,138	6,049	1A	1	0	0	0	0	1	6600-6600	F
St. Elizabeth	E. D. Zeman	159	466,840	50	...	4P	...	...	...	...	...	...	...	...
Omaha														
Bishop Clark Memorial	E. G. Greene	173	488,123	7,133	4,981	4P	2	2	2	2	0	8	8700-9300	O
Creighton Memorial St. Joseph's	J. A. Sisson	198	285,525	4,908	4,908	4P	4	2	2	2	0	10	7800-9600	O
Nebraska Methodist	J. R. Schenken	174	251,048	9,601	8,958	4P	1	0	0	0	0	1	9300-10200	O
University of Nebraska	C. A. Mc Whorter	527	245,592	11,902	10,749	4P	2	2	2	2	0	8	6300-8000	P
NEVADA														
Las Vegas														
Southern Nevada Memorial	R. R. Belliveau	221	340,000	5,780	4,689	4P	1	1	0	0	0	2	6000-9600	F
NEW HAMPSHIRE														
Hanover														
Mary Hitchcock Memorial	R. K. House	257	280,644	4,370	4,036	4P	2	2	1	1	0	6	7000-9000	O
NEW JERSEY														
Atlantic City														
Atlantic City	M. Ackerman	462	265,779	5,535	4,765	3A	1	1	1	0	0	3	6000-7200	F
Camden														
Cooper	S. Burrows	271	501,000	9,270	7,404	4P	1	0	1	0	0	2	7500-9000	F
Our Lady of Lourdes	R. L. Breckenridge	111	160,596	3,570	2,806	4P	1	1	1	1	0	4	7800-9600	P
West Jersey	W. V. Mc Donnell	163	373,289	7,860	7,222	4P	1	1	1	1	0	4	9000-10500	...
East Orange														
East Orange General	H. L. Goodman	96	203,613	2,586	2,322	1A	1	0	0	0	0	1	7200-8400	F
Veterans Admin. ²³¹	H. G. Grady, M. H. Field	402	616,764	3,153	3,141	4P	2	2	2	2	0	8	9500-11500	O
Elizabeth														
Elizabeth General Hospital and Dispensary	J. P. Greeley	101	229,279	5,143	3,905	4P	1	0	0	0	0	1	7800-9000	F
St. Elizabeth	D. H. Dreizin	174	235,702	4,820	4,800	2A	2	2	0	0	0	4	8000-8500	F
Englewood														
Englewood	S. R. Gambino	219	465,177	8,692	7,195	4P	1	1	1	1	0	4	8100-9900	F
Flemington														
Hunterdon Medical Center	E. V. Olmstead	160	125,000	2,575	2,035	2P	1	1	0	0	0	2	4500-4500	F
Hackensack														
Hackensack	D. E. Brown													
	R. F. Robinson	152	350,621	8,292	5,209	3A	1	1	1	0	0	3	7980-9180	O
Hoboken														
St. Mary	A. Ehrlich	129	261,000	4,399	4,012	1A	1	1	0	0	0	2	7200-9600	F
Jersey City														
Christ	A. J. Gitlitz	179	480,299	6,922	5,957	2P	1	1	0	0	0	2	10000-11000	P
Jersey City Medical Center	S. Auerbach	147	220,882	1,660	1,660	4P	1	1	1	1	0	4	8000-9500	O
Livingston														
St. Barnabas Medical Center	W. G. Bernhard	203	681,708	8,690	7,382	4P	1	1	1	1	0	4	6960-8760	P
Long Branch														
Monmouth Medical Center	M. Salwen	338	593,732	7,254	5,759	4P	1	1	1	1	0	4	8000-9500	P
Montclair														
Mountainside	H. Stumpf	214	658,272	7,250	6,754	4P	2	1	1	1	0	5	8100-9000	F
Morristown														
Morristown Memorial	H. F. Luddecke	270	519,034	9,177	9,116	4P	2	1	1	1	0	5	8000-9200	F
Mount Holly														
Burlington County Memorial	C. Catanzaro	138	270,754	4,132	3,424	1A	1	0	0	0	0	1	6000-8400	FP
Neptune														
Jersey Shore Medical Center - Fitkin	O. Ross	307	265,618	6,480	6,480	4P	1	1	0	0	0	2	7200-9000	F
Newark														
Martland	W. D. Sharpe	171	722,722	4,585	4,571	3A	2	2	2	0	0	6	9500-10500	P
Newark Beth Israel Medical Center	L. Goldman	233	251,057	6,629	6,562	4P	2	1	0	0	0	3	9500-11000	O
St. Michael's Medical Center	R. E. Carnes	199	453,351	3,444	3,444	4P	1	1	1	1	0	4	9500-11000	P
United Hospitals of Newark-Presbyterian	S. S. Sarkisian	163	463,043	9,754	6,754	3A	1	2	0	0	0	3	9000-10500	F
New Brunswick														
Middlesex General	S. E. Moolten	181	201,305	4,352	3,612	4P	1	1	1	1	0	4	8000-9000	P
St. Peter's General	V. A. Galdi	204	373,677	8,502	7,354	4P	1	1	1	1	1	5	8000-9500	F
Paramus														
Bergen Pines County Hospital-Pascack Valley														
Bergen Pines County	E. Wagman	350	466,023	4,686	4,331	...	2	2	1	1	0	6	8100-9900	P
Pascack Valley (Westwood)	V. H. Gillson	100	252,261	5,500	...	...	...	...	...	...	...	...	...	...
Passaic														
Passaic General	J. R. Gannon	160	195,442	3,504	3,441	2P	1	1	0	0	0	2	8400-9000	F
St. Mary's	R. Brill	113	135,219	4,007	3,519	2P	1	1	0	0	0	2	7200-8400	F
Pateron														
Barnert Memorial Hospital Center	J. Churg	149	255,187	5,412	5,412	2P	1	1	0	0	0	2	7000-8000	P
St. Joseph's	P. Steinlauf	304	503,525	8,872	8,035	4P	1	1	1	1	0	4	8700-9600	P

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17. PATHOLOGY—Continued

NEW JERSEY—Continued	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
Perth Amboy														
Perth Amboy General	M. Shuster	228	847,978	56,667	56,667	4P	1	1	1	1	1	5	7500-8700	P
Plainfield														
Muhlenberg	B. H. Hyun	378	483,065	7,374	6,265	4P	1	1	1	1	0	4	7900-9400	P
Summit														
Overlook	G. L. Erdman	209	501,800	9,285	7,508	4P	1	1	1	1	0	4	8000-9500	P
Teaneck														
Holy Name	M. E. Tracht	188	234,984	5,647	5,647	4P	2	1	1	0	0	4	8250-9750	FP
Trantion														
Mercer	J. Mora	191	323,005	5,474	4,140	2P	...	...	...	...	...	...	7200-8000	F
St. Francis	F. Campo	305	580,464	12,037	9,873	4P	1	1	1	1	0	4	6600-9100	F
Vineland														
Newcomb	M. N. Solomon	64	129,037	4,161	3,675	1A	1	0	0	0	0	1	9000-11400	P
Westwood														
Pascack Valley - See Bergen Pines County Hospital-Pascack Valley, Paramus														
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist University of New Mexico Affiliated Hospitals	T. L. Chiffelle	109	5,688	4,070	3,965	4P	1	1	1	1	0	4	6060-6270	P
Bernalillo County Medical Center	R. E. Anderson	...	...	...	...	4P	3	3	3	3	0	12	...	...
Veterans Admin.	M. L. Ovitz	173	270,570	2,387	...	...	...	...	...	...	...	...	6060-6720	P
NEW YORK														
Albany														
Albany Medical College Affiliated Hospitals	W. A. Thomas	...	...	...	...	4P	3	3	2	2	0	10	...	...
Albany Medical Center	...	599	...	9,066	9,066	...	...	...	...	...	...	...	7500-10500	P
Veterans Admin.	...	334	473,000	1,773	1,773	...	...	...	...	...	...	...	8400-11800	P
St. Peter's	T. S. Beecher	193	383,772	6,266	5,954	4P	1	1	1	1	0	4	8500-11500	O
State of New York Department of Health	A. H. Harris	...	...	...	...	1C	...	...	...	...	...	...	...	...
Bay Shore														
Southside	M. Dana, I. Rappaport	100	258,717	6,250	5,530	2P	1	1	0	0	0	2	...	...
Bronxville														
Lawrence	J. M. Budinger	174	134,000	3,140	2,680	2P	1	1	0	0	0	2	9500-9500	O
Buffalo														
Buffalo General	J. C. Brennan	418	841,449	13,382	13,039	4P	3	3	2	2	0	10	7805-9200	P
Children's Hospital of Buffalo	K. Terplan	243	...	3,989	4,517	1A	1	1	1	0	0	3	7805-10020	P
Deaconess Hospital of Buffalo	J. B. Sheffer	239	350,501	10,723	6,105	4P	1	1	1	1	0	4	8000-10000	P
Edward J. Meyer Memorial	E. F. Schueller	562	12,963	5,810	5,810	4P	3	1	1	1	0	6	7805-9200	P
Mercy	A. B. Constantine	259	257,870	5,954	5,954	1A	3	3	3	0	0	9	7300-7900	P
Millard Fillmore	A. V. Postoloff	335	524,734	9,262	9,262	4P	1	1	1	1	0	4	7805-9200	P
Roswell Park Memorial Institute	J. Pickren	448	668,228	10,318	10,315	4P	2	2	2	2	0	8	5522-6836	O
Sisters of Charity	C. F. Becker	228	250,498	6,644	6,422	4P	1	1	1	1	0	4	6684-8234	FP
Veterans Admin.	G. Fazekas	334	619,894	2,694	2,560	3A	1	1	1	0	0	3	6560-7880	O
Cooperstown														
Mary Imogene Bassett	C. V. Hawn	111	197,267	1,783	1,767	1A	1	0	0	0	0	1	7500-9000	P
East Meadow														
Meadowbrook	V. Palladino	419	...	5,122	5,086	4P	3	3	3	3	0	12	8500-10000	F
Elmira														
Arnot-Ogden Memorial	W. D. Kelly	128	256,311	5,426	5,129	1A	1	0	0	0	0	1	...	...
Glen Cove														
Community Hospital at Glen Cove	T. Robertson	132	212,735	5,148	4,372	4P	1	1	1	1	0	4	8500-10000	P
Huntington														
Huntington	C. A. Mc Nicol	...	...	...	...	2P	2	2	0	0	0	4	...	...
Johnson City														
Charles S. Wilson Memorial	D. Mark, R. Muelling	312	286,122	7,400	7,000	4P	1	1	1	1	0	4	8100-9000	F
Kingston														
Kingston Laboratory Hospitals	H. Derman	186	448,681	18,205	17,446	4P	0	1	1	0	0	2	8500-11000	O
Kingston	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Benedictine	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lewiston														
Mount St. Mary's Hospital of Niagara Falls	T. T. Bronk	92	182,295	3,460	2,357	1A	...	...	...	...	...	1	7500-7500	P
Manhasset														
North Shore	S. Gross	203	411,664	6,867	6,268	4P	1	1	1	1	0	4	9500-11000	P
Mineola														
Nassau	L. R. Ferraro, F. A. Inda	334	473,374	8,332	6,424	4P	1	1	1	1	0	4	8500-10000	P
Mount Kisco														
Northern Westchester	R. A. Fox	132	235,614	4,525	3,739	4P	2	2	0	0	0	4	6700-9500	F
Mount Vernon														
Mount Vernon	J. G. Sharnoff	191	287,418	5,188	5,016	2P	1	1	1	1	0	4	9500-10500	FP
Newburgh														
St. Luke's Hospital of Newburgh	T. P. B. Payne	156	213,914	916	916	1A	2	0	0	0	0	2	8400-8400	P
New Hyde Park														
Long Island Jewish Hospital Training Program	J. I. Berkman	...	...	...	...	...	...	...	...	...	...	...	...	...
Long Island Jewish	J. I. Berkman	190	791,188	7,938	7,382	4P	2	2	2	2	0	8	9500-11500	O
Queens Hospital Center (New York City)	G. Silverman	686	1,468,174	4,631	4,631	4P	2	2	2	2	0	8	9500-11000	P
New Rochelle														
New Rochelle	W. C. Schraft, Jr.	252	339,975	3,672	2,739	4P	1	1	1	1	0	4	8750-11000	F
New York City														
Albert Einstein College of Medicine Affiliated Hospitals	A. A. Angrist	605	2,388,720	18,791	18,791	4P	5	4	6	5	0	20	8250-10750	F
Bronx Municipal Hospital Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hospital of the Albert Einstein College of Medicine	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Beekman-Downtown	C. M. Karpas	...	...	...	...	...	...	...	...	...	...	...	...	...
Beth Israel	B. D. Moungis	150	472,439	2,165	2,121	2P	1	1	1	1	0	4	8000-9500	P
Beth Israel	W. Antopol	247	43,912	8,720	8,720	4P	2	2	2	2	0	8	9500-11500	P

APPROVED RESIDENCIES

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17. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued														
Booth Memorial	A. Blaustein	225	329,087	4,737	4,737	4P	2	1	1	1	0	5	8250-10250	P
Bronx-Lebanon Hospital Center	J. C. Ehrlich	294	456,543	7,351	7,204	4P	2	2	2	2	0	8	9500-11000	P
Brookdale Hospital Center	D. Spain	206	911,520	8,021	8,000	4P	1	1	1	1	0	4	9500-10000	P
Brooklyn - Cumberland Medical Center	J. V. Klavins	427	387,402	...	5,726	4P	3	3	3	3	0	12	9750-11750	P
Catholic Medical Center of Brooklyn and Queens	H. Grinvalsky	...	...	...	...	...	...	...	...	...	...	...	...	...
Mary Immaculate Division	P. Remigio	154	242,454	3,564	3,564	4P	1	1	1	1	0	4	8250-9750	F
St. Mary's Division	E. A. Almenoff	104	285,304	5,319	5,479	2P	1	1	0	0	0	2	8250-8750	F
Coney Island	H. Fink	323	1,043,274	3,334	3,334	4P	4	2	2	2	0	10	9750-11250	P
Flushing Hospital and Medical Center	I. Garrow	171	361,960	4,319	3,300	4P	1	1	1	1	0	4	8000-10100	P
Harlem Hospital Center	T. W. Roberts	282	727,593	3,233	3,164	4P	3	3	3	3	0	12	8250-10750	F
Hospital for Joint Diseases and Medical Center	H. D. Dorfman	50	210,812	4,036	3,849	1A	0	1	0	0	1	2	9500-11500	P
Jamaica	E. Khayat	300	800,000	8,221	8,221	4P	2	2	2	2	0	8	8250-9750	F
Jewish Hospital and Medical Center of Brooklyn	A. C. Allen	248	8,560	7,122	7,061	4P	1	1	1	2	0	5	9500-11000	F
Greenpoint	A. C. Allen	68	466,753	1,922	1,922	...	1	...	...	...	...	...	...	...
Jewish Memorial	A. Schwarz	167	282,897	2,474	2,474	4P	1	1	1	1	0	4	6500-8000	F
Kingsbrook Jewish Medical Center	B. W. Volk	271	278,144	2,361	2,123	4P	2	1	1	1	1	6	8500-10500	F
Knickerbocker	W. B. Ober	126	164,256	2,289	2,179	1A	1	1	0	0	0	2	7030-7450	FP
Lenox Hill	S. C. Sommers	345	731,533	7,117	7,070	4P	2	2	2	2*	0	8	9500-12500	P
Lincoln	H. Lepow	145	754,597	3,762	3,647	3A	2	1	1	0	0	4	8250-10750	F
Long Island College	T. G. Morrione	193	918,902	6,750	5,947	4P	1	1	1	1	0	4	9500-11000	P
Lutheran Medical Center	T. Ehrenreich	175	348,214	3,339	3,339	2P	1	1	0	0	0	2	10000-10500	P
Maimonides Medical Center	A. R. Kantrowitz	438	1,106,054	13,121	13,015	4P	2	2	2	2	0	8	9500-11500	P
Memorial Hospital for Cancer and Allied Diseases	F. W. Foote, Jr.	490	...	15,500	15,500	3A	0	0	1	3	10	14	9000-12000	P
Methodist Hospital of Brooklyn	S. Werthamer	295	453,438	5,690	5,200	4P	2	2	2	2	1	9	9500-12000	P
Misericordia - Fordham Training Program	P. E. Kalish	...	...	...	...	4P	2	1	1	1	0	5	10000-13000	FP
Fordham	...	178	786,509	2,894	2,846	...	...	...	...	...	...	...	...	...
Misericordia	...	187	339,598	3,500	3,246	...	...	...	...	...	...	...	...	...
Montefiore Hospital Training Program	H. M. Zimmerman	...	...	...	...	4P	4	4	4	4	0	16	9750-11750	P
Montefiore Hospital and Medical Center	...	438	1,082,581	6,501	6,501	...	...	...	...	...	...	...	...	...
Morrisania City	...	239	923,207	3,418	3,418	4P	...	...	...	...	...	...	...	...
Mount Sinai Hospital Training Program	H. Popper	528	943,381	12,327	12,327	...	4	2	2	2	0	10	9750-11250	P
Mount Sinai City Hospital Center at Elmhurst*	W. Mautner	551	919,469	4,232	4,202	...	4	4	4	4	0	16	9750-11750	P
New York	J. T. Ellis	648	921,334	11,207	9,890	4P	4	4	4	4	2	18	9750-12250	P
New York Medical College-Metropolitan Hospital Center Unit 1 - Flower and Fifth Avenue Hospitals	D. Spiro	446	701,078	10,807	10,377	4P	5	5	5	5	0	20	8250-9750	F
Unit 2 - Metropolitan	...	128	499,147	5,548	5,415	...	...	...	...	...	...	...	...	...
New York Polyclinic Medical School and Hospital	...	318	201,931	5,239	4,962	...	...	...	...	...	...	...	...	...
New York University Medical Center	W. E. Finkelstein	151	291,758	4,087	3,895	4P	1	1	1	1	0	4	8500-9700	P
Bellevue Hospital Center	M. Kuschner	...	...	...	...	4P	5	5	5	5	0	20	...	...
University	...	494	1,877,990	6,940	6,940	...	...	...	...	...	...	...	8250-10750	F
Presbyterian	...	266	876,171	8,634	8,048	...	...	...	...	...	...	...	...	P
Francis Delafield	D. W. King	...	...	...	...	4P	...	...	...	...	...	20	...	...
...	D. W. King	...	...	...	...	...	...	...	...	...	...	...	...	...
...	B. M. Wagner	176	205,722	4,187	4,187	...	...	...	...	...	...	...	8250-10750	F
Queens Hospital Center - See Long Island	Jewish Hosp. Training Program, New Hyde Park	...	...	...	...	...	...	...	...	...	...	...	...	...
Roosevelt	R. Garret	316	850,339	6,025	6,017	4P	2	2	1	1	0	6	8500-11000	P
St. Clare's	L. A. Johnson	164	501,893	3,831	3,593	4P	1	1	1	1	0	4	6500-8000	F
St. John's Episcopal	L. M. Fox	121	276,462	5,426	5,426	2P	1	1	0	0	0	2	10050-11050	F
St. Luke's Hospital Center	C. F. Begg	273	514,287	8,811	8,811	4P	2	2	2	1	0	7	10000-11500	P
St. Vincent's Hospital and Medical Center of New York	W. E. Delaney, 3d	451	813,744	6,143	6,143	4P	2	2	2	2	0	8	8500-10000	P
St. Vincent's Medical Center of Richmond	V. Kogan	240	363,559	5,272	4,781	1A	2	0	0	0	0	2	10500-10500	O
State University Kings County Hospital Center	P. Fitzgerald, S. Aronson	...	...	...	...	4P	5	5	5	5	0	20	8250-10750	F
Kings County Hospital Center	P. Fitzgerald, S. Aronson	1,097	1,696,850	11,330	11,330	...	...	...	...	...	...	...	...	...
State University	W. E. Toreson	48	133,369	1,991	1,991	...	...	...	...	...	...	...	...	...
Staten Island	V. Altmann	178	277,111	3,910	3,286	2P	2	0	0	0	0	2	8750-9250	F
Veterans Admin. (Bronx) ⁶⁶⁷	A. F. Liber	297	750,171	3,601	3,575	4P	2	2	2	2	0	8	9750-11750	P
Veterans Admin. (Brooklyn)	F. A. Jimenez	345	640,000	3,247	3,247	4P	1	1	1	1	0	4	8200-10200	O
Veterans Admin. (Manhattan)	N. S. Cooper	290	706,136	4,056	3,881	4P	3	2	3	2	0	10	8200-9700	O
Wyckoff Heights	A. Statsinger	294	387,277	3,078	2,925	4P	1	1	1	1	0	4	6500-6500	F
Niagara Falls														
Niagara Falls Memorial	A. Drickman	217	174,076	3,968	...	4P	1	1	1	1	0	4	7600-9400	P
Oceanside														
South Nassau Communities	E. Solaric	157	291,341	4,935	4,835	2P	1	1	0	0	0	2	...-9200	...
Port Chester														
United	C. J. Alexander	91	307,698	4,647	4,647	1P	1	0	0	0	0	1	4800-...	FP
Poughkeepsie														
St. Francis	J. D. Gioia	103	448,008	7,946	7,194	1A	1	0	0	0	0	1	6000-...	F
Vassar Brothers	M. Dreyfuss	...	...	...	...	...	...	...	...	...	...	...	...	...
...	F. Mc Mahon	196	384,812	6,336	4,173	4P	1	1	1	1	0	4	5400-7200	FP
Rochester														
Genesee	J. Abbott	422	64,007	7,703	7,636	4P	1	1	1	1	0	4	7250-8750	O
Rochester General	M. G. Bohrod	505	861,900	12,034	8,819	4P	2	2	2	2	0	8	8500-10000	P
Strong Memorial Hospital of the University of Rochester	S. F. Patten, Jr.	724	1,151,509	7,815	7,284	4P	4	4	4	4	0	16	...	P
Schenectady														
Ellis	G. F. Parkhurst	457	395,631	8,103	7,060	4P	3	1	1	1	0	6	6930-8520	F

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17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year				
OHIO - Continued															
Warren															
Trumbull Memorial	J. D. Culberson	226	294,293	6,465	4,849	4P	1	1	1	0	0	3	8100-9900	P	
Youngstown															
St. Elizabeth	B. Taylor	365	743,884	8,202	6,157	4P	1	1	1	1	0	4	6600-8700	FP	
Youngstown	A. E. Rappoport	627	801,986	9,930	8,806	4P	2	2	2	2	0	8	10600-11500	P	
OKLAHOMA															
Oklahoma City															
Baptist Memorial	J. Hensley	167	475,481	6,482	4,829	4P	1	1	1	1	0	4	9000-9900	P	
Mercy	W. Aronson	126	217,460	4,470	4,152	1A	1	0	0	0	0	1	8700-8700	P	
St. Anthony	T. W. Violett	266	564,655	10,111	8,081	4P	1	1	1	1	0	4	8700-9600	P	
University of Oklahoma Medical Center		...	...	...	...	4P	...	...	...	...	...	8	5500-8500	P
University of Oklahoma Hospitals		257	285,837	7,692	7,198	...	...	...	...	...	...	...	...	...
Veterans Admin.		294	362,639	3,426	2,464	...	...	...	...	...	...	...	...	...
Tulsa															
Hillcrest Medical Center	D. E. Van Wormer	234	347,729	7,383	40,139	4P	1	1	1	1	0	4	8700-9600	P	
St. John's	E. E. Palik	300	532,116	10,935	10,135	4P	1	1	1	1	0	4	8700-9600	P	
OREGON															
Portland															
Emanuel	V. Sneed, N. Pickering	330	439,260	11,541	10,071	4P	1	1	1	1	0	4	7800-9600	P	
Good Samaritan Hospital and Medical Center	M. Heinemann	262	669,271	7,337	5,765	4P	1	1	1	0	0	3	7800-9000	P	
Providence	R. S. Jones	175	142,393	5,792	5,042	4P	1	1	1	1	0	4	7800-9600	P	
St. Vincent	J. Nohlgren, A. Oyama	307	455,140	10,250	8,633	4P	1	1	1	2	0	5	7800-9600	P	
University of Oregon Medical School Hospitals and Clinics	S. Wellings, T. Hutchens	433	731,556	5,795	5,795	4P	6	6	0	0	0	12	6600-7200	FP	
Veterans Admin.	J. R. Orendurff	279	105,167	3,291	3,251	...	...	...	...	...	...	...	5280-6480	P
PENNSYLVANIA															
Abington															
Abington Memorial	J. W. Eiman	352	726,275	9,037	8,500	4P	3	1	1	1	0	6	7500-8700	P	
Allentown															
Allentown	P. G. Panas	380	457,324	8,145	7,257	4P	1	1	1	1	0	4	8500-8500	P	
Altoona															
Altoona	R. C. Mac Duffee	199	283,380	5,413	4,076	4P	1	1	1	1	0	4	7200-9600	F	
Bethlehem															
St. Luke's	E. J. Benz	277	325,975	334,851	7,237	4P	1	1	1	1	0	4	9000-10800	F	
Bryn Mawr															
Bryn Mawr	J. J. Mc Graw, Jr.	214	466,347	6,751	6,133	4P	3	1	1	1	0	6	8100-10500	P	
Chester															
Crozer-Chester Medical Center	C. L. Lehman	188	314,451	5,957	5,957	4P	2	1	1	0	0	4	6000-7800	F	
Danville															
Geisinger Medical Center	J. J. Moran	369	445,126	8,102	6,752	4P	1	1	1	1	0	4	6400-7600	P	
Darby															
Thomas M. Fitzgerald Mercy	W. H. Miller	152	353,492	5,355	5,250	4P	1	0	0	0	0	1	9000-10800	F	
Easton															
Easton	J. C. Gaulin	213	179,063	3,985	3,881	2P	1	1	0	0	0	2	6600-7200	F	
Erie															
Hamot	J. A. Fust	277	327,182	7,894	5,670	4P	1	0	1	0	0	2	7800-9000	P	
St. Vincent	R. B. Eisenberg	180	339,920	6,273	4,611	4P	1	1	1	1	0	4	7800-9000	P	
Harrisburg															
Harrisburg	F. W. Brason	440	632,799	12,035	...	4P	2	0	0	0	0	2	...-9000	F	
Johnstown															
Conemaugh Valley Memorial	S. Goldblatt	216	406,259	5,817	4,561	4P	1	1	1	1	0	4	7800-9000	F	
Norristown															
Montgomery	H. Tamaki, H. Schmidt	118	178,400	4,263	3,800	2P	1	1	0	0	0	2	6000-...	F	
Philadelphia															
Albert Einstein Medical Center	H. Brody, R. Rachman	598	1,008,158	14,915	13,758	4P	2	2	2	2	0	8	7000-10000	P	
Chestnut Hill	Z. Woo	144	224,306	3,306	3,306	4P	1	0	0	0	0	1	7200-8100	F	
Children's Hospital of Philadelphia	W. Yakovac	139	303	1,308	908	1A	...	...	...	...	...	...	...	...
Episcopal	H. F. Watts	313	225,000	4,000	4,000	4P	1	2	0	1	0	4	6240-6960	P	
Frankford	C. Q. Griffith	126	169,242	3,425	2,818	2P	1	1	0	0	0	2	7200-7800	...	
Germantown Dispensary and Hospital	F. Fite	359	206,369	4,191	2,935	4P	1	1	1	1	0	4	8400-10200	P	
Graduate Hospital of the University of Pennsylvania	A. Valdes-Dapena	226	387,727	3,608	3,406	4P	1	1	1	1	0	4	8000-9500	P	
Hahnemann Medical College and Hospital	J. E. Imbriglia	350	614,635	6,000	6,000	4P	2	2	2	2	1	9	6500-8500	P	
Hospital of the University of Pennsylvania	P. C. Nowell	419	1,054,848	10,736	10,216	4P	4	3	4	3	0	14	8000-11500	P	
Hospital of the Woman's Medical College of Pennsylvania	I. N. Dubin, M. M. Porter	160	352,618	2,574	2,570	4P	1	1	1	1	0	4	6900-9300	P	
Jefferson Medical College	G. E. Aponte	355	1,122,311	10,816	10,816	4P	2	2	2	2	0	8	8000-9500	O	
Lankenau	C. E. Brown	279	302,562	5,815	5,800	4P	1	1	1	1	0	4	7500-9300	P	
Memorial	D. F. Coletta	82	134,000	2,591	2,480	1A	1	0	0	0	0	1	7500-7500	F	
Misericordia	H. E. Marx, R. P. Baker	244	295,674	3,701	3,701	4P	1	0	0	0	0	1	9000-10800	P	
Nazareth	E. F. Ciccone	136	429,891	4,325	4,325	4P	0	2	0	0	0	2	7500-8100	F	
Pennsylvania	A. R. Crane	228	419,839	5,263	5,263	4P	1	1	1	1	0	4	7200-8100	O	
Philadelphia General	H. Schwarz, A. Steinberg	616	1,795,328	7,202	7,202	4P	5	6	4	1	0	16	8100-9300	O	
Presbyterian-University of Pennsylvania Medical Center	J. Butcher	229	391,000	3,690	3,290	4P	2	1	1	1	0	5	6500-8500	P	
St. Christopher's Hospital for Children	J. B. Arey	105	141,235	1,894	1,066	1A	0	0	0	2	0	2	7000-8000	O	
Temple University	A. R. Peale	499	978,803	7,063	7,063	4P	3	3	4	2	0	12	7200-9600	...	
Veterans Admin.	P. V. Skerrett	291	420,800	4,343	4,343	4P	2	1	1	1	1	6	6000-14409	O	
Pittsburgh															
Allegheny General	R. C. Grauer	331	474,449	6,886	6,886	4P	2	2	2	2	0	8	9000-9900	P	
Hospitals of the University Health Center of Pittsburgh	E. Farber	...	...	...	...	...	8	6	7	7	2	30	...	...
Children's Hospital of Pittsburgh	G. H. Fetterman	181	244,052	2,815	2,812	2P	...	...	...	...	...	...	7500-9500	O
Magee-Womens	B. Klionsky	...	...	...	...	...	...	...	...	...	...	...	...	...
Presbyterian-University	R. H. Fennell, Jr.	395	613,193	8,435	8,335	4P	...	...	...	...	...	...	7500-9500	...
Veterans Admin.	E. Fisher	331	778,267	3,199	3,199	4P	...	...	...	...	...	...	6000-7800	O

APPROVED RESIDENCIES

17. PATHOLOGY - Continued

	Chief of Service or Program Director	Number of Neeropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA, Pittsburgh - Continued														
Mercy	M. M. Bracken	390	687,496	11,139	8,408	4P	2	2	2	1	0	7	9000-10800	P
Montefiore	H. Mendelow	243	545,875	6,923	6,923	4P	2	1	1	0	0	4	7800-9600	P
St. Francis General	R. C. Hamilton	209	428,016	6,316	5,798	4P	1	1	1	1	0	4	7800-9000	FP
St. Margaret Memorial	J. E. Kurtz	80	289,688	4,176	3,345	1A	1	0	0	0	0	1	8100-8100	F
Shadyside	E. L. Heller	189	234,175	4,207	3,155	4P	1	1	1	1	0	4	6300-7200	F
South Side	L. Goodman, L. B. Myers	172	251,319	4,197	3,988	4P	1	1	1	0	0	3	10200...	F
Western Pennsylvania	E. R. Erickson	295	648,990	8,807	7,456	4P	2	2	2	2	0	8	6600-8400	FP
Reading														
Reading	W. P. Jennings	408	869,744	9,841	9,431	4P	2	2	2	2	0	8	6600-8400	F
St. Joseph's	W. Hoch	197	254,683	6,385	5,881	4P	1	1	1	1	0	4	.....	F
Sayre														
Robert Packer	D. R. Weaver	159	216,000	4,400	4,100	4P	1	1	1	1	0	4	6500-8000	F
Wilkes-Barre														
Wilkes-Barre General	C. E. Rodriguez	173	191,839	3,474	3,174	4P	1	1	1	1	0	4	4800-6000	F
York														
York	F. A. Mc Keon	445	687,646	9,331	6,092	4P	2	2	1	1	0	6	7800-8700	P
PUERTO RICO														
Ponce														
Ponce District General	E. Rivera	226	401,789	5,361	5,100	3A	3	3	3	0	0	9	5400-9600	F
San Juan														
J. Gonzalez Martinez Oncologic	R. Marcial Rojas	43	2,271	2,271	2,271	1SP	0	0	0	1	0	1	6000...	F
Municipal Hospital Dr. Rafael Lopez Nussa		...	...	...	...	3A	...	...	...	...	...	...	.....	...
University District	R. Marcial	1,127	711,063	17,538	17,538	4P	6	5	5	4	0	20	6300-7500	P
Veterans Admin. Center	F. M. Reyes	93	166,618	1,231	1,231	1A	2	2	1	1	0	6	6720-8520	O
RHODE ISLAND														
Newport														
Newport	M. A. Chernow	71	158,624	3,108	2,602	1A	1	0	0	0	0	1	7800-8400	F
North Providence														
Our Lady of Fatima - See St. Joseph's Hospital-Our Lady of Fatima, Providence														
Pawtucket														
Memorial	G. P. Paparo	144	510,633	5,246	4,000	4P	1	1	1	1	0	4	6600-8400	F
Providence														
Rhode Island	H. Fanger	433	1,047,552	10,275	10,153	4P	2	3	1	2	0	8	7600-10000	P
St. Joseph's Hospital - Our Lady of Fatima	S. R. Allegra	...	...	...	...	4P	2	1	1	1	0	5	7000-10000	F
Our Lady of Fatima (North Providence)		80	208,200	3,753	3,010	...	...	...	...	...	...	...	.....	...
St. Joseph's		145	299,071	3,909	3,011	...	...	...	...	...	...	...	.....	...
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals		...	...	...	...	...	...	...	...	...	...	...	.....	...
Medical College	G. R. Hennigar	762	600,000	23,000	23,000	4P	5	5	5	5	2	22	5400-10000	F
SOUTH DAKOTA														
Sioux Falls														
University of South Dakota Affiliated Hospitals		...	...	...	...	...	...	...	...	...	...	...	.....	...
Sioux Valley	K. Wegner	181	177,746	3,893	2,993	4P	1	1	1	1	0	4	8400-9300	O
TENNESSEE														
Chattanooga														
Baroness Erlanger	J. W. Adams	440	520,713	21,025	21,011	4P	2	1	1	1	0	5	8100-10500	FP
Knoxville														
University of Tennessee Memorial Research Center and Hospital	F. S. Jones	167	536,460	4,450	4,053	4P	1	1	1	1	0	4	6900-7440	F
Memphis														
Baptist Memorial	E. E. Muirhead	425	992,728	20,220	19,526	4P	4	4	3	3	0	14	6300-7200	F
City of Memphis Hospitals	C. C. Erickson	942	971,000	9,507	9,507	4P	4	4	4	4	2	18	5060-8700	F
Methodist	J. K. Duckworth	543	631,477	17,715	9,952	4P	2	0	0	0	1	3	6000-12000	F
St. Joseph	L. C. Prieto	241	4,478	6,227	5,058	4P	1	1	1	1	0	4	6000-9600	FP
Veterans Admin. ³⁰²	J. M. Young	386	529,930	3,059	2,955	4P	2	2	2	2	0	8	7160-14409	P
Nashville														
Baptist	F. Womack	183	431,158	8,052	6,205	2P	1	1	0	0	0	2	7800-8400	O
George W. Hubbard Hospital of the Meharry Medical College	H. M. Frazier	176	174,495	5,000	5,000	4P	...	...	...	...	...	...	.....	...
Vanderbilt University Affiliated Hospitals	J. L. Shapiro	...	...	...	...	4P	5	5	5	5	2	22	6500-8000	P
Vanderbilt University	J. L. Shapiro	324	677,002	5,481	5,364	...	...	...	...	...	...	...	.....	...
Nashville Metropolitan General	R. J. Freeman	143	323,142	3,091	2,940	...	...	...	...	...	...	...	.....	...
Veterans Admin.	R. D. Buchanan	199	614,136	2,623	2,489	4P	...	...	...	...	...	...	.....	...
Oak Ridge														
Oak Ridge Associated Universities, Medical Division	R. Kniseley, B. Nelson	23	...	53	52	1SP	0	0	0	1	1	1	9000-13000	O
TEXAS														
Austin														
Brackenridge	A. Q. Da Silva	196	247,558	20,542	18,054	4P	0	1	0	0	0	1	...-7800	P
Dallas														
Baylor University Medical Center	G. J. Race	415	712,714	16,541	13,325	4P	3	3	3	3	0	12	.....	O
Methodist Hospital of Dallas	G. Noteboom	223	524,518	8,770	8,737	4P	1	1	1	1	0	4	6300-7200	P
Parkland Memorial	V. A. Stenbridge	453	1,669,690	51,004	51,004	4P	...	...	...	...	...	20	6360-7320	P
St. Paul	J. H. Childers	242	537,943	10,689	8,034	4P	1	1	1	1	0	4	6300-7200	P
Veterans Admin. ³⁰⁶	A. A. Kosinski	336	849,019	6,634	6,634	4P	1	0	0	0	0	1	6440-14409	P
Fort Worth														
Harris Hospital-Fort Worth Medical Center	C. Mitchell, J. Alexander	269	348,587	13,451	8,340	4P	1	1	1	1	0	4	8100-11700	P
Galveston														
University of Texas Medical Branch Hospitals	R. B. Marshall	509	1,025,338	7,317	7,003	4P	2	2	2	2	1	9	6500-9000	P

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APPROVED RESIDENCIES

17. PATHOLOGY—Continued

Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
TEXAS—Continued														
Houston														
Baylor University Affiliated Hospitals	R. M. O' Neal	504	1,225,756	7,419	6,950	4P	5	5	6	5	0	21	6900-9900	P
Ben Taub General	R. M. O' Neal	0	238,489	0	0	...	...	...	...	...	...	...	6900-9900	P
Jefferson Davis	R. M. O' Neal	479	979,555	14,341	12,455	...	...	...	...	...	...	...	6900-8700	P
Methodist	H. H. Malvin	242	295,454	2,321	2,278	...	...	...	...	...	...	...	6900-8700	O
Texas Children's	H. S. Rosenberg	478	651,185	7,484	7,484	...	...	...	...	...	...	...	6900-8700	P
Veterans Admin.	F. Gyorkey	242	966,597	16,780	15,350	4P	2	2	2	2	0	8	6600-8900	P
Hermann	W. G. Brown	302	685,596	8,524	7,616	4P	1	1	1	1	0	4	6280-7500	P
St. Joseph	P. M. Marcuse	202	429,935	6,692	6,550	4P	1	1	1	1	1	5	6900-8700	O
St. Luke's Episcopal	C. Lind, Jr., J. Milam	415	428,339	10,709	10,709	4P	...	...	...	...	...	51	6000-13000	O
University of Texas M. D. Anderson Hospital and Tumor Institute	W. O. Russell	235	245,000	7,500	7,500	4P	0	0	0	1	0	1	5000-6000	O
Lubbock														
Methodist	W. H. Long	242	387,963	8,743	7,940	4P	2	1	1	2	0	6	7600-9600	FP
San Antonio														
Baptist Memorial	A. O. Severance	...	...	...	...	4P	3	3	3	3	0	12	...	...
University of Texas at San Antonio Teaching Hospitals	H. C. Mc Gill, Jr.	299	990,009	3,614	3,580	...	...	...	...	...	...	...	7800-9600	P
Robert B. Green Memorial	H. C. Mc Gill, Jr.	57	472,503	9,932	9,872	...	...	...	...	...	...	...	6372-7572	O
Santa Rosa Medical Center	N. H. Jacob, Jr.	140	56,836	4,956	4,956	4P	...	...	...	...	...	4	7200-8400	...
Temple														
Scott and White Memorial	T. R. Sunbury, A. R. Jay	152	214,382	6,995	5,718	4P	1	1	1	1	0	4	5100-6000	F
UTAH														
Ogden														
Thomas D. Dee Memorial	J. L. Verner	166	367,000	7,638	5,798	4P	2	2	2	2	0	2	6300-8100	O
Salt Lake City														
Holy Cross	C. Mc Neil	288	762,247	11,610	9,426	4P	2	0	0	1	0	3	5700-6900	P
Latter-Day Saints	J. H. Carlquist	...	...	...	...	4P	4	4	4	4	0	16	...	...
University of Utah Affiliated Hospitals	E. J. Eichwald	193	334,403	2,610	2,610	...	...	...	...	...	...	...	6600-8900	...
Veterans Admin.	E. Eichwald, J. Wilkerson	176	417,684	1,690	1,650	...	...	...	...	...	...	...	5700-6900	...
VERMONT														
Burlington														
Medical Center Hospital of Vermont	R. W. Coon	434	457,117	9,387	7,566	4P	4	4	3	3	0	14	6600-8400	O
VIRGINIA														
Alexandria														
Alexandria	R. E. Palmer	232	385,853	5,015	4,977	4P	...	...	...	...	...	...	8000-10000	P
Charlottesville														
University of Virginia	D. E. Smith	443	700,538	10,953	10,953	4P	2	2	2	2	0	8	5400-6900	O
...	O. B. Bobbitt	200	661,515	5,170	5,170	4P	1	1	1	1	0	4	6000-7800	P
...	T. J. Moran	211	372,082	16,036	14,432	4P	1	0	1	0	0	2	9600-14400	P
...	F. Wingfield, F. Davis, Jr.	259	349,679	10,676	10,000	4P	1	1	1	1	0	4	9900-10800	P
...	R. J. Faulconer	350	500,000	9,500	7,000	4P	1	1	1	1	0	4	9900-10800	O
...	R. R. Stephens	553	1,495,457	11,330	11,030	4P	6	6	5	5	2	24	6000-8400	P
...	F. Goodale	131	240,000	6,200	5,000	4P	1	0	0	0	0	1	4800-6600	F
...	W. Monroe, L. Belter	257	655,743	3,693	3,693	4P	1	1	1	1	0	4	6000-8400	P
...	G. J. Cunningham	166	236,081	8,627	7,062	4P	1	1	1	1	0	4	6000-6600	F
...	J. C. Gale	...	...	...	...	2P	...	...	...	...	...	...	...	...
...	D. G. Mason	116	91,943	2,837	2,512	2P	1	0	0	0	0	1	...	...
...	G. La Zerte, P. Griffith	339	440,000	12,254	10,213	4P	2	2	2	2	0	8	7080-9300	P
...	W. B. Hamlin	...	...	...	...	4P	5	5	5	5	1	21	...	...
...	N. K. Mottet	144	159,546	1,067	816	...	...	...	...	...	...	...	...	...
...	S. A. Creighton	336	...	2,649	2,360	...	...	...	...	...	...	...	7008-10008	O
...	E. P. Benditt	128	342,423	3,867	3,110	...	...	...	...	...	...	...	8691-14257	...
...	N. K. Mottet	345	...	3,303	3,303	...	...	...	...	...	...	...	7008-10008	...
...	N. K. Mottet	219	273,807	2,434	2,384	...	...	...	...	...	...	...	6000-8004	P
...	R. Vracko	217	480,000	6,213	5,604	4P	1	1	1	1	0	4	6450-9350	FP
...	H. W. Jones	422	269,546	7,367	6,869	4P	1	1	1	1	0	4	6600-9300	F
...	J. E. Hill	322	411,491	18,170	12,638	4P	1	1	1	1	0	4	7200-9000	...
...	C. P. Larson, M. J. Wicks	236	233,740	4,440	4,150	4P	1	0	1	0	0	2	9000-10800	O
...	W. A. Laqueur	202	181,402	7,227	7,168	4P	1	1	1	1	0	4	7500-8400	F
...	W. Garrard	257	219,093	6,402	5,762	3A	1	1	1	0	0	3	6300-7200	F
...	G. Swoyer	135	428,554	8,914	8,116	4P	1	0	0	0	0	1	7200-10800	F
...	S. Werthammer	109	387,278	8,698	7,841	4P	1	1	1	1	0	4	6000-7200	P
...	D. S. O' Connor	163	239,374	1,080	1,030	2P	2	2	0	0	0	4	4830-8550	O
...	C. Hoch-Ligeti

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APPROVED RESIDENCIES

17. PATHOLOGY - Continued

Institution	Chief of Service or Program Director	Number of Necropsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
WEST VIRGINIA - Continued														
Morgantown														
West Virginia University Medical Center	W. S. Albrink	364	376,905	6,495	5,814	4P	2	2	2	2	0	8	7500-9000	P
Wheeling														
Ohio Valley General	H. G. Little	193	174,175	13,143	6,283	4P	1	1	0	0	0	2	9600-10200	P
WISCONSIN														
Eau Claire														
Luther	W. Beckfield, W. Sheldon	167	191,708	3,451	3,326	3A	2	0	0	0	0	2	.....	..
Madison														
Madison General	P. G. Piper	266	368,896	8,005	5,934	4P	1	1	1	1	0	4	7200-9900	O
University of Wisconsin Affiliated Hospitals		...	...	...	...	4P	...	...	...	...	...	22	.....	..
University Hospitals	H. C. Pitot, F. Larson	425	700,000	7,338	6,753	...	...	...	...	...	...	...	6000-7500	P
Veterans Admin.	J. M. B. Bloodworth, Jr.	238	327,500	1,603	1,567	...	...	...	...	...	...	...	7700-9200	P
Marshfield														
St. Joseph's	C. N. Reyes	188	222,217	5,985	5,227	4P	1	1	1	1	0	4	7200-...	P
Milwaukee														
Columbia	D. B. Claudon	214	249,621	6,254	4,353	4P	1	1	1	1	0	4	8100-9920	P
Milwaukee Children's	S. Mc Creadie	93	157,555	3,073	1,026	...	...	...	...	...	...	...	7500-9020	P
Evangelical Deaconess	T. T. Tang	118	271,752	3,726	3,275	4P	1	1	1	1	0	4	7200-9000	P
Lutheran Hospital of Milwaukee	Y. Taira, E. L. Bemis	113	230,906	6,068	4,702	4P	1	1	1	1	0	4	7321-8423	P
Marquette Affiliated Hospitals		713	796,026	5,331	4,801	4P	3	3	3	3	3	15	7200-9870	P
Milwaukee County General	J. F. Kuzma	355	677,412	3,040	2,945	4P	2	1	0	0	0	3	7600-9400	P
Veterans Admin. Center (Wood)	K. Pinter	...	...	...	...	...	...	...	...	...	...	...	...	..
Milwaukee Children's	S. Mc Creadie	93	157,555	3,073	1,026	2P	...	...	...	...	...	2	7500-9020	P
Mount Sinai	T. T. Tang	132	680,000	5,200	5,000	4P	2	1	1	1	0	4	7800-9620	P
St. Francis	J. N. Shanberge	88	155,615	3,748	2,781	4P	1	1	1	1	0	4	4300-5000	P
St. Joseph's	J. D. Cardy	261	582,567	8,613	6,500	4P	1	1	1	1	0	4	8100-9900	P
St. Luke's	C. H. Altshuler	280	522,957	6,058	5,020	4P	2	2	2	2	0	8	7500-9920	FP
St. Mary's	R. A. Scheidt	177	216,766	6,161	4,160	4P	0	1	0	1	0	2	7200-9020	P
St. Mary's	D. J. Carlson	...	...	...	...	...	...	...	...	...	...	...	...	..

PATHOLOGY, FORENSIC

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

Physician in Charge		Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies Toxicological Tests Made	Necropsies Body Examined at Scene by Pathologist
UNITED STATES ARMY, NAVY AND AIR FORCE					
DISTRICT OF COLUMBIA					
Armed Forces Institute of Pathology, Washington	C. J. Stahl	610	92	700	20
NONFEDERAL AND VETERANS ADMINISTRATION					
CALIFORNIA					
Bakersfield					
Kern County General	R. Huntington	543	17	1,783	0
Los Angeles					
Office of Chief Medical Examiner-Coroner County of Los Angeles		5,611	731	...	0
Oakland					
Western Laboratories	G. S. Loquvam	1,636	107	1,500	...
Santa Clara County Medical Examiner-Coroner's Office	J. E. Hauser	...	...	...	...
COLORADO					
Denver					
Denver General Hospital	G. I. Ogura	508	59	9,568	0
FLORIDA					
Miami					
Office of Medical Examiner of Dade County	J. H. Davis	1,700	180	1,100	0
ILLINOIS					
Chicago					
Cook County Coroner's Office, Institute of Forensic Pathology	J. J. Kearns	1,745	760	1,745	0
INDIANA					
Indianapolis					
Indiana University Medical Center	C. S. Petty	...	...	...	...
MARYLAND					
Baltimore					
Office of the Chief Medical Examiner-Maryland Medical-Legal Foundation	R. S. Fisher	1,826	258	1,877	45

PATHOLOGY, FORENSIC—Continued

		Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies Toxicological Tests Made	Necropsies Body Examined at Scene by Pathologist
MICHIGAN						
Detroit	Wayne County Medical Examiners Office	J. F. Burton	1,579	482	1,579	0
NEW YORK						
New York City	Office of the Chief Medical Examiner, City of New York	M. Halpern	...	...	...	...
Rochester	Office of the Monroe County Medical Examiner	J. F. Edland	...	...	...	...
OHIO						
Cleveland	Cuyahoga County Coroner's Office	L. Adelson, S. R. Gerber	1,694	204	1,161	100
Columbus	Office of the State Med. Examiner, Univ. of Okla. Med. Ctr.	J. L. Luke	485	150	2,500	2,366
PENNSYLVANIA						
Philadelphia	Office of the Medical Examiner	J. W. Spelman	1,492	281	1,451	90
PUERTO RICO						
San Juan	Institute of Legal Medicine, University of Puerto Rico	R. A. Marcial Rojas	1,932	70	800	84
SOUTH CAROLINA						
Charleston	Medical College of South Carolina	G. R. Hennigar	155	44	12	45
TENNESSEE						
Memphis	University of Tennessee-Institute of Pathology	J. T. Francisco	434	92	2,531	0
VIRGINIA						
Richmond	Off. of the Chief Med. Examiner, Commonwealth of Va. Dept. of Hlth.	G. T. Mann	1,721	315	1,635	1,332

18. PEDIATRIC ALLERGY

The programs in Pediatric Allergy which have been approved by the Council on Medical Education, the American Academy of Pediatrics, and the American Board of Pediatrics, and the Subspecialty Board of Pediatric Allergy, through the Residency Review Committee for Pediatrics, are listed following the programs in Pediatrics, and begin on page 242.

19. PEDIATRICS

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering full training in the specialty. Programs, 238; Residencies, 2,825

Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Salary per Year Min.-Max.	Maintenance	
				Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
UNITED STATES AIR FORCE															
CALIFORNIA															
David Grant U.S.A.F., Fairfield	C. J. Beauchamp	33	16	1,189	12	100	32,824	2	2	0	0	0	4	.....	...
MISSISSIPPI															
U. S. Air Force, Biloxi	F. R. Stowe, Jr.	26	20	1,589	23	87	43,737	2	2	0	0	0	4	.....	...
TEXAS															
Wilford Hall U.S.A.F., San Antonio	H. H. Johnson, Jr.	35	27	1,187	14	86	39,051	4	4	0	0	0	8	.....	...
UNITED STATES ARMY															
CALIFORNIA															
Letterman General, San Francisco	E. J. Tomsovic	15	11	647	11	91	18,203	3	3	1	0	0	7	.....	...
COLORADO															
Fitzsimons General, Denver	D. C. Plunket	17	17	699	24	92	48,805	4	4	0	0	0	8	.....	...
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	F. C. Biehuse	55	15	1,866	50	84	27,224	3	3	4*	0	0	10	.....	...
HAWAII															
Tripler General, Honolulu	J. W. Bass	19	45	1,119	16	100	39,015	3	3	0	0	0	6	.....	...

APPROVED RESIDENCIES

19. PEDIATRICS - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance		
			Number	Neeropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year					
UNITED STATES ARMY - Continued															
TEXAS															
William Beaumont General, El Paso	L. M. Hebertson	27	25	1,676	10	80	62,693	4	4	0	0	0	8	.....	..
Brooke General, San Antonio	J. M. Louro	47	14	2,765	40	88	37,298	4	4	1	0	0	9	.....	..
WASHINGTON															
Madigan General, Tacoma	R. G. Scherz	16	18	692	7	100	60,813	3	3	0	0	0	6	.....	..
UNITED STATES NAVY															
CALIFORNIA															
Naval, Oakland	D. J. Pascoe	22	16	1,384	37	73	21,291	2	2	1	0	0	5	.....	..
Naval, San Diego	E. R. Peters	40	44	2,290	24	83	59,329	3	3	0	0	0	6	.....	..
MARYLAND															
Naval, Bethesda	M. Museles	23	16	2,572	38	98	41,500	2	2	0	0	0	4	.....	..
MASSACHUSETTS															
Naval, Chelsea ²⁰⁷	A. E. Baggett, Jr.	15	11	736	16	88	17,887	2	2	1	0	0	5	.....	..
PENNSYLVANIA															
Naval, Philadelphia ²⁰²	W. M. Bason	10	12	383	11	90	28,960	2	2	0	0	0	4	.....	..
VIRGINIA															
Naval, Portsmouth	J. L. Hughes	67	39	2,923	36	72	36,742	3	3	0	0	0	6	.....	..
UNITED STATES PUBLIC HEALTH SERVICE															
ARIZONA															
U. S. Public Health Service Indiar., Phoenix	W. Carlile	24	...	847	12	67	...	2	4	0	0	0	6	.....	..
OTHER FEDERAL															
CANAL ZONE															
Gorgas, Balboa Heights	D. Hirschl	18	16	746	13	100	8,894	1	1	0	0	0	2	9517-11259	O
NONFEDERAL AND VETERANS ADMINISTRATION															
ALABAMA															
Birmingham															
University of Alabama Medical Center	J. W. Benton, Jr.	...	...	...	...	...	...	9	8	2	0	0	19	.....	..
Children's	...	...	...	...	...	...	...	...	...	...	...	...	...	.....	..
University of Alabama Hospitals and Clinics	...	72	77	2,176	34	71	12,321	...	...	...	...	...	...	6300-8100	P
Fairfield															
Lloyd Noland	G. C. Mc Cullough	13	9	715	4	75	20,993	2	2	0	0	0	4	7800-8400	FP
Mobile															
Mobile General	D. Sullivan, H. Wiseman	14	31	702	21	86	7,334	2	2	0	0	0	4	6840-7440	P
ARIZONA															
Phoenix															
Good Samaritan	H. W. Lipow	35	45	2,805	29	76	2,745	3	3	0	0	0	6	7800-8700	P
Maricopa County General	R. S. Ganelin	33	36	1,419	26	62	25,502	3	2	1	0	0	6	8400-9984	P
St. Joseph's	M. L. Cohen	39	35	3,272	66	61	6,886	3	3	0	0	0	6	6000-6600	F
Tucson															
Tucson Hospitals Medical Education Program	M. Semoff	...	...	...	...	...	...	3	3	0	0	0	6	8400-9000	P
Tucson Medical Center	M. Semoff	30	25	2,372	31	68	1,287	...	...	...	...	...	...	.....	..
Pima County General	T. Heller	16	0	737	8	88	10,861	...	...	...	...	...	...	.....	..
ARKANSAS															
Little Rock															
University	T. C. Panos	39	35	1,305	48	71	11,396	4	4	2	0	0	10	5400-6000	O
CALIFORNIA															
Davis															
University of California (Davis)	...	...	...	...	...	...	...	...	...	...	...	...	...	.....	..
Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	.....	..
Sacramento Medical Center (Sacramento)	R. S. Stempfel, Jr.	47	15	1,447	13	46	1,900	2	2	1	0	0	5	.....	..
Fresno															
Fresno General	J. Mc Kenna	55	...	2,855	60	65	8,783	3	2	0	0	0	5	8544-9384	P
Loma Linda															
Loma Linda University Affiliated Hospitals	R. F. Chinnock	...	...	...	...	...	...	2	2	0	0	0	4	.....	..
Loma Linda University	R. F. Chinnock	14	6	1,243	5	60	9,925	...	...	...	...	...	...	6198-8466	P
Riverside General (Riverside)	R. L. Tompkins	18	...	873	12	83	6,800	...	...	...	...	...	...	7920-9468	P
Long Beach															
Memorial Hospital of Long Beach - See Univ. of Calif. (Irvine) Affil. Hosps., Orange	...	...	...	...	...	...	...	...	...	...	...	...	...	.....	..
Los Angeles															
Cedars-Sinai Medical Center	...	70	34	4,803	104	61	6,943	3	3	1	0	0	7	7800-8400	P
Cedars of Lebanon Hospital Division	B. M. Kagan	...	...	...	...	...	...	...	...	...	...	...	...	.....	..
Childrens Hospital of Los Angeles	J. H. Samson	77	35	3,703	161	85	36,028	8	22	5	2	0	37	6360-9740	FP
Los Angeles County-U.S.C. Medical Center	P. Wehrle	114	170	5,521	131	72	51,944	16	16	2	0	0	37	8100-8772	P
Queen of Angels	K. S. Baladi, B. G. Delta	13	21	1,197	6	83	764	2	2	0	0	0	4	6600-7200	F
U.C.L.A. Affiliated Hospitals	A. J. Moss	...	...	...	...	...	...	13	6	6	14	1	40	.....	..
U. C. L. A.	A. J. Moss	50	24	2,463	81	83	10,438	...	...	...	...	...	...	6200-10000	O
Los Angeles County Harbor General (Torrance)	J. St. Geme, Jr.	54	46	2,494	68	83	14,723	...	...	...	...	...	...	8100-9444	P
White Memorial Medical Center	N. S. Nation	18	16	999	30	83	8,268	2	2	0	0	0	4	7860-8460	P

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APPROVED RESIDENCIES

19. PEDIATRICS - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance		
			Number	Neurology Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
CALIFORNIA - Continued															
Oakland															
Children's Hospital Medical Center of Northern California	R. H. Gerdson	95	23	7,198	104	81	49,533	7	6	1	0	0	14	6300-8100	FP
Highland General	A. Hatoff	15	19	662	53	53	7,095	...	...	...	...	...	...	7800-8400	FP
Kaiser Foundation	E. J. Schoen	25	23	1,990	8	75	84,070	2	2	0	0	0	4	8340-8940	P
Orange															
University of California (Irvine) Affiliated Hospitals	T. L. Nelson	...	...	...	...	...	...	9	6	1	0	0	16	...	...
Orange County Medical Center	T. L. Nelson	33	22	1,427	77	100	16,718	...	...	...	...	...	...	8133-9568	P
Children's Hospital of Orange County	M. J. Carson	52	2	4,173	70	87	23,707	...	...	...	...	...	...	...	...
Memorial Hospital of Long Beach (Long Beach)	H. W. Orme	24	41	1,941	19	84	2,688	...	...	...	...	...	...	7200-7800	P
Riverside															
Riverside General - See Loma Linda University Affiliated Hosps., Loma Linda															
Sacramento															
Sacramento Medical Center - See Univ. of California (Davis) Affiliated Hospitals, Davis															
San Diego															
University Hospital of San Diego County	R. N. Hamburger	34	12	841	75	65	2,531	4	5	2	1	0	12	6200-8700	P
San Francisco															
Children's Hospital and Adult Medical Center	J. K. Brandt	49	31	2,164	27	81	16,997	6	4	0	0	0	10	7800-8400	P
Kaiser Foundation	H. R. Shinefield	17	28	2,013	6	83	87,720	2	2	0	0	0	4	7920-8520	P
Mount Zion Hospital and Medical Center	R. T. Gross, D. L. Errante	18	20	2,651	17	100	6,324	3	3	0	0	0	6	7500-8100	P
St. Mary's Hospital and Medical Center	A. J. Fisher	15	14	1,424	0	0	4,128	1	1	0	0	0	2	7800-8400	P
University of California Program	M. M. Grumbach	...	...	...	...	...	...	6	5	2	0	1	14	...	...
H. C. Moffitt-University of California Hospitals	M. M. Grumbach	32	33	1,334	44	92	16,735	...	...	...	...	...	...	6200-9600	O
San Francisco General	M. Grossman	34	22	1,357	11	36	21,495	...	...	...	...	...	...	7116-10248	P
San Jose															
Santa Clara Valley Medical Center	J. R. Maloney	33	17	830	9	67	18,390	...	...	...	...	...	...	7238-7758	F
San Mateo															
San Mateo County General - See Stanford University Affiliated Hospitals, Stanford															
Stanford															
Stanford University Affiliated Hospitals	N. Kretchmer	...	...	...	...	...	...	9	8	1	0	0	18	...	...
Stanford University	N. Kretchmer	40	38	3,580	78	92	13,163	...	...	...	...	...	...	6500-7000	P
San Mateo County General (San Mateo)	G. F. Williams	11	8	596	2	100	6,552	...	...	...	...	...	...	6360-7366	F
Stockton															
San Joaquin General	W. West	12	17	730	13	92	6,655	1	1	0	0	0	2	9288-12060	...
Torrance															
Los Angeles County Harbor General - See U.C.L.A. Affiliated Hospitals, Los Angeles															
COLORADO															
Denver															
University of Colorado Affiliated Hospitals	C. H. Kempe	...	...	...	...	...	...	15	20	15	0	0	50	...	...
University of Colorado Medical Center	C. H. Kempe	30	44	1,520	35	97	35,793	...	...	...	...	...	...	5400-6800	P
Children's	F. J. Cozzetto	91	20	4,969	88	86	27,900	...	...	...	...	...	...	5500-7000	P
Denver General	J. R. Connell	21	24	1,212	16	88	18,280	...	...	...	...	...	...	5028-5460	P
CONNECTICUT															
Hartford															
Hartford	F. J. Flynn, Jr.	35	48	738	90	78	3,681	3	1	1	0	0	5	7600-9100	O
St. Francis	W. E. Hart	46	53	3,008	15	60	7,051	3	3	0	0	0	6	7200-7800	F
University of Connecticut Hospital-Mc Cook Division	M. Markowitz, M. Lepow	10	...	479	1	100	6,191	5	3	1	0	0	9	8900-9900	O
New Haven															
Hospital of St. Raphael	C. S. Culotta	24	24	2,165	11	72	1,308	3	3	1	0	0	7	7866-9746	P
Yale-New Haven Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Yale-New Haven	C. D. Cook	74	68	3,761	50	84	12,922	11	3	2	0	0	16	9000-11000	O
DELAWARE															
Wilmington															
Wilmington Medical Center	H. Rosenblum	64	69	4,368	55	69	13,829	6	6	2	0	0	14	8700-9700	P
DISTRICT OF COLUMBIA															
Washington															
Children's Hospital of the District of Columbia	D. W. Delaney, F. P. Heald	81	19	3,624	86	86	78,245	12	18	3	0	0	33	6500-8000	P
District of Columbia General	T. E. Reichelderfer	51	74	1,425	25	64	38,732	6	7	2	0	0	15	7000-8000	P
Freedmen's	R. B. Scott	23	36	3,027	57	79	3,388	3	3	2	0	0	8	7865-9535	O
Georgetown University	P. L. Calcagno	24	30	1,500	...	...	6,266	8	8	0	0	0	16	7500-8000	P
Providence	J. J. Mc Donald	26	29	2,146	15	53	1,534	2	2	0	0	0	4	7800-9000	P
FLORIDA															
Gainesville															
William A. Shands Teaching Hosp. and Clinics ¹⁵⁴	R. H. Miller	66	16	2,206	43	72	4,712	6	6	3	1	0	16	4800-8500	O
Jacksonville															
Jacksonville Hospitals Educational Program	H. A. Carithers	...	...	...	...	...	...	10	10	2	0	0	22	...	...
Baptist Memorial	J. G. Lane	31	27	2,483	7	15	844	...	...	...	...	...	...	8100-8400	P
Duval Medical Center	S. Levin	27	27	1,318	27	70	11,320	...	...	...	...	...	...	8100-8700	P
St. Luke's	J. Moss	20	15	611	4	75	0	...	...	...	...	...	...	6300-7200	O
St. Vincent's	E. M. Frame	7	6	2,598	13	69	2,156	...	...	...	...	...	...	7800-8400	P
Miami															
University of Miami Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jackson Memorial	W. L. Nyhan	57	84	1,656	35	80	14,368	7	6	2	0	0	15	7050-8650	P
Variety Children's	R. C. Adler	83	...	5,484	55	70	27,006	8	5	1	0	0	14	7000-7500	O

19. PEDIATRICS - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O		
			Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year					
FLORIDA - Continued															
Pensacola															
Pensacola Educational Program	R. Bell	47	35	3,908	27	85	34,046	2	2	2	0	0	6	8400-10200	P
Baptist		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Escambia General		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sacred Heart		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tampa															
Tampa General	S. Wolfson	52	50	3,316	37	73	2,519	3	3	0	0	0	6	8500-9000	FP
GEORGIA															
Atlanta															
Emory University Affiliated Hospitals	R. W. Blumberg	...	...	...	...	...	...	10	8	3	0	0	21	6480-8400	P
Grady Memorial		49	113	1,967	41	75	13,125	...	...	...	...	...	...	...	...
Henrietta Egleston Hospital for Children		32	...	2,092	74	59	...	...	...	...	...	...	...	...	...
Augusta															
Medical College of Georgia Hospitals		...	...	...	...	...	...	4	4	2	0	0	10	...	...
Eugene Talmadge Memorial		28	25	640	44	94	10,492	...	...	...	...	...	...	5534-6734	P
University		30	25	2,079	31	42	4,034	...	...	...	...	...	...	4800-5400	P
HAWAII															
Honolulu															
Kauaikeolani Children's	H. C. Shirkey	47	57	3,691	37	78	10,603	7	5	0	0	0	12	...	O
ILLINOIS															
Chicago															
Chicago Medical School Affiliated Hospitals		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Sinai Hospital Medical Center of Chicago	A. Grossman	17	26	621	21	80	2,789	2	2	2	0	0	6	8700-9900	P
Cook County	I. M. Rosenthal	364	179	14,015	483	85	136,502	17	17	7	1	0	42	9600-11400	P
Illinois Masonic Medical Center	H. B. Lander	29	23	1,874	7	71	1,782	2	2	0	0	0	4	10000-10500	P
Mercy Hospital and Medical Center	R. E. Keeley	1,589	22	...	6	100	4,668	3	3	1	0	0	7	8300-8900	P
Michael Reese Hospital and Medical Center	J. Metcuff	62	48	6,262	190	79	30,048	7	7	2	0	0	16	8600-10400	P
Northwestern University Medical Center Children's Memorial	R. B. Lawson	93	42	3,830	125	90	38,233	13	6	2	0	0	21	7500-9000	P
Presbyterian-St. Luke's	J. R. Christian	66	53	3,298	54	83	49,882	4	4	4	1	0	13	8500-9500	P
University of Chicago Hospitals and Clinics	A. Dorfman	82	44	1,631	49	86	12,882	8	4	0	0	0	12	8000-9000	O
University of Illinois Research and Educational Hospitals	I. Schulman	58	20	2,200	70	80	24,000	6	6	0	0	0	12	9600-10200	...
Evanston															
St. Francis	D. R. Mundie	35	19	2,332	18	72	1,574	1	1	0	0	0	2	9300-9600	...
Maywood															
Loyola University	D. Y. Hsia	...	...	...	...	...	0	3	2	0	0	0	5	8500-9500	P
Peoria															
St. Francis	W. H. Albers	74	56	3,819	20	70	12,820	2	2	0	0	0	4	6900-7200	F
INDIANA															
Indianapolis															
Indiana University Medical Center	M. Green	...	...	...	...	...	...	8	7	0	0	0	15	7000-8000	P
Indiana University Hospitals		60	36	1,965	135	70	9,854	...	...	...	...	...	...	...	...
Marion County General		56	...	675	15	2	8,937	...	...	...	...	...	...	...	...
Methodist Hospital of Indiana	G. Rosenberg	111	37	8,083	92	55	4,231	3	2	0	0	0	5	8600-9200	P
IOWA															
Des Moines															
Iowa Methodist (Raymond Blank Memorial Hospital for Children)	L. F. Hill, J. E. Gustafson	46	22	3,432	47	72	13,082	3	3	0	0	0	6	6300-6600	F
Iowa City															
University of Iowa Hospitals	D. L. Dunphy	52	31	2,280	94	89	16,140	6	6	2	0	0	14	7000-7500	P
KANSAS															
Kansas City															
University of Kansas Medical Center	H. C. Miller	55	22	2,750	63	76	25,560	8	8	0	0	0	16	6000-7320	P
KENTUCKY															
Lexington															
University	W. E. Wheeler	45	...	1,519	49	55	9,884	3	3	2	0	0	8	6560-7760	P
Louisville															
St. Joseph Infirmary	S. S. Dhanjal, J. H. Doyle	48	29	4,396	40	50	1,260	3	2	0	0	0	5	7800-8400	P
University of Louisville Affiliated Hospitals	D. Macmillan	...	...	...	...	...	...	8	8	3	1	1	21	...	...
Children's		54	...	3,264	73	67	13,180	...	...	...	...	...	...	...	...
Louisville General		16	27	704	9	56	8,192	...	...	...	...	...	...	7100-9100	P
LOUISIANA															
New Orleans															
Charity Hospital of Louisiana		...	...	...	...	...	...	...	...	...	...	...	...	...	...
Louisiana State University Division	R. Fowler	133	59	3,889	194	79	12,510	10	9	2	0	0	21	5400-6000	F
Tulane University Division	N. Woody	128	57	3,807	182	75	11,136	7	8	3	0	0	18	5400-6000	F
Ochsner Foundation	C. H. Snyder	21	10	1,895	14	79	17,659	2	2	0	0	0	4	6500-7000	P
Shreveport															
Confederate Memorial Medical Center	H. B. Levy	58	43	1,991	108	63	2,565	2	2	0	0	0	4	5400-6000	F
MAINE															
Portland															
Maine Medical Center	G. W. Hallett	31	23	572	14	71	2,837	1	1	0	0	0	2	5850-7210	FP

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APPROVED RESIDENCIES

19. PEDIATRICS - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O		
			Number	Neurosy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
MARYLAND															
Baltimore															
Baltimore City Hospitals	H. E. Harrison	28	54	1,633	22	59	20,109	4	4	2	0	0	10	6000-7500	P
Johns Hopkins	R. E. Cooke	95	...	2,783	106	84	25,031	...	...	...	...	...	27	1000-...	P
Johns Hopkins Community Pediatric Program	M. Debuskey	...	...	...	...	...	...	...	...	...	...	...	25	...	...
Baltimore City Hospitals	H. E. Harrison	28	54	1,633	22	59	20,109	...	...	...	...	...	...	...	...
Greater Baltimore Medical Center	M. Debuskey	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Johns Hopkins	M. Debuskey	95	...	2,783	106	84	65,221	...	...	...	...	...	...	7000-...	P
Sinai Hospital of Baltimore	E. Kaplan	32	65	2,060	23	74	14,072	...	...	...	...	...	...	...	...
Union Memorial	W. L. Grubb	21	23	1,399	2	100	8,415	...	...	...	...	...	...	...	...
Mercy	S. H. Walker	25	19	1,053	17	41	2,209	...	2	0	0	0	4	7800-8100	P
Sinai Hospital of Baltimore	E. Kaplan	32	65	2,060	23	74	14,072	...	4	2	0	0	9	7000-8100	P
University of Maryland	M. Cornblath	32	34	822	45	61	11,223	6	6	3	0	0	15	7100-8300	P
MASSACHUSETTS															
Boston															
Boston City	H. M. Gezon	67	55	2,234	123	79	36,692	10	8	1	0	0	19	...	...
Children's Hospital Medical Center	C. A. Janeway	101	...	3,095	193	78	17,216	12	21	13	0	0	46	6600-11000	O
Massachusetts General	N. B. Talbot	68	...	2,774	59	79	21,467	9	4	1	0	0	13	6600-10000	O
New England Medical Center Hospitals	S. S. Gellis	73	...	3,174	117	90	23,978	8	8	3	1	0	20	6600-10000	O
St. Elizabeth's Hospital of Boston	J. J. A. Cavanaugh	15	35	1,441	10	50	3,549	2	2	0	0	0	4	6600-7300	P
Pittsfield															
Berkshire Medical Center	A. Drescher	36	23	1,874	13	77	850	1	1	0	0	0	2	6800-7500	P
Springfield															
Springfield Hospital Medical Center	M. Medalie	31	...	1,567	14	92	1,053	2	2	0	0	0	4	7300-7600	O
Worcester															
St. Vincent	J. A. Duggan	38	18	1,745	10	60	1,613	3	2	0	0	0	5	6600-7300	P
MICHIGAN															
Ann Arbor															
University ¹¹¹	W. J. Oliver	72	18	2,299	112	83	24,908	10	10	2	0	0	22	6000-6300	O
Detroit															
Children's Hospital of Michigan	P. V. Woolley, Jr.	120	...	6,522	212	69	98,614	14	14	2	0	0	30	7500-8400	P
Henry Ford	R. H. High	22	...	1,469	24	79	21,785	4	4	1	0	0	9	7000-8300	P
Wayne State University Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Detroit General	M. Heins	58	50	2,074	24	95	32,102	6	5	1	0	0	12	7700-8300	P
Flint															
Hurley	W. W. Nicholls	64	32	3,667	30	60	1,165	3	3	0	0	0	6	8100-8400	FP
Grand Rapids															
Butterworth	D. F. Reardon	48	42	3,044	59	75	3,120	1	2	0	0	0	3	7500-7800	P
Pontiac															
Pontiac General	D. J. Trumpour	45	41	3,578	13	85	1,192	2	2	0	0	0	4	7500-7800	FP
St. Joseph Mercy	F. M. Adams	41	47	3,202	14	79	2,250	2	2	0	0	0	4	9480-9960	P
Royal Oak															
William Beaumont	R. Kurnetz, R. E. Richard	65	45	4,811	18	50	1,102	2	2	0	0	0	4	9500-10000	P
Saginaw															
Saginaw Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Luke's	W. Mason, C. W. Cory	36	...	2,604	9	0	...	1	1	0	0	0	2	...	...
MINNESOTA															
Minneapolis															
University of Minnesota Affiliated Hospitals	J. A. Anderson	...	...	...	...	...	...	13	7	4	0	0	24	...	...
Hennepin County General	R. B. Raile	37	51	1,221	35	75	5,685	...	...	...	...	...	...	6250-8250	...
University of Minnesota Hospitals	J. A. Anderson	91	12	2,892	140	87	8,893	...	...	...	...	...	...	6500-7500	O
St. Paul-Ramsey (St. Paul)	H. D. Venters	25	13	520	30	93	7,385	...	...	...	...	...	...	5500-8000	O
Rochester															
Mayo Graduate School of Medicine	J. W. Du Shane	58	...	2,570	85	86	43,570	8	8	8	0	0	24	5400-6800	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul															
Childrens	K. M. Saxena	81	22	4,085	60	95	12,166	2	2	0	0	0	4	6500-7000	P
St. Paul-Ramsey - See University of Minnesota Affiliated Hosps., Minneapolis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
University	B. E. Batson	23	33	781	80	62	8,378	5	5	2	0	0	12	5100-6000	O
MISSOURI															
Columbia															
University of Missouri Medical Center	R. Jackson	28	13	1,065	44	66	7,621	4*	3	0	0	0	8	6500-7000	P
Kansas City															
Children's Mercy	N. W. Smull	78	...	3,173	69	78	88,779	8	4	0	0	0	12	7200-9000	F
St. Louis															
Homer G. Phillips	M. Auguste	64	50	3,068	27	64	7,600	6	3	1	0	0	101	6770-7463	P
St. Louis Children's	P. R. Dodge	133	55	5,704	106	74	28,291	3	12	12	5	0	32	6000-7500	O
St. Louis City	M. A. Davis	39	36	1,882	10	83	7,162	3	3	0	0	0	6	6770-7108	O
St. Louis University Group of Hospitals	A. E. Mc Elfresh	176	27	4,619	132	80	42,370	8	8	2	0	0	18	6600-7200	O
Cardinal Glennon Memorial Hospital for Children	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
NEBRASKA															
Omaha															
University of Nebraska	G. Van Leeuwen	19	17	836	14	65	15,643	4	4	4	0	0	12	6300-6900	P
NEW HAMPSHIRE															
Hanover															
Mary Hitchcock Memorial	R. C. Storrs	5	5	353	8	100	6,855	1	1	0	0	0	2	7000-7500	O

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APPROVED RESIDENCIES

19. PEDIATRICS - Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Salary Per Year Min.-Max.	Main-tenance O	
					Number	Neonopy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			Total All Years
NEW JERSEY															
Camden															
Cooper	R. M. Bernardin	33	41	2,146	21	70	2,724	1	1	0	0	0	2	7500-8000	F
Jersey City															
Jersey City Medical Center	J. P. Curran	45	100	2,460	13	1	7,221	6	4	1	0	0	11	8000-9000	O
Long Branch															
Monmouth Medical Center	W. C. Ellis	31	23	2,026	9	87	7,640	2	2	1	0	0	5	8000-9000	P
Neptune															
Jersey Shore Medical Center - Fitkin	A. De Spirito	39	25	3,065	8	63	1,436	2	1	0	0	0	3	7200-7800	F
Newark															
Martland	F. C. Behrle	49	70	1,736	172	2	20,702	8	8	0	0	0	16	9500-10000	P
Newark Beth Israel Medical Center	M. Fischman	38	25	1,562	18	44	1,134	4	4	0	0	0	8	9500-10000	O
St. Michael's Medical Center	T. J. Scully	46	20	1,791	39	82	5,160	4	4	0	0	0	8	9500-10000	P
United Hospitals of Newark - Babies'	J. J. Schwartz	53	16	2,465	45	71	23,264	5	5	1	0	0	11	8000-10500	P
Plainfield															
Muhlenberg	P. A. Winokur	33	34	2,458	45	80	3,872	3	2	0	0	0	5	7900-8400	P
NEW MEXICO															
Albuquerque															
Bataan Memorial Methodist	P. M. Eicher	5	5	259	7	57	14,673	2	2	0	0	0	4	6060-6270	P
University of New Mexico Affiliated Hospitals															
Bernalillo County Medical Center	E. A. Mortimer, Jr.	23	20	1,086	23	65	4,925	4	4	2	0	0	10	6060-6500	
NEW YORK															
Albany															
Albany Medical Center	I. H. Porter	54	23	1,254	46	78	4,119	4	4	1	0	0	9	8100-9600	P
Buffalo															
Children's Hospital of Buffalo	J. A. Cortner	94	59	3,813	127	73	50,493	12	5	1	0	0	18	7805-10020	P
Edward J. Meyer Memorial	T. S. Bumbalo	36	11	1,348	8	75	16,153	3	2	0	0	0	5	7805-9200	P
East Meadow															
Meadowbrook	P. J. Collipp	131		3,307	101	86	30,645	7	7	5	0	0	19	8500-9500	F
Manhasset															
North Shore - See Cornell Cooperating Hospitals, New York City															
New Hyde Park															
Long Island Jewish Hospital Training Program															
	S. Karelitz							10	9	4	0	0	23	9500-11000	PO
	S. Karelitz	28		2,143	45	78	6,381								
	A. Aballi	58	32	1,943	16	80									
New York City															
Albert Einstein College of Medicine															
Affiliated Hospitals															
Bronx Municipal Hospital Center															
Hospital of the Albert Einstein College of Medicine															
Lincoln			53												
Beth Israel	S. Blatman	35		1,399	4	75	28,206	6	5	0	0	0	11	9500-10500	P
Bronx-Lebanon Hospital Center	M. Davidson	38	50	1,541	12	83	28,935	6	4	4	0	0	14	9500-10500	P
Brookdale Hospital Center	R. Golinko	34	59	1,394	80	75	16,430	6	6	0	0	0	12	9500-10000	P
Brooklyn - Cumberland Medical Center	P. Scaglione	58	72	1,831	16	60	20,215	10	7	2	0	0	19	9750-11750	P
Cornell Cooperating Hospitals															
New York Hospital-Memorial Hospital for Cancer and Allied Diseases															
	W. W. Mc Crory							8	9	1	0	0	18		
New York	W. W. Mc Crory	85	121	2,352	116	70	35,826							9750-11250	P
Memorial Hospital for Cancer and Allied Diseases		24	0	426	64	71	4,706							8000-12000	P
North Shore Hospital-Memorial Hospital for Cancer and Allied Diseases															
	I. H. Mauss							3	3	0	0	0	6	9500-10500	P
North Shore (Manhasset)	I. H. Mauss	26	35	2,051	12	42	3,919								P
Memorial Hospital for Cancer and Allied Diseases	M. L. Murphy	24	0	426	64	71	4,706							8000-12000	P
Harlem Hospital Center	E. J. Kahn	61	64	1,922	101	80	49,307	6	5	1	0	0	12	8250-9250	F
Jewish Hospital and Medical Center of															
Brooklyn	C. V. Pyles	57	80	1,776	45	62	25,793	11	13	0	0	0	24	9500-11000	O
Greenpoint		20	28	433	8	75	46,939							9500-11000	F
Lenox Hill ²⁴⁵	E. A. Davies	30	31	1,604	19	792	7,086	4	3*	0	0	0	7	9500-11500	P
Long Island College	J. R. Bongiorno	38	33	1,931	38	74	15,668	3	2	1	0	0	6	9500-10500	P
Lutheran Medical Center	N. J. Chiara	27	24	1,244	5	40	8,063	2	2	0	0	0	4	10000-10500	P
Maimonides Medical Center Training Program															
								12	8	8	0	0	28		
Maimonides Medical Center	H. Joos	17	11	732	25	48	8,610							9500-11500	P
Coney Island	F. Feldman	39	13	1,751	24	58	4,928							9750-10750	P
Methodist Hospital of Brooklyn	H. Ghadimi	33	43	1,620	56	56	6,711	4	5	4	1	0	14	9500-11000	P
Misericordia - Fordham Training Program															
	W. R. Stanekwick							8	6	5	3	0	22	10000-13000	FP
Misericordia		35	41	1,429	14	50	3,443								
Fordham		43	20	1,835	12	86	32,351								
Montefiore Hospital Training Program															
	L. Finberg							12	12	12	0	0	36	9750-11250	P
Montefiore Hospital and Medical Center		55	0	1,722	36	90	14,844								
Morrisania City		48	35	1,655	12	83	17,715								
Mount Sinai Hospital Training Program															
Mount Sinai	H. L. Hodes	74	85	2,460	96	85	52,165	6	6	2	0	0	14	9750-11250	P
City Hospital Center at Elmhurst	A. R. Rausen	46	39	1,649	51	80	38,899	5	5	2	0	0	12	9/50-10750	P
New York Medical College-Metropolitan Hospital Center															
	E. Wasserman		90					10	8	0	0	0	18	8250-9250	F
Unit 1 - Flower and Fifth Avenue Hospitals		26	44	928	55	67	2,257								
Unit 2 - Metropolitan		152	45	4,390	83	75	82,620								

APPROVED RESIDENCIES

19. PEDIATRICS - Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
					Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
New York																
New York Polyclinic-St. Clare's Hospitals	E. M. Di Tolla	...	...	...	...	...	...	4	2	0	0	0	6	...	...	...
New York Polyclinic Medical School and Hospital		17	12	652	0	0	3,161	...	...	...	...	...	...	8500-8800	P	...
St. Clare's		39	9	645	5	100	5,238	...	...	...	...	...	...	6750-7050	F	...
New York University Medical Center	S. Krugman	...	...	...	...	...	...	12	6	3	4	0	25	8250-10750	F	...
Bellevue Hospital Center		160	30	3,500	58	81	6,158	...	...	...	...	...	...	...	...	...
University		44	...	2,062	27	76	...	...	...	...	...	...	...	...	...	...
Presbyterian (Babies)	E. C. Curnen	118	83	4,908	180	81	30,295	9	6	2	0	0	17	10500-11500	O	...
Queens Hospital Center - See Long Island Roosevelt	Jewish Hosp. Training Prog., New Hyde Park															
	E. Joyner, A. Anastasiades	30	36	823	23	52	11,670	2	4	2	1	0	9	7500-10000	P	...
St. Luke's Hospital Center	S. S. Stevenson	45	55	1,290	13	61	15,021	4	4	0	0	0	8	10000-10500	P	...
St. Vincent's Hospital and Medical Center of New York	V. J. Fontana	36	...	3,659	65	73	6,810	5	3	0	0	0	8	8500-9000	P	...
St. Vincent's Medical Center of Richmond	A. A. Claps	29	31	1,961	11	45	4,652	2	2	1	0	0	5	10500-12000	O	...
State University - Kings County Hospital Center	J. T. Lanman	...	...	...	...	...	...	17	18	4	0	0	39	8250-10750	F	...
Kings County Hospital Center		201	86	4,618	243	45	146,133	...	...	...	...	...	...	...	...	...
State University		...	8	3031	9	56	623	...	...	...	...	...	...	...	...	...
Staten Island	F. X. Giustra	28	34	1,442	14	83	3,026	2	2	0	0	0	4	8750-9250	F	...
Rochester																
University of Rochester Community Pediatrics Program	R. J. Haggerty	...	...	...	...	...	...	11	9	0	0	0	20	...	...	...
Genesee	R. S. Meltzer	23	32	2,011	6	83	2,273	...	...	...	...	...	...	7250-8750	O	...
Rochester General	G. Miller	21	38	1,272	20	90	2,639	...	...	...	...	...	...	8500-9000	P	...
Strong Memorial Hospital of the University of Rochester	R. J. Haggerty	67	32	3,539	127	88	15,560	...	...	...	...	...	...	...	...	...
Syracuse																
S.U.N.Y. Upstate Medical Center	J. B. Richmond	82	16	4,809	73	78	19,782	5	5	4	0	0	14	8900-10400	O	...
Valhalla																
Grasslands	P. B. Farnsworth	47	5	679	16	75	4,662	3	3	0	0	0	6	9930-10740	P	...
NORTH CAROLINA																
Chapel Hill																
North Carolina Memorial	F. W. Denny	29	20	1,027	29	72	9,899	5	5	1	0	0	11	6500-7500	O	...
Charlotte																
Charlotte Memorial	J. C. Parke	23	49	1,115	32	66	11,918	2	2	0	0	0	4	6900-7800	P	...
Durham																
Duke University Medical Center	S. L. Katz	44	23	1,464	88	67	14,254	6	6	2	0	0	14	6500-7500	P	...
Greensboro																
Moses H. Cone Memorial	M. K. Sharpless	33	16	1,154	40	68	6,230	2	2	0	0	0	4	6750-7500	P	...
Raleigh																
Memorial Hospital of Wake County	J. W. Lynn, Jr.	15	20	1,069	9	56	1,311	1	1	0	0	0	2	5000-7000	F	...
Winston-Salem																
North Carolina Baptist Hospitals	W. Kelsey	14	...	861	78	65	4,230	4	2	0	0	0	6	5500-7500	P	...
OHIO																
Akron																
Children's Hospital of Akron	S. Spector	90	...	5,118	121	76	10,522	8	8	2	0	0	18	7780-8740	P	...
Cincinnati																
University of Cincinnati Hospital Group	E. L. Pratt	...	53	...	...	...	...	16	15	1	0	0	32	6340-6940	P	...
Children's	E. L. Pratt	89	...	4,758	98	81	7,504	...	...	...	...	...	...	...	...	...
Cincinnati General	E. L. Pratt	33	...	1,072	25	56	12,544	...	...	...	...	...	...	...	...	...
Good Samaritan Hospital-Community Pediatric Program	D. J. Frank	140	68	9,352	80	70	6,476	...	...	...	...	...	...	7560-8160	P	...
Cleveland																
Cleveland Clinic	R. D. Mercer	20	...	905	23	70	6,731	2	2	2	0	0	6	6800-7400	P	...
Cleveland Metropolitan General ²⁸²	R. Schwartz	53	50	5,038	88	86	43,761	6	6	3	0	0	15	7000-9200	P	...
Fairview General	N. Popovich	26	51	2,076	11	73	3,035	2	2	0	0	0	4	6000-6600	F	...
Mount Sinai Hospital of Cleveland ²⁸²	E. Smith	30	36	1,784	12	83	3,035	2	2	0	0	0	4	7800-8500	O	...
St. Luke's	R. O. Walton	28	35	2,250	10	78	4,588	2	2	0	0	0	4	7600-8300	P	...
University Hospitals of Cleveland	L. W. Matthews	70	68	2,782	118	80	19,349	9	6	3	0	0	18	7500-9000	P	...
Columbus																
Children's	B. D. Graham	78	9	4,593	171	64	41,375	12	12	3	0	0	27	...	...	...
Toledo																
Toledo-Maumee Valley Hospitals		...	...	...	...	...	...	6	6	2	0	0	14	...	...	...
Toledo	J. C. Roberts	35	52	3,141	12	92	2,396	...	...	...	...	...	...	7500-7800	F	...
Maumee Valley	M. Rejent	28	6	1,733	7	100	3,719	...	...	...	...	...	...	7500-8100	F	...
OKLAHOMA																
Oklahoma City																
St. Anthony	H. V. L. Sapper	7	36	387	21	76	2,597	1	1	0	0	0	2	8700-9000	P	...
University of Oklahoma Hospitals	H. D. Riley, Jr.	91	26	2,134	87	63	18,280	...	...	...	...	...	16f	5500-7000	P	...
Tulsa																
Hillcrest Medical Center	S. J. Adelson	38	19	1,907	23	61	2,123	2	2	0	0	0	4	8700-9000	P	...
St. John's	H. Goldman	23	35	1,422	16	44	1,524	1	1	0	0	0	2	7500-9600	P	...
OREGON																
Portland																
University of Oregon Medical School Hospitals and Clinics	R. Olmsted	63	...	3,114	84	92	24,551	6	7	1	0	0	14	6600-7200	FP	...
PENNSYLVANIA																
Harrisburg																
Harrisburg	T. F. Fletcher	38	40	2,143	55	62	8,455	2	2	0	0	0	4	7200-8100	...	...
Harrisburg Polyclinic	J. M. Garfunkel	39	23	2,626	11	91	5,925	2	2	0	0	0	4	7000-9000	F	...
Philadelphia																
Albert Einstein Medical Center ³¹	A. Root	13	47	769	15	67	2,304	3	3	0	0	0	6	6500-7000	P	...
Children's Hospital of Philadelphia	D. Cornfeld	120	...	6,974	157	88	53,218	4	12	5	0	0	21	6500-8300	O	...



APPROVED RESIDENCIES

19. PEDIATRICS - Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
					Number	Neurology Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA, Philadelphia - Continued															
Hahnemann Medical College and Hospital	E. Shaheen	31	20	948	53	60	1,156	4	4	0	0	0	8	6500-7500	...
Hospital of the University of Pennsylvania	L. Barness	15	40	470	12	75	7,442	2	1	1	0	0	4	8000-11000	P
Hospital of the Woman's Medical College of Pennsylvania	D. A. Howell	18	18	844	4	75	13,608	4	4	3	1	0	12	6900-8500	P
Jefferson Medical College	R. L. Brent	23	36	770	19	74	2,511	4	4	2	2	0	12	8000-9500	O
Philadelphia General	S. R. Ziegler	75	51	2,431	24	79	41,240	6	5	1	0	0	12	8100-8900	O
Temple University Affiliated Hospitals	V. Vaughan, 3d	...	...	...	...	...	...	15	15	3	0	0	33	6750-8000	...
St. Christopher's Hospital for Children	...	128	...	6,132	105	94	93,142	...	...	...	...	...	...	...	O
Temple University	...	2	44	46	0	0	4,401	...	...	...	...	...	...	...	P
Pittsburgh															
Hospitals of the University Health Center of Pittsburgh	D. N. Medearis, Jr.	...	...	...	...	...	...	5	16	8	0	0	29	7500-10000	...
Children's Hospital of Pittsburgh	D. N. Medearis, Jr.	81	30	3,240	73	81	14,500	...	...	...	...	...	...	...	P
Magee-Women's	P. M. Taylor	97	97	5,580	92	73	0	...	...	...	...	...	...	...	O
Sayre															
Robert Packer	J. H. Weeks	21	8	1,440	15	80	3,916	1	1	0	0	0	2	6500-7000	F
PUERTO RICO															
Mayaguez															
Mayaguez Medical Center	L. C. Nina Ortega	68	21	2,195	70	46	5,851	5	5	3	0	0	13	5400-6600	F
Ponce															
Ponce District General	M. A. Lopez-Rodriguez	126	33	3,107	193	30	9,032	4	4	0	0	0	8	5400-9600	...
San Juan															
Municipal Hospital Dr. Rafael Lopez Nussa	E. S. Colon Rivera	71	58	1,696	65	80	9,493	12	12	2	0	0	26	5400-6600	F
University District	A. Ortiz	74	75	1,624	108	79	14,271	8	8	2	0	0	18	6300-6800	P
RHODE ISLAND															
Providence															
Rhode Island	B. Feinberg	52	0	1,737	24	79	5,382	4	4	1	0	0	9	7600-9100	P
SOUTH CAROLINA															
Charleston															
Medical Center Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Medical College	M. Westphal	61	7	3,080	111	4	11,460	3	3	1	0	0	7	5400-6000	P
Columbia															
Columbia Hospital of Richland County	D. C. Mitchell, Jr.	62	38	3,721	48	20	2,197	1	1	0	0	0	2	6600-7200	P
...	B. D. Caughman	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TENNESSEE															
Chattanooga															
T. C. Thompson Children's	H. Massoud	51	...	3,963	101	48	23,198	3	3	0	0	0	6	7800-9000	F
Knoxville															
East Tennessee Affiliated Hospitals	H. S. Christian	...	...	...	...	...	...	2	2	0	0	0	4	...	...
East Tennessee Children's University of Tennessee Memorial Research Center and Hospital	...	26	...	2,343	18	55	...	...	...	...	...	...	...	...	P
...	...	29	...	1,823	47	58	4,478	...	...	...	...	...	...	5700-6240	F
Memphis															
University of Tennessee Affiliated Hospitals	J. G. Hughes	...	...	...	...	...	...	10	10	1	0	0	21	...	...
City of Memphis Hospitals	...	66	51	2,010	86	64	22,001	...	...	...	...	...	...	5016-5412	F
Le Bonheur	...	58	...	5,576	59	53	4,713	...	...	...	...	...	...	...	F
Nashville															
Baptist	J. P. Fields	8	26	535	4	75	804	2	1	0	0	0	3	7800-8400	O
George W. Hubbard Hospital of the Meharry Medical College	E. P. Crump	24	19	906	8	6	6,541	2	2	2	0	0	6	6300-6900	F
Vanderbilt University Affiliated Hospitals	D. T. Karzon	...	...	...	...	...	...	7	3	1	0	0	11	6500-7500	P
Nashville Metropolitan General	W. D. Donald	7	...	520	3	100	6,137	...	...	...	...	...	...	...	...
Vanderbilt University	D. T. Karzon	32	21	1,414	75	64	7,674	...	...	...	...	...	...	...	...
TEXAS															
Corpus Christi															
Driscoll Foundation Children's	J. M. Sloan	86	4	1,813	53	98	33,893	5	4	3	0	0	12	6000-9300	FP
Dallas															
Children's Medical Center	H. Eichenwald	86	...	1,362	61	51	42,472	10	9	1	0	0	20	6300-6900	P
Galveston															
University of Texas Medical Branch Hospitals	C. W. Daeschner	88	27	2,760	72	74	21,482	7	7	1	0	0	15	6219-6569	P
Houston															
Baylor University Affiliated Hospitals	R. J. Blattner	...	...	...	...	...	...	16	12	2	0	0	30	...	...
Ben Taub General	R. J. Blattner	57	0	1,311	61	81	49,855	...	...	...	...	...	...	6900-9900	P
Hermann	R. J. Blattner	1	55	5,721	22	86	12,707	...	...	...	...	...	...	6300-6900	P
Jefferson Davis	R. J. Blattner	86	86	6,185	158	61	4,601	...	...	...	...	...	...	6900-9900	P
Methodist	E. B. Brandes	0	...	4	0	0	0	...	...	...	...	...	...	6900-8700	P
Texas Children's	R. J. Blattner	36	...	2,556	65	83	14,506	...	...	...	...	...	...	6900-7500	O
San Antonio															
University of Texas at San Antonio Teaching Hospitals	S. Crawford	...	...	...	...	...	...	7	7	2	0	0	16	...	...
Robert B. Green Memorial	...	46	56	929	27	63	2,298	...	...	...	...	...	...	7800-9000	P
Santa Rosa Medical Center	...	195	26	10,373	131	60	8,623	6372-8772	O
Temple															
Scott and White Memorial	R. E. Myers	11	8	963	13	69	10,511	3	7200-8400	P

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19. PEDIATRICS—Continued

Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Neurosy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals ...	M. E. Lahey	...	...	...	...	...	6	6	0	0	0	12	6600-8000	...
University	M. E. Lahey	27	...	2,181	42	81	20,402	...	...	...	...	...	...	...
Latter-Day Saints	D. D. Wetzel	...	43	...	...	...	...	...	...	...	...	...	...	...
Primary Children's	M. E. Lahey, L. G. Veasy	102	...	7,245	69	73	23,512	...	...	...	...	...	...	...
Shriners Hospital for Crippled Children	F. A. Ziter	33	34	282	0	0	1,727	...	...	...	...	...	...	...
VERMONT														
Burlington														
Medical Center Hospital of Vermont	R. J. Mc Kay, Jr.	42	30	3,323	62	92	10,584	2	2	1	0	0	5	6600-7800 O
VIRGINIA														
Alexandria														
Alexandria	R. H. Anderson	19	38	1,698	7	30	7,183	1	1	0	0	0	2	8000-8500 P
Charlottesville														
University of Virginia	W. G. Thurman	18	27	856	34	59	7,960	6	6	6	0	0	18	5400-6900 O
Norfolk														
King's Daughters Children's	M. A. Warfield	59	33	3,910	36	88	27,720	3	3	0	0	0	6	9900-10200 P
Richmond														
Medical College of Virginia-Hospital Division	W. E. Laupus	122	71	7,175	160	51	19,737	8	8	4	2	0	22	5400-6900 P
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals ²⁰	R. J. Wedgwood	...	36	...	...	...	...	15	15	3	0	0	33	...
Children's Orthopedic Hospital and Medical Center	J. M. Docter	124	30	9,926	144	90	46,984	...	...	...	...	...	...	...
Harborview Medical Center	R. J. Wedgwood	14	...	659	11	73	6,938	...	...	...	...	...	...	7008-10008 P
University	R. J. Wedgwood	6	36	249	12	100	11,609	...	...	...	...	...	...	7008-10008
WEST VIRGINIA														
Beckley														
Beckley Appalachian Regional	F. A. Cornwell	14	8	1,181	3	33	9,809	2	1	0	0	0	3	9000-10000 O
Morgantown														
West Virginia University Medical Center	W. G. Klingberg	44	15	1,624	35	60	6,910	3	3	0	0	0	6	7000-7500 P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	C. C. Lobeck	...	...	...	...	...	...	6	4	2	0	0	12	...
University Hospitals	C. C. Lobeck, J. M. Levy	40	14	1,355	84	6	13,674	...	...	...	...	...	...	6000-6800 P
Madison General	...	31	...	2,498	8	88	...	...	...	...	...	...	...	...
St. Mary's	...	26	30	2,352	7	71	...	...	...	...	...	...	...	...
Milwaukee														
Marquette Affiliated Hospitals	J. C. Peterson	...	...	...	...	...	...	8	8	3	0	0	19	...
Milwaukee Children's	...	88	...	5,079	77	75	26,130	...	...	...	...	...	...	7500-9020 P
Milwaukee County General	...	20	30	694	20	80	8,191	...	...	...	...	...	...	7200-8400 P

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics as offering full training through affiliation with a fully approved program. Programs, 22; Residencies, 67

Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Neurosy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION														
CONNECTICUT														
Norwalk														
Norwalk ¹⁴²	B. Grossman	30	...	2,937	4	...	0	2	2	0	0	0	4	7800-8400 F
Waterbury														
Waterbury ¹⁴²	J. R. Goerner	22	22	1,886	9	67	1,049	1	1	0	0	0	2	7500-8200 F
ILLINOIS														
Chicago														
Northwestern University Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Evanston (Evanston) ¹⁸²	H. F. Philipsborn	22	38	2,268	32	88	1,504	2	2	0	0	0	4	7500-8000 P
Evanston														
Evanston - See Northwestern University Medical Center, Chicago	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MARYLAND														
Baltimore														
St. Agnes ¹⁹⁷	E. Besson	32	28	2,512	2	100	1,285	3	3	0	0	0	6	8000-8500 P

APPROVED RESIDENCIES

19. PEDIATRICS - Continued

	Chief of Service or Program Director	Average Daily Census	Newborn and Premature A.D. Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
					Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
MICHIGAN															
Detroit															
Mount Carmel Mercy ²¹²	W. C. Montgomery	35	42	2,480	6	33	1,763	2	2	0	0	0	4	9000-9300	P
Kalamazoo															
Bronson Methodist ²¹²	R. M. Nicholson	27	31	2,000	9	67	4,917	1	0	0	0	0	1	6900-6900	F
NEW YORK															
Albany															
St. Peter's ²³⁴	A. Mac Collam	10	36	636	3	67	1,129	3	2	0	0	0	5	8500-11500	...
Cooperstown															
Mary Imogene Bassett ²⁶⁸	J. H. Cannon	8	5	188	4	100	7,749	1	0	0	0	0	1	7500-9000	P
New York City															
Flushing Hospital and Medical Center ²⁶⁹	J. N. De Hoff	29	31	1,653	23	61	3,074	2	3	0	0	0	5	8000-9100	P
Jamaica ²⁶⁹	M. L. Blumberg	26	31	562	16	68	2,721	2	2	0	0	0	4	7750-8750	F
Jewish Memorial ²⁶⁸	W. Levy	15	24	918	3	50	2,079	1	1	1	1	0	4	6500-8000	F
St. John's Episcopal ²⁵⁷	B. H. Shulman	27	17	1,249	9	67	7,067	2	2	0	0	0	4	10050-11050	F
Wyckoff Heights ²⁶²	A. N. Eden	42	41	1,270	11	78	5,235	3	3	0	0	0	6	6500-7000	F
NORTH CAROLINA															
Durham															
Watts ⁶⁵	W. L. London	5	...	373	2	0	1,641	0	1	0	0	0	1	6300-6300	F
OHIO															
Warren															
Trumbull Memorial ²⁷⁴	M. E. Sorrell	25	27	2,128†	6	83	956	2	2	0	0	0	4	8100-8700	P
PUERTO RICO															
San Juan															
Presbyterian Community ²⁸⁹	A. Garcia-Rivera	11	21	1,592	16	19	2,903	1	1	0	0	0	2	7200-7800	FP
RHODE ISLAND															
Providence															
Roger Williams General ²⁰³	R. C. Eley	13	...	708	7	43	980	...	...	...	...	...	...	6600-8100	P
SOUTH CAROLINA															
Greenville															
Greenville General ²⁸⁸	W. Mc Cain	16	44	4,061	33	58	3,668	0	1	0	0	0	1	7500-9000	P
TENNESSEE															
Memphis															
Baptist Memorial ²⁰³	O. W. Swarner, Jr.	38	...	2,995†	28	57	516	1	1	0	0	0	2	6300-6600	F
St. Joseph ²⁰³	D. H. James, Jr.	17	24	1,323	12	50	2,795	1	1	0	0	0	2	5700-6300	FP
TEXAS															
Dallas															
Methodist Hospital of Dallas ³⁰⁷	F. S. Brooksaler	22	29	2,587	12	42	1,957	2	2	0	0	0	4	6300-6600	P
WISCONSIN															
La Crosse															
La Crosse Lutheran Hospital and Gundersen Clinic ⁷¹	R. K. Slungaard	16	7	1,195†	4	75	15,728	1	0	0	0	0	1	6000-...	F

PEDIATRIC ALLERGY

Residency programs in the following hospitals have been approved for ONE or TWO years of training by the Council on Medical Education, the American Academy of Pediatrics, the American Board of Pediatrics, and the Sub-Specialty Board of Pediatric Allergy, through the Residency Review Committee for Pediatrics. (Applicants intending to qualify for examination by the Sub-Specialty Board of Pediatric Allergy of the American Board of Pediatrics, should refer to the Board requirements. *Identifies centers in which the total residency program also includes Adult Allergy. Accordingly, residency programs in centers with the symbol (*) are in the "Mixed" category referred to under Board Requirements. All other residency programs listed below are in the "Pediatric" category.) Programs, 47; Residencies, 104

	Chief of Service or Program Director	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES AIR FORCE											
TEXAS											
Wilford Hall U.S.A.F., San Antonio*	M. I. Michels	35	42,281	1	1	0	0	0	2	...	...
NONFEDERAL AND VETERANS ADMINISTRATION											
ARKANSAS											
Little Rock											
University	V. H. Gordon	58	1,974	1	1	0	0	0	2	6000-7000	O
CALIFORNIA											
Los Angeles											
Los Angeles County-U.S.C. Medical Center	Z. Haddad	180	4,198	1	1	0	0	0	2	9444-10116	P
U. C. L. A.	E. R. Stiehm, S. C. Siegel	100	2,659	0	0	1	0	0	1	6200-10000	O
Los Angeles County Harbor General (Torrance)	E. Heimlich	...	3,650	...	...	...	...	...	...	9444-...	P

PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Main-tenance O
				1st Year	2nd Year	3rd Year	4th Year	5th Year				
San Francisco												
Kaiser Foundation*	B. F. Feingold	5	103,441	2	1	0	0	0	3	7920-9840	P	
University of California Program												
H. C. Moffitt-University of California Hospitals	W. C. Deamer	Inc. in Ped.	3,354	1	1	0	0	0	2	6000-7000	O	
Stanford												
Stanford University	V. Marinkovich, M. Yamate	49	942	2	0	0	0	0	2	7000-...	P	
Torrance												
Los Angeles County Harbor General - See U.C.L.A., Los Angeles												
COLORADO												
Denver												
Children's Asthma Research Institute and Hospital Program	C. J. Falliers, H. Chai	96	...	3	2	0	0	0	5	7200-8400	P	
Jewish National Home for Asthmatic Children												
Children's	S. E. Wheelock	12	270	...	...	...	...	...	...	7200-8000	P
University of Colorado Medical Center ²⁵	D. S. Peariman, E. F. Ellis	150	3,800	4	4	1	0	0	9	7000-12000	P	
DISTRICT OF COLUMBIA												
Washington												
Children's Hospital of the District of Columbia	W. A. Howard	273	4,079	2	2	0	0	0	4	7500-8000	O	
Georgetown University	P. L. Calcagno		611	1	0	0	0	0	1	7500-...	O	
ILLINOIS												
Chicago												
Michael Reese Hospital and Medical Center*	A. Matheson	Inc. in Ped.	2,061	1	1	0	0	0	2	8600-10400	P	
Presbyterian-St. Luke's	J. S. Hyde	70	1,481	2	2	0	0	0	4	9500-10000	P	
KANSAS												
Kansas City												
University of Kansas Medical Center-Children's Mercy	F. Speer		...	2	1	0	0	0	3	...		
University of Kansas Medical Center		37	4,300	...	...	...	...	...	...	...
Children's Mercy (Kansas City, Mo.)			4,809	...	...	...	...	...	...	...
KENTUCKY												
Lexington												
University	K. L. Gerson	Inc. in Ped.	981	1	1	0	0	0	2	6560-7760	P	
Louisville												
University of Louisville Affiliated Hospitals	N. Handelman		...	1	1	0	0	0	2	7600-8600	P	
Louisville General		Inc. in Ped.	1,739	...	...	...	...	...	...	...
Children's		Inc. in Med.	5,637	...	...	...	...	...	...	...
LOUISIANA												
New Orleans												
Charity Hospital of Louisiana			...	...	...	...	...	...	...	...
Louisiana State University Division	R. M. Sly	63	2,500	...	...	...	...	...	...	6000-6000	P
MARYLAND												
Baltimore												
University of Maryland	R. L. London	100	1,990	1	1	0	0	0	2	7100-8300	P	
MASSACHUSETTS												
Boston												
Children's Hospital Medical Center	H. L. Mueller	Inc. in Ped.	3,619	0	0	0	1	1	2	9000-10000	O	
MICHIGAN												
Ann Arbor												
University*	K. P. Mathews	Inc. in Ped.	...	2	2	0	0	0	4	6600-7200	O	
Detroit												
Children's Hospital of Michigan	S. J. Levin		4,598	0	0	1	1	0	2	7500-8400	P	
Henry Ford*	L. C. Sweet	100	7,800	2	2	0	0	0	4	7600-8900	O	
MINNESOTA												
Rochester												
Mayo Graduate School of Medicine	G. B. Logan	Inc. in Ped.	624	1	1	0	0	0	2	5800-6800	P	
Rochester Methodist			...	...	...	...	...	...	...	...
St. Mary's			...	...	...	...	...	...	...	...
St. Paul												
St. Paul-Ramsey	H. D. Venters		2,580	1	1	0	0	0	2	6500-8000	P	
MISSOURI												
Kansas City												
Children's Mercy - See U. Kans. Med. Cntr.-Children's Mercy, Kans. City, Kans.												
NEW YORK												
Buffalo												
Children's Hospital of Buffalo	C. E. Arbesman	94	5,311	0	0	0	1	0	1	7805-10020	P	
New York City												
Jewish Hospital and Medical Center of Brooklyn*	C. V. Pyles, N. S., Weiss	100	3,200	1	1	0	0	0	2	8000-10000	P	
Long Island College	J. R. Bongiorno	91	3,700	1	1	0	0	0	2	10750-11250	P	
Presbyterian (Babies)	L. T. Chiaramonte		...	...	...	...	...	...	...	...
Roosevelt*	W. R. Kessler	Inc. in Ped.	3,588	1	0	0	0	0	1	...	O	
	W. Kessler, H. I. Cohen	6	2,081	1	1	0	0	0	2	8500-10500	P	
St. Vincent's Hospital and Medical Center of New York	V. J. Fontana	210	2,031	2	0	0	0	0	2	9500-9500	P	

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APPROVED RESIDENCIES

PEDIATRIC ALLERGY-Continued

	Chief of Service or Program Director	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
				1st Year	2nd Year	3rd Year	4th Year	5th Year			
Rochester											
Strong Memorial Hospital of the University of Rochester	D. E. Johnstone	75	3,167	...	...	...	...	...	...	...
NORTH CAROLINA											
Durham											
Duke University Medical Center	S. Dees	159	3,695	...	...	...	...	...	4	...
OHIO											
Cincinnati											
University of Cincinnati Hospital Group	J. E. Ghory	...	...	1	1	0	0	0	2	...
Children's	...	...	...	...	...	...	...	...	...	...
Cincinnati General	...	...	701	...	...	...	...	...	...	6000-7000 O
Convalescent Hospital for Children	...	86	807	...	...	...	...	...	...	6000-6000 O
PENNSYLVANIA											
Philadelphia											
Children's Hospital of Philadelphia	H. I. Lecks	100	2,462	1	1	0	0	0	2	...-5000 O	
Jefferson Medical College	H. C. Mansmann, Jr.	...	...	1	1	0	0	0	2	9000-9500 O
St. Christopher's Hospital for Children	L. S. Girsh	182	3,978	1	1	0	0	0	2	8000-8000 O	
Pittsburgh											
Hospitals of the University Health Center of Pittsburgh	...	...	...	...	...	...	...	...	...	...
Children's Hospital of Pittsburgh	P. Fireman	239	5,505	1	1	0	0	0	2	6000-10000 O	
RHODE ISLAND											
Providence											
Rhode Island*	G. K. Boyd	Inc. in Ped.	1,112	1	0	0	0	0	1	8300-9100 P	
TENNESSEE											
Memphis											
City of Memphis Hospitals (Frank Tobey Memorial Children's Hospital)	L. V. Crawford	100	3,000	...	...	...	...	...	...	...
TEXAS											
Dallas											
Children's Medical Center*	S. R. Halpern	...	3,442	...	...	...	...	...	...	...
Houston											
Baylor University Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...
Texas Children's	J. P. Mc Govern	69	1,045	1	1	0	0	0	2	7000-8500 O	
VIRGINIA											
Charlottesville											
University of Virginia*	J. L. Guerrant	60	714	1	2	0	0	0	3	5400-6900 O	
Richmond											
Medical College of Virginia-Hospital Division	F. S. Massie	185	1,914	2	0	0	0	0	2	6000-6000 P	
WASHINGTON											
Seattle											
University of Washington Affiliated Hospitals	P. P. Van Arsdel, Jr.	...	...	1	1	0	0	0	2	...
University	C. W. Biermann	...	...	...	...	...	...	...	...	...
Children's Orthopedic Hospital and Medical Center	P. P. Van Arsdel, Jr. Inc. in Ped.	...	350	...	...	...	...	...	...	7000-9000
Harborview Medical Center	C. W. Bierman	121	1,129	...	...	...	...	...	...	O
Inc. in Ped.	...	...	970	...	...	...	...	...	...	7008-10008 P
WEST VIRGINIA											
Morgantown											
West Virginia University Medical Center	...	10	1,806	1	1	0	0	0	2	7000-7500 P	
WISCONSIN											
Madison											
University Hospitals*	C. E. Reed, E. R. Stiehm	...	1,151	1	1	0	0	0	2	6000-6400 P	
Inc. in Ped.	...	...	...	...	...	...	...	...	...	...
Milwaukee											
Marquette Affiliated Hospitals	J. A. Arkins, R. Weller	...	...	1	1	0	0	0	2	...
Milwaukee Children's	R. R. Weller	13	1,067	...	...	...	...	...	...	7500-9020 P
Milwaukee County General	J. A. Arkins	1,969	1,540	...	...	...	...	...	...	7200-8400 P

20 PEDIATRIC CARDIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics, and the American Board of Pediatrics and the Sub-Specialty Board of Pediatric Cardiology, through the Residency Review Committee for Pediatrics, as offering TWO years of training in the specialty. Programs, 61; Residencies, 186

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
				Number	Necrosis Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION															
ARIZONA															
Phoenix															
Good Samaritan	M. E. Molthan	7	200	13	85	673	2	1	1	0	0	0	2	9600-10500 P	

-20. PEDIATRIC CARDIOLOGY - Continued

State	City	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Residencies Offered 1970-1971						Main-tenance	
					Number	Necropsy Per cent	Outpatient Visits	Length of Approved Program (Years)	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		Salary per Year Min.-Max.
ARKANSAS																
Little Rock	University	W. T. Dungan	4	142	14	80	540	2	1	1	0	0	0	2	6000-...	O
CALIFORNIA																
Los Angeles	Childrens Hospital of Los Angeles	P. R. Lurie	19	329	23	100	1,334	2	1	1	0	0	0	2	...	O
	U. C. L. A.	F. H. Adams	5	272	17	94	1,617	2	2	2	3	3	1	11	6500-10000	O
Oakland	Children's Hospital Medical Center of Northern California	J. F. Wilson	7	277	10	100	1,680	2	1	1	0	0	0	2	7200-8400	...
San Francisco	University of California Program H. C. Moffitt-University of California Hospitals	A. M. Rudolph	Inc. in Ped.	...	...	...	257	2	3	3	0	0	0	6	6000-7000	O
Stanford	Stanford University Affiliated Hospitals	N. J. Sissman	4	180	13	92	706	2	1	1	0	0	0	2	6500-7600	P
COLORADO																
Denver	Children's	C. R. Hawes	12	4,969	10	70	1,131	2	1	1	0	0	0	2	6000-7000	P
CONNECTICUT																
New Haven	Yale-New Haven Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Yale-New Haven	N. S. Talner	Inc. in Ped.	...	...	...	2,602	2	2	2	1	0	0	5	9000-10000	O
DISTRICT OF COLUMBIA																
Washington	Children's Hospital of the District of Columbia	L. P. Scott	11	484	28	92	980	2	1	1	0	0	0	2	7500-7500	O
FLORIDA																
Gainesville	William A. Shands Teaching Hospital and Clinics	G. Schiebler, I. Gessner	9	581	58	92	787	2	1	1	0	0	0	2	7000-10000	O
GEORGIA																
Atlanta	Grady Memorial	F. K. Edwards	Inc. in Ped.	...	...	...	1,387	2	...	...	...	...	...	2	6000-7000	P
Augusta	Eugene Talmadge Memorial	G. M. Folger, Jr.	6	160	31	78	1,066	2	2	1	0	0	0	3	5534-6134	P
ILLINOIS																
Chicago	Children's Memorial	M. H. Paul	10	434	43	85	2,819	2	0	0	2	0	0	2	8000-10000	...
	Cook County	R. A. Miller	18	343	32	93	3,871	2	1	2	2	0	0	5	10800-12000	P
	Presbyterian-St. Luke's	H. G. Bucheleres	8	295	33	97	974	2	1	1	0	0	0	2	9500-10000	P
	University of Chicago Hospitals and Clinics	D. E. Cassels	24	415	5	100	1,587	...	2	2	0	0	0	4	8500-9500	O
	University of Illinois Research and Educational Hospitals	A. R. Hastreiter	...	200	0	0	11,200	2	1	1	0	0	0	2	10800-11400	P
INDIANA																
Indianapolis	Indiana University Hospitals	D. Girod	16	750	81	71	1,687	2	1	1	0	0	0	2	8000-8500	P
IOWA																
Iowa City	University of Iowa Hospitals	R. M. Lauer	...	...	...	...	...	2	...	...	...	...	...	2	...	...
KANSAS																
Kansas City	University of Kansas Medical Center	A. M. Diehl	10	408	44	82	1,220	2	2	2	1	0	0	5	6420-8820	P
KENTUCKY																
Louisville	Children's	K. Minhas	8	403	8	71	1,595	...	1	1	0	0	0	2	...	...
LOUISIANA																
New Orleans	Charity Hospital of Louisiana	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Louisiana State University Division	R. E. Fowler	7	140	9	88	794	2	1	1	0	0	0	2	6000-6000	F
	Tulane University Division	J. L. Reynolds	6	...	...	...	680	2	1	1	0	0	0	2	6000-6000	F
MARYLAND																
Baltimore	Johns Hopkins	R. D. Rowe	...	...	...	...	...	2	2	1	0	0	0	3	...	...
MASSACHUSETTS																
Boston	Children's Hospital Medical Center	A. S. Nadas	28	1,370	22	91	3,146	2	5	5	0	1	0	11	7000-9000	O
MICHIGAN																
Ann Arbor	University	A. M. Stern	20	480	35	89	1,450	2	2	2	0	0	0	4	8000-8700	O

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20. PEDIATRIC CARDIOLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (include Transfers)	Deaths				Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Necropsy Per cent	Outpatient Visits	Length of Ap-proved Pro-gram (Years)	1st Year	2nd Year	3rd Year	4th Year	5th Year				
MINNESOTA																
Minneapolis																
University of Minnesota Hospitals	R. V. Lucas, Jr.	19	740	41	95	1,645	2	4	2	0	0	0	6	7000-9500	O	
Rochester																
Mayo Graduate School of Medicine	J. W. Du Shane	10	432	22	96	2,855	2	2	2	0	0	0	4	5800-7000	P	
Rochester Methodist																
St. Mary's																
MISSISSIPPI																
Jackson																
University	D. G. Watson	1	67	4	75	353	2	1	0	0	0	0	1	5100-6500	O	
MISSOURI																
Kansas City																
Children's Mercy	J. R. Sasano	10	357	33	85	1,466	2	1	1	0	0	0	2	5400-7600	F	
St. Louis																
St. Louis Children's	D. Goldring	11	380	24	75	2,260	2	2	2	0	0	0	4	7500-7500	O	
NEW YORK																
Buffalo																
Children's Hospital of Buffalo	E. C. Lambert	15	481	52	89	1,576	2	0	0	0	0	2	2	7805-10020	P	
New Hyde Park																
Long Island Jewish Hospital Training Program	N. Gootman						2	1	1	0	0	0	2	10500-11500	P	
Long Island Jewish		12	320	6	90	410										
Queens Hospital Center (New York City)		8	150	3	67	668										
New York City																
Albert Einstein College of Medicine																
Affiliated Hospitals	G. Hait						1,452	2	2	2	0	0	0	4	8250-10750	F
Bronx Municipal Hospital Center																
Hospital of the Albert Einstein College of Medicine																
Lincoln				2	100											
Montefiore Hospital Training Program	D. Young						2	0	0	0	1	1	2	11250-11750	P	
Montefiore Hospital and Medical Center		7	254	12	92	1,289										
Morrisania City		3	136	11	91	648										
Mount Sinai	L. Steinfeld	12	185	15	85	2,200	2	1	1	0	0	0	2	10750-11750	P	
New York	M. A. Engle	10	291	36	94	1,797	2	3	2	0	0	0	5	7500-12500	O	
New York University Medical Center	E. Doyle						2	2	1	1	0	0	4			
Bellevue Hospital Center		5		5	80	2,400								8250-10750	F	
University		12	550	12	75	290										
Presbyterian (Babies)	S. Blumenthal						2	2	2	0	0	0	4	7000-7000	O	
Queens Hospital Center - See Long Island Jewish Hosp. Training Program, New Hyde Park																
State University - Kings County Hospital Center	R. R. Torres						2	0	0	2	2	0	4	8250-10750	F	
Kings County Hospital Center							3,722							8250-10750		
State University		4	1174	8	75											
Rochester																
University of Rochester School of Medicine																
Strong Memorial Hospital of the University of Rochester	J. A. Manning	14	287	43	98	2,129	2									
Syracuse																
S.U.N.Y. Upstate Medical Center	G. S. Husson	6	271	17	95	3,360	2	1	1	0	0	0	2	8900-9900	O	
Crouse Irving-Memorial																
NORTH CAROLINA																
Chapel Hill																
University of North Carolina School of Medicine																
North Carolina Memorial	H. S. Harned, Jr.	6	220	17	88	1,208	2	1	1	0	0	0	2	7500-7500	O	
Durham																
Duke University Medical Center	M. S. Spach					1,613	2						5			
OHIO																
Cincinnati																
University of Cincinnati Hospital Group																
Children's	S. Kaplan			16	81	1,197										
Cleveland																
University Hospitals of Cleveland	J. Liebman					671	2	1	1	0	0	0	2	9000-9000	P	
Columbus																
Children's	D. Hosier	6	354	21	100	1,557	2	0	0	1	1	0	2			
OKLAHOMA																
Oklahoma City																
University of Oklahoma Hospitals	W. M. Thompson, Jr.					582	2						1	6500-7500	P	
OREGON																
Portland																
University of Oregon Medical School Hospitals and Clinics	M. H. Lees, C. L. Morgan	9	290	30		1,800	2	1	1	0	0	0	2	7800-9000	FP	
PENNSYLVANIA																
Philadelphia																
Children's Hospital of Philadelphia	S. Friedman	15	600	30	85	2,000	2	2	2	1	0	0	5	4500-8000	O	
St. Christopher's Hospital for Children	C. R. E. Wells	8	300	19	84	903	2	1	1	1	0	0	3	8000-8000	O	
Pittsburgh																
Hospitals of the University Health Center of Pittsburgh																
Children's Hospital of Pittsburgh	J. R. Zuberbuhler	16	360	46	82	2,500	2	2	1	0	0	0	3	7000-8000		

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20. PEDIATRIC CARDIOLOGY - Continued

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 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
						Number	Necropsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE																	
Memphis																	
		University of Tennessee Affiliated Hospitals															
		City of Memphis Hospitals	C. W. Fitch	4	110	4	50	882									
TEXAS																	
Dallas																	
		Children's Medical Center	G. Fashena	11	5981	40	37	619									
Galveston																	
		University of Texas Medical Branch Hospitals	L. Harris					596	2	1	1	0	0	0	2	7000-9000	P
Houston																	
		Texas Children's	D. G. Mc Namara	20	899	30	87	1,888	2	4	3	1	0	0	8	7000-9000	O
VIRGINIA																	
Charlottesville																	
		University of Virginia	M. Carpenter	13	546	40	75	342	2	2	2	0	0	0	4	5400-6900	O
Richmond																	
		Medical College of Virginia-Hospital Division	C. M. Mc Cue	20	469	40	85	1,235	2	1	1	0	0	0	2	6000-6900	P
WASHINGTON																	
Seattle																	
		University of Washington Affiliated Hospitals	W. G. Guntheroth	2	184	10	100	549	2	2	2	0	0	0	4	8004-10008	
WISCONSIN																	
Milwaukee																	
		Milwaukee Children's	W. J. Gallen	7	307	40	44	969	2	1	1	0	0	0	2	7500-7800	P

21. PHYSICAL MEDICINE AND REHABILITATION

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Physical Medicine and Rehabilitation, through the Residency Review Committee for Physical Medicine and Rehabilitation, as offering three years of acceptable training in the specialty. Programs, 66; Residencies, 509

State	City	Hospital	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
CALIFORNIA														
		Letterman General, San Francisco	J. L. Roth	9,372	112,677	12,460	2	2	2	0	0	6		
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
		University of Alabama Medical Center					2	2	2	0	0	6		
		University of Alabama Hospitals and Clinics	W. C. Fleming	3,326	60,915	34,551							6300-7500	P
		Veterans Admin.	H. M. Eagleson, Jr.	1,772	11,927	849							6607-9007	O
Tuskegee														
		Veterans Admin.	C. D. Fuxench, E. D. Haak	2,980	356,739	993	1	1	1	0	0	3	6607-9007	P
ARIZONA														
Phoenix														
		Good Samaritan	F. P. Fountain		128,271	23,104	2	2	2	0	0	6	7800-9600	P
CALIFORNIA														
Devils														
		University of California (Davis) Affiliated Hospitals												
		Sacramento Medical Center (Sacramento)	W. M. Fowler, R. Taylor	836	16,546		1	1	1	0	0	3	8520-9852	P
Long Beach														
		Veterans Admin.	H. D. Bouman	2,841	140,430	13,851	4	4	4	0	0	12	9371-12071	O
Los Angeles														
		Los Angeles County-U.S.C. Medical Center	E. Austin	107,117	292,642	29,667	1	1	1	0	0	3	8100-9444	P
		Veterans Admin. Center, Wadsworth	K. H. Haase, R. D. Fufeld	4,712	268,272	10,508	4	4	4	0	0	12	9371-14409	P
Palo Alto														
		Veterans Admin. - See Stanford University Affiliated Hospitals, Stanford												
Sacramento														
		Sacramento Medical Center - See Univ. of California (Davis) Affiliated Hospitals, Davis												
San Mateo														
		Crystal Springs Rehabilitation Center - See Stanford University Affiliated Hospitals, Stanford												
Stanford														
		Stanford University Affiliated Hospitals	J. C. Montero				2	2	2	0	0	6		
		Veterans Admin. (Palo Alto)	K. E. Carlson	2,408	21,990	3,065							12174-14409	O
		Crystal Springs Rehabilitation Center (San Mateo)	J. C. Montero	300	35,447	0								P
COLORADO														
Denver														
		University of Colorado Medical Center	J. W. Gersten, N. A. Rose	5,456	44,415	44,415	3	2	2	0	0	7	6000-10000	P

21. PHYSICAL MEDICINE AND REHABILITATION - Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
DISTRICT OF COLUMBIA												
Washington												
Georgetown University	M. Kenrick	1,398	17,110	8,121	2	2	2	0	0	6	7500-8500	P
Veterans Admin.	I. Hill	3,501	95,669	3,547	..	..	..	..	..	..	6260-6910	..
George Washington University	A. F. Mastellone	4,998	62,124	11,639	1	1	1	0	0	3	7517-10503	P
FLORIDA												
Miami												
Veterans Admin.	B. B. Sutton	2,180	82,320	..	2	1	1	0	0	4	7160-8160	O
GEORGIA												
Atlanta												
Emory University Affiliated Hospitals	S. B. Chyatte	..	..	..	4	4	4	0	0	12	6480-8400	P
Grady Memorial	M. Peszczynski	146	..	19,332	..	..	..	..	..	..	..	..
Emory University	S. B. Chyatte	6,769	9,433	3,360	..	..	..	..	..	..	..	..
Veterans Admin.	G. O. Bern	974	3,508	1,082	..	..	..	..	..	..	6213-9320	..
Georgia Warm Springs Foundation (Warm Springs)	R. L. Bennett, E. D. Haak	1,099	58,504	1,950	..	..	..	..	..	..	6000-10000	P
Warm Springs												
Georgia Warm Springs Foundation	R. L. Bennett, E. D. Haak	1,099	58,504	1,950	4	4	4	0	0	12	6000-10000	P
Grady Memorial, (Atlanta)	M. Peszczynski	146	..	19,332	..	..	..	..	..	..	6480-8400	P
ILLINOIS												
Chicago												
Chicago Medical School Affiliated Hospitals	..	..	..	..	..	..	..	..	..	..	..	..
Mount Sinai Hospital Medical Center of Chicago	..	7,189	11,635	1,396	..	..	..	..	..	..	8700-11000	P
Schwab Rehabilitation	..	553	72,900	2,976	..	..	..	..	..	..	8700-10500	P
Northwestern University Medical Center	..	..	..	..	..	..	..	..	..	..	..	..
Rehabilitation Institute of Chicago	H. B. Betts	476	38,773	792	3	2	1	0	0	6	6000-10000	O
Veterans Admin. Research	B. Fernandez	1,194	33,983	5,318	..	..	..	..	..	..	8940-10940	O
University of Illinois Affiliated Hospitals	E. E. Gordon	..	..	..	3	3	3	0	0	9	..	..
Michael Reese Hospital and Medical Center	E. E. Gordon	3,235	49,128	539	..	..	..	..	..	..	8600-10400	P
University of Illinois Research and Educational Hospitals	D. I. Abramson	25,100	34,570	6,680	..	..	..	..	..	..	9600-10800	P
Veterans Admin. (West Side)	R. R. Wasserman	2,221	85,164	5,957	..	..	..	..	..	..	6960-14889	O
Hines												
Veterans Admin.	W. T. Liberson	4,731	357,161	2,235	3	0	2	1	0	6	8940-10440	O
Peoria												
Institute of Physical Medicine and Rehabilitation ²⁴	R. O. Mc Morris	50,600	86,724	14,902	3	0	0	0	0	3	7000-8500	P
KANSAS												
Kansas City												
University of Kansas Medical Center	D. L. Rose	9,811	19,861	2,366	1	1	1	0	0	3	10800-11800	P
Veterans Admin. (Kansas City, Mo.)	R. R. Beatty	4,511	47,198	779	..	..	..	..	..	..	6900-8160	P
KENTUCKY												
Louisville												
University of Louisville Affiliated Hospitals	..	..	..	..	..	..	..	..	..	..	..	..
Rehabilitation Center	R. P. Smith	495	20,682	4,058	1	1	0	0	0	2	5000-10000	O
MARYLAND												
Baltimore												
University of Maryland Affiliated Hospitals	P. F. Richardson	..	..	..	2	2	2	0	0	6	..	..
University of Maryland	P. F. Richardson	1,159	24,880	15,472	..	..	..	..	..	..	7100-8300	P
Montebello State	J. E. Gessner	486	43,079	22	..	..	..	..	..	..	7100-8900	O
Sinai Hospital of Baltimore	B. S. Cohen	1,916	88,751	23,800	..	..	..	..	..	..	7000-8100	P
MASSACHUSETTS												
Boston												
New England Medical Center Hospitals (Rehabilitation Institute)	C. V. Granger	8,356	32,696	1,240	2	2	1	0	0	5	6600-10000	O
University	M. M. Freed	2,441	31,379	4,690	2	2	1	0	0	5	7600-11000	..
Veterans Admin. (Jamaica Plain)	F. Friedland	3,300	92,848	1,500	2	2	2	0	0	6	6600-14409	O
MICHIGAN												
Ann Arbor												
University	J. W. Rae	63,871	67,416	7,293	3	3	3	0	0	9	6000-6600	O
Detroit												
Rehabilitation Institute	H. Ingberg	2,597	87,886	38,444	2	2	2	0	0	6	7200-8200	P
MINNESOTA												
Minneapolis												
University of Minnesota Affiliated Hospitals	F. Kottke	..	..	..	6	6	6	3	3	24	..	..
University of Minnesota Hospitals	F. Kottke	7,213	55,986	5,820	..	..	..	..	..	..	5500-12000	P
Kenny Rehabilitation Institute	T. P. Anderson	470	..	3,052	..	..	..	..	..	..	..	..
Veterans Admin.	B. S. Troedsson	8,300	168,842	6,542	..	..	..	..	..	..	6000-14409	..
Rochester												
Mayo Graduate School of Medicine	G. M. Martin	15,924	117,094	38,998	4	4	4	0	0	12	5400-11000	P
Rochester Methodist	..	..	..	..	..	..	..	..	..	..	..	..
St. Mary's	..	..	..	..	..	..	..	..	..	..	..	..
MISSOURI												
Columbia												
University of Missouri Medical Center	L. E. Wolcott	37,646	104,497	12,240	2	2	2	1	0	71	6500-7500	P
Kansas City												
Veterans Admin. - See University of Kansas Medical Center, Kansas City, Kansas	..	..	..	..	..	..	..	..	..	..	..	..
St. Louis												
Jewish Hospital of St. Louis	F. U. Steinberg	2,060	24,995	8,671	1	0	1	0	0	2	6300-8100	P
St. Louis Children's	..	164	1,878	..	..	..	..	..	..	..	6300-8100	..
NEW JERSEY												
East Orange												
Veterans Admin.	L. Stefaniwsky	2,940	89,086	1,482	3	2	2	0	0	7	9500-10500	O

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21. PHYSICAL MEDICINE AND REHABILITATION - Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK												
Albany												
Albany Medical Center	B. Paul	1,808	25,169	3,000	2	2	2	0	0	6	8100-9600	P
Buffalo												
Veterans Admin.	G. H. Coffey	2,429	165,753	10,861	1	1	0	0	0	2	7805-10020	O
New York City												
Albert Einstein College of Medicine Affiliated Hospitals												
Bronx Municipal Hospital Center	A. S. Abramson	4,581	162,549	2,706	6	6	3	1	1	171	8250-10750	F
Hospital of the Albert Einstein College of Medicine Lincoln		1,559	7,101	4,991								
Kingsbrook Jewish Medical Center	B. Sandler	1,323	86,093	4,895	2	2	2	0	0	6	8500-11000	P
Montefiore Hospital Training Program	J. Tobis	1,606	19,609	12,381	3	4	3	0	0	10	9750-11250	P
Montefiore Hospital and Medical Center		3,970	68,444	47,895								
Morrisania City		1,606	19,609	12,381								
Mount Sinai Hospital Training Program	L. H. Wisham				6	4	4	0	0	14	9750-12250	P
Mount Sinai	L. H. Wisham	16,697	25,200	5,844								
City Hospital Center at Elmhurst	L. Kaplan	6,994	121,110	13,663								
New York Medical College-Metropolitan Hospital Center												
Unit 1 - Flower and Fifth Avenue Hospitals	M. Lowenthal	582	9,286	1,817	6	4	4	4	2	20	8250-12250	FP
Unit 2 - Metropolitan		2,946	64,102	5,193								
Unit 3 - Bird S. Coler Memorial Hospital and Home		1,070	79,110									
New York University Medical Center ⁸⁰												
Institute of Rehabilitation Medicine	H. A. Rusk	825	309,015	25,404						40+		P
Bellevue Hospital Center	H. A. Rusk	30,551	116,219	8,958							8250-10750	F
Goldwater Memorial	M. Lee	4,022	81,521								10280-12280	P
St. Vincent's Hospital and Medical Center of New York	S. S. Sverdlik	1,720	23,044	8,091								
Grasslands (Valhalla)	E. Moskowitz	1,978	44,093	2,481							9930-10740	P
Presbyterian	R. C. Darling	49,344	85,285	15,829	3	3	0	0	0	6	10500-11500	O
Blythedale Children's (Valhalla)	R. C. Darling											
New York State Rehabilitation, (West Haverstraw)	M. T. F. Carpendale											
State University - Kings County Hospital Center	J. G. Benton				6	8	6	4	0	24	8250-10750	F
Kings County Hospital Center		4,026	95,966	17,711							8250-10750	
State University		979	9,230	4,169								
Veterans Admin. (Bronx)	H. Elis	3,201	237,158	5,920	4	2	1	0	0	7	9750-11750	P
Veterans Admin. (Manhattan)	E. L. Kristeller	3,517	262,558	4,776	4	3	2	0	0	9	8200-14409	O
Valhalla												
Blythedale Children's - See Presbyterian, New York City												
Grasslands - See New York University Medical Center, New York City												
West Haverstraw												
New York State Rehabilitation - See Presbyterian, New York City												
OHIO												
Cleveland												
Case Western Reserve University Affiliated Hospitals	C. Long				3	3	3	0	0	9		
Cleveland Metropolitan General	N. Coyne	2,500	124,117	15,264							7000-8760	FP
Highland View	C. Long	10,369	119,124	759							6000-10000	P
Columbus												
Ohio State University Hospitals	E. W. Johnson	651	2,993	219	3	3	3	0	0	9	5000-10000	P
OREGON												
Portland												
Veterans Admin.	E. W. Fowles	3,858	259,091	872	2	2	2	0	0	6	10203-14409	P
PENNSYLVANIA												
Philadelphia												
Hospital of the University of Pennsylvania	W. J. Erdman 2d	29,271	29,720	2,190	3	3	3	0	0	9	8000-11000	P
Magee Memorial Hospital-Rehabilitation Center	F. Parry	655	58,654	4,633	1	1	1	0	0	3	5000-10000	O
Philadelphia General	W. J. Erdman, 2d	2,190	61,831	17,271	1	1	1	0	4	4	8764-9725	O
Temple University Affiliated Hospitals	L. D. Policoff				4	3	3	0	0	10	7200-9600	
Albert Einstein Medical Center		6,146	49,731	8,598							7200-8900	P
Moss Rehabilitation		949	38,574	5,848							6600-9000	P
Veterans Admin.	D. A. Tull	2,506	36,555	319	1	1	1	0	0	3	5000-14409	O
Pittsburgh												
St. Francis General	T. C. Hohmann	3,157	79,594	6,714	2	2	2	0	0	6	7800-9000	FP
Veterans Admin.	R. Blanchard	1,590	54,227	1,105	1	1	1	0	0	3	6000-7800	O
PUERTO RICO												
San Juan												
University District	C. T. Armstrong Ressay	1,749	38,185	1,407	2	2	2	0	0	6	6300-7500	P
Veterans Admin. Center ¹⁵⁸	H. Flax	962	34,277	12,639	2	2	2	0	0	6	10203-18729	O
TEXAS												
Dallas												
Baylor University Medical Center	E. M. Krusen	57,290	135,339	51,386	1	2	1	0	0	4		O
Parkland Memorial	R. D. Burk			5,605							6360-6660	P
Houston												
Baylor University Affiliated Hospitals	L. A. Leavitt				4	4	4	0	0	12		
Ben Taub General	L. A. Leavitt	1,209	13,890	6,467							6900-9900	P
Methodist	L. A. Leavitt	9,331	39,373	2,401							6900-8700	P
Texas Institute for Rehabilitation and Research	L. A. Leavitt	1,518	24,614	4,176							6000-12873	P
Veterans Admin.	W. P. Blocker, Jr.	3,259	219,861	4,833							6900-8100	P
San Antonio												
University of Texas at San Antonio Teaching Hospitals	A. E. Grant				2	2	2	0	0	6		
Bexar County Teaching												
Robert B. Green Memorial		1,343	44,300	6,240							7800-9000	P

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APPROVED RESIDENCIES

21. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
UTAH												
Salt Lake City												
University of Utah Affiliated Hospitals		...	...	...	...	...	...	...	...	...	...	...
University	J. R. Swenson	12,325	26,537	911	2	0	0	0	0	2	6000-8000	P
VERMONT												
Burlington												
Vermont Rehabilitation Center	H. E. Gillette	2,202	7,683	6,369	3	0	0	0	0	3	5600-6000	O
VIRGINIA												
Richmond												
Medical College of Virginia-Hospital Division	A. R. Dawson	476,821	28,696	1,610	2	2	2	0	0	6	5400-6000	P
Veterans Admin.	C. W. La Fratta	3,374	283,280	1,872	1	2	1	0	0	4	5400-14409	P
WASHINGTON												
Seattle												
University of Washington Affiliated Hospitals ¹¹⁴	J. F. Lehmann	...	...	...	8	7	2	0	0	17	...	...
Harborview Medical Center	J. F. Lehmann	1,534	14,375	236	...	...	...	...	...	...	7008-10008	P
University	J. F. Lehmann	1,928	23,642	997	...	...	...	...	...	...	7008-10008	P
Veterans Admin.	A. J. Masock	24,435	29,700	1,512	...	...	...	...	...	...	6000-7008	P
WISCONSIN												
Milwaukee												
Marquette Affiliated Hospitals	R. W. Boyle	7,180	349,032	10,800	2	2	2	0	0	6	...	...
Milwaukee County General	R. W. Boyle	4,036	54,086	6,406	...	...	...	...	...	...	7200-8400	P
Veterans Admin. Center (Wood)	D. Mattarella	3,144	294,946	4,394	...	...	...	...	...	...	7600-14409	P

22. PLASTIC SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Plastic Surgery and the American College of Surgeons, through the Residency Review Committee for Plastic Surgery, as offering acceptable training in the specialty. Programs, 75; Residencies, 263

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	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
				Number	Necropsy Per cent			1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY															
DISTRICT OF COLUMBIA															
Walter Reed General, Washington	R. W. Parsons	59	532	0	0	5,915	2	2	2	0	0	0	4	...	...
UNITED STATES NAVY															
MARYLAND															
Naval, Bethesda	W. D. Latham	45	465	2	100	2,677	2	1	1	0	0	0	2	...	...
UNITED STATES PUBLIC HEALTH SERVICE															
LOUISIANA															
U. S. Public Health Service, New Orleans - See Tulane University Affiliated Hospitals, New Orleans															
NONFEDERAL AND VETERANS ADMINISTRATION															
ARIZONA															
Phoenix															
Crippled Childrens	R. A. Peterson	13	226	2	0	1,534	2	2	2	0	0	0	4	6900-10400	P
Good Samaritan	...	4	234	0	0	360	...	...	...	...	...	...	...	10500-11400	P
Maricopa County General	...	17	492	...	...	1,200	...	...	...	...	...	...	...	10500-11400	P
Tucson															
Veterans Admin.	E. E. Peacock	...	...	...	...	...	2	...	...	...	...	...	2	...	...
CALIFORNIA															
Los Angeles															
U.C.L.A. Affiliated Hospitals	F. L. Ashley	...	...	...	...	...	3	2	2	2	0	0	6	...	...
U. C. L. A.	F. L. Ashley	5	355	1	0	1,980	...	...	...	...	...	...	...	8100-9300	O
Veterans Admin. Center-Wadsworth	F. L. Ashley	12	271	0	0	77	...	...	...	...	...	...	...	11387-12071	P
Huntington Memorial (Pasadena)	G. V. Webster	3	316	0	0	3,119	...	...	...	...	...	...	...	10500-10500	FP
Palo Alto															
Veterans Admin. - See Stanford University Affiliated Hospitals, Stanford															
Pasadena															
Huntington Memorial - See U. C. L. A. Affiliated Hospitals, Los Angeles															
San Francisco															
St. Francis Memorial	V. R. Pennisi	6	529	1	100	517	3	2	2	2	0	0	6	4800-6600	O
University of California Program	H. M. Blackfield	...	...	...	...	...	2	2	2	0	0	0	4	...	...
H. C. Moffitt-University of California Hospitals	H. M. Blackfield	4	186	2	100	997	...	...	...	...	...	...	...	6200-9600	O
Franklin	W. Morris	...	...	...	...	...	...	...	...	...	...	...	...	...	...
San Francisco General	...	5	1531	0	0	...	...	...	...	...	...	...	...	7116-10248	P
Veterans Admin.	J. Q. Owsley	8	75	0	0	250	...	...	...	...	...	...	...	7761-10893	O
Stanford															
Stanford University Affiliated Hospitals															
Hospitals	R. A. Chase	...	...	...	...	...	2	3	3	0	0	0	6	...	...
Stanford University	R. A. Chase	11	1,2384	3	67	5,048	6500-8500	P
Veterans Admin. (Palo Alto)	D. R. Laub	4	110	0	...	366	6190-8930	O

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APPROVED RESIDENCIES

22. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Main-tenance P O
				Number	Neeropy Per cent	Outpatient Visits	Length of Ap-proved Pro-gram (Years)	1st Year	2nd Year	3rd Year	4th Year	5th Year				
DELAWARE																
Wilmington																
Wilmington Medical Center	J. T. Metzger	19	703	2	100	881	2	1	1	0	0	0	1	10200-10200	P	
Alfred I. Dupont Institute of the Nemours Foundation		7	99	0	0	374									P	
Delaware Division																
Wilmington General Division																
DISTRICT OF COLUMBIA																
Washington																
Georgetown University Affiliated Hospitals	A. F. Fleury	7	3	0	0	252	2	1	1	0	0	0	2	9000-...		
Georgetown University		11	178	1	100	432								7696-10682	P	
Veterans Admin.		15	616	0	0	1,150	2	1	1	0	0	0	2	9500-10503	P	
George Washington University	G. S. Letterman															
FLORIDA																
Gainesville																
University of Florida Affiliated Hospitals	M. J. Jurkiewicz						2	1	1	0	0	0	2			
William A. Shands Teaching Hosp. and Clinics		17	572	6	50	4,260								4500-8500	O	
Veterans Admin.		8	100	0	0	187								10115-12115	O	
Jacksonville																
Jacksonville Hospitals Educational Program	B. L. Morgan	3	197	0	0	2,132	2	2	1	0	0	0	3	9000-9300	P	
Duval Medical Center			245	0	0	770								9600-10200	P	
St. Vincent's																
Miami																
University of Miami Affiliated Hospitals		35	985	3	33	1,571	2	2	2	0	0	0	4	9050-9650	P	
Jackson Memorial	D. R. Millard															
Orlando																
Orange Memorial	J. O. Malley	20	746	2	0	1,664	2	1	1	0	0	0	2	10200-10800	P	
ILLINOIS																
Chicago																
Northwestern University Medical Center-Cook County	O. H. Stuteville						2	2	5	2	0	0	9			
Chicago Wesley Memorial		41	1,217	41	3	2,894								11400-12000	P	
Cook County														7500-9500	P	
Passavant Memorial		3	60	0	0	116								8940-10940	O	
Veterans Admin. Research																
Evanston (Evanston)																
University of Illinois Affiliated Hospitals	J. W. Curtin	18	590	5	60	345	2	1	1	0	0	0	2	8500-10000	P	
Presbyterian-St. Luke's																
University of Illinois Research and Educational Hospitals		14	280	0	0	2,248								11400-12000	P	
Evanston																
Evanston - See Northwestern Univ. Medical Center-Cook County, Chicago																
St. Francis - See Veterans Admin., Hines																
Hines																
Veterans Admin.	W. B. Slaughter	27	345	4	0	761	2	2	2	0	0	0	4	10440-10940	O	
St. Francis (Evanston)		24	529			653								9300-10200		
INDIANA																
Indianapolis																
Indiana University Medical Center	J. E. Bennett						2	2	2	0	0	0	4			
Indiana University Hospitals		23	576	19	47	1,816								8500-9000	P	
Marion County General			360	14	3	1,729										
Veterans Admin.		12	190	5	60	530								8350-8950	O	
KANSAS																
Kansas City																
University of Kansas Medical Center	D. W. Robinson	16	979	9	88	7,675	2	1	1	0	0	0	2	6900-8790		
KENTUCKY																
Lexington																
University of Kentucky Medical Center	P. M. Weeks						2	1	1	0	0	0	2			
University	P. M. Weeks	10	524	5	60	1,275								9000-12000	P	
St. Joseph	A. Moore		504	2	50									5560-7360	P	
Veterans Admin.	P. M. Weeks			0	0	4									P	
LOUISIANA																
New Orleans																
Louisiana State University Affiliated Hospitals	G. W. Hoffman						3	1	1	1	0	0	3			
Charity Hospital of Louisiana		5	150	0	0	1,433								6000-6000	F	
Southern Baptist		6	210	0	0	0								7200-8400	P	
Veterans Admin.		6	120	0	0	315								6525-7125	O	
Tulane University Affiliated Hospitals	R. F. Ryan						2	2	2	0	0	0	4			
Charity Hospital of Louisiana	R. F. Ryan	24	918	4		5,138										
Ochsner Foundation	D. M. Mc Kee	6	263	6	100	2,570									P	
Touro Infirmary	R. W. Vincent	5	258	0	0									6562-9260	O	
U. S. Public Health Service	R. E. Streicher	5	164	0	0	734										
MARYLAND																
Baltimore																
Johns Hopkins ¹⁹¹	M. T. Edgerton	41	997	7	71	3,695	2	2	2	0	0	0	4	9500-...	P	

APPROVED RESIDENCIES

22. PLASTIC SURGERY - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths				Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
			Number	Neurosy Per cent	Outpatient Visits			1st Year	2nd Year	3rd Year	4th Year	5th Year			
MASSACHUSETTS															
Boston															
Peter Bent Brigham Hospital-Children's Hospital Medical Center	J. E. Murray	...	...	...	...	2	0	0	0	1	1	2	10000-10000	...	
Peter Bent Brigham Children's Hospital Medical Center	J. E. Murray	3	94	...	...	232	...	...	...	...	...	...	...	P	
	D. W. Mac Collum	Inc. in Surg.	...	...	1,653	...	...	...	...	...	...	...	...	O	
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated Hospitals	R. O. Dingman	...	...	...	...	2	3	3	0	0	0	6	...	...
St. Joseph Mercy	R. O. Dingman	12	7181	0	0	52	...	...	...	...	...	...	9240-9240	O	
University	R. O. Dingman	12	413	1	100	1,954	...	...	...	...	...	...	7900-8700	O	
Veterans Admin.	R. O. Dingman	Inc. in Surg.	...	...	0	0	128	...	...	...	...	...	...	O	
Wayne County General (Eloise)	R. M. Oneal	1	64	0	0	546	...	...	...	...	...	...	8376-10233	F	
Detroit															
Henry Ford	A. P. Kelly, Jr.	13	690	19	5	14,891	3	1	1	1	0	0	3	8200-9800	P
Eloise															
Wayne County General - See University of Michigan Affiliated Hospitals, Ann Arbor															
Grand Rapids															
Butterworth ⁴¹	R. Blocksma	8	450†	3	67	2,117	2	0	1	0	0	0	1	8400-8400	P
MINNESOTA															
Rochester															
Mayo Graduate School of Medicine ⁷⁶	J. N. Simons	26	3,490	21	81	16,597	2	3	3	0	0	0	6	7500-9400	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	J. H. Hendrix, Jr.	...	...	...	...	...	2	1	1	0	0	0	2	...	
University	...	7	457	17	41	2,175	...	...	...	...	...	...	6000-6300	O	
Veterans Admin. Center	...	8	157	1	100	685	...	...	...	...	...	...	5450-8900	...	
MISSOURI															
Columbia															
University of Missouri Medical Center	H. Bingham	6	306†	3	67	1,489	2	1	1	0	0	0	2	6500-8500	P
Kansas City															
Kansas City General Hospital and Medical Center	F. J. Mc Coy	51	1,461	4	75	17,926	2	2	1	0	0	0	3	9860-9860	...
St. Louis															
Barnes Hospital Group	J. E. Hoopes	31	1,547	4	50	1,706	2	2	2	0	0	0	4	8000-8500	O
St. Louis University Group of Hospitals	F. X. Paletta	55	1,024	15	41	2,862	2	3	3	0	0	0	6	7500-7800	O
Veterans Admin.	...	22	330†	11	67	1,055	...	...	...	...	...	...	...	6840-8040	P
NEW JERSEY															
East Orange															
Veterans Admin. - See New Jersey College of Med. Affiliated Hospitals, Newark															
Jersey City															
Jersey City Medical Center - See New Jersey College of Med. Affiliated Hospitals, Newark															
Livingston															
St. Barnabas Medical Center	J. C. Walker	26	1,439	2	50	1,371	3	1	0	0	0	0	1	8160-9360	P
Newark															
New Jersey College of Medicine Affiliated Hospitals	D. M. Mayer, S. R. Loverme	...	...	...	...	...	2	3	3	0	0	0	6	...	
Martland	...	...	...	...	...	...	...	...	...	...	...	...	...	11000-12000	O
Veterans Admin. (East Orange)	...	30	303	25	44	1,000	...	...	...	...	...	...	...	11000-12000	O
Jersey City Medical Center (Jersey City)	...	12	319	3	0	1,149	...	...	...	...	...	...	...	9500-9500	O
NEW YORK															
Albany															
Albany Medical Center	W. B. Macomber	23	811	3	100	118	2	2	3	0	0	0	5	9000-10000	P
Child's	...	6	304	...	...	153	...	...	...	...	...	...	...	...
Memorial	...	4	302	0	0	...	...	...	...	...	...	...	...	...
St. Peter's	...	12	520	...	...	579	...	...	...	...	...	...	...	9000-10000	O
Veterans Admin.	...	6	202	1	0	594	...	...	...	...	...	...	...	8400-11800	...
Buffalo															
Roswell Park Memorial Institute ¹⁰	V. Y. Bakamjian	27	344	14	100	2,352	...	...	...	...	...	...	...	5522-6836	O
East Meadow															
Meadowbrook	L. Rubin	29	959	0	0	1,431	2	1	1	0	0	0	2	10000-10500	F
New York City															
Albert Einstein College of Medicine Affiliated Hospitals	A. J. Barsky	...	...	...	...	...	3	1	1	1	1	0	4	8250-10750	F
Bronx Municipal Hospital Center	...	15	273	0	0	1,067	...	...	...	...	...	...	...	...
Hospital of the Albert Einstein College of Medicine	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lincoln	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Montefiore Hospital Training Program	M. Lewin	...	...	...	...	...	2	2	2	0	0	0	4	11250-12250	P
Montefiore Hospital and Medical Center	...	12	293	1	0	2,610	...	...	...	...	...	...	...	...
Morrisania City	...	15	280	4	0	1,594	...	...	...	...	...	...	...	...
Mount Sinai Hospital Training Program	B. E. Simon	...	...	...	...	...	3	2	1	1	0	0	4	...	
Mount Sinai	B. E. Simon	13	501	0	0	1,325	...	...	...	...	...	...	...	11500-12500	P
Beth Israel	S. Kahn	9	573	2	0	811	...	...	...	...	...	...	...	...
City Hospital Center at Elmhurst	R. Fischl	12	281	7	0	2,855	...	...	...	...	...	...	...	11250-12750	P
New York	H. Conway	32	785	0	0	1,842	2	0	0	0	1	1	2	11250-12250	P
Veterans Admin. (Bronx)	...	19	447	0	0	1,127	9750-11750	P

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22. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Neurosy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK, New York City—Continued																
New York University Medical Center	J. M. Converse	...	...	...	...	2	4	4	0	0	0	8	8250-10750	F
Bellevue Hospital Center	...	12	153	0	0	988	...	...	...	...	...	...	...	...
Manhattan Eye, Ear and Throat University	...	21	656	0	0	1,744	...	...	...	...	...	...	...	...
Veterans Admin. (Manhattan)	...	8	1,082	2	50	1,227	...	...	...	...	...	...	...	...
Presbyterian	G. F. Crikelair	Inc. in Surg.	...	...	...	3,449	3	3	6	0	0	6	10200-10200	O
St. Luke's Hospital Center	R. B. Stark	11	625	0	0	1,560	0	0	0	1	0	1	12000-12500	P		
State University - Kings County Hospital Center	B. E. Bromberg	...	...	...	...	...	3	3	0	0	0	6	8250-10750	F
Kings County Hospital Center	...	41	836	23	52	3,467	...	...	...	...	...	...	...	...
State University	...	1	721	...	...	...	...	...	...	...	...	...	...	...
Rochester																
Strong Memorial Hospital of the University of Rochester ^{21a}	R. M. Mc Cormack	11	611	2	50	615	2	0	0	0	2	2	4	...	P	
Syracuse																
S.U.N.Y. Upstate Medical Center	D. B. Stark	21	642	9	67	1,713	2	1	1	0	0	0	2	10400-11400	O	
Veterans Admin.	...	7	99	5	40	397	...	...	...	...	...	...	...	...
NORTH CAROLINA																
Chapel Hill																
North Carolina Memorial	...	24	787	19	58	4,157	2	2	1	0	0	0	3	7000-10000	O	
Durham																
Duke University Affiliated Hospitals	K. Pickrell	3	2	2	2	0	0	6	6500-7500	P	
Duke University Medical Center	...	29	1,218	18	67	1,377	...	...	...	...	...	...	...	...
Veterans Admin.	...	26	272	4	75	...	...	...	...	...	...	...	...	5500-8550
OHIO																
Cincinnati																
Christ	J. J. Longacre	17	512	2	50	133	2	1	1	0	0	0	2	8400-8400	F	
Cleveland																
Cleveland Clinic	R. Anderson	19	993	3	67	7,885	2	1	1	0	0	0	2	8500-9000	P	
University Hospitals of Cleveland	C. H. Kiehn	16	563	3	100	691	2	1	1	0	0	0	2	9000-9500	P	
Veterans Admin.	...	15	164	4	50	242	...	...	...	...	...	...	...	6850-9250
Columbus																
Ohio State University Affiliated Hospitals	R. B. Berggren	2	1	1	0	0	0	2	7500-8500	P	
Ohio State University Hospitals	...	15	482	6	100	513	...	...	...	...	...	...	...	...
Children's	...	4	228	0	0	324	...	...	...	...	...	...	...	...
Toledo																
St. Vincent Hospital and Medical Center	J. C. Kelleher	13	588	11	66	...	2	1	2	0	0	0	2	8700-9000	P	
PENNSYLVANIA																
Allentown																
Allentown	K. M. Marcks	20	836	5	40	1,600	2	1	1	0	0	0	2	8000-8300	P	
Philadelphia																
Hospital of the University of Pennsylvania	H. P. Royster	40	785	11	45	579	2	1	3	0	0	0	4	8000-10500	P	
Graduate Hospital of the University of Pennsylvania	H. P. Royster	7	165	6	50	361	...	...	...	...	...	...	...	9500-10000
Philadelphia General	H. B. Lehr	7	150	2	100	350	...	...	...	...	...	...	...	...
Pennsylvania	H. Lipshutz	11	382	7	72	503	2	1	1	0	0	0	2	7100-7100	O	
Temple University ²³	L. M. Cramer	Inc. in Surg.	7,000	2	1	1	0	0	0	2	9600-10000	P	
Pittsburgh																
Allegheny General Hospital-Western	J. C. Gaisford	33	1,442	12	55	427	2	2	2	0	0	0	4	
Pennsylvania	...	24	1,000	11	55	333	...	...	...	...	...	...	...	9900-9900
Allegheny General	...	10	448	1	0	94	...	...	...	...	...	...	...	8400-8400
Western Pennsylvania	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hospitals of the University Health Center of Pittsburgh	W. L. White	2	3	3	0	0	0	6	7500-7800	P	
Children's Hospital of Pittsburgh	...	13	467	6	83	512	...	...	...	...	...	...	...	...
Presbyterian-University	...	24	1,012	6	50	574	...	...	...	...	...	...	...	...
Veterans Admin.	...	9	63	0	0	1,259	...	...	...	...	...	...	...	6000-7800
RHODE ISLAND																
Providence																
Rhode Island	R. P. Sexton	6	573	1	100	655	2	1	1	0	0	0	2	10000-11000	P	
SOUTH CAROLINA																
Charleston																
Medical Center Hospitals	J. S. Harvin	2	1	1	0	0	0	2	
Medical College	...	9	162	0	0	121	...	...	...	...	...	...	...	7800-8400
Charleston County	...	9	49	1	100	...	...	...	...	...	...	...	...	...
St. Francis Xavier	...	...	148	0	0	...	...	...	...	...	...	...	...	...
Veterans Admin.	...	Inc. in Surg.	...	...	...	...	...	...	...	...	...	...	...	7375-7975
TENNESSEE																
Chattanooga																
Baroness Erlanger	J. W. Davis	16	966	4	0	46	2	2	1	1	0	0	4	10200-10800	FP	
Memphis																
City of Memphis Hospitals	A. P. Jerome	Inc. in Surg.	2	1	1	0	0	0	2	6138-6468	P	
Nashville																
Vanderbilt University Affiliated Hospitals	G. Ricketson	12	130	2	100	2,000	2	1	1	0	0	0	2	8400-9600	P	
Vanderbilt University	G. Ricketson, W. Cocke, Jr.	...	...	...	...	...	...	...	...	...	...	...	...	...
Nashville Metropolitan General	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	W. M. Cocke, Jr.	...	...	...	...	...	...	...	...	...	...	...	...	...
TEXAS																
Galveston																
University of Texas Medical Branch Hospitals	S. R. Lewis	64	2,350	59	44	2,264	3	3	2	4	0	0	9	8500-9500	P	

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APPROVED RESIDENCIES

22. PLASTIC SURGERY - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Length of Approved Program (Years)	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance P F O
			Number	Necropsy Per cent	Outpatient Visits		1st Year	2nd Year	3rd Year	4th Year	5th Year			
Houston														
Baylor University Affiliated Hospitals	S. B. Hardy	...	...	...	...	3	3	3	3	0	0	9	6900-9900	P
Ben Taub General	S. B. Hardy	18	422	22	50	4,141	...	...	...	...	...	...	6900-9900	P
Methodist	S. B. Hardy	12	697	2	0	0	...	...	...	...	...	...	8700-9900	P
Texas Children's	T. D. Cronin	1	36	0	0	0	...	...	...	...	...	...	8700-9900	P
Veterans Admin.	S. B. Hardy	16	285	4	25	1,536	...	...	...	...	...	...	8700-9900	P
San Antonio														
University of Texas at San Antonio	J. R. Smith	...	...	...	...	2	2	2	0	0	0	4	8300-8300	...
Teaching Hospitals	...	458	25,764	627	39	6,955	...	...	...	...	...	...	8300-8300	...
Baptist Memorial	...	...	...	...	...	...	...	...	...	...	...	...	10200-10500	P
Bexar County Teaching	...	...	...	...	...	...	...	...	...	...	...	...	6372-6972	O
Robert B. Green Memorial	...	6	137	0	0	436	...	...	...	...	...	...	...	...
Santa Rosa Medical Center	...	15	685	2	0	1,408	...	...	...	...	...	...	...	...
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	C. C. Snyder	...	...	...	...	2	2	2	0	0	0	4	6900-7500	P
Latter-Day Saints	...	8	471	0	0	199	...	...	...	...	...	...	6900-8550	P
Primary Children's	...	9	461	1	0	299	...	...	...	...	...	...	5700-6900	O
University	...	5	121	2	50	...	...	...	...	...	...	...	...	...
Veterans Admin.	...	9	199	3	67	464	...	...	...	...	...	...	...	...
VIRGINIA														
Charlottesville														
University of Virginia	J. W. Bains	14	409	8	75	766	2	1	1	0	0	2	5400-6900	O
Norfolk														
Norfolk General	J. Adamson, C. Horton, R. Mladick	16	779	4	75	938	2	2	2	0	0	4	10500-10800	O
WISCONSIN														
Madison														
University Hospitals	F. D. Bernard	16	542	5	60	1,413	2	2	2	0	0	4	7500-8600	P
Milwaukee														
Marquette Affiliated Hospitals	R. P. Gingrass	...	...	...	...	2	1	1	0	0	0	2	9870-10600	P
Milwaukee County General	...	10	282	1	100	2,191	...	...	...	...	...	...	7500-9020	P
Milwaukee Children's	...	5	316	0	0	249	...	...	...	...	...	...	10300-11000	P
Veterans Admin. Center (Wood)	...	14	220	2	100	1,061	...	...	...	...	...	...	...	...

22. PREVENTIVE MEDICINE

AEROSPACE MEDICINE

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

School	Location	Director	Length of Approved Program (Years)	Beginning Salary (Year)
UNITED STATES AIR FORCE				
U. S. Air Force School of Aerospace Medicine	Brooks Air Force Base, Texas	W. H. H. Shea	3	...
Other Federal affiliated training sites for the third year are: U. S. Army Aviation Center, Fort Rucker, Alabama; Civil Aeromedical Research Institute, Federal Aviation Agency, Oklahoma City, Oklahoma; National Aeronautics and Space Administration Manned Spacecraft Center, Houston, Texas; and several other U.S.A.F. medical facilities.				
UNITED STATES NAVY				
U. S. Naval Aerospace Medical Institute, U. S. Naval Aviation Medical Center	Pensacola, Florida	M. G. Webb, Jr.	2	...
Other affiliated training sites for the third year are: Aerospace Medical Research Dept., and Aerospace Crew Equipment Dept., NADMC, Ivyland, Pa.; Naval Safety Center, NAS, Norfolk, Virginia				
NONFEDERAL				
Ohio State University Medical Center	Columbus, Ohio	H. V. Ellingson	...	6,000
Other affiliated training sites for the third year are: North American Rockwell Corp., Los Angeles; NASA Manned Spacecraft Center, Houston, Tex.; Lovelace Foundation, Albuquerque, N.M.; Mayo Clinic-Northwest Airlines, Minneapolis.				
University of Oklahoma Medical Center	Oklahoma City, Okla.	J. R. Dille	3	...
Other affiliated training sites for the third year are: FAA: Civil Aeromedical Institute, Washington, D.C.; NASA Manned Spacecraft Center, Houston, Texas; Mayo Clinic, Rochester, Minn.; Lovelace Foundation, Albuquerque, N.M.				

22. PREVENTIVE MEDICINE—Continued
GENERAL PREVENTIVE MEDICINE

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

Institution or Agency	Physician in Charge	Areas of Training
UNITED STATES AIR FORCE		
TEXAS		
Brooks Air Force Base U.S. Air Force School of Aerospace Medicine.....	J. M. Quashnock.....	Military Preventive Medicine, Epidemiology
UNITED STATES ARMY		
DISTRICT OF COLUMBIA		
Washington Walter Reed Army Institute of Research ²⁸	J. H. Greenberg.....	Military Preventive Medicine
UNITED STATES PUBLIC HEALTH SERVICE		
MARYLAND		
Silver Spring U.S. Public Health Service Global Community Health Program.....	M. L. Brubaker.....	Health Services Administration
NONFEDERAL		
ALABAMA		
Birmingham University of Alabama Medical Center.....		
CALIFORNIA		
Berkeley University of California School of Public Health Division of Epidemiology.....	W. Winkelstein, Jr.....	Epidemiology
Los Angeles University of California School of Medicine and School of Public Health.....	J. M. Chapman..... M. I. Roemer.....	Epidemiology Medical Care Administration
HAWAII		
Honolulu University of Hawaii School of Public Health.....	E. O'Rourke.....	Epidemiology International Health
KENTUCKY		
Lexington University of Kentucky College of Medicine, Department of Community Medicine.....	M. J. McNamara.....	Community Medicine
LOUISIANA		
New Orleans Tulane University School of Medicine.....	P. R. Beckjord.....	International Health, Nutrition, Maternal and Child Health, Epidemiology, Clinical Preventive Medicine
MARYLAND		
Baltimore Johns Hopkins University School of Hygiene and Public Health.....	J. C. Hume.....	Chronic Diseases, Clinical Preventive Medicine, Epidemiology, International Health, Maternal and Child Health, Medical Care Administration
University of Maryland School of Medicine.....	G. Entwisle.....	Epidemiology
MASSACHUSETTS		
Boston Harvard University School of Public Health.....	B. MacMahon..... R. H. Daggy..... A. S. Yerby.....	Epidemiology International Health Health Services Administration
MICHIGAN		
Ann Arbor University of Michigan School of Public Health.....	M. E. Wegman.....	Community Health Services, Epidemiology, Environmental Medicine, Maternal and Child Health, Medical Care Adminis- tration, Population Planning.
MISSOURI		
Columbia University of Missouri School of Medicine, Department of Community Health and Medical Practice.....	H. M. Parrish.....	Community Medicine
NEW YORK		
Albany State of New York Department of Health ²⁹	J. L. Freitag.....	Epidemiology
NORTH CAROLINA		
Chapel Hill University of North Carolina School of Medicine and Public Health.....	W. P. Richardson, H. A. Tyroler.....	Epidemiology
OHIO		
Columbus Ohio State University College of Medicine, Department of Preventive Medicine.....	M. D. Keller.....	Epidemiology, Community Health
OKLAHOMA		
Oklahoma City University of Oklahoma School of Medicine, Department of Preventive Medicine and Public Health.....	T. N. Lynn.....	Clinical Preventive Medicine
PENNSYLVANIA		
Philadelphia Jefferson Medical College and Hospitals.....	E. H. Hinman.....	Epidemiology
WASHINGTON		
Seattle University of Washington School of Medicine, Department of Preventive Medicine.....	J. P. Fox.....	Epidemiology

OCCUPATIONAL MEDICINE (Academic)
The following educational institutions have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for TWO years of training in Occupational Medicine. The academic portion of these residencies will be given in the institutions listed. The in-plant training is being arranged, and a separate listing of such programs is published in this issue immediately following the list of institutions giving the academic portion.

Residencies Offered
1970-1971

Institution or Agency	Physician in Charge	Residencies Offered		
		1st Year	2nd Year	Total All Years
CALIFORNIA				
Los Angeles University of California School of Public Health.....	F. A. Bryan.....	4	4	8
MASSACHUSETTS				
Boston Harvard University School of Public Health.....	J. L. Whittenberger.....	4	4	8
MICHIGAN				
Ann Arbor University of Michigan Institute of Industrial Health.....	H. J. Magnuson.....	4	4	8
NEW YORK				
Rochester University of Rochester School of Medicine and Dentistry.....	T. S. Ely.....	..	..	..
OHIO				
Cincinnati University of Cincinnati Institute of Environmental Health, Kettering Laboratory.....	L. B. Tepper.....	8	8	16
Columbus Ohio State University College of Medicine, Department of Preventive Medicine.....	J. H. Schulte.....	3	3	6

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APPROVED RESIDENCIES

22. PREVENTIVE MEDICINE—Continued
OCCUPATIONAL MEDICINE (Academic)—Continued

		Residencies Offered 1970-1971		
		1st Year	2nd Year	Total All Years
Physician in Charge				
OKLAHOMA Oklahoma City				
University of Oklahoma Medical Center, Institute of Environmental Health	C. A. Nau	2	2	4
PENNSYLVANIA Pittsburgh				
University of Pittsburgh, Graduate School of Public Health	D. Minard	4	4	8

OCCUPATIONAL MEDICINE (In-Plant)

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

		Residencies Offered 1970-1971 Total All Years		
Physician In Charge				
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION DISTRICT OF COLUMBIA National Aeronautics and Space Administration Division of Occupational Medicine	L. B. Arnoldi		1	
OHIO Headquarters, Air Force Logistics Command, Wright-Patterson Air Force Base, Dayton	L. T. Odland		2	
MARYLAND U. S. Army Environmental Hygiene Agency, Edgewood Arsenal	I. H. Simmons		2	
IDAHO U. S. Atomic Energy Commission, Idaho Operations Office, Idaho Falls	G. L. Voelz		1	
VIRGINIA Norfolk Naval Shipyard, Portsmouth	R. S. Stevenson		2	
OHIO Cincinnati				
U.S. Public Health Service, Environmental Control Administration, Bureau of Occupational Safety and Health	M. M. Key		1	
TENNESSEE Tennessee Valley Authority Division of Health and Safety, Chattanooga	J. L. Craig		1	
CALIFORNIA Fontana				
Kaiser Steel Corporation	H. A. Lewis		1	
DELAWARE Wilmington				
E. I. duPont de Nemours & Company	C. A. D'Alonzo		0	
MASSACHUSETTS Cambridge				
Harvard University Health Center, Division of Environmental Health and Safety	B. G. Ferris, Jr.		1	
MICHIGAN Dearborn				
Ford Motor Company	E. A. Irvin		0	
DETROIT Detroit				
General Motors Corporation	S. D. Steiner		2	
NEW YORK New York City				
American Telephone & Telegraph Company and Subsidiaries	L. H. Whitney		1	
ROCHESTER Rochester				
Eastman Kodak Company	W. L. Sutton		2	
OHIO Cincinnati				
National Lead Company	J. A. Quigley		1	
COLUMBUS Columbus				
Ohio State University College of Medicine	J. H. Schulte		1	
PENNSYLVANIA Harrisburg				
Commonwealth of Pennsylvania Department of Health	S. Tanaka		1	
PITTSBURGH Pittsburgh				
Jones & Laughlin Steel Corporation, Pittsburgh Works Division	R. J. Halen, E. A. McGovern		1	
WASHINGTON Richland				
Hanford Environmental Health Foundation	P. A. Fuqua		1	
SEATTLE Seattle				
Boeing Airplane Company, Aerospace Group	S. M. Williamson		2	
WISCONSIN Milwaukee				
Allis-Chalmers Manufacturing Company	C. Zenz		2	

APPROVED RESIDENCIES

22. PREVENTIVE MEDICINE—Continued

PUBLIC HEALTH

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

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Minimum Annual Salary
U.S. Army	6th Army Hdqrs., Fort Ord, California	L. J. Legters	Military Post—Fort Ord	100,000*	1	....
	1st Army Hdqrs., Fort Dix, N.J.	J. J. Smith	Fort Dix Military Reservation, N.J.	110,000*	2	....
	3rd Army Hdqrs., Fort Bragg, N.C.	R. B. Austin, III	Fort Bragg and environs	150,000*	1	....
State of Arizona	Phoenix, Arizona	G. A. Spendlove	Arizona State Department of Health	1,800,000	2	6,000
			Maricopa County Health Department			
			Pima County Health Department			
State of California	Berkeley, California	W. H. Clark	Alameda County	1,069,900*	2	6,000
			Berkeley City	124,400*		(a)
			Contra Costa County	550,800*		
			Los Angeles County	7,111,400*		
			Merced County	109,300*		
			Orange County	1,317,800*		
			San Bernardino County	683,900*		
			San Diego County	1,297,200*		
			San Francisco City and County	748,700*		
			San Jose	412,700*		
			San Mateo County	553,700*		
			Santa Clara County	1,110,900*		
			Yolo County	84,400*		
State of Delaware	Dover, Delaware	G. F. Campana	Kent County and New Castle County (excludes city of Wilmington)	384,000*	2	7,200
Government of the District of Columbia	Washington, D. C.	C. R. Hayman	District of Columbia	820,000*	2	7,000
State of Florida	Jacksonville, Florida	M. J. Ford	Dade-Miami	1,118,400	2	12,420
			Hillsborough-Tampa	452,900		
			Palm Beach-West Palm Beach	298,500		
			Pinellas-St. Petersburg	445,200		
			Florida State Board of Health (b)			
State of Georgia	Atlanta, Georgia	J. H. Venable	Baker-Dougherty-Lee-Worth	105,600*	2	9,198
			Cobb-Douglas-Paulding	213,400*		
			Columbia-McDuffie-Richmond	186,500*		
			Bibb-Jones-Twigg	173,000*		
			Chattahoocbee-Harris-Muscogee	162,100*		
			DeKalb-Rockdale	398,000*		
			Bryan-Chatham-Liberty	198,100*		
			Fulton	613,700*		
State of Illinois	Springfield, Illinois	F. D. Yoder	Cook County (c)	1,520,000*	2(d)	14,000(b)
			DuPage County	389,000*		
			Peoria City and Peoria County (c)	203,000*		
			Lexington-Fayette County	167,000*		17,700
State of Kentucky	Frankfort, Kentucky	C. F. Blankenship	Louisville-Jefferson County	638,000	2	
State of Maryland	Baltimore, Maryland	D. T. Boyd	Anne Arundel County	277,480		
			Baltimore County	583,220		
			Baltimore City	909,900		
			Montgomery County	451,330		
			Prince George's County	582,470		
			Washington County	106,970		
State of Massachusetts	Boston, Massachusetts	A. L. Frechette	Boston City	626,326	2(f)	11,344
			Brookline Town	53,608		
			Cambridge City	94,667		
			Central District	743,530		
			Newton City	88,514		
			Northeastern District	1,554,983		
			Southeastern District	1,406,948		
			Western District	735,988		
State of Michigan	Lansing, Michigan	R. G. Rice	(g)			18,000
State of Minnesota	Minneapolis, Minnesota	R. N. Barr	(g)		2	6,000(h)
State of Mississippi	Jackson, Mississippi	S. L. Moore	Mississippi State Board of Health		2	13,280
State of New Jersey	Trenton, New Jersey	M. Sachs	Northern District	768,910	2	13,895
			Metropolitan District	3,526,310*		
			Central District	1,834,190		
			Southern District	1,069,100*		
			New York City (i)	8,125,000*	2	8,400
New York City	New York City	R. E. Rothermel	(j)		2	13,170
State of New York	Albany, New York	F. B. Amos	Charlotte-Mecklenburg County	334,043	2	14,328
State of North Carolina	Raleigh, North Carolina	I. C. Grant	Guilford County (Greensboro)	292,282		
			Orange-Person-Chatham-Lee-Caswell District Health Dept.	154,206		
			Gaston County	140,472		
			North Carolina State Board of Health			
State of Oklahoma	Oklahoma City, Oklahoma	T. N. Lynn	Oklahoma University Med. Center		2	6,000
			Cleveland County	51,000*		
			Oklahoma State Dept. of Health			
State of Oregon	Portland, Oregon	E. Press	Clackamas County	158,900	2	6,000(k)
			Jackson County	95,000		
			Lane County	206,300		
			Marion County	153,255		
			Multnomah County	555,700		
			State of Oregon	2,050,900		
Commonwealth of Pennsylvania	Harrisburg, Pennsylvania	C. L. Leedham	Allegheny County	1,571,000**		
			Bucks County	336,400*	2	10,954
			Philadelphia (VII)	3,818,300*		
			Pittsburgh (IV)	2,440,700*		
			Philadelphia City	2,086,700*		

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APPROVED RESIDENCIES

22. PREVENTIVE MEDICINE—Continued

PUBLIC HEALTH—Continued

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Minimum Annual Salary
State of Tennessee	Nashville, Tennessee	R. H. Hutcheson	Memphis-Shelby County	711,985	2	15,000
			Sumner-Robertson-Macon-Trousdale District	95,877	...	...
			Hardeman-Haywood-Tipton-Fayette District	103,684	...	...
			Chattanooga-Hamilton County	244,186	...	...
State of Texas	Austin, Texas	J. E. Peavy		...	2	15,500
State of Utah	Salt Lake City	E. A. Isaacson		...	2	13,368
State of Virginia	Richmond, Virginia	M. I. Shanholz	Richmond and selected rural areas	...	2	13,128
State of Washington	Olympia, Washington	J. A. Beare	Benton-Franklin	98,735*	2	9,000
			Seattle-King	1,081,560*	...	...
			Tacoma-Pierce	385,558*	...	...
			Washington State	3,292,420*	...	...
State of Wisconsin	Madison, Wisconsin	R. F. Reider	State-wide program	...	2	16,956

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* Estimated.

- (a) Applications for residencies should be sent to Robert Dyar, M.D., Chief, Division of Research, State Dept. of Public Health, 2151 Berkeley Way, Berkeley, Calif. 94704.
- (b) Travel allowance provided in addition.
- (c) Excludes Chicago, Evanston-North Shore (including Winnetka, Kenilworth, Glencoe, Northfield, and remainder of New Trier Township), Oak Park, Stickney Township, all with full-time health officer.
- (d) Assistance can be arranged for securing the M.P.H. degree during or immediately after the first residency year. Appointment can be effective the first of any month. Appointments are limited to those training for service in Illinois. Exceptions may be made in special cases. U.S. citizenship and Illinois medical license required.
- (e) Training is given under one director in both the City and County Health Departments.
- (f) Additional residency positions are available with stipends of \$6,000 for first year, \$7,000 for second year, and \$8,000 for third year, plus tuition at a school of Public Health. With \$500 per dependent to a total of an additional \$2,000.
- (g) Reassigned to qualified local training health departments.

- (h) A 3-year program sponsored by the U.S.P.H.S., with first one year of academic training, usually at University of Minnesota and 2 subsequent years with Minnesota Department of Health. Resident is considered a State employee and must be a citizen of the U.S. \$6,000 for first year, \$7,000 for second, \$8,000 for third, plus \$500 per dependent, with dependent maximum of \$2,000.
- (i) Includes training at Montefiore Hospital and Medical Center, New York City.
- (j) Populations served by local health departments of assignment vary from 50,000 to 1,400,000 (estimated). Any one of 26 county health departments, 5 city health departments, or 9 district offices may be used. Assignments are made on an individual basis.
- (k) Program affiliated with University of Oregon Medical School permitting joint supervision from the Department of Preventive Medicine and opportunities for special clinical training in subspecialties such as maternal and child health and crippled children's programs. Residents satisfactorily completing the first year may be sponsored for academic training leading to M.P.H. degree. Salary ranges vary according to previous experience and training, specific local assignments, and commitments to work in Oregon, number of dependents, etc.

24. PSYCHIATRY

Residency programs in the following hospitals have been approved for THREE years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level. Programs, 242; Residencies, 5,169

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance	
			Number	Necrosis Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall U. S. A. F., San Antonio	J. C. Sparks	58	1,000	0	0	13,309	3	3	3	0	0	9	...	...
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	R. R. Keim, Jr.	92	962	3	37	29,650	7	7	7	0	0	21	...	...
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	B. L. Livingstone	113	902	2	...	18,201	10	10	10	0	0	30	...	...
UNITED STATES NAVY														
CALIFORNIA														
Naval, Oakland	V. M. Holm	174	1,551	0	0	23,943	3	3	3	0	0	9	...	...
MARYLAND														
Naval, Bethesda	C. S. Mullin	110	1,004	5	80	15,685	4	4	4	0	0	12	...	...
PENNSYLVANIA														
Naval, Philadelphia	D. E. Brown	285	2,111	13	54	9,669	4	4	4	0	0	12	...	...
UNITED STATES PUBLIC HEALTH SERVICE														
KENTUCKY														
National Institute of Mental Health Clinical Research Center - See University of Kentucky Medical Center, Lexington, Ky.														
TEXAS														
U. S. Public Health Service, Fort Worth - See Univ. of Tex. Southwestern Med. Sch. Aff. Hosps., Dallas														

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APPROVED RESIDENCIES

24. PSYCHIATRY - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary Per Year Min.-Max.	Main-tenance	
			Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE														
DISTRICT OF COLUMBIA														
St. Elizabeths, Washington	H. P. Ward	5,438	3,910	453	38	19,764	12	12	12	0	0	36	7659-9542	...
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
University of Alabama Medical Center	P. H. Linton	6	6	6	0	0	18
University of Alabama Hospitals and Clinics	P. H. Linton	83	1,376	3	0	1,085	6180-12000	P
Veterans Admin.	W. W. Wilkerson	49	749	0	0	2,795	6607-9007	O
ARIZONA														
Phoenix														
Arizona State	J. A. Haycox	1,150	2,050	46	50	8,086	6	6	6	0	0	18	8064-9468	O
ARKANSAS														
Little Rock														
Arkansas State	R. R. Nolen	553	2,185	50	42	5,600	4	4	4	0	0	12	8400-12000	P
University	W. G. Reese	16	249	0	0	6,503	0	0	2	0	0	2
North Little Rock														
Veterans Admin. Consolidated	H. L. Lambert	1,056	1,867	9	78	8,025	3	3	3	0	0	9	10368-16080	O
CALIFORNIA														
Berkeley														
Herrick Memorial	F. H. Ocko	39	993	4	25	9,977	5	5	5	0	0	15	8700-12000	P
Camarillo														
Camarillo State	N. C. Mace	2,982	5,237	138	77	2,464	9	4	6	0	0	19	9368-22584	O
Eldridge														
Sonoma State - See Napa State-Sonoma State, Imola														
Imola														
Napa State Hospital - Sonoma State	M. J. Ortega	6	6	6	2	0	20	8952-24912	O
Napa State	M. J. Ortega	3,031	5,305	199	69	3,104
Sonoma State (Eldridge)	J. C. Dawson	1,000	285	0
Loma Linda														
Loma Linda University	H. S. Evans	12	301	0	0	465	3	3	3	0	0	9	6198-8466	P
Long Beach														
Veterans Admin.	M. Feld	68	739	1	0	2,460	4	4	4	0	0	12	9371-12071	O
Los Angeles														
Cedars-Sinai Medical Center	J. Marmor, D. Sanders	26	156	0	0	2,115	6	6	6	0	0	18	7800-12000	P
Cedars of Lebanon Hospital Division
Mount Sinai Hospital Division
Los Angeles County-U.S.C. Medical Center	E. Stainbrook	137	7,036	5	60	71,125	20	20	20	0	0	60	8100-9444	P
U. C. L. A.	H. H. Work	56	450	2	0	14,161	16	16	16	10	5	63	6200-16044	O
Veterans Admin. Center, Brentwood	J. J. Riddle	1,061	3,134	50	70	23,383	12	12	12	0	0	36	9371-14889	O
Veterans Admin. (Sepulveda)	M. Unger	624	1,444	11	100	3,156	4	4	4	0	0	12	10043-15369	O
Martinez														
Veterans Admin. - See Highland General, Oakland														
Norwalk														
Metropolitan State	S. E. Abbott	2,559	5,770	110	40	3,612	8	8	8	0	0	24	7368-19512	O
Oakland														
Highland General	R. Gerlach	46	3,324	1	0	24,574	4	4	4	0	0	12	7800-9000	FP
Veterans Admin. (Martinez)	P. E. Morentz	61	650	0	0	2,085	7232-14404	O
Olive View														
Olive View	J. C. Shipper, R. Koegler	26	101	1	100	33,380	3	3	0	0	0	6	8590-9060	O
Orange														
University of California (Irvine)														
Affiliated Hospitals														
Orange County Medical Center	L. A. Gottschalk	81	5,214	1	100	13,800	5	5	5	3	3	21	7000-12000	P
Palo Alto														
Veterans Admin. - See Stanford Univer. Affiliated Hospitals, Stanford														
Patton														
Patton State	B. Kovitz	2,412	3,855	133	45	1,665	6	6	6	0	0	18	7368-14556	...
San Diego														
University Hospital of San Diego														
County	D. E. Taylor	106	5,712	3	100	24,895	4	4	4	0	0	12	8352-10140	P
San Francisco														
Mount Zion Hospital Medical Center	E. M. Weinsel	24	172	0	0	19,564	9	9	8	0	0	26	6800-7920	O
St. Mary's Hospital and Medical Center	M. T. Khlentzos	19	328	11,383	8	8	8	0	0	24	7800-9000	P
San Francisco Community Mental Health Services	J. Stubblebine, J. Polites	90	2,944	8	75	54,178	4	4	4	0	0	12	7828-12000	P
University of California Program
Langley Porter Neuropsychiatric Institute	A. Simon	76	573	1	100	16,360	17	18	18	11	4	68	6000-13000	...
San Jose														
Agnews State	J. E. Jeffress	2,489	4,141	140	32	510	6	6	4	0	0	16	6360-18570	O
San Mateo														
San Mateo County General	P. I. Wachter	31	1,631	37,180	6	6	6	0	0	18	12000-9640	...
Stanford														
Stanford University Affiliated														
Hospitals														
Stanford University	D. A. Hamburg	9	2361	1	0	11,669	13	14	10	2	1	40
Veterans Admin. (Palo Alto)	G. Krieger	1,322	1,858	41	80	6,782	6500-12000	P
Stockton														
Stockton State	H. H. Brewster	1,879	1,713	167	54	9,058	4	4	4	0	0	12	9852-16044	O
Talmage														
Mendocino State	W. G. Burrows	1,548	5,216	78	72	4,768	12	12	12	4	0	40	7368-13200	...
Torrance														
Los Angeles County Harbor General	P. Castelnovo-Tedesco	21	169	0	0	11,069	5	5	5	0	0	15	8100-9444	P

APPROVED RESIDENCIES

24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Neerpsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO														
Denver														
Fort Logan Mental Health Center**	S. B. Schiff	181	2,365	9	67	16,595	6	6	6	0	0	18	9000-11000	...
University of Colorado Affiliated Hospitals		...	...	...	...	...	...	...	...	...	...	...	...	...
University of Colorado Medical Center	H. S. Gaskill, D. B. Carter	86	1,071	0	0	44,398	20	22	18	2	0	621	8000-13800	P
Veterans Admin.	D. E. Starrett	82	788	4	25	18,855	...	...	...	...	...	...	5620-8870	O
Pueblo														
Colorado State	L. E. Austin, D. Carter	15	180	0	0	3,216	2	2	2	0	0	6	12000-14000	P
CONNECTICUT														
Hartford														
Institute of Living	W. W. Zeller	389	501	3	67	13,222	12	12	12	2	2	40&	8900-10900	O
Middletown														
Connecticut Valley	S. A. Prins	1,635	3,992	186	37	...	...	...	...	...	...	...	...	...
New Haven														
Yale-New Haven Medical Center	S. Fleck	...	...	...	...	...	24	24	20	2	0	70	9000-10000	O
Yale-New Haven	S. Fleck	28	148	...	...	3,468	...	...	...	...	...	...	...	...
Veterans Admin. (West Haven)	L. B. Fierman	110	408	0	0	3,351	...	...	...	...	...	...	6765-9265	O
Newtown														
Fairfield Hills	J. E. Oltman	2,562	4,099	303	37	8,865	11	11	11	0	0	33	9050-10380	F
Norwich														
Norwich	M. Martin	1,973	3,822	217	42	11,799	8	8	8	0	0	24	9050-10760	P
West Haven														
Veterans Admin.	- See Yale-New Haven Medical Center, New Haven													
DELAWARE														
New Castle														
Delaware State	R. Winkelmayer	1,167	1,313	43	33	16,165	3	3	3	0	0	9	11520-12720	P
DISTRICT OF COLUMBIA														
Washington														
Freedmen's	E. E. Rickman	25	300	10	20	3,244	2	2	2	0	0	6	7865-9535	O
Georgetown University	R. A. Steinbach	...	...	...	...	14,340	10	10	10	2	0	32	7500-9000	O
George Washington University	J. E. Rankin	22	324	0	0	2,432	5	5	5	0	0	15	7517-12000	P
FLORIDA														
Gainesville														
William A. Shands Teaching Hosp. and Clinics	R. L. Williams	33	413	0	0	4,386	9	9	9	2	0	29	7000-12500	O
Anclote Manor (Tarpon Springs)	T. E. Gagliano	71	52	0	0	5,267	...	...	...	...	...	...	7000-9000	O
Veterans Admin.	H. R. Lyons	30	197	0	0	821	...	...	...	...	...	...	7100-12100	O
Miami														
Jackson Memorial	J. M. Caldwell	182	1,503	0	0	10,286	11	8	8	0	0	27	9486-12000	P
Tarpon Springs														
Anclote Manor	- See Wm. A. Shands Teaching Hospital and Clinics, Gainesville													
GEORGIA														
Atlanta														
Emory University Affiliated Hospitals	B. C. Holland	...	...	...	...	...	15	15	15	0	0	45	9800-12000	P
Emory University	B. C. Holland	15	188	1	100	...	...	...	...	...	...	...	...	...
Grady Memorial	B. C. Holland	31	1,419	1	100	3,529	...	...	...	...	...	...	...	...
Central State (Milledgeville)	L. J. Jacobs	10,196	11,434	901	20	7,827	...	...	...	...	...	...	9000-11000	...
Georgia Mental Health Institute		68	422	0	0	16,870	...	...	...	...	...	...	...	...
Veterans Admin.	T. E. Fulmer	31	206	1	0	5,250	...	...	...	...	...	...	...	...
Augusta														
Medical College of Georgia Hospitals		...	...	...	...	...	...	...	...	...	...	...	...	...
Eugene Talmadge Memorial	E. J. Mc Cranie	23	232	0	0	2,633	3	3	3	0	0	9	8000-8800	P
Veterans Admin.	M. Dunn	1,080	2,165	82	61	4,462	3	3	3	0	0	9	12174-14889	O
Milledgeville														
Central State	L. J. Jacobs	10,196	11,434	901	20	7,827	10	10	10	0	0	30	9000-11000	...
HAWAII														
Honolulu														
Hawaii Integrated Psychiatric Training Program	F. Cottingham	...	...	...	...	...	4	5	4	2	0	15	9660-12000	O
Queen's		22	909	1	0	3,926	...	...	...	...	...	...	...	...
Hawaii State (Kaneohe)		651	796	36	...	0	...	...	...	...	...	...	...	...
Kaneohe														
Hawaii State	- See Hawaii Integrated Psychiatric Training, Honolulu													
ILLINOIS														
Chicago														
Chicago Medical School Affiliated Hospitals		...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Sinai Hospital Medical Center of Chicago	H. H. Garner	22	340	2	50	4,201	5	5	5	0	0	15	9200-12000	P
Illinois State Psychiatric Institute	R. C. Drye	203	1,091	3	0	4,854	20	20	20	2	2	64	8640-12240	O
Chicago State	M. Gross	2,234	5,866	328	15	8,500	...	...	...	...	...	...	8000-12000	O
Michael Reese Hospital and Medical Center	D. Offer	54	674	0	0	16,490	7	7	7	0	0	21	8600-10400	...
Northwestern University Medical Center	B. Boshes	...	...	...	...	4,270	7	7	7	2	0	23	7500-17557	P
Chicago Wesley Memorial	B. Boshes	48	438	2	100	1,070	...	...	...	...	...	...	...	...
Passavant Memorial	J. R. Adams	21	302	1	0	...	...	...	...	...	...	...	...	...
Veterans Admin. Research	H. D. Kurland	28	141	2	50	107	...	...	...	...	...	...	...	...
Veterans Admin. (Downey)	J. Masserman, V. Raulinaitis	2,340	2,849	164	69	15,254	...	...	...	...	...	...	...	...
Evanston (Evanston)	M. Brown	31	593	3	68	409	...	...	...	...	...	...	...	...
Presbyterian-St. Luke's	R. R. Bolin, P. E. Nielson	56	577	5	80	12,779	6	6	6	0	0	18	8500-10000	P
University of Chicago Hospitals and Clinics	D. X. Freedman	18	554	0	0	10,311	9	7	5	0	0	21	8000-10300	P
University of Illinois Research and Educational Hospitals	M. Sabshin	25	155	0	0	15,000	6	6	6	0	0	18	9600-10800	P
Veterans Admin. (West Side)	L. Halperin	76	742	1	100	45,446	3	3	3	0	0	9	6960-14409	O

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24. PSYCHIATRY—Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
			Number	Neurology Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS—Continued														
Downey														
Veterans Admin. - See Northwestern University Medical Center, Chicago														
Evanston														
Evanston - See Northwestern University Medical Center, Chicago														
Hines														
Stritch School of Medicine of Loyola University														
Madden Mental Health Center
Veterans Admin.	137	1,244	1	100	1,956	6	6	6	0	0	18	8940-9940	O	
INDIANA														
Indianapolis														
Indiana University Medical Center	...	...	...	...	...	15	15	14	0	0	44	...	...
Indiana University Hospitals	...	...	...	...	4,463	...	...	...	...	...	...	7560-9420	P
Larue D. Carter Memorial	137	322	0	0	1,654	...	...	...	...	...	...	7560-11760	O
Marion County General	21	772	2	...	1,751	...	...	...	...	...	...	6288-7440	...
Veterans Admin.	76	535	0	0	99	...	...	...	...	...	...	8350-9550	O
IOWA														
Cherokee														
Mental Health Institute	359	1,255	31	77	7,219	4	4	4	0	0	12	12240-21000	O	
Independence														
Mental Health Institute	357	1,824	23	65	3,543	4	4	4	2	2	16	11700-23640	O	
Iowa City														
State Psychopathic	40	404	...	...	7,735	6	6	6	2	0	20	10000-11500	...
KANSAS														
Kansas City														
University of Kansas Medical Center	50	461	1	100	21,606	8	8	8	4	0	28	9000-12000	P	
Veterans Admin. (Kansas City, Mo.)	54	480	1	0	831	...	...	...	...	...	...	8200-10000	P
Topeka														
Menninger School of Psychiatry	...	...	...	...	...	31	31	31	8	8	109	...	...
C. F. Menninger Memorial	144	117	0	0	34,281	...	...	...	...	...	...	8000-9000	O
Topeka State	802	999	26	81	17,890	...	...	...	...	...	...	6000-12000	...
Veterans Admin.	849	3,421	124	79	46,091	...	...	...	...	...	...	8000-14889	O
KENTUCKY														
Lexington														
University of Kentucky Medical Center	...	...	...	...	...	6	6	4	2	0	18	...	...
University	21	175	1	100	4,228	...	...	...	...	...	...	7500-13000	P
National Institute of Mental Health Clinical Research Center	615	1,955	5	0	...	...	...	...	...	...	...	7814-8748	O
Veterans Admin.	676	1,980	9	89	930	...	...	...	...	...	...	5790-12174	P
Louisville														
University of Louisville Affiliated Hospitals	...	...	...	...	...	7	7	7	2	1	24	...	...
Central State	...	...	...	...	4,756	...	...	...	...	...	...	5500-12000	P
John N. Norton Memorial Infirmary	...	...	...	...	...	...	...	...	...	...	...	5500-12000	P
Louisville Child Guidance Clinic	...	...	...	...	9,221	...	...	...	...	...	...	5500-12000	P
Louisville General	19	1,350	6	50	1,327	...	...	...	...	...	...	5500-12000	P
Veterans Admin.	37	611	1	100	755	...	...	...	...	...	...	6100-14409	O
LOUISIANA														
Mandeville														
Southeast Louisiana - See Tulane University Affiliated Hospitals, New Orleans														
New Orleans														
Charity Hospital of Louisiana	...	...	...	...	...	...	...	...	...	...	...	...	...
Louisiana State University Division	70	938	3	67	7,168	6	6	3	1	0	16	5400-12000	F	
Tulane University Affiliated Hospitals	33	353	1	100	798	12	10	9	0	0	31	...	...
Charity Hospital of Louisiana	65	876	11	45	6,633	...	...	...	...	...	...	5400-6000	F
Veterans Admin.	33	353	2	50	7,719	...	...	...	...	...	...	10203-13125	O
Southeast Louisiana (Mandeville)	433	2,294	5	100	0	...	...	...	...	...	...	8000-12000	F
Shreveport														
Confederate Memorial Medical Center	25	958	3	33	1,534	3	3	3	0	0	9	4200-12000	F	
MARYLAND														
Baltimore														
Johns Hopkins	65	301	0	0	12,666	10	10	8	0	2	30	7000-...	P	
Seton Psychiatric Institute	218	301	11	18	324	4	4	4	2	0	14	9000-12000	...	
Spring Grove State	2,333	3,690	201	30	4,973	...	...	...	...	...	...	7500-14000	...
University of Maryland	43	263	0	0	8,092	7	8	3	0	0	18	7100-8300	P	
Crownsville														
Crownsville State	1,621	3,695	149	19	5,379	5	5	5	0	0	15	7500-14000	P	
Perry Point														
Veterans Admin.	1,202	2,784	145	70	6,910	2	2	2	0	0	6	4830-14409	O	
Sykesville														
Springfield State	2,961	3,472	349	40	925	5	5	5	0	0	15	7500-14000	P	
Towson														
Sheppard and Enoch Pratt	242	389	8	12	3,154	9	8	8	0	0	25	8000-9000	P	
MASSACHUSETTS														
Bedford														
Veterans Admin. - See Veterans Admin. Hospitals of the Boston Area, Boston														
Belmont														
Mc Lean	223	305	10	80	26,119	12	12	6	0	0	30	7600-9100	P	
Boston														
Boston City	19	335	0	0	5,082	7	4	4	0	0	15	6000-9000	...	
Boston State	...	...	...	...	...	10	10	10	3	2	35	...	...
Massachusetts General	30	173	0	0	32,500	12	12	6	4	2	36	6600-9000	O	
Massachusetts Mental Health Center	229	870	6	0	45,059	25	25	15	0	0	65	7000-11000	O	



24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P O	
				Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
MASSACHUSETTS, Boston - Continued															
New England Medical Center															
Hospitals	P. G. Myerson	10	152	0	0	1,006	5	2	6	0	0	13	6600-10000	O	
University	B. Bandler	16	168	0	0	5,950	4	4	8	2	1	19	7600-10000	O	
Veterans Admin. Hospitals of the Boston Area															
Veterans Admin. (Bedford)	C. G. Colburn	855	1,748	99	66	32,531	3	0	0	0	0	3	6750-14409	O	
Veterans Admin. (Jamaica Plain)	D. M. Holmes	142	758	2	100	5,024	9	9	5	0	0	23	6600-14409	P	
Veterans Admin. (Brockton)	W. R. Corcoran	942	1,584	91	61	17,384	6	0	0	0	0	6	6600-14409	O	
Brockton															
Veterans Admin. - See Veterans Admin. Hospitals of the Boston Area, Boston															
Harding															
Medfield State	N. S. Mittel	934	1,005	109	23	12,434	4	4	4	2	0	14	10189-12925	P	
Hathorne															
Danvers State	D. Stachiewicz	1,900	1,600	300	30	...	2	2	2	0	0	6	6000-12945	O	
Waltham															
Metropolitan State	M. Asekoff	1,330	1,582	171	32	2,200	4	4	3	0	0	11	10168-11094	P	
Worcester															
Worcester State	J. E. L. Prunier	1,002	1,536	137	42	3,878	4	4	4	2	2	16	10168-17682	FP	
MICHIGAN															
Ann Arbor															
University of Michigan Affiliated															
Hospitals	E. Draper	69	237	0	0	11,708	14	12	10	10	6	52	8300-14500	O	
University	E. Draper	63	500	0	0	740	...	...	...	...	...	...	6000-6300	O
Veterans Admin.	R. W. Waggoner, R. J. Ging	...	...	...	...	...	...	...	...	...	...	...	...	...
Detroit															
Detroit Psychiatric Institute	T. Tierney	119	3,223	12	50	11,917	7	7	7	0	0	21	10383-11386	O	
Henry Ford	L. D. Proctor	28	439	4	75	7,065	1	1	1	0	0	3	7000-8600	P	
Lafayette Clinic	J. S. Gottlieb	72	326	0	0	17,061	12	12	10	4	2	40	10666-17160	...	
Sinai Hospital of Detroit	N. Rosenzweig	32	459	0	0	9,269	4	4	4	0	0	12	11400-13200	P	
Eloise															
Wayne County General	S. B. Jenkins	1,828	2,210	119	18	12,965	6	5	5	0	0	16	9876-11233	O	
Northville															
Northville State	C. H. Chen	1,643	1,466	70	41	2,515	6	6	6	0	0	18	10665-12133	P	
Pontiac															
Pontiac State	I. S. Finkelstein	1,895	2,009	174	44	13,611	6	6	6	0	0	18	9876-15117	O	
Traverse City															
Traverse City State	P. E. Kauffman	2,137	1,090	184	23	6,866	6	6	6	0	0	18	9876-16175	O	
Ypsilanti															
Ypsilanti State	J. J. Tiziani, A. P. Dukay	2,850	1,613	130	41	5,181	8	8	8	0	0	24	10656-16322	O	
MINNESOTA															
Minneapolis															
Hennepin County General	W. W. Jepson	23	862	1	100	19,829	...	...	...	...	...	...	12250-15250	P
University of Minnesota Hospitals	W. Hausman	69	511	0	0	7,089	10	10	10	2	2	34	8150-12000	O	
Veterans Admin.	W. Simon	100	1,113	0	0	5,500	4	4	4	0	0	12	8150-14409	...	
Rochester															
Mayo Graduate School of Medicine	D. A. Boyd, Jr.	46	904	1	100	10,576	8	8	8	0	0	24	6000-12000	P	
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MISSISSIPPI															
Biloxi															
Veterans Admin. Center	J. E. Gilbert	830	1,774	51	71	8,113	2	2	2	0	0	6	10203-15500	O	
Jackson															
University of Mississippi Medical Center															
Mental Health Services, Mississippi State Board of Health	J. F. Suess	...	...	...	...	...	4	4	4	0	0	12	...	...
University	M. A. Lee	20	541	0	0	3,594	...	...	...	...	...	...	...	...
Veterans Admin. Center	J. F. Suess	22	231	0	0	1,550	...	...	...	...	...	...	10000-12000	O
Mississippi State (Whitfield)	R. E. Toms	35	460	0	0	3,045	...	...	...	...	...	...	10203-12050	...
Whitfield	W. H. C. Dudley, Jr.	201	3,517	7	71	187	...	...	...	...	...	...	10000-10000	F
Whitfield State - See University of Mississippi Medical Center, Jackson															
MISSOURI															
Columbia															
University of Missouri Medical Center	J. M. A. Weiss	71	1,879	...	...	4,559	...	...	...	...	...	20	9000-20000	P
Kansas City															
University of Missouri Residency in Psychiatry ²¹	C. B. Wilkinson	...	...	...	...	...	10	10	10	0	0	30	9000-20000	O
Kansas City General Hospital and Medical Center	...	127	2,836	4	25	34,382	...	...	...	...	...	...	...	...
Western Missouri Mental Health Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin. - See University of Kansas Medical Center, Kansas City, Kansas															
St. Louis															
Jewish Hospital of St. Louis	N. M. Simon	28	452	2	50	3,106	2	2	2	0	0	6	8000-10000	P	
Malcolm Bliss Mental Health Center	V. B. Tuason	186	2,258	4	50	30,349	12	14	16	12	0	54	11000-15000	P	
Missouri Institute of Psychiatry-St. Louis State	I. Stetten	2,026	770	118	40	13,097	8	8	8	0	0	24	11000-20000	O	
St. Louis University Group of Hospitals	E. T. Auer	92	1,080	1	0	5,517	5	5	5	0	0	15	6600-7200	O	
David P. Wohl Memorial Mental Health Institute	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	R. L. Biddy	58	478	1	100	473	...	...	...	...	...	...	10203-13740	P
Washington University Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Barnes Hospital Group	E. Robins	98	1,448	3	67	8,066	16	16	12	2	0	46	11000-15000	O	

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APPROVED RESIDENCIES

24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main- tenance
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEBRASKA - Continued														
NEBRASKA														
Omaha														
University of Nebraska Affiliated Hospitals	M. T. Eaton	...	...	...	...	7,017	8	8	8	0	0	24	8600-15400	O
Nebraska Psychiatric Institute	M. T. Eaton	50	398	3	0	...	...	...	...	...	...	...	...	...
Veterans Admin.	G. W. Bartholow	75	541	2	0	3,169	...	...	...	...	...	...	...	P
NEW HAMPSHIRE														
Hanover														
Mary Hitchcock Memorial	R. J. Weiss	6	325	0	0	6,609	4	4	4	0	0	12	8000-9000	O
NEW JERSEY														
Cedar Grove														
Essex County Overbrook	F. A. Ucko	3,198	1,686	351	32	515	3	1	2	0	0	6	8000-10000	O
Greystone Park														
New Jersey State	T. Gebirtig	4,125	1,934	481	28	1,319	4	4	4	0	0	12	9500-11500	O
Hammonton														
New Jersey State Hospital at Ancora	L. L. Seil	1,475	2,900	328	45	7,064	5	5	5	0	0	15	9500-11500	PO
Lyns														
Veterans Admin.	H. Moser	1,780	1,352	90	68	9,434	4	4	4	0	0	12	9000-15000	O
Marlboro														
New Jersey State Hospital at Marlboro	N. Kiremitci	1,254	2,917	302	13	12,319	3	3	3	0	0	9	9500-12000	O
East Orange														
New Jersey College of Medicine Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	W. A. Layman	852	8,100	752	56	2,000	4	4	4	0	0	12	10000-12000	P
Princeton														
New Jersey Neuropsychiatric Institute	P. Shaw	809	2,127	41	57	2,122	4	3	3	2	0	12	9500-12500	O
Trenton														
Trenton State	M. Rotov, J. R. Allen	2,455	2,333	306	41	2,074	5	5	5	0	0	15	9500-11500	O
NEW MEXICO														
Albuquerque														
University of New Mexico Affiliated Hospitals	R. A. Senescu	...	...	...	...	...	4	4	4	0	0	12	...	...
Bernalillo County Medical Center	R. A. Senescu	14	579	0	0	2,360	...	...	...	...	...	...	6060-6500	O
Veterans Admin.	J. F. Carlin	42	325	0	0	3,876	...	...	...	...	...	...	5900-6750	O
New Mexico State (Las Vegas)	J. C. Hancock	609	1,460	43	25	...	...	...	...	...	...	...	15600-20040	...
Las Vegas														
New Mexico State - See Univ. of New Mexico Affiliated Hospitals, Albuquerque														
NEW YORK														
Albany														
Albany Medical Center	A. Kraft	51	1,526	2	0	6,111	4	4	4	0	0	12	9500-12500	P
Veterans Admin.	A. Kraft	306	859	5	40	11,072	3	3	3	0	0	9	8400-11800	...
Binghamton														
Binghamton State	D. A. Burnett	2,324	1,661	397	13	5,220	3	2	1	0	0	6	10000-14000	O
Buffalo														
Buffalo State	J. J. Sconzo	2,440	2,171	580	15	5,847	5	5	5	0	0	15	10000-16000	O
S.U.N.Y. at Buffalo Affiliated Hospitals														
Edward J. Meyer Memorial	S. M. Small	63	1,611	3	62	9,385	4	4	4	0	0	12	8120-10850	P
Central Islip														
Central Islip State	F. J. O' Neill	8,219	5,044	1,017	28	4,232	16	8	8	0	0	32	10000-15000	PO
Cooperstown														
Mary Imogene Bassett - See Columbia University Affiliated Hospitals, New York City														
East Meadow														
Meadowbrook	J. M. Semer	45	2,805	1	100	16,937	6	6	6	0	0	18	8500-10000	F
Harrison														
St. Vincent's Hospital and Med. Center of New York, Westchester Branch - See St. Vincent's Hsp. & Med. Ctr. of New York, N.Y.C.														
Kings Park														
Kings Park State	C. Buckman	7,782	2,559	662	21	1,452	10	10	10	0	0	30	10000-12000	O
Marcy														
Marcy State	N. Bigelow	2,750	1,288	373	1	2,662	5	3	5	3	1	17	10600-16000	P
Middletown														
Middletown State	A. Del Giudice	3,113	1,572	394	28	5,076	6	6	6	0	0	18	10000-14000	P
Montrose														
Veterans Admin.	D. W. Harris	1,486	1,099	28	85	16,997	1	1	1	0	0	3	6200-8200	O
New York City														
Albert Einstein College of Medicine Affiliated Hospitals														
Bronx Municipal Hospital Center	M. Rosenbaum	84	3,403	5	60	48,340	...	...	...	...	...	...	10250-13500	O
Bronx State	E. Hornick	60	185	0	0	119	...	...	...	...	...	...	10250-13500	P
Lincoln	H. Peck	...	...	...	...	27,583	...	...	...	...	...	...	10250-13500	O
Hospital of the Albert Einstein College of Medicine														
Beth Israel	M. Greenhill	353	9,449	3	33	79,822	12	12	12	0	0	36	9000-11500	P
Brookdale Hospital Center	J. Frosch, C. Sarnoff	10	49	0	0	4,217	6	3	3	0	0	12	10000-11000	F
Brooklyn State	J. A. Bianchi	3,085	2,021	395	18	...	6	9	6	0	0	21	10000-16000	FPO
Columbia University Affiliated Hospitals														
New York State Psychiatric Institute	L. C. Kolb	121	584	1	0	5,849	...	...	...	...	...	...	10500-12500	O
Presbyterian	L. C. Kolb	14	448	1	0	9,087	...	...	...	...	...	...	10500-...	O
Mary Imogene Bassett (Cooperstown)														
Creedmoor State	H. Gurian	7	97	0	0	2,284	...	...	...	...	...	...	7500-12500	P
Harlem Hospital Center	I. R. Greenberg	6,339	5,102	1,026	18	7,800	...	...	...	...	...	...	10000-14000	O
Hillside Hospital Training Program	E. B. Davis	32	694	2	0	25,202	8	8	8	0	0	24	8750-9750	F
Hillside	H. B. Esecover	188	273	2	0	17,483	...	...	...	...	...	...	10000-11000	O
Queens Hospital Center	H. B. Esecover, S. Shapiro	46	354	0	0	48,122	...	...	...	...	...	...	10250-12250	P
Maimonides Medical Center	M. Ullman, A. Fiasche	40	...	0	0	17,962	5	4	0	0	0	9	9500-11000	P
Manhattan State	O. K. Diamond	...	...	...	...	...	...	...	...	...	...	...	...	...
Montefiore Hospital and Medical Center	I. Kesselbrenner	3,545	2,556	396	31	4,270	10000-16000	O
Center	M. Reiser	27	199	0	0	81,257	7	6	6	0	0	19	9750-11250	P

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APPROVED RESIDENCIES

24. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary Per Year Min.-Max.	Main-PO
				Number	Neerpsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued														
Mount Sinai Hospital Training Program														
Mount Sinai	M. R. Kaufman	105	962	3	0	14,598	12	11	7	0	0	30	9750-12250	P
City Hospital Center at Elmhurst*	H. Weinstock	130	4,315	2	50	15,267	12	12	10	0	0	34	11250-12750	P
New York (Payne Whitney Psychiatric Clinic)	P. G. Wilson	85	379	0	0	15,456	8	8	7	1	0	24	9750-11250	P
New York Medical College-Metropolitan Hospital Center Unit 1 - Flower and Fifth Avenue Hospitals	H. Kaplan						20	20	20	0	0	60	10000-12000	P
Unit 2 - Metropolitan		75	6,479	2		30,744								
New York University Medical Center	S. B. Wortis						20	18	18	5	5	66		
University	S. B. Wortis	21	403	2	50									P
Bellevue Hospital Center	A. Thomas	558	12,621	52	61	19,957							8750-9750	F
Roosevelt	S. L. Keill	45	358	1	0	15,016	5	5	6	1	0	17	8500-11000	O
St. Luke's Hospital Center	J. M. Cotton	29	430	0	0	7,223	3	3	3	0	0	9	10000-11000	P
St. Vincent's Hospital and Medical Center of New York	H. J. Tompkins	242	1,717	0	0	17,994	10	8	8	0	0	26	8500-9500	P
St. Vincent's Hsp. & M. C. of N.Y., Westchester Br. (Harrison)	R. Campbell, A. Mc Cawley	148	880	13	15	3,814								
State University - Kings County Hospital Center	M. Stein						18	18	15	0	0	51	8750-9750	F
Kings County Hospital Center		304	8,938	31	20	24,176								
State University		1	191	0	0									
Veterans Admin. (Bronx)	M. H. Bernstein	112	550	2	0	1,657	5	5	5	0	0	15	9750-11750	P
Veterans Admin. (Manhattan)	M. A. Goldberg	161	1,075	2			6	6	6	0	0	18	10203-14409	O
Northport														
Veterans Admin.	I. J. Blumenthal	2,084	1,610	87	48	15,397	2	1	3	0	0	6	10203-14409	O
Orangeburg														
Rockland State	A. M. Stanley	6,115	3,163	612	23	17,417	5	0	0	0	0	5	10000-16000	O
Poughkeepsie														
Hudson River State	H. B. Snow	4,059	2,110	639	16	4,094	4	4	4	0	0	12	10000-16000	
Rochester														
Rochester General	W. T. Hart	29	709	1	0	12,327	2	2	2	0	0	6	8500-9500	P
Rochester State	G. M. Walters	3,177	2,415	471	28	11,741	6	5	6	0	0	17	10000-14000	P
Strong Memorial Hospital of the University of Rochester	J. Romano	81	1,107	0	0	14,972	16	16	16	0	0	48		P
Syracuse														
S.U.N.Y. Upstate Medical Center	D. Oken						6	6	3	1	0	16	8900-10900	O
State University														
Syracuse Psychiatric	F. Soules	35	415	0	0	10,978							10000-14000	
Veterans Admin.	J. J. Danehy	82	477	1	0	285								
Utica														
Utica State	G. Volow	1,917	1,017	302	42	8,927	8	4	4	1	0	17	10000-15000	O
Valhalla														
Grasslands	S. Gaylin	83	2,188	5	80	14,489	4	4	4	1	0	131	9930-12360	P
West Brentwood														
Pilgrim State	H. Brill	10,885	4,254	1,128	26	4,500	10	10	10	0	0	30	11000-14070	O
White Plains														
New York Hospital-Cornell Medical Center (Westchester Division)	F. J. Hamilton	259	317	13	31	4,384	7	7	7	1	1	23	7000-8500	F
NORTH CAROLINA														
Butner														
John Umstead	A. Verwoerd	1,530	3,125	128	36		6	6	6	0	0	18	11376-12000	O
Chapel Hill														
North Carolina Memorial	J. Ewing, W. Bakewell, Jr.	44	6284	1	100	17,504	12	12	12	0	0	36	9000-12000	P
Durham														
Duke University Affiliated Hospitals	E. W. Busse						10	10	10	5	3	38		
Duke University Medical Center	E. W. Busse	40	680	1	100	3,566							6500-8500	P
Veterans Admin.	R. L. Green, Jr.	70	510	1	100	138							5500-8550	O
Raleigh														
Dorothea Dix	P. A. Walker	2,449	4,554	251	20	14,000	6	6	6	0	0	18	11376-12000	O
Winston-Salem														
North Carolina Baptist Hospitals	R. Proctor	10	257	0	0	1,231	4	4	2	0	0	10	6600-12000	P
OHIO														
Cincinnati														
Rollman Psychiatric Institute	W. R. Chambers	102	870	0	0	1,900	0	10	10	0	0	20	8736-17056	
University of Cincinnati Hospital Group	M. Levine						15	15	15	0	0	45		
Cincinnati General		42	611	1	100	41,227							6340-6940	P
Veterans Admin.		70	492	1	0	2,475							6888-8550	O
Cleveland														
Cleveland Clinic	A. D. Weatherhead	27	1,606	0	0	3,370	2	2	2	0	0	6	6800-8400	P
Cleveland Psychiatric Institute	F. A. Lingl	197	1,293	10	50		8	8	8	0	0	24	8736-17056	O
Fairhill Mental Health Center	R. Schwartz	133	1,559	11	45	20,085	8	8	8	0	0	24	8736-17056	P
University Hospitals of Cleveland	D. D. Bond	66	5,144	0	0	10,563	8	8	8	1	0	25	7500-8500	P
Veterans Admin.	H. S. Sudak	34	170	2	50	0							6850-9250	P
Columbus														
Columbus State	L. Szabo	1,756	1,902	205	42	13,772	8	8	8	0	0	24	8736-14352	O
Ohio State University Hospitals	I. Gregory	100	1,261	0	0	12,636	8	8	8	0	0	24	9000-12000	P
Cuyahoga Falls														
Fallsview Mental Health Center	P. Jackson, W. Polanka	125	1,572	2	100	6,615	5	5	0	0	0	10	8736-14352	O
Medical College of Ohio at Toledo Affiliated Hospitals	M. E. Gottlieb						4	4	4	0	0	12	7500-9000	
St. Vincent Hospital and Medical Center														
Toledo State and Receiving														
Worthington														
Harding	G. T. Harding, Jr.	102	542	8	0	1,394	3	3	3	0	0	9	7800-12000	P

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APPROVED RESIDENCIES

24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary Per Year Min.-Max.	Main-tenance
				Number	Neuropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OKLAHOMA														
Norman														
Central State Griffin Memorial	H. H. Donahue	1,673	4,360	97	21	5,819	6	6	6	0	0	18	10000-12000	...
Oklahoma City														
University of Oklahoma Medical Center	L. J. West	13	31	0	0	2,772	6	6	6	1	1	20	8000-12000	P
University of Oklahoma Hospitals	L. J. West	...	...	...	...	11,028	...	...	...	...	...	...	...	...
Veterans Admin.	B. H. Beard	59	538	1	0	...	...	...	...	...	...	...	...	...
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	G. Saslow	21	221	0	0	5,851	7	6	5	0	0	18	6600-7800	FP
Salem														
Oregon State	N. B. Jetmalani	1,316	2,550	148	47	...	5	2	1	0	0	8	12360-13320	O
PENNSYLVANIA														
Bridgeville														
Mayview State	R. St. John	2,500	690	205	...	1,378	4	4	4	0	0	12	8500-12000	P
Coatesville														
Veterans Admin.	K. Wolff	1,337	1,277	78	79	17,062	3	3	2	0	0	8	10203-14409	O
Harrisburg														
Harrisburg State	S. P. Laucks	1,867	993	154	29	6,164	2	2	2	0	0	6	8580-12075	P
Norristown														
Norristown State	P. Glowacki M. D. Mc Guire	3,211	701	215	37	5,149	10	10	10	0	0	30	8580-12075	P
Philadelphia														
Albert Einstein Medical Center	M. D. Pressman	25	540	0	0	911	3	3	3	0	0	9	8000-10000	P
Eastern Pennsylvania Psychiatric Institute	A. Lubizka	112	423	2	0	9,052	8	8	8	0	0	24	10954-12075	O
Hahnemann Medical College and Hospital	M. David	66	...	...	...	12,495	10	8	8	0	0	26	7000-8000	P
Hospital of the University of Pennsylvania	A. J. Stunkard	25	545	4	75	6,759	12	12	10	6	0	40	8000-12000	P
Hospital of the Woman's Medical College of Pennsylvania*	L. Madow	20	102	1	100	2,598	4	4	4	0	0	12	7900-8900	P
Institute of the Pennsylvania Hospital	W. A. Harvey	210	1,305	10	30	7,344	10	8	8	0	0	26	8000-9000	O
Jefferson Medical College	F. S. Cornelison, Jr.	15	240	1	0	3,279	10	10	10	2	0	32	12000-15000	O
Philadelphia General	J. E. Mock	27	282	0	0	4,808	3	3	3	0	0	9	10286-12290	O
Philadelphia Psychiatric Center	B. Jaffe	130	1,160	1	0	7,411	8	6	5	1	0	20	8700-13500	P
Philadelphia State	B. Cahn	3,948	823	780	24	7,738	13	10	7	0	0	30	10954-12075	F
Temple University	M. C. Pepernik	12	351	0	0	3,288	8	8	8	0	0	24	7200-9600	P
Pittsburgh														
Hospitals of the University Health Center of Pittsburgh	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Western Psychiatric Institute and Clinic	L. W. Earley	134	1,005	1	100	29,852	12	12	12	6	6	48	7500-12000	...
Warren														
Warren State	H. J. Reinhard	2,312	1,027	200	25	1,725	10	9	8	0	0	27	8580-12675	O
PUERTO RICO														
Bayamon														
Puerto Rico Institute of Psychiatry	V. Bernal Y Del Rio	160	581	5	40	...	...	...	...	...	...	...	10200-12000	...
San Juan														
Univ. of Puerto Rico School of Medicine (Department of Psychiatry)	J. A. Rossello	1,100	2,320	51	84	60,000	6	6	6	0	0	18	6300-7500	O
RHODE ISLAND														
Howard														
Rhode Island Medical Center-Institute of Mental Health	M. A. Nicotra	1,942	2,709	16	32	6,459	5	5	5	0	0	15	8000-8800	F
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	R. Mc Curdy, W. Miller, Jr.	...	...	...	...	...	6	4	4	0	0	14	...	...
Medical College	R. Mc Curdy, W. Miller, Jr.	...	...	...	...	...	...	...	...	...	...	...	5575-12000	P
Veterans Admin.	J. D. Sexauer	30	283	...	...	1,064	...	...	...	...	...	...	5575-6775	...
Columbia														
William S. Hall Psychiatric Institute	J. E. Freed	46	264	1	100	2,813	6	6	6	0	0	18	10517-13221	O
TENNESSEE														
Memphis														
University of Tennessee Affiliated Hospitals	G. H. Aivazian	25	1,160	3	67	2,949	6	6	6	0	0	18	...	...
City of Memphis Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	5016-6138	FP
Tennessee Psychiatric Hospital and Institute	...	171	1,117	0	0	16,221	...	...	...	...	...	...	5016-12000	FP
Veterans Admin.	...	149	740	23	70	5,968	...	...	...	...	...	...	10203-14409	O
Nashville														
George W. Hubbard Hospital of the Meharry Medical College	J. Spurlock	10	171	0	0	1,518	2	2	2	0	0	6	6300-8000	F
Vanderbilt University	W. F. Orr	13	162	0	0	2,140	3	2	3	0	0	8	5000-12000	P
TEXAS														
Austin														
Austin State	O. Yero	3,183	5,254	358	63	6,201	8	8	8	0	0	24	8400-12000	...
Dallas														
University of Texas Southwestern Medical School Affiliated Hospitals	R. L. Stubblefield	...	...	...	...	...	...	...	...	...	...	33	...	...
Parkland Memorial	R. L. Stubblefield	35	351	0	0	6,523	...	...	...	...	...	...	6360-7020	P
Timberlawn Sanitarium	J. K. Peden	134	620	0	0	8,242	...	...	...	...	...	...	8400-8400	P
Veterans Admin.	I. Kimbell, Jr.	66	270	2	100	1,500	...	...	...	...	...	...	6440-14409	P
U.S. Public Health Service (Fort Worth)	W. P. Jurgensen	510	602	11	45	2,094	O
Terrell State (Terrell)	L. M. Cowley	2,581	3,955	275	31	13000-15000	O

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APPROVED RESIDENCIES

24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
TEXAS - Continued															
Galveston															
University of Texas Medical Branch Hospitals	H. Ford, E. I. Bruce, Jr.	209	2,010	1	100	5,333	12	12	12	0	0	36	8400-12000	P	
Houston															
Baylor University Affiliated Hospitals	A. D. Pokorny	...	...	...	...	...	10	10	10	0	0	30	8000-10000	...
Ben Taub General	A. D. Pokorny	27	483	3	67	4,919	...	...	...	...	...	...	...	...
Methodist	W. A. Cantrell	40	740	2	100	463	...	...	...	...	...	...	...	...
Texas Research Institute of Mental Sciences	J. C. Schoolar	44	563	1	100	25,962	...	...	...	...	...	...	...	O
Veterans Admin.	A. D. Pokorny	380	2,246	29	38	8,491	...	...	...	...	...	...	...	P
San Antonio															
Santa Rosa Medical Center	W. H. Lewis	130	1,875	3	67	168	3	3	3	0	0	9	10200-10200	O	
University of Texas at San Antonio Teaching Hospitals	R. L. Leon	...	...	...	...	...	6	6	6	0	0	18	10000-10000	P
Bexar County Teaching	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Robert B. Green Memorial	...	...	...	...	...	1,800	...	...	...	...	...	...	...	...
Temple															
Scott and White Memorial	J. W. Larson	10	373	1	100	8,418	4	4	4	0	0	12	7200-8400	P	
Terrell															
Terrell State - See Univ. of Tex. Southwestern Med. Sch. Aff. Hosps., Dallas	...	...	...	...	...	...	...	...	...	...	...	...	...	...
UTAH															
Provo															
Utah State - See University of Utah Affiliated Hospitals, Salt Lake City	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Salt Lake City															
University of Utah Affiliated Hospitals	C. H. H. Branch	...	...	...	...	...	5	5	5	1	0	16	...	...
University	C. H. H. Branch	19	567	0	0	5,182	...	...	...	...	...	...	9600-12000	P
Veterans Admin.	J. H. Latimer	185	549	3	0	...	...	...	...	...	...	...	5700-6900	...
Utah State (Provo)	G. S. Johnson	531	1,308	40	13	0	...	...	...	...	...	...	12000-13000	P
VERMONT															
Burlington															
Medical Center Hospital of Vermont	H. R. Huessy	32	508	1	100	3,189	5	5	4	2	1	17	6600-9000	O	
VIRGINIA															
Charlottesville															
University of Virginia	D. R. Hawkins	32	377	1	100	3,266	6	6	6	2	1	21	9000-12000	O	
Petersburg															
Central State	H. Sormus	4,364	2,465	464	8	1,132	4	4	4	0	0	12	11472-12528	O	
Richmond															
Medical College of Virginia-Hospital Division	H. D. Lederer	43	2,032	4	75	5,890	5	5	5	0	0	15	5400-6000	P	
Williamsburg															
Eastern State	J. Mullaney	2,353	2,037	247	9	...	4	4	4	0	0	12	11472-12528	O	
WASHINGTON															
Fort Steilacoom															
Western State	K. E. Humiston	1,390	2,239	95	44	8,096	4	4	4	0	0	12	10800-12000	O	
Seattle															
University of Washington Affiliated Hospitals	H. S. Ripley	...	...	...	...	...	15	15	15	2	0	47	...	...
Harborview Medical Center	...	22	2,055	1	...	2,453	...	...	...	...	...	...	7008-9000	P
University	H. S. Ripley	40	417	0	0	8,951	...	...	...	...	...	...	7008-9000	P
Veterans Admin.	M. H. Johnson	71	523	0	0	10,769	...	...	...	...	...	...	6000-8004	P
Sedro Woolley															
Northern State	S. Spiro	751	930	51	63	3,054	4	3	3	0	0	10	10800-12000	O	
WEST VIRGINIA															
Morgantown															
West Virginia University Medical Center	W. W. Spradlin	23	374	0	0	2,346	3	3	3	0	0	9	7000-8000	P	
WISCONSIN															
Madison															
University of Wisconsin Affiliated Hospitals	M. H. Miller	...	...	...	...	...	12	12	12	4	0	40	...	...
University Hospitals	M. H. Miller	30	30	0	0	20,938	...	...	...	...	...	...	6400-13400	P
Mendota State	A. M. Ludwig	622	2,232	26	46	2,839	...	...	...	...	...	...	...	...
Winnebago State (Winnebago)	G. O. Lystoff	654	2,047	72	19	408	...	...	...	...	...	...	12400-12400	O
Milwaukee															
Associated Training Program of Milwaukee Hospitals															
Milwaukee Psychiatric (Wauwatosa)	B. Jackson, P. G. Stein	108	355	9	33	5,865	6	6	6	2	2	22	8200-8800	P	
Veterans Admin. Center (Wood)	B. Jackson	99	731	...	...	11,058	...	...	...	...	...	...	7600-14409	P
Milwaukee Children's	H. D. Sackin	...	...	0	0	7,297	...	...	...	...	...	...	7500-9020	P
Milwaukee County Mental Health Center-North Division	H. R. Lazarus	454	3,487	5	...	13,307	7	7	6	0	0	20	7229-14076	O	
Wauwatosa															
Milwaukee Psychiatric - See Assoc. Training Prog. of Milwaukee Hospitals, Milwaukee	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Winnebago															
Winnebago State - See University of Wisconsin Affiliated Hospitals, Madison	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Residency programs in the following hospitals have been approved for TWO years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Programs, 7; Residencies, 68

NONFEDERAL AND VETERANS ADMINISTRATION

CALIFORNIA

San Francisco

Pacific Medical Center - Presbyterian	J. P. Kahn	...	170	0	0	6,189	3	3	3	0	0	9	7380-12000	P
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APPROVED RESIDENCIES

24. PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
ILLINOIS														
Galesburg														
Galesburg State Research	T. T. Tourlentes	1,323	655	113	23	4,137	4	4	0	0	0	8	5000-16000	P
MASSACHUSETTS														
Boston														
Beth Israel	J. C. Nemiah	123	3,187	0	0	7,207	0	0	10	4	1	15	7000-9000	P
NEW YORK														
Willard														
Willard State	A. N. Mustille	2,183	1,031	273	27	2,172	3	3	3	0	0	9	10000-16000	P
Wingdale														
Harlem Valley State	L. P. Roberts	...	922	343	22	1,090	6	6	0	0	0	12	10000-16000	O
PENNSYLVANIA														
Allentown														
Allentown State	H. T. Fiedler	1,367	333	73	34	2,761	3	2	0	0	0	5	10945-12675	O
Danville														
Danville State	L. R. Angus	1,908	620	124	15	2,956	3	3	2	1	1	10	8580-12075	O

Residency programs in the following hospitals have been approved for ONE year of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.) Programs, 12; Residencies, 38

UNITED STATES PUBLIC HEALTH SERVICE

MARYLAND														
National Institutes of Health-Clinical Division, Bethesda														
...														
NONFEDERAL AND VETERANS ADMINISTRATION														
CALIFORNIA														
Pomona														
Pacific State ⁵⁵	A. Walker, C. Johnson	2,651	588	68	73	4,291	0	0	3	0	0	3	7080-...	O
San Francisco														
St. Francis Memorial	S. Wang	20	513	1	0	4,351	1	0	1	0	0	2	4800-6600	...
COLORADO														
Denver														
Denver General ⁹³	H. G. Whittington	16	609	0	0	27,091	0	0	1	0	0	1	6000-6000	P
CONNECTICUT														
New Canaan														
Silver Hill Foundation ⁵⁵	E. T. Hupalowsky	52	325	1	...	1,686	0	0	2	0	0	2	...-16000	O
MARYLAND														
Rockville														
Chestnut Lodge ⁵⁵	J. L. Cameron	87	30	0	0	3,696	0	0	2	2	1	5	10000-...	O
MASSACHUSETTS														
Boston														
Peter Bent Brigham	H. M. Fox	Inc. in Med.	...	...	...	...	...	...	...	...	...	3	8500-10500	O
Stockbridge														
Austen Riggs Center ⁵⁵	O. A. Will, Jr.	39	34	0	0	3,606	0	0	2	1	0	3	9000-13000	O
Taunton														
Taunton State	T. Iida	1,335	1,101	146	38	7,716	8	0	0	0	0	8	10169-10631	O
Waltham														
Walter E. Fernald State School	N. R. Bernstein, W. Sharpe	...	...	...	...	...	0	0	1	0	0	1	...-8000	...
NEW YORK														
Port Chester														
High Point	A. Galnick	41	83	0	0	...	0	0	2	1	1	4	...-14500	...
Thiells														
Letchworth Village ⁵⁵	T. Smith	3,907	114	105	60	11,056	0	0	6	0	0	6	10000-12000	P

CHILD PSYCHIATRY

The following residency training programs in Child Psychiatry are approved for TWO years of training in the sub-specialty of Child Psychiatry by the Council on Medical Education, the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology. Institutions identified with an asterisk () hold dual approvals: 1) for one year of training in Child Psychiatry offered as an affiliated year in a program of general psychiatry; 2) for two years of training in Child Psychiatry offered independently. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology should refer to the Information for Applicants published by the American Board of Psychiatry and Neurology. Programs, 115; Residencies, 739

UNITED STATES ARMY

DISTRICT OF COLUMBIA														
Walter Reed General, Washington*	D. P. Devaris	...	...	...	...	7,300	4	4	0	0	0	8	...	...

APPROVED RESIDENCIES

CHILD PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
NONFEDERAL AND VETERANS ADMINISTRATION												
ALABAMA												
Birmingham												
University of Alabama Hospitals and Clinics*	R. Estock	...	134	1,347	2	2	0	0	0	4	7980-13000	P
ARKANSAS												
Little Rock												
University*	L. Young	...	...	...	2	2	0	0	0	4	11400-12000	...
CALIFORNIA												
Berkeley												
City of Berkeley Mental Health Services*	C. R. Graham	23	79	4,552	0	0	2	2	0	4	7000-8000	...
Los Angeles												
Cedars-Sinai Medical Center	...	...	...	...	...	...	...	...	...	...	...	...
Mount Sinai Hospital Division*	S. L. Brown	33	3	8,479	0	0	2	2	0	4	9000-9900	P
Los Angeles County-U.S.C. Medical Center*	J. Teicher	34	752	11,175	6	6	0	0	0	12	9444-10800	P
Reiss-Davis Child Study Center*	R. L. Motto	52	168	21,200	2	3	3	0	0	8	8000-10000	O
U. C. L. A.*	H. H. Work	35	62	734	5	2	0	0	0	7	13337-16044	O
Orange												
University of California (Irvine) Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
Orange County Medical Center*	J. D. Call	15	125	8,000	0	0	4	2	2	8	8000-15000	...
Pasadena												
Pasadena Child Guidance Clinic*	J. M. Mead	41	351	9,440	1	2	0	0	0	3	7000-14000	O
San Francisco												
Children's Hospital and Adult Medical Center*	R. A. Kimmich	...	...	13,764	2	2	0	0	0	4	...	...
Mount Zion Hospital and Medical Center*	C. F. Settlege	...	...	5,627	2	2	0	0	0	4	7920-9300	O
St. Mary's Hospital and Medical Center*	M. T. Khlentzos	22	312	6,402	4	4	0	0	0	8	8400-9600	P
University of California Program	...	...	...	...	...	...	...	...	...	...	...	...
Langley Porter Neuropsychiatric Institute*	S. A. Szurek	7	3	8,165	3	3	0	0	0	6	...	...
Stanford												
Stanford University Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
Stanford University Child Psychiatry Clinic*	D. A. Hamburg	0	34	3,176	2	2	0	1	0	5	6500-12000	P
Torrance												
Los Angeles County Harbor General*	P. Castelnuovo-Tedesco	...	...	4,326	0	0	0	1	0	1	10728-10728	P
	R. S. Rogers	...	...	...	...	...	...	...	...	...	...	...
COLORADO												
Denver												
University of Colorado Medical Center*	H. S. Gaskill	20	205	14,394	6	6	0	0	0	12	10000-13800	P
CONNECTICUT												
Hartford												
Institute of Living-Children's Clinic*	F. G. Bucknam	22	41	4,944	1	1	0	0	0	2	9500-10500	P
New Haven												
Yale University Child Study Center*	A. J. Solnit	...	...	7,225	0	0	4	4	0	8	10000-12000	...
DISTRICT OF COLUMBIA												
Washington												
Catholic University of America*	D. St. Martin, R. Delgado	7	110	3,004	0	0	1	1	0	2	...	O
Children's Hospital of the District of Columbia*	L. M. Greenberg	60	30	7,012	0	0	3	3	5	11	9400-15400	P
Georgetown University Medical Center*	E. S. Kessler	...	...	4,192	0	0	2	2	0	4	9000-12000	...
FLORIDA												
Gainesville												
William A. Shands Teaching Hosp. and Clinics*	P. L. Adams	21	26	7,649	4	4	0	0	0	8	8500-12500	O
GEORGIA												
Atlanta												
Emory University Children's Clinic*	C. H. Turner	0	0	5,534	0	0	0	3	3	6	12500-13500	P
Georgia Mental Health Institute	C. H. Turner	0	94	4,671	...	...	...	2	3	5	12000-15000	...
ILLINOIS												
Chicago												
Children's Memorial*	J. L. Sculman	...	...	...	2	2	0	0	0	4	8500-...	...
Institute for Juvenile Research*	S. B. Eisen	822	804	13,986	7	7	0	0	0	14	9800-11000	O
Michael Reese Hospital and Medical Center*	S. Feinstein	13	36	16,490	0	0	3	3	0	6	8600-10400	P
Presbyterian-St. Luke's*	A. H. Norton	14	63	5,906	0	0	2	2	2	6	8500-10500	P
University of Chicago Hospitals and Clinics*	J. F. Kenward	40	10	4,041	2	2	1	0	0	5	9000-10800	P
INDIANA												
Indianapolis												
Indiana University Medical Center*	J. E. Simmons	...	...	...	4	4	0	0	0	8	9420-12000	...
Indiana University Hospitals	...	...	...	2,838	...	...	...	...	...	...	...	...
Larue D. Carter Memorial	...	60	78	550	...	...	...	...	...	...	...	...
IOWA												
Des Moines												
Des Moines Child Guidance Center	G. P. Inge, 2d	...	...	...	1	1	0	0	0	2	...	...
Iowa City												
State Psychopathic*	R. Jenkins	14	48	1,848	3	3	3	0	0	9	11500-13000	...
KANSAS												
Kansas City												
University of Kansas Medical Center*	P. C. Laybourne, Jr.	3	30	49	4	4	0	0	0	8	9000-10000	P
Topeka												
Children's Division, the Menninger Foundation*	J. T. Morrow, Jr.	57	20	5,186	0	0	4	8	4	16	9000-13000	O
KENTUCKY												
Louisville												
Louisville Child Guidance Clinic*	J. F. Ice	37	458	9,221	0	0	2	2	0	4	5500-12000	...

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APPROVED RESIDENCIES

CHILD PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1970-1971						Total All Years	Salary Per Year Min.-Max.	Main-tenance O
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
LOUISIANA													
New Orleans													
Tulane University School of Medicine*	C. Phillips	...	215	2,063	0	0	0	4	1	5	8000-13000	...	
MARYLAND													
Baltimore													
Johns Hopkins*	A. Rodriguez	...	...	1,870	0	0	2	2	0	4	7000-...	P
University of Maryland*	F. T. Rafferty	...	8	758	0	1	4	1	1	7	7100-7700	P	
MASSACHUSETTS													
Belmont													
Beaverbrook Guidance Center*	C. L. Hudson	...	...	6,391	2	2	0	0	0	4	...	O
Boston													
Beth Israel	J. Nemiah, S. Onesti, Jr.	11	893	4,257	0	0	3	3	0	6	7000-9000	P	
Boston University-Boston City Hospital Guidance Center*	E. N. Rexford	19	...	4,489	0	0	2	2	1	5	7000-10000	...	
Children's Hospital Medical Center*	T. Benaron	0	0	11,011	0	0	6	6	0	12	6000-8000	O	
Douglas, Thom Clinic for Children*	H. Weintraub	...	...	5,000	0	0	2	2	0	4	7000-11000	P
James Jackson Putnam Children's Center*	P. H. Gates	...	...	7,396	0	0	2	2	0	4	7000-12000	O
Judge Baker Guidance Center*	D. M. Bullard, Jr.	27	5	5,687	3	3	1	0	0	7	7000-8500	P	
Massachusetts General*	J. H. Lamont	25	...	3,000	0	0	0	2	0	2	8000-10000	O	
Massachusetts Mental Health Center*	G. Rochlin	9	4	4,799	3	4	0	0	0	7	7000-11000	O	
New England Medical Center Hospitals*	F. M. Ehrlich	0	160	3,521	0	0	0	2	2	4	6600-10000	O	
Cambridge													
Cambridge Mental Health Center *	C. K. Tagiuri	37	341	7,227	0	0	1	1	1	3	7500-8000	...	
Quincy													
South Shore Mental Health Center*	E. Woicik	...	...	11,582	1	0	0	0	0	1	15826-15826	...
Waltham													
Metropolitan State*	D. Gair	70	243	9,769	3	3	0	0	0	6	7000-11000	...	
Worcester													
Worcester Youth Guidance Center*	H. L. Wylie	...	...	6,726	2	2	0	0	0	4	6000-12000	...
MICHIGAN													
Ann Arbor													
University*	S. M. Finch, S. I. Harrison	46	42	10,822	7	7	0	0	0	14	9100-12500	O	
Detroit													
Lafayette Clinic*	C. B. Simson	33	120	5,733	0	0	4	4	2	10	15890-18082	O	
Northville													
Hawthorn Center	R. D. Rabinovitch	154	169	6,000	2	0	5	5	2	14	10666-19529	O	
MINNESOTA													
Minneapolis													
University of Minnesota Hospitals*	J. C. Duffy	15	92	2,200	0	0	4	4	0	8	7500-12000	...	
Rochester													
Mayo Graduate School of Medicine*	J. G. Delano	10	163	4,460	2	2	0	0	0	4	5800-8000	P	
St. Paul													
Amherst H. Wilder Child Guidance Clinic *	D. S. Thorsen	...	...	15,878	0	0	1	1	0	2	8160-10160	O
MISSOURI													
Columbia													
University of Missouri Medical Center*	F. Tapia	...	...	...	3	3	0	0	0	61	11000-14250	P
Kansas City													
Grtr. Kansas Cty. Mntl. Hlth. Fndn., U. Mo. Sch. Med., Kans. City Div.*	J. R. Harte	37	482	1,191	0	0	3	6	3	12	11000-20000	O	
St. Louis													
William Greenleaf Eliot Div. of Child Psych.-Wash. U. Sch. of Med.*	E. J. Anthony	55	38	9,570	0	0	3	4	1	8	10500-13100	O	
NEBRASKA													
Omaha													
Nebraska Psychiatric Institute*	M. T. Eaton	12	34	3,642	0	0	0	3	3	6	9800-10800	O	
NEW HAMPSHIRE													
Hanover													
Mary Hitchcock Memorial*	R. Sobel	...	...	761	4	1	0	0	0	5	9000-9500	O
NEW JERSEY													
Trenton													
Child Guidance Center of Mercer County*	N. N. Boonin	...	...	7,670	0	0	2	2	0	4	11500-12500	P
NEW YORK													
Albany													
Albany Child Guidance Center for Psychiatric Services*	L. M. Sportsman	150	...	5,110	0	0	1	1	0	2	8000-14000	O	
New York City													
Albert Einstein College of Medicine Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...
Bronx Municipal Hospital Center*	J. B. Cramer	14	89	16,000	8	7	0	0	0	15	11250-16000	O	
Brooklyn Psychiatric Centers*	W. S. Greenspon	...	...	0	0	0	1	1	0	2	...	...
City Hospital Center at Elmhurst*	D. Schulman	31	439	3,207	4	4	0	0	0	8	12250-13750	P	
Columbia University Affiliated Hospitals*	W. S. Langford	...	...	...	0	0	4	2	2	8	9000-10000	O
New York State Psychiatric Institute	...	14	29	1,753	...	...	...	...	...	...	...	...
Presbyterian	...	...	...	6,897	...	...	...	...	...	...	...	...
Hillside*	S. Nichtern	188	273	17,483	0	0	0	3	3	6	14000-16000	O	
Madeleine Borg Child Guidance Institute*	A. H. Esman	...	...	...	0	0	1	4	4	9	9000-12500	...
Mount Sinai*	A. Blau	14	60	2,868	6	4	0	0	0	10	10750-11250	P	
New York (Payne Whitney Psychiatric Clinic)*	B. L. New	4	60	4,200	4	4	0	0	0	8	10750-11750	P	
New York Medical College-Metropolitan Hospital Center*	R. La Vietes	...	...	...	4	4	0	0	0	8	6930-7330	...
Unit 1 - Flower and Fifth Avenue Hospitals	...	10	9	449	...	...	...	...	...	...	...	...
Unit 2 - Metropolitan	...	16	217	4,404	
Unit 3 - Bird S. Coier Memorial Hospital and Home	

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APPROVED RESIDENCIES

CHILD PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P O
					1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued												
New York University Medical Center*	B. Fish	67	610	5,115	4	4	0	0	0	8	9250-9750	F
Bellevue Hospital Center University	Inc. in Psych.											P
Postgraduate Ctr. for Mental Health, Clinic for Children & Adolescents	B. B. Pfeffer	40		40	1	1	0	0	0	2	9500-10500	
St. Luke's Hospital Center*	J. M. Cotton			799	0	0	1	1	0	2	11000-11500	P
Staten Island Mntl. Hlth. Society-St. Vincent's Med. Ctr. of Richmond*	R. M. Silberstein				7	6	7	0	0	20	12000-16000	O
Staten Island Mental Health Society		33	576	5,985								
St. Vincent's Medical Center of Richmond		20	264	3,436	1	1	0	0	0	2		
State University - Kings County Hospital Center*	J. P. Kempf				0	0	4	4	0	8	9250-9750	F
Kings County Hospital Center		41	409	6,760								
State University												
Rhinebeck												
Astor Home for Children*	G. Mora	74	20		0	0	0	1	1	2	8000-10000	F
Rochester												
Strong Memorial Hospital of the University of Rochester*	C. G. Solky	15		1,720	0	0	2	2	0	4		P
Schenectady												
Schenectady County Child Guidance Center*	H. E. Karowe			3,700	0	0	2	2	0	4	12000-13000	
NORTH CAROLINA												
Butner												
Murdoch Center, Children's Psychiatric Institute*	M. Amaya	40	65	6,792	2	2	0	0	0	4	11376-14000	O
Chapel Hill												
North Carolina Memorial*	J. I. Boswell, Jr.	1	11†	3,875	0	0	0	3	3	6	10500-12000	P
Durham												
Durham Child Guidance Clinic, Duke University Medical Center*	J. A. Fowler	166	437	10,832	0	0	4	4	1	9	8250-10000	O
OHIO												
Cincinnati												
University of Cincinnati Hospital Group*	O. Krug				0	0	7	7	2	16	7000-12000	P
Central Psychiatric Clinic				8,136								
Child Guidance Home of the Jewish Hospital		14	7	4,939								
Cleveland												
Cleveland Guidance Center*	G. R. Loomis	0	0	7,150	0	0	0	2	2	4	7000-12000	O
University Hospitals of Cleveland*	W. D. Boaz	9	34‡	6,178	2	2	0	0	0	4	8500-9000	P
Columbus												
Ohio State University Hospitals*	L. G. Hornsby	16		1,500	0	0	2	2	0	4	10000-11000	P
Dayton												
Dayton Children's Psychiatric Hospital-Child Guidance Center*	J. M. Cunningham	70	100	5,135	2	2	0	0	0	4	11440-11960	O
OKLAHOMA												
Oklahoma City												
University of Oklahoma Medical Center*	M. D. Schechter			2,270	2	2	0	0	0	4†	8000-12000	P
Tulsa												
Children's Medical Center*	J. T. Proctor	31	202	20,898	0	0	2	2	0	4	9000-13000	
PENNSYLVANIA												
Norristown												
Montgomery County Mental Health Clinics*	S. I. Altman			7,214	0	0	2	1	1	4	7000-12000	O
Philadelphia												
Albert Einstein Medical Center*	H. Kolansky		4‡	2,751	4	4	0	0	0	8	7000-12000	P
Child Study Center of Philadelphia*	B. A. Rutenberg	40	297	10,610	2	2	0	0	0	4	8000-16000	
Hahnemann Medical College and Hospital*	H. S. Belmont	62	170	5,764	5	5	0	0	0	10	9876-17704	P
Irving Schwartz Inst. for Children & Youth of the Phila. Psych. Ctr.*	H. H. Herskovitz			16,690	3	3	0	0	0	6	11000-12500	P
Philadelphia Child Guidance Clinic*	C. A. Malone		501	20,707	4	4	0	0	0	8	6000-14000	O
Philadelphia General*	J. E. Mock, W. L. Allan			2,702	0	0	3	3	0	6	10296-12290	O
St. Christopher's Hospital for Children*	L. Byerley			6,379	0	0	4	4	0	8	12500-12500	O
Woman's Medical College-Eastern Pennsylvania Psychiatric Institute*	R. C. Prall	9	59	4,080	0	0	0	3	3	6	11501-12675	O
Pittsburgh												
Hospitals of the University Health Center of Pittsburgh												
Western Psychiatric Institute and Clinic*	R. L. Cohen	16		1,980	5	5	0	0	0	10	8000-12500	O
Wilkes-Barre												
Childrens Service Center of Wyoming Valley*	M. E. Barnes	15	28	5,248	0	0	1	1	1	2	7000-12000	O
PUERTO RICO												
San Juan												
Univ. of Puerto Rico School of Medicine (Department of Psychiatry)*	A. Figaredo	44	252	10,333	4	4	0	0	0	8	7500-13200	O
RHODE ISLAND												
Rivarside												
Emma Pendleton Bradley*	S. Alfie	65	24	9,242	0	0	2	3	0	5	10000-11000	P
SOUTH CAROLINA												
Columbia												
William S. Hall Psychiatric Institute*	R. E. Bell, Jr.	0	0	2,511	2	2	0	0	0	4	12623-15002	O
TENNESSEE												
Nashville												
Vanderbilt University*	J. Weinreb	11	17	648	0	0	0	2	0	2	7000-7000	P
TEXAS												
Dallas												
University of Texas Southwestern Medical School*	J. E. Meeks	25	76	5,735	0	0	3	4	0	7	13000-14020	P
Dallas Child Guidance Clinic	L. Claman	16	226	6,270								
Houston												
Texas Research Institute of Mental Sciences*	J. C. Schoolar	0	0	4,681	0	0	3	3	0	6		O

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CHILD PSYCHIATRY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Outpatient Visits	Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Maintenance
					1st Year	2nd Year	3rd Year	4th Year	5th Year				
UTAH													
Salt Lake City													
University of Utah Affiliated Hospitals*													
University	M. E. Egan	1	16	462	0	0	2	2	0	4	10000-12000	...	
VIRGINIA													
Falls Church													
Fairfax-Falls Church Mental Health Center*	S. L. Auster	...	...	45,150	1	1	0	0	0	2	10000-12500	O
Richmond													
Virginia Treatment Center for Children*	D. F. Powers	40	153	3,202	2	2	0	0	0	4	8500-10500	...	
WASHINGTON													
Seattle													
University of Washington Affiliated Hospitals*													
University	I. N. Berlin	6	13	6,994	4	4	0	0	0	8	8000-9000	...	
WISCONSIN													
Madison													
University of Wisconsin Affiliated Hospitals*	J. C. Westman	...	...	...	0	0	3	4	0	7	...	...
University Hospitals	J. C. Westman	...	...	3,200	...	...	...	...	...	...	7600-8550	P
Childrens Treatment Center	M. B. Fliegel	28	28	3,165	0	0	3	4	0	7	7600-8550	...	
Milwaukee													
Milwaukee Children's*	H. D. Sackin	0	226	7,297	...	...	2	2	...	4	8400-9020	P
Milwaukee County Mental Health Center*	J. Johnson	454	3,487	4,682	0	0	2	1	1	4	8425-14076	O	

25. PUBLIC HEALTH

The programs in Public Health which have been approved by the Council on Medical Education and American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, page 257.

26. RADIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Examination 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 offered three years of training intramurally, or on an integrated basis, or through affiliation with another approved institution. Programs, 271; Residencies, 3,100

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Maintenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE														
CALIFORNIA														
David Grant U.S.A.F., Fairfield ^{17,22}	R. C. Mc Eligot	54,388	90	180	500	2	2	2	0	0	6	...	...
TEXAS														
Wilford Hall U.S.A.F., San Antonio	R. J. Kurth	182,728	72	129	499	6	5	3	0	0	14	...	...
UNITED STATES ARMY														
U. S. Army Coordinated Program														
Letterman General, San Francisco, Calif.	L. D. Graybill	50,706	7	125	0	4	4	4	0	0	12	...	...
Fitzsimons General, Denver, Colo.	P. E. Siebert	107,765	25	115	0	3	3	3	0	0	9	...	...
Walter Reed General, Washington, D.C.	L. C. Hamilton	107,546	67	10	554	5	5	8	0	0	18	...	...
Tripler General, Honolulu, Hawaii	J. J. Du Bois	87,822	8	64	180	3	3	0	0	0	6	...	...
Brooke General, San Antonio, Texas	L. J. Bisaccia	113,176	10	63	569	5	5	5	0	0	15	...	...
UNITED STATES NAVY														
U. S. Navy Coordinated Program														
Naval, Oakland, Calif.	R. J. Robl	51,050	10	18	186	2	2	2	0	0	6	...	...
Naval, San Diego, Calif.	D. E. Chandler	157,739	42	51	477	4	4	4	0	0	12	...	...
Naval, Bethesda, Md.	J. H. Ebersole	296,945	22	436	4,819	4	4	4	0	0	12	...	...
Naval, St. Albans, N.Y.	W. F. Hansen	91,331	12	7	110	1	1	1	0	0	3	...	...
Naval, Philadelphia, Pa.	J. E. Turner	55,529	6	20	153	2	2	2	0	0	6	...	...
UNITED STATES PUBLIC HEALTH SERVICE														
LOUISIANA														
U. S. Public Health Service, New Orleans - See Charity Hospital of Louisiana, New Orleans, La.														
MARYLAND														
U. S. Public Health Service, Baltimore	H. P. Anastopoulos	30,827	6	16	178	2	2	2	0	0	6	...	...
NEW YORK														
U. S. Public Health Service (Staten Island), New York City ²⁰⁷	A. E. Rosenbaum	52,847	4	18	101	3	3	3	0	0	9	...	...
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Birmingham Baptist Hospitals	F. T. Henley	51,923	31	242	268	1	1	1	0	0	3	7800-9000	P	
Birmingham Baptist		31,483	11	132	...	...	...	...	...	...	...	...	...
Baptist Medical Center		20,440	20	110	268	...	...	...	...	...	...	...	...
University of Alabama Medical Center	R. E. Roth	...	...	...	...	5	8	5	2	0	20	...	...
University of Alabama Hospitals and Clinics		87,793	90	67	847	6300-8100	P	
Veterans Admin.		40,872	2,016	611	0	6607-9007	O	

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APPROVED RESIDENCIES

26. RADIOLOGY - Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teltherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P O	
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
ARIZONA														
Phoenix														
Good Samaritan	T. Ditchek	54,213	30	438	0	3	3	3	0	0	9	7800-9600	P	
St. Joseph's	D. E. Matthiesen	35,000	18	400	...	2	2	0	0	0	4	6000-6600	P	
ARKANSAS														
Little Rock														
Arkansas Baptist Medical Center	J. W. Lane	45,595	436	41	...	2	1	2	0	0	5	7500-8100	P	
University of Arkansas Medical Center	H. J. Barnhard	...	...	...	...	6	6	6	0	0	18	...	O
University	H. J. Barnhard	48,409	6,825	127	0	...	...	...	...	...	...	5400-6000	O
Veterans Admin. Consolidated	H. Barnhard, G. Dalrymple	40,226	1	8	127	...	...	...	...	...	...	6150-6850	P
CALIFORNIA														
Loma Linda														
Loma Linda University	W. Stilson, H. Gorman	39,878	26	389	7,147	4	4	4	0	0	12	6198-8466	P	
Long Beach														
Memorial Hospital of Long Beach	F. Theisman, J. Anderson	39,948	20	147	236	1	1	1	0	0	3	7200-8400	P	
St. Mary's Long Beach	H. T. Vanley	36,846	397	141	...	1	1	0	0	0	2	7800-9600	P	
Veterans Admin.	J. Stein	93,797	2	1,097	5,777	6	6	5	0	0	17	9371-12071	O	
Los Angeles														
Cedars-Sinai Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Cedars of Lebanon Hospital Division	H. L. Jaffe	39,540	13	49	408	2	4	3	1	0	10	7800-9900	P	
Los Angeles County-U.S.C. Medical Center	G. Jacobson	291,125	154	93	838	12	12	12	2	0	47	8100-10800	P	
Queen of Angels ²⁷	S. P. Wilk	21,453	19	101	...	1	1	1	0	0	3	7200-8400	P	
U. C. L. A.	W. N. Hanafee	77,812	39	66	543	9	7	10	4	0	30	6200-9800	O	
Veterans Admin. Center, Wadsworth ¹¹²	J. Jorgens	106,883	25	1,033	138	10	12	4	4	2	32	9371-12071	P	
White Memorial Medical Center	I. Sanders	29,677	58	180	687	2	2	2	2	0	8	7860-9460	P	
Oakland														
Highland General	D. L. Mack	40,436	81	68	0	2	2	2	0	0	6	7800-9000	FP	
Orange														
Orange County Medical Center	B. J. O' Loughlin	58,661	20	0	192	4	4	4	0	0	12	8133-10379	P	
Palo Alto														
Veterans Admin. - See Stanford University Affiliated Hospitals, Stanford	...	...	...	...	...	...	...	...	...	...	...	...	...
Sacramento														
Sutter Community Hospitals of Sacramento	R. C. Ripple	18,728	79	521	536	2	0	0	0	0	2	6000-7800	O	
San Diego														
University Hospital of San Diego County	E. C. Lasser	57,600	35	36	216	6	6	6	0	0	18	6200-8000	P	
San Francisco														
San Francisco Tri-Hospital Radiology Program	J. C. Bennett	...	...	...	...	9	9	9	3	0	30	...	...
Children's Hospital and Adult Medical Center	H. J. Burhenne	24,534	39	12	403	...	...	...	...	...	...	7800-9000	P
Mount Zion Hospital and Medical Center	G. C. Szemes	34,390	...	...	...	...	...	...	...	...	...	7500-9300	P
Claire Zellerbach Saroni Memorial Tumor Institute	J. M. Vaeth	...	65	498	488	...	...	...	...	...	...	7000-10000	P
St. Mary's Hospital and Medical Center	J. C. Bennett	28,891	6	83	0	...	...	...	...	...	...	7800-9000	P
University of California Program	A. R. Margulis	...	...	...	...	9	9	8	3	2	31	...	...
H. C. Moffitt-University of California Hospitals	A. R. Margulis	79,177	71	1,633	16,039	...	...	...	...	...	...	6200-9600	O
San Francisco General	W. Coulson	73,823	9	12	118	...	...	...	...	...	...	7116-10248	P
Veterans Admin.	J. R. Amberg	44,755	0	68	0	...	...	...	...	...	...	7761-10893	O
San Jose														
Santa Clara Valley Medical Center	J. J. Mc Cort	39,859	5	36	0	2	2	2	0	0	6	7238-8361	F	
Santa Barbara														
Santa Barbara General-Cottage Hospitals	P. A. Riemenschneider	38,124	92	104	516	1	1	1	0	0	3	8100-9300	...	
Santa Barbara General	...	9,417	0	0	0	...	...	...	...	...	...	...	...
Santa Barbara Cottage	...	28,707	92	104	516	...	...	...	...	...	...	...	...
Stanford														
Stanford University Affiliated Hospitals	H. S. Kaplan	...	...	...	...	12	13	10	0	0	35	...	...
Stanford University	H. S. Kaplan	42,333	46	5,495	37,030	...	...	...	...	...	...	6500-10000	P
Veterans Admin. (Palo Alto)	C. J. Rosenquist	30,909	0	56	119	...	...	...	...	...	...	6190-8930	O
Torrance														
Los Angeles County Harbor General	D. Torrance	97,804	299	16	283	4	9	5	3	0	21	8100-10116	P	
COLORADO														
Colorado Springs														
Penrose	J. Del Regato	...	...	...	...	...	...	...	...	...	...	...	...
Penrose	J. Mc Mullen	48,811	350	94	350	3	3	3	3	0	12	6500-8000	P	
Denver														
General Rose Memorial ⁸⁷	M. H. Levine	40,036	0	189	0	1	1	1	1	0	4	5400-5940	P	
Presbyterian Medical Center	R. W. Hammer	31,512	94	97	993	1	4	1	0	0	6	6600-7200	P	
St. Joseph ¹⁰⁶	G. S. Maresh	39,921	10	121	0	1	1	1	0	0	3	6720-7620	P	
St. Luke's	W. P. Stampfli	26,437	247	83	...	3	3	3	0	0	9	6600-7800	P	
University of Colorado Affiliated Hospitals	M. L. Daves	...	...	...	...	10	10	10	0	0	30	...	...
Denver General	...	51,563	9	41	0	...	...	...	...	...	...	5028-6000	P
University of Colorado Medical Center	...	50,802	25	87	297	...	...	...	...	...	...	5400-6200	P
Veterans Admin. ¹²⁰	...	37,744	...	...	...	...	...	...	...	...	...	5400-6200	O
CONNECTICUT														
Bridgeport														
Bridgeport	J. J. Esposito	44,563	37	65	203	1	1	1	0	0	3	7600-9100	FP	
St. Vincent's	R. D. Russo	31,433	18	104	0	1	1	1	0	0	3	7800-8700	P	
Hartford														
Hartford	A. Janzen, J. Westcott	77,316	192	431	695	2	3	3	0	0	8	7600-9100	O	
New Haven														
Hospital of St. Raphael	R. Shapiro	44,857	259	186	445	3	3	2	0	0	8	7866-9746	P	
Yale-New Haven Medical Center	M. M. Kligerman	...	...	...	...	7	3	6	0	0	16	...	...
Yale-New Haven	M. M. Kligerman	104,926	826	760	0	...	...	...	...	...	...	9000-10000	O
Veterans Admin. (West Haven)	M. F. Keohane	25,158	139	68	71	...	...	...	...	...	...	6765-9265	O
West Haven														
Veterans Admin. - See Yale-New Haven Medical Center, New Haven	...	...	...	...	...	...	...	...	...	...	...	...	...

APPROVED RESIDENCIES

26. RADIOLOGY - Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
DISTRICT OF COLUMBIA													
Washington													
District of Columbia General	H. Taylor, Jr., B. Gondos	109,509	3	151	17	9	2	1	0	0	12	7000-8000	P
Georgetown University ⁶¹	H. L. Twigg	49,567	6	99	532	4	5	6	0	0	15	7500-9000	P
Veterans Admin.	P. F. Polani	60,000	432	0	432	...	...	...	...	...	...	7325-10325	P
George Washington University ¹³¹	W. W. Stanbro	50,209	32	146	301	2	2	4	0	0	8	7517-8519	P
Washington Hospital Center	G. J. Augustin	73,733	45	90	480	3	3	3	0	0	9	8200-8400	P
FLORIDA													
Gainesville													
William A. Shands Teaching Hosp. and Clinics	C. Williams, R. Million	42,638	309	216	6,165	4	5	5	0	0	14	6500-7500	O
Jacksonville													
Duval Medical Center	D. F. Bew	49,387	337	0	0	1	1	1	0	0	3	8100-8700	P
Miami													
University of Miami Affiliated Hospitals	R. E. Parks	...	...	...	...	8	8	8	2	0	26	...	...
Jackson Memorial ¹⁵⁵	R. E. Parks	131,178	284	1,471	13,161	...	...	...	...	...	...	7050-8150	P
Veterans Admin.	B. Lieberman	41,293	0	108	0	...	...	...	...	...	...	7160-8160	O
Miami Beach													
Mount Sinai Hospital of Greater Miami	M. Viamonte, Jr.	61,953	...	...	...	4	2	2	0	0	8	...	...
Tampa													
Tampa General	R. Aye	57,105	60	60	325	2	2	2	0	0	6	8500-9500	FP
GEORGIA													
Atlanta													
Emory University Affiliated Hospitals ²⁵⁸	T. F. Leigh	...	...	...	...	4	4	4	4	0	16	...	...
Emory University	T. F. Leigh	43,840	54	45	495	...	...	...	...	...	...	6480-7920	P
Veterans Admin.	S. Krantz	39,497	660	...	...	...	...	...	...	...	...	6213-9320	P
Grady Memorial	H. S. Weens	151,460	44	49	241	6	6	7	0	0	19	6480-8400	P
Augusta													
Medical College of Georgia Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...
Eugene Talmadge Memorial	M. D. Brown	37,050	31	25	189	3	3	3	0	0	9	5534-6734	P
HAWAII													
Honolulu													
Queen's	G. Liese	35,246	63	146	684	1	1	1	0	0	3	8400-9600	O
ILLINOIS													
Chicago													
Columbus	F. Lake, D. J. Lochman	29,163	68	203	508	2	2	2	0	0	6	9600-10800	P
Cook County	L. Love, M. Magalotti	191,615	60	280	1,495	8	10	10	2	0	30	9600-11400	P
Illinois Masonic Medical Center	W. T. Meszaros	49,187	9	25	131	2	2	2	0	0	6	10000-11000	P
Mercy Hospital and Medical Center	D. F. Cooney	39,439	32	32	183	2	2	2	2	0	8	8300-9200	P
Michael Reese Hospital and Medical Center	B. Levin	84,662	38	80	400	5	5	5	1	0	16	8600-10400	P
Northwestern University Medical Center	E. E. Barth	...	...	...	...	8	8	10	2	0	28	...	...
Chicago Wesley Memorial	A. H. Cannon, W. T. Moss	...	40	472	557	...	...	...	...	...	...	7500-9000	...
Children's Memorial	H. White	24,372	...	16	...	...	...	...	...	...	...	...	...
Passavant Memorial	W. E. Bundesen	0,628	...	...	...	...	...	...	...	...	...	7500-9000	P
Veterans Admin. Research	E. G. Warnick, W. T. Moss	34,521	1	22	479	...	...	...	...	...	...	8940-10940	O
Evanston (Evanston)	H. C. Burkhead	57,791	7	45	215	...	...	...	...	...	...	7500-8500	P
Presbyterian-St. Luke's	R. Buenger, F. Hendrickson	118,497	611	62	549	4	4	4	2	0	14	8500-10000	P
University of Chicago Hospitals and Clinics	R. D. Moseley	105,000	84	4,307	9,730	9	9	7	0	0	25	8000-9000	O
University of Illinois Research and Educational Hospitals	R. A. Harvey	63,700	91	4,514	4,374	3	3	3	0	0	9	9600-10800	P
Evanston													
Evanston - See Northwestern University Medical Center, Chicago	R. L. Delfava	47,097	6	27	156	2	2	1	0	0	5	9300-9900	...
Evergreen Park													
Little Company of Mary	J. H. Uhrich, C. A. Lekas	83,134	28	67	327	1	1	1	0	0	3	8400-9900	P
Hines													
Veterans Admin. ¹⁶³	I. E. Kirsh	81,128	59	415	711	4	4	4	0	0	12	8940-9940	O
Oak Park													
West Suburban	J. H. Gilmore	39,483	33	2,709	0	1	1	1	0	0	3	9500-10500	O
Peoria													
St. Francis	P. R. Dirkse	46,447	16	201	0	1	1	1	0	0	3	6900-7500	F
INDIANA													
Indianapolis													
Indiana University Medical Center	J. A. Campbell	...	...	...	...	6	7	7	0	0	20	...	...
Indiana University Hospitals	J. A. Campbell	59,159	437	50	0	...	...	...	...	...	...	7000-8000	P
Marion County General	...	...	...	...	72	...	...	...	...	...	...	...	...
Veterans Admin.	J. A. Campbell	39,397	40	1	83	...	...	...	...	...	...	8350-9550	O
Methodist Hospital of Indiana	P. A. Dolan	107,386	497	171	25	3	2	2	0	0	7	8600-9800	P
St. Vincent's	J. L. Morton	36,075	407	218	...	1	1	1	0	0	3	7200-9280	FP
IOWA													
Des Moines													
Iowa Methodist ¹⁸⁰	L. Maher	35,526	30	129	235	1	1	1	0	0	3	6300-6900	F
Iowa City													
University of Iowa Hospitals	J. H. Christie	86,179	200	3,703	25,366	7	7	7	0	0	21	7000-8000	P
KANSAS													
Kansas City													
University of Kansas Medical Center	A. W. Templeton	68,000	45	28	450	6	5	5	0	0	16	7000-7000	P
Veterans Admin. (Kansas City, Mo.)	M. F. Westfall	39,602	0	0	0	...	...	...	...	...	...	6900-8160	P
Wichita													
St. Francis	J. R. Kline	58,659	24	132	290	3	3	3	0	0	9	7800-8400	FP

APPROVED RESIDENCIES

26. RADIOLOGY - Continued

State	City	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
							1st Year	2nd Year	3rd Year	4th Year	5th Year			
KENTUCKY														
Lexington														
	University of Kentucky Medical Center	H. D. Rosenbaum	...	...	...	...	5	4	5	0	0	14	...	...
	University	H. D. Rosenbaum	46,149	20	40	273	...	...	...	...	...	...	6560-7760	P
	Veterans Admin.	L. Mostowycz	17,986	...	...	...	...	...	...	...	...	...	7170-...	...
Louisville														
	St. Joseph Infirmary	E. N. Maxwell	43,420	87	629	8,072	1	1	1	0	0	3	7800-9000	P
	University of Louisville Affiliated Hospitals	...	...	...	...	...	4	4	4	2	0	14	...	...
	Louisville General	J. T. Ling	67,693	70	72	578	...	...	...	...	...	...	7100-8600	P
	Veterans Admin.	R. H. Akers	26,257	...	...	...	...	...	...	...	...	...	6100-6800	O
	Children's	L. Davis	14,870	...	...	...	...	...	...	...	...	...	...	...
LOUISIANA														
New Orleans														
	Charity Hospital of Louisiana	C. M. Nice, Jr., M. Garcia	245,766	122	126	472	9	8	8	0	0	25	5400-6000	F
	U.S. Public Health Service	T. S. Caldwell	34,782	0	0	0	...	...	...	...	...	...	...	...
	Ochsner Foundation	B. C. Buchtel	43,501	350	61	...	3	3	3	0	0	9	6500-7500	P
	Touro Infirmary	A. R. Payzant	49,356	25	2,134	0	2	2	2	0	0	6	6562-7727	P
Shreveport														
	Confederate Memorial Medical Center	E. K. Lang	51,881	24	233	24	3	3	3	0	0	9	5400-6000	F
MAINE														
Portland														
	Maine Medical Center	J. F. Gibbons	52,600	62	176	432	2	1	1	0	0	4	5850-8010	FP
MARYLAND														
Baltimore														
	Johns Hopkins	R. Morgan	118,734	64	83	646	6	6	6	6	0	24	7000-...	P
	Sinai Hospital of Baltimore	J. O. Salik	62,626	24	78	220	3	3	2	0	0	8	7000-8100	P
	University of Maryland	J. M. Dennis	73,524	226	771	771	4	4	4	4	0	16	7100-8300	P
Hagerstown														
	Washington County	S. H. Macht	31,519	42	304	0	1	1	1	0	0	3	5700-9600	P
MASSACHUSETTS														
Boston														
	Beth Israel ¹⁰⁰	M. Simon	39,989	...	...	...	4	4	4	0	0	12	7000-11000	P
	Boston University Affiliated Hospitals	J. H. Shapiro	...	...	...	...	9	9	9	0	0	27	8100-9000	O
	Boston City	...	168,769	12	18	323	...	...	...	...	...	...	...	...
	University	J. H. Shapiro	...	5	8	385	...	...	...	...	...	...	8100-9000	...
	Joint Center for Radiation Therapy - See Mount Lahey Clinic ²⁰⁰	Auburn Hospital, Cambridge F. A. Salzman, R. E. Wise	66,534	17	376	11,196	3	3	3	0	0	9	6600-8100	O
	Massachusetts General	L. L. Robbins	174,667	148	328	927	12	12	10	3	0	37	6600-9000	O
	New England Deaconess	M. A. Kellett	28,604	28	237	237	1	1	0	0	0	2	7600-11000	O
	New England Medical Center Hospitals	R. E. Paul, Jr.	50,680	14	112	20	5	7	4	2	0	18	6600-10000	O
	Peter Bent Brigham	H. L. Abrams, S. Hellman	53,616	7	45	223	5	5	5	5	0	20	7600-11000	P
	Children's Hospital Medical Center	E. B. D. Neuhauser	50,586	...	172	18	...	...	...	...	...	...	9000-11000	O
	Veterans Admin. (Jamaica Plain)	E. G. Wissing	41,108	0	154	0	3	3	3	0	0	9	6000-10000	O
Cambridge														
	Mount Auburn	J. E. Gary	43,550	6	189	...	1	1	1	0	0	3	6600-8100	O
	Joint Center for Radiation Therapy (Boston)	S. Hellman	...	...	...	...	...	...	...	...	...	...	...	...
MICHIGAN														
Allen Park														
	Veterans Admin. - See Wayne State Univ. Affiliated Hospitals, Detroit	...	...	...	...	...	...	...	...	...	...	...	...	...
Ann Arbor														
	University of Michigan Affiliated Hospitals	W. M. Whitehouse	...	...	...	...	11	11	9	0	0	31	...	...
	University	W. M. Whitehouse	98,076	68	85	520	...	...	...	...	...	...	6000-6600	O
	Veterans Admin.	R. Rapp	24,151	28	75	0	...	...	...	...	...	...	6000-7200	O
	Wayne County General (Eloise)	H. W. Fischer	67,263	71	5	70	...	...	...	...	...	...	8376-10233	F
Detroit														
	Grace	S. J. Figiel	71,748	8	2,431	5,423	2	2	2	0	0	6	8700-9300	P
	Harper	J. C. Cook	38,753	56	269	369	4	4	4	0	0	12	8700-9300	P
	Henry Ford	W. R. Eyer	221,188	32	169	552	10	8	9	0	0	27	7000-8600	P
	Mount Carmel Mercy	K. D. Mc Ginnis	82,740	25	113	236	2	2	2	0	0	6	9000-9600	P
	Sinai Hospital of Detroit	M. Tatelman	43,435	31	60	307	2	2	1	0	0	5	9000-9600	P
	Wayne State University Affiliated Hospitals	...	...	...	...	...	6	6	6	2	0	20	8000-12000	O
	Veterans Admin. (Allen Park)	N. Jackiw	52,799	0	114	21	...	...	...	...	...	...	7815-9015	O
	Detroit General	K. Krabbenhoft	120,512	0	157	0	...	...	...	...	...	...	7700-8600	O
	Detroit Memorial	M. Tatelman	21,650	44	29	233	...	...	...	...	...	...	...	...
	Herman Kiefer	E. Harkaway	197,640	0	0	0	...	...	...	...	...	...	...	...
Eloise														
	Wayne County General - See University of Michigan Affiliated Hospitals, Ann Arbor	...	...	...	...	...	...	...	...	...	...	...	...	...
Flint														
	Hurley	D. R. Limbach	55,002	61	90	422	2	2	2	2	0	8	8100-9300	FP
Grand Rapids														
	Blodgett Memorial	J. Gunn	41,161	15	325	6,358	1	1	1	0	0	3	7500-8100	P
	Butterworth	E. F. Wahby	43,339	342	...	...	2	2	0	0	0	4	7500-8100	P
Pontiac														
	St. Joseph Mercy ⁵²	E. Keefe, R. Gagliardi	35,249	15	168	...	1	1	1	0	0	3	9480-10500	P
Royal Oak														
	William Beaumont	J. E. Lofstrom	98,721	68	317	317	3	3	3	2	0	11	9500-10500	P
Southfield														
	Providence	T. James, W. Irwin	41,848	50	139	280	2	2	2	0	0	6	9900-10500	P
MINNESOTA														
Minneapolis														
	Swedish	A. O. Rholl	41,381	326	46	3,977	1	1	1	0	0	3	5220-6420	F
	University of Minnesota Affiliated Hospitals ¹¹⁶	H. O. Peterson	...	...	...	...	13	19	13	14	2	61	...	...
	University of Minnesota Hospitals	E. Gedgaudas, M. Loken	76,515	563	36	563	5500-6665	O
	Veterans Admin.	S. Kieffer	81,243	10	35	156	6000-8000	...

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APPROVED RESIDENCIES

26. RADIOLOGY - Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Main-tenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
MINNESOTA - Continued														
Rochester														
Mayo Graduate School of Medicine	J. R. Hodgson, D. S. Childs	332,147	63	202	1,753	12	12	12	0	0	36	5400-6800	P	
Rochester Methodist		...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's		...	...	...	...	...	...	...	...	...	...	...	...
St. Paul														
Charles T. Miller ¹⁷	J. Coleman, T. Johnson	27,128	501	262	0	2	2	2	0	0	6	9420-10620	P	
St. Joseph's ¹⁷	A. Veinbergs	28,465	18	197	493	2	2	0	0	0	2	6600-8400	...	
MISSISSIPPI														
Jackson														
University of Mississippi Medical Center	R. D. Sloan	...	...	...	...	4	4	4	0	0	12	...	...
University	R. D. Sloan	63,267	110	49	413	...	...	...	...	...	...	5100-5700	O
Veterans Admin. Center	R. D. Sloan, J. Schor	38,558	...	...	...	...	...	...	...	...	...	5450-5750	...
MISSOURI														
Columbia														
University of Missouri Medical Center ⁸⁹	G. S. Lodwick	44,032	55	102	586	4	4	4	4	0	211	6500-8500	P	
Kansas City														
Menorah Medical Center	S. Rubin	29,188	21	29	152	1	1	1	1	0	4	8460-9780	P	
Research and Affiliated Hospitals	A. B. Smith	...	...	...	...	1	1	1	1	0	4	...	...
Children's Mercy	C. E. Shopfner	14,291	0	0	0	...	...	...	...	...	...	6000-12000	P
Research Hospital and Medical Center	A. B. Smith	60,630	15	37	296	...	...	...	...	...	...	7200-8400	F
St. Luke's	G. W. Schottman	38,236	...	...	...	2	1	1	0	0	4	...	...
Veterans Admin. - See University of Kansas Medical Center, Kansas City, Kansas		...	...	...	...	...	...	...	...	...	...	...	...
St. Louis														
St. Louis City ²²⁶	D. C. Weir	57,898	20	15	34	3	3	3	3	0	12	6770-7836	O	
St. Louis University Group of Hospitals	D. C. Weir	134,551	96	...	1,411	2	2	2	0	0	6	6600-7200	O	
Veterans Admin.	J. B. Shields	41,845	4	42	91	2	2	2	2	0	8	6840-7740	O	
Washington University Affiliated Hospitals		...	...	...	...	10	10	10	6	0	36	...	...
Barnes Hospital Group (Mallinckrodt Institute of Radiology)	J. Taveras	121,042	145	32	1,080	...	...	...	...	...	...	6600-10000	P
Jewish Hospital of St. Louis	H. R. Senturia	39,810	36	87	364	...	...	...	...	...	...	7500-9300	P
NEBRASKA														
Omaha														
Creighton Memorial St. Joseph's	D. A. Dowell	35,232	14	15	369	2	2	2	0	0	6	7800-9000	...	
University of Nebraska Affiliated Hospitals	W. J. Wilson	...	...	...	...	3	3	3	1	1	10	...	...
University of Nebraska	W. J. Wilson	25,588	32	24	386	...	...	...	...	...	...	...	...
Veterans Admin.	H. B. Saichek	22,079	0	0	90	...	...	...	...	...	...	6550-7150	P
NEW HAMPSHIRE														
Hanover														
Mary Hitchcock Memorial	W. C. Mac Carty, Jr.	41,128	45	171	319	2	2	2	0	0	6	7000-8000	O	
NEW JERSEY														
Atlantic City														
Atlantic City	M. D. Ritter	42,368	28	39	305	2	2	2	0	0	6	6000-7200	F	
Long Branch														
Monmouth Medical Center	M. Brodie	36,945	32	67	342	2	2	2	0	0	6	8000-9000	P	
Morristown														
Morristown Memorial	D. L. Bloom	46,281	32	107	241	2	2	2	0	0	6	8000-9200	F	
Newark														
Newark Beth Israel Medical Center	L. Spindell	34,500	17	120	390	2	2	2	0	0	6	9500-10500	O	
Summit														
Overlook	A. D. Crosett	40,773	16	23	261	1	1	1	0	0	3	8000-9000	P	
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist	J. W. Grossman	39,568	20	1,500	5,663	2	2	2	1	0	7	6060-6720	P	
University of New Mexico Affiliated Hospitals	B. G. Brogdon	...	...	...	...	2	2	2	0	0	6	...	...
Bernalillo County Medical Center		28,100	0	0	0	...	...	...	...	...	...	6310-8550	P
St. Joseph		...	...	...	...	...	...	...	...	...	...	6000-6500	...
Veterans Admin.		29,736	69	23	...	...	...	...	...	...	...	...	...
NEW YORK														
Albany														
Albany Medical Center	J. F. Roach	75,677	31	94	541	2	2	2	0	0	6	8100-9600	P	
Veterans Admin.	J. F. Roach	43,521	0	57	0	...	...	...	...	...	...	8400-11800	...
Buffalo														
Buffalo General	G. Culver, W. T. Murphy	50,148	91	369	513	2	2	2	0	0	6	7805-8735	...	
Deaconess Hospital of Buffalo	R. E. Seibel	53,661	19	250	260	1	1	1	0	0	3	8000-10000	P	
Edward J. Meyer Memorial	E. G. Eschner, E. V. Leslie	53,607	7	16	120	3	3	3	1	0	10	7805-10020	P	
Millard Fillmore ¹⁰⁰	F. Sheehan	35,276	0	0	0	1	1	1	0	0	3	7805-8735	P	
Roswell Park Memorial Institute	J. Webster, J. Gatzek	44,502	285	376	807	3	3	3	3	1	13	5522-6836	O	
East Meadow														
Meadowbrook	H. R. Zatzkin	60,134	40	40	191	3	3	3	2	1	12	8500-10500	F	
Mineola														
Nassau	H. Chiat	...	...	...	...	...	...	...	...	...	...	...	...
New Hyde Park	D. Faegenburg	32,889	561	32	529	1	2	1	0	0	4	8500-9500	P	
Long Island Jewish ²⁴⁴	B. S. Epstein	52,197	8	139	0	7	7	7	0	0	21	9500-11000	O	
New York City														
Albert Einstein College of Medicine Affiliated Hospitals	M. Elkin	147,832	91	2,431	13,859	9	9	9	2	0	291	8250-10750	F	
Bronx Municipal Hospital Center		...	...	...	...	...	...	...	...	...	...	...	...
Hospital of the Albert Einstein College of Medicine		...	...	...	...	...	...	...	...	...	...	...	...
Bronx-Lebanon Hospital Center	H. L. Miller	62,864	35	6	268	2	2	2	0	0	6	9500-10500	P	
Brooklyn-Cumberland Medical Center	J. G. Rabinowitz	85,755	61	130	57	4	4	4	0	0	12	9750-11750	...	

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APPROVED RESIDENCIES

26. RADIOLOGY - Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
NEW YORK, New York City—Continued													
Cornell Cooperating Hospitals	J. A. Evans	...	...	...	...	6	9	8	0	0	23	...	...
New York	J. A. Evans	91,686	...	...	...	...	...	...	...	...	...	9750-11250	P
Memorial Hospital for Cancer and Allied Diseases	G. J. D'Angio, D. G. Bragg	65,700	353	10	1,841	5	5	6	0	1	17	7500-12000	P
Hospital for Special Surgery	R. H. Freiberger	...	...	...	...	...	...	...	...	...	...	9500-10500	...
Jewish Hospital and Medical Center of Brooklyn	D. Bryk	53,186	41	32	365	1	3	2	0	0	6	9500-11000	O
Lenox Hill	E. E. Brant	75,558	39	372	265	1	1	1	0	0	3	9500-11500	P
Long Island College	R. L. Pinck	88,815	318	120	318	2	2	2	0	0	6	9500-10500	P
Maimonides Medical Center	E. J. Levin	51,810	0	210	0	1	2	2	0	0	5	9500-11500	P
Methodist Hospital of Brooklyn	N. F. Bartone	52,953	15	36	285	2	2	2	0	0	6	9500-10500	P
Montefiore Hospital Training Program	H. G. Jacobson	...	...	...	...	8	8	8	0	0	24	9750-11250	P
Montefiore Hospital and Medical Center	...	89,934	35	59	559	...	...	...	...	...	...	...	...
Morrisania City	...	65,318	3	0	0	...	...	...	...	...	...	...	...
Mount Sinai Hospital Training Program	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Sinai	B. S. Wolf, J. Boland	94,000	45	1,148	1,005	5	5	5	1	0	16	9750-11750	P
City Hospital Center at Elmhurst	E. Greenberg	91,481	...	140	...	2	2	2	0	0	6	...	P
New York Medical College-Metropolitan Hospital Center	...	...	...	...	...	...	...	...	...	...	...	...	...
Unit 1 - Flower and Fifth Avenue Hospitals	R. M. Friedenberg	43,218	104	236	104	4	4	4	0	0	12	9500-10750	P
New York University Medical Center ²¹⁷	N. E. Chase	...	...	...	...	14	14	14	0	0	42	...	...
Bellevue Hospital Center	...	169,045	138	...	...	...	...	...	...	...	...	8250-10750	...
University	...	70,000	24	0	442	...	...	...	...	...	...	...	P
Presbyterian	W. Seaman	...	...	...	...	5	5	5	0	0	15	...	...
Queens Hospital Center	J. J. Smulewicz	110,704	19	23	180	5	5	5	0	0	15	9500-11000	P
Roosevelt	A. A. Dunn	76,427	546	44	8,149	4	4	4	0	0	12	10000-12000	P
St. Luke's Hospital Center	N. Finby	70,162	50	112	267	3	3	3	0	0	9	10000-11000	P
St. Vincent's Hospital and Medical Center of New York	F. F. Ruzicka, Jr.	83,169	81	39	271	5	5	5	2	0	17	8500-9500	P
St. Vincent's Medical Center of Richmond	O. L. Manfredi	32,471	321	38	2,535	1	1	1	0	0	3	10500-12000	O
State University-Kings County Hospital Center	H. Z. Mellins	...	...	...	...	10	10	10	0	0	30	8250-10750	F
Kings County Hospital Center	...	226,951	280	10	0	...	...	...	...	...	...	...	...
State University	...	17,506	155	1	0	...	...	...	...	...	...	...	...
Veterans Admin. (Bronx)	K. F. Chan, B. Roswit	49,285	54	23	265	5	5	7	0	0	17	9750-11750	P
Veterans Admin. (Manhattan)	D. J. Principato	59,700	336	60	336	2	2	2	2	0	8	8200-9700	O
Rochester													
Rochester General	T. F. Van Zandt	46,097	40	104	203	2	2	2	0	0	6	8500-9500	P
Strong Memorial Hospital of the University of Rochester	L. H. Hempelmann	59,912	456	24	391	6	6	6	1	0	19	...	P
Syracuse													
S. U. N. Y. Upstate Medical Center	J. G. Mc Afee	93,229	98	221	554	8	6	5	1	0	20	8900-10900	O
Veterans Admin.	J. A. Head	25,118	0	0	...	...	...	...	...	...	...	...	...
NORTH CAROLINA													
Chapel Hill													
North Carolina Memorial	J. H. Scatliff	59,832	0	102	0	4	4	4	0	0	12	6500-7500	O
Durham													
Duke University Affiliated Hospitals	R. G. Lester	...	...	...	...	10	12	9	9	2	42	...	...
Duke University Medical Center	...	115,795	680	107	820	...	...	...	...	...	...	6500-8500	P
Veterans Admin.	...	43,813	326	17	326	...	...	...	...	...	...	5500-8550	O
Winston-Salem													
North Carolina Baptist Hospitals	I. Meschan	64,308	43	128	377	4	4	4	4	0	16	6000-8000	P
NORTH DAKOTA													
Bismarck													
Bismarck Affiliated Hospitals	J. A. Eriksen	...	...	...	...	1	1	1	0	0	3	...	...
Bismarck	S. K. Imes	29,441	39,165	7,450	...	...	...	...	...	...	...	6000-8400	P
St. Alexius	J. A. Eriksen	15,637	...	124	...	...	...	...	...	...	...	...	...
OHIO													
Akron													
Akron City	H. G. Niemeyer	80,679	24	120	414	1	1	1	0	0	3	8420-9440	P
Akron General	C. J. Miller, Jr.	46,160	11	151	...	1	1	1	0	0	3	8400-9200	P
Cincinnati													
Jewish	L. S. Rosenberg	43,902	23	24	239	...	...	...	...	...	3	7560-8880	P
University of Cincinnati Hospital Group	B. Felson	...	...	...	...	8	8	8	0	0	24	...	...
Cincinnati General	B. Felson	80,369	22	34	437	...	...	...	...	...	...	6340-6940	P
Children's	F. Silverman, E. Saenger	24,620	3	30	...	...	...	...	...	...	...	...	...
Cleveland													
Cleveland Clinic	T. F. Meaney	139,211	27	85	538	4	4	4	0	0	12	6800-7400	P
Cleveland Metropolitan General ²⁰¹	H. Hauser	63,905	16	50	446	4	4	5	3	0	16	7000-9200	P
Mount Sinai Hospital of Cleveland ²⁰²	G. R. Krause, M. Lubert	...	...	...	...	2	2	1	0	0	5	7800-10200	...
St. Luke's	D. D. Brannan	58,565	13	412	390	1	1	1	0	0	3	7600-9100	F
University Hospitals of Cleveland	H. L. Friedell	48,552	25	220	302	6	6	6	0	0	18	7500-9000	P
Veterans Admin.	H. L. Friedell	95,073	50	60	592	...	...	...	...	...	...	6850-9250	P
...	H. L. Friedell	48,112	1	17	386	...	...	...	...	...	...	...	...
Columbus													
Ohio State University Hospitals	S. W. Nelson	93,632	79	55	493	5	5	5	5	0	20	5328-9168	P
Dayton													
Miami Valley	D. E. Meininger	63,581	60	143	379	1	1	1	0	0	3	9600-10200	P
Veterans Admin. Center ¹⁰⁹	E. Gutman	34,554	...	177	...	3	2	2	0	0	7	8700-9900	P
Elyria													
Elyria Memorial - See St. Joseph-Elyria Memorial Hospitals, Lorain	...	...	...	...	...	...	...	...	...	...	...	...	...
Lorain													
St. Joseph-Elyria Memorial Hospitals	D. A. Russell	...	...	...	...	2	2	2	1	1	8	...	...
St. Joseph	C. Chesner	35,858	14	115	...	...	...	...	...	...	...	6600-8100	F
Elyria Memorial (Elyria)	D. A. Russell	47,142	20	141	134	...	...	...	...	...	...	7200-9600	F
Youngstown													
St. Elizabeth	R. J. Scheetz	69,686	214	214	0	1	1	1	0	0	3	6600-8400	FP
Youngstown	J. C. Melnick	110,978	217	535	0	2	2	2	0	0	6	10600-11200	P

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APPROVED RESIDENCIES

26. RADIOLOGY - Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Readium Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Main-tenance P P O
						1st Year	2nd Year	3rd Year	4th Year	5th Year				
OKLAHOMA														
Oklahoma City														
Baptist Memorial	R. Sukman	27,435	266	24	0	1	1	1	0	0	3	9000-9600	P	
St. Anthony	G. Hallum	38,098	26	20	367	2	2	2	2	0	8	8700-9600	P	
University of Oklahoma Medical Center	S. P. Traub	...	...	...	...	7	7	7	7	0	28	5500-10000	P
University of Oklahoma Hospitals	S. P. Traub	46,725	95	692	13,463	...	...	...	...	...	...	...	...
Presbyterian	E. H. Kalmon	14,264	4,959	342	...	...	...	...	...	...	...	...	...
Veterans Admin.	S. P. Traub	39,838	60	71	3,227	...	...	...	...	...	...	...	...
OREGON														
Portland														
Emanuel	W. Y. Buron, J. R. Lee	34,992	175	111	175	1	1	1	0	0	3	7800-9000	P	
University of Oregon Medical School Hospitals and Clinics	C. Dotter, C. Allen	85,937	73	19	250	7	8	6	0	0	21	6600-8400	FP	
PENNSYLVANIA														
Abington														
Abington Memorial	C. H. Sillars	58,477	32	67	421	1	1	1	0	0	3	7500-8400	P	
Allentown														
Sacred Heart	M. Stamatakos, C. L. Mengel	25,407	8	34	284	1	1	1	0	0	3	6600-7200	FP	
Bryn Mawr														
Bryn Mawr	R. M. Harvey	37,108	23	86	175	1	1	1	0	0	3	8100-9500	P	
Danville														
Geisinger Medical Center	J. L. Williams	61,768	46	83	514	2	2	2	1	0	7	6400-7600	P	
Darby														
Thomas M. Fitzgerald Mercy - See Mercy Catholic Medical Center, Philadelphia														
Harrisburg														
Harrisburg	G. J. Triano	31,408	85	...	...	2	2	2	0	0	6	...	...
Harrisburg Polyclinic	T. A. Tristan	44,573	19	21	417	1	1	1	0	0	3	7000-9000	F	
Philadelphia														
Albert Einstein Medical Center ⁴⁴	H. J. Isard	87,531	39	335	391	4	4	4	0	0	12	6500-7500	P	
Germantown Dispensary and Hospital	R. B. Funch	47,332	16	186	201	1	3	1	0	0	5	8400-9600	P	
Graduate Hospital of the University of Pennsylvania ³¹³	A. K. Finkelstein	36,804	11	115	713	4	4	4	4	0	16	8000-9500	P	
Presbyterian-University of Pennsylvania Medical Center	A. K. Finkelstein	27,496	15	197	713	...	...	...	...	...	...	8000-9500	P
Hahnemann Medical College and Hospital	J. S. Lehman	61,076	85	220	795	8	5	3	0	0	16	6500-8500	P	
Hospital of the University of Pennsylvania	R. H. Chamberlain	89,589	11	16	773	6	6	6	6	0	24	8000-11500	P	
Jefferson Medical College	I. M. Freundlich	62,000	600	100	500	8	8	8	8	0	32	8000-9500	O	
Mercy Catholic Medical Center	C. J. Rominger	...	...	33	220	2	2	2	2	2	8	...	...
Misericordia	C. J. Rominger	33,179	253	33	220	...	...	...	...	...	...	9000-10800	P
Thomas M. Fitzgerald Mercy (Darby)	J. F. Mahoney	37,844	16	86	0	...	...	...	...	...	...	9000-10200	P
Nazareth	J. Beres	48,764	197	29	0	...	...	...	...	...	...	7500-8100	F
Pennsylvania	W. J. Tuddenham	39,407	18	77	154	2	2	2	0	0	6	6200-6800	O	
Philadelphia General	G. T. Wohl	67,564	15	41	144	5	5	5	3	0	18	8100-9300	O	
Temple University ³³	H. M. Stauffer, R. Robbins	67,338	...	...	...	5	6	5	0	0	16	7200-9600	P
Veterans Admin. ²⁷⁵	G. L. Popky	37,632	3	209	0	...	...	...	...	...	...	...	...
Pittsburgh														
Allegheny General	T. B. Childs	49,276	476	...	612	2	2	2	0	0	6	9000-9600	P	
Hospitals of the University Health Center of Pittsburgh	J. H. Feist	...	...	...	...	8	8	8	2	0	26	...	...
Children's Hospital of Pittsburgh	B. R. Girdany	46,000	...	...	...	...	...	...	...	...	...	8500-16000	P
Magee-Womens	J. Mazer, J. Parsons	32,975	33	32	286	...	...	...	...	...	...	7500-10000	O
Presbyterian-University	J. H. Feist	68,700	3	86	271	...	...	...	...	...	...	7500-9500	O
Veterans Admin.	S. Poller	35,131	...	62	...	...	...	...	...	...	...	6000-7800	O
Mercy	J. R. Lewin	64,776	4	82	463	2	3	2	0	0	7	9000-10800	P	
Montefiore	H. W. Friedman	43,961	38	67	412	2	2	2	0	0	6	7800-9000	P	
St. Francis General	J. A. Marasco, Jr.	55,201	48	20	295	3	3	3	0	0	9	7800-9000	FP	
Western Pennsylvania	W. S. Mellon, Jr.	62,150	48	231	0	2	2	2	0	0	6	6600-7800	FP	
Reading														
Reading	G. W. Chamberlin	34,621	262	61	262	1	1	1	0	0	3	6600-7800	F	
Sayre														
Robert Packer	J. Littleton, J. Carpender	33,311	11	32	142	1	1	1	0	0	3	6500-7500	F	
PUERTO RICO														
San Juan														
University of Puerto Rico Affiliated Hospitals	H. Pagan Saez	...	...	...	...	6	6	6	0	0	18	...	...
I. Gonzalez Martinez Oncologic	V. Marcial	19,969	225	106	893	...	...	...	...	...	...	4800-6000	F
Industrial	...	...	...	...	...	...	...	...	...	...	...	...	...
Municipal Hospital Dr. Rafael Lopez Nussa	...	...	...	...	...	...	...	...	...	...	...	...	...
University District	H. Pagan Saez	133,000	...	...	...	...	...	...	...	...	...	6300-7500	P
Veterans Admin. Center	L. Erlich	24,466	0	0	0	...	...	...	...	...	...	6720-6720	O
RHODE ISLAND														
Providence														
Rhode Island	T. Forsythe	63,821	68	2,162	1,229	2	2	2	0	0	6	7600-9100	P	
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	H. S. Pettit	...	...	...	...	4	4	4	0	0	12	...	P
Medical College	...	42,220	114	26	729	...	...	...	...	...	...	5400-6600	P
Veterans Admin.	...	22,625	...	...	...	...	...	...	...	...	...	5575-6775	P
TENNESSEE														
Chattanooga														
Baroness Erlanger	C. W. Reavis	51,725	56	729	3,478	2	1	1	0	0	4	7800-9000	FP	
Knoxville														
University of Tennessee Memorial Research Center and Hospital	E. Buonocore	30,511	116	1	1	1	0	0	3	5600-6240	F	

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APPROVED RESIDENCIES

26. RADIOLOGY - Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Ortho-Voltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
						1st Year	2nd Year	3rd Year	4th Year	5th Year			
TENNESSEE - Continued													
Memphis													
Baptist Memorial	J. E. Whiteleather	104,825	114	300	926	3	3	3	0	0	9	6300-6900	F
Methodist	J. C. King	90,561	368	223	207	4	3	2	0	0	9	5100-5700	P
University of Tennessee Affiliated Hospitals	G. Cooper, Jr.	...	...	...	...	8	6	8	0	0	22	...	...
City of Memphis Hospitals	...	97,987	82	37	366	...	...	...	...	...	...	5016-6138	F
Veterans Admin.	...	58,318	2	67	289	...	...	...	...	...	...	7160-8160	P
Nashville													
George W. Hubbard Hospital of the Meharry Medical College	G. J. Tarleton, Jr.	15,632	85	2	0	2	2	2	0	0	6	6000-7200	...
Vanderbilt University Affiliated Hospitals	E. Klatte, W. Caldwell	...	...	...	...	7	7	7	1	0	22	6500-8000	P
Vanderbilt University	E. Klatte, W. L. Caldwell	Inc. in 6	...	34	581	...	...	...	...	...	...	...	...
Veterans Admin.	V. A. Vix	44,470	0	132	143	...	...	...	...	...	...	...	...
Nashville Metropolitan General	T. R. Duncan	33,539	45	...	...	...	...	...	...	...	...	...	...
TEXAS													
Dallas													
Baylor University Medical Center	A. D. Sears	66,543	492	144	1,020	4	4	4	0	0	12	...	O
Methodist Hospital of Dallas	R. B. Connor	36,345	68	8	129	2	1	1	0	0	4	6300-6900	P
St. Paul	J. E. Miller	45,148	76	78	605	2	2	2	2	0	8	6300-7200	P
University of Texas Southwestern Medical School Affiliated Hospitals	F. J. Bonte	...	...	...	...	...	...	...	...	...	17	...	...
Parkland Memorial	F. J. Bonte	138,296	225	61	0	...	...	...	...	...	...	6360-7020	P
Children's Medical Center	G. Currarino	19,262	0	0	0	...	...	...	...	...	...	...	...
Veterans Admin. ³⁰⁶	D. Morkovin	64,172	1	21	247	2	2	2	0	0	6	6440-14409	P
Galveston													
University of Texas Medical Branch Hospitals	R. N. Cooley	82,681	401	...	...	5	5	5	0	0	15	6000-7200	P
Houston													
Baylor University Affiliated Hospitals	J. A. Burdine, Jr.	...	...	...	...	6	6	6	0	0	18	...	...
Ben Taub General	J. A. Burdine, Jr.	124,815	81	13	177	...	...	...	...	...	...	6900-9900	P
Methodist	C. H. Burge	87,214	304	15	754	...	...	...	...	...	...	6900-8700	P
Veterans Admin.	H. L. Barton	78,762	67	6	318	...	...	...	...	...	...	6900-8100	P
Texas Children's	E. B. Singleton	19,378	0	0	0	...	...	...	...	...	...	6900-8100	O
Hermann	J. D. Reeve	61,496	445	456	412	3	3	3	0	0	9	6600-7800	P
St. Joseph ³¹¹	J. Keegan	60,936	23	32	250	4	4	4	0	0	12	6650-7950	P
University of Texas M. D. Anderson Hospital and Tumor Institute ³⁰⁹	G. H. Fletcher	39,766	386	437	2,262	...	...	...	...	...	161	6000-13000	O
San Antonio													
Baptist Memorial	H. F. Elmendorf, Jr.	44,831	175	145	...	1	1	1	...	...	3	7600-9000	FP
University of Texas at San Antonio Teaching Hospitals	P. Zanca	...	...	...	...	6	6	6	0	0	18	...	...
Robert B. Green Memorial	P. Zanca	67,017	39	250	2,076	...	...	...	...	...	...	7800-9000	P
Santa Rosa Medical Center	A. Thaggard	60,497	...	...	...	...	...	...	...	...	...	6372-7572	O
Temple													
Scott and White Memorial	D. N. Dysart	82,810	11	494	297	2	2	2	0	0	6	7200-8400	P
UTAH													
Salt Lake City													
Latter-Day Saints	P. R. Frederick	36,621	15	59	...	1	1	1	0	0	3	5700-6600	P
St. Mark's	R. Y. Card	16,548	28	23	359	1	0	0	0	0	1	7200-...	P
University of Utah Affiliated Hospitals	W. R. Christensen	...	...	...	...	3	3	3	0	0	9	...	...
University	W. R. Christensen	40,521	56	25	350	...	...	...	...	...	...	5700-6300	...
Primary Children's	V. R. Condon	12,402	0	...	0	...	...	...	...	...	...	...	...
Veterans Admin.	D. W. Stowell	26,573	...	...	...	...	...	...	...	...	...	5700-6900	...
VERMONT													
Burlington													
Medical Center Hospital of Vermont	A. B. Soule	74,232	79	30	391	4	3	3	1	0	11	6600-8400	O
VIRGINIA													
Charlottesville													
University of Virginia	T. E. Keats	69,298	620	...	620	5	5	5	0	0	15	5400-6900	O
Newport News													
Riverside	J. Myles	42,740	251	139	0	1	1	1	0	0	3	8400-12000	P
Norfolk													
De Paul ³¹²	J. Foster	39,097	33	...	0	1	1	1	0	0	3	9900-10500	P
Norfolk General	C. P. Wisoff	80,054	330	110	308	1	1	2	0	0	4	9900-10500	O
Richmond													
Medical College of Virginia Affiliated Hospitals	E. R. King	...	...	...	...	7	7	7	7	0	28	...	...
Medical College of Virginia-Hospital Division	...	117,789	328	88	497	...	...	...	...	...	...	6900-8400	P
Veterans Admin.	...	45,254	...	...	...	...	...	...	...	...	...	6900-8000	P
WASHINGTON													
Seattle													
Swedish Hospital Medical Center	J. F. Nelson, O. Wildermuth	28,661	79	110	428	3	3	3	0	0	9	7080-8220	P
University of Washington Affiliated Hospitals ³¹⁵	M. M. Figley	...	0	...	...	5	5	5	5	0	20	...	...
Harborview Medical Center	M. M. Figley	42,121	0	0	0	...	...	...	...	...	...	7008-9000	P
University	M. M. Figley	41,900	54	26	296	...	...	...	...	...	...	7008-9000	P
Veterans Admin.	R. Leighton, A. J. Benesh	18,229	0	56	0	...	...	...	...	...	...	6000-8004	P
Virginia Mason	T. Carlile	60,423	35	104	454	1	1	2	0	0	4	6450-8350	FP
Spokane													
Sacred Heart	C. A. Stevenson	30,206	36	117	191	1	1	1	0	0	3	6600-8700	F
WEST VIRGINIA													
Morgantown													
West Virginia University Medical Center	H. I. Amory	43,508	23	234	461	2	2	2	0	0	6	7000-8000	P
Wheeling													
Ohio Valley General	A. K. Butler	28,331	47	20	272	1	1	1	0	0	3	9600-10800	P

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26. RADIOLOGY - Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	No. of Radium or Cobalt (not Teletherapy) Treatments	No. of Superficial and Orthovoltage Treatment Visits	No. of Megavoltage Treatment Visits	Residencies Offered 1970-1971						Salary per Year Min.-Max.	Main-tenance
						1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		
WISCONSIN													
Madison													
University Hospitals	J. H. Juhl	6,609	78	89	651	7	7	6	..	..	20	6000-6800	P
Milwaukee													
Columbia	R. W. Byrne	39,724	7	123	92	1	1	1	0	0	3	8100-9300	P
Evangelical Deaconess	A. Melamed	29,425	11	29	118	1	1	1	0	0	3	7200-8400	P
Lutheran Hospital of Milwaukee ⁷³	J. L. Armbruster	29,810	64	507	144	1	1	1	0	0	3	7321-8132	P
Marquette Affiliated Hospitals	J. E. Youker	..	..	..	..	7	7	7	0	0	21	..	..
Milwaukee County General	J. E. Youker	130,730	19	29	312	..	..	..	..	..	..	7200-8400	P
Milwaukee Children's	J. E. Youker	..	..	..	..	..	..	..	..	..	..	..	..
Veterans Admin. Center (Wood)	G. F. Unger	68,453	..	69	107	..	..	..	..	..	..	7600-10300	P
St. Joseph's	G. W. Sengpiel	49,484	24	172	169	2	2	2	0	0	6	8100-9900	P
St. Luke's	C. E. Schmidt	54,686	24	132	458	2	2	1	0	0	5	7200-8400	FP

27. RADIOLOGY, DIAGNOSTIC

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in Diagnostic Radiology. Programs, 7; Residencies, 77

	Chief of Service or Program Director	No. of X-Ray Examinations	Residencies Offered 1970-1971						Salary per Year Min.-Max.	Main-tenance	
			1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
NONFEDERAL AND VETERANS ADMINISTRATION											
CONNECTICUT											
Hartford											
Hartford	A. Janzen	77,316	2	2	2	0	0	6	7,600	9,100	O
MASSACHUSETTS											
Boston											
Massachusetts General	L. L. Robbins	174,677	2	2	2	0	0	6	6,600	9,000	O
New England Medical Center Hospitals	R. E. Paul, Jr.	50,680	2	2	2	0	0	6	6,600	10,000	O
NEW YORK											
New York City											
Cornell Cooperating Hospitals	J. A. Evans	120,000	8	8	8	0	0	24	9,750	11,250	P
New York Memorial Hospital for Cancer and Allied Diseases
Hospital for Special Surgery
Montefiore Hospital and Medical Center	H. G. Jacobson	65,318	8	8	8	0	0	24	9,750	11,250	P
NORTH CAROLINA											
Durham											
Duke University Medical Center	R. G. Lester	99,363	4	4	3	0	0	11	6,500	8,500	P

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in Therapeutic Radiology. Programs, 3; Residencies, 15

	Chief of Service or Program Director	New Cancer Patients per Year	Teletherapy Treatments per Year	Interstitial and Intracavitary Treatments per Year	Residencies Offered 1970-1971						Salary per Year Min.-Max.	Main-tenance	
					1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
NONFEDERAL AND VETERANS ADMINISTRATION													
CALIFORNIA													
San Francisco													
Claire Zellerbach Saroni Tumor Institute	J. M. Vaeth	682	488	..	3	3	3	3	0	12	7,000	10,000	P
NEW YORK													
New York City													
Montefiore Hospital and Medical Center	C. Botstein	617	9,750	11,250	P
TENNESSEE													
Nashville													
Vanderbilt University	E. Klatte	625	1	1	1	0	0	3	6,500	8,000	P

APPROVED RESIDENCIES

29. SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for FOUR OR MORE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group I candidate. Programs, 393; Residencies, 6,379

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
			Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
UNITED STATES AIR FORCE														
ARIZONA														
U. S. Air Force, Tucson - See Veterans Admin., Tucson, Ariz.														
CALIFORNIA														
David Grant U.S.A.F., Fairfield ¹²⁵	W. H. Peniston	131	3,781	21	96	68,692	2	2	2	2	0	8	.....	...
MISSISSIPPI														
U. S. Air Force, Biloxi	M. J. Williams	116	2,270	40	70	25,120	2	2	2	2	0	8	.....	...
TEXAS														
Wilford Hall U. S. A. F., San Antonio ⁶¹	R. G. Dawson	99	2,462	32	91	9,267	3	3	3	3	3	15	.....	...
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	E. M. Aronstam	141	3,017	43	72	32,318	3	3	3	3	0	12	.....	...
COLORADO														
Fitzsimons General, Denver ¹³⁸	W. C. Jesseman	214	3,698	44	82	27,568	3	3	2	2	0	10	.....	...
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	J. H. Baugh	133	2,291	36	81	13,556	4	4	4	4	0	16	.....	...
HAWAII														
Tripler General, Honolulu	T. Whelan, Jr., T. Nelson	175	4,014	42	74	54,195	3	3	3	3	0	12	.....	...
TEXAS														
William Beaumont General, El Paso	C. A. A. Terrill	160	4,652	60	88	60,971	3	3	3	3	0	12	.....	...
Brooke General, San Antonio	J. B. Dalton	65	1,968	39	71	7,931	3	3	3	3	0	12	.....	...
WASHINGTON														
Madigan General, Tacoma	A. W. Stratton	363	6,363	53	77	100,202	2	2	2	2	0	8	.....	...
UNITED STATES NAVY														
CALIFORNIA														
Naval, Oakland	G. E. Cruft	185	2,583	31	84	19,977	2	2	2	2	0	8	.....	...
Naval, San Diego	R. C. Laning	400	5,983	132	69	30,221	4	4	4	3	0	15	.....	...
ILLINOIS														
Naval, Great Lakes	R. F. Milnes	688	5,829	26	59	20,172	2	2	2	2	0	8	.....	...
MARYLAND														
Naval, Bethesda	T. H. Wilson, Jr.	196	2,493	45	93	9,782	2	2	2	2	0	8	.....	...
MASSACHUSETTS														
Naval, Chelsea	S. G. Kramer	110	1,584	10	70	4,500	2	2	2	2	0	8	.....	...
NEW YORK														
Naval, St. Albans	D. J. Doohen	720	4,749	37	68	17,966	3	3	2	2	0	10	.....	...
NORTH CAROLINA														
Naval, Camp Lejeune - See Naval, Portsmouth, Va.														
PENNSYLVANIA														
Naval, Philadelphia	R. J. Cales	205	2,473	62	61	9,591	4*	2	2	2	0	10	.....	...
VIRGINIA														
Naval, Portsmouth	E. J. Rupnik	393	5,346	79	61	51,853	4	4	4	4	0	16	.....	...
Naval (Camp Lejeune, N.C.)	B. C. Cole	70	2,209	18	33	20,562	...	...	...	...	...	...	.....	...
UNITED STATES PUBLIC HEALTH SERVICE														
ALASKA														
U. S. Public Health Service Alaska Native Medical Center, Anchorage - See U. S. Public Health Service, New York City														
ARIZONA														
U. S. Public Health Service Indian, Phoenix - See U.S.P.H.S., N.Y.C. & Phoenix Int. Sur. Res., Ariz.														
CALIFORNIA														
U. S. Public Health Service, San Francisco	C. H. Lithgow	83	2,247	28	80	35,971	2	2	2	2	0	8	.....	...
LOUISIANA														
U. S. Public Health Service, New Orleans	J. J. Noya	...	...	...	...	8,881	2	0	0	2	0	4	.....	...
MARYLAND														
U. S. Public Health Service, Baltimore ¹⁹⁷	H. V. Belcher	84	1,996	26	69	11,198	4	1	1	1	0	7	.....	...
MASSACHUSETTS														
U. S. Public Health Service, Boston	J. C. Wright	77	1,486	44	28	12,237	1	1	1	1	0	4	.....	...
NEW YORK														
U. S. Public Health Service (Staten Island), New York City	T. F. Flynn	102	1,731	38	71	8,592	2	2	2	2	0	8	.....	...
U.S. Pub. Hlth. Serv. Alaska Native Med. Center (Anchorage, Alaska)	J. F. Wilson	40	72	16	81	1,800
U.S. Public Health Service Indian (Phoenix, Ariz)	R. E. Norton	50	1,336	17	35

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29. SURGERY - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Maintenance
			Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
WASHINGTON														
U. S. Public Health Service, Seattle - See University of Washington Affiliated Hospitals, Seattle														
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights	R. George	50	1,767	34	76	8,620	2	2	2	2	0	8	9517-13258	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Birmingham Baptist Hospitals	R. F. Roddam	...	...	...	...	...	6	2	2	2	0	12	7700-9200	...
Baptist Medical Center	...	284	11,001	289	29	...	...	...	...	...	...	...	...	...
Birmingham Baptist	...	335	12,839	367	31	...	...	...	...	...	...	...	...	...
Carraway Methodist	E. C. Tyndal	150	5,607	66	47	59,987	6	2	2	2	0	12	7200-9600	P
University of Alabama Medical Center	J. W. Kirklin	...	...	...	...	...	9	5	5	5	0	28	...	...
University of Alabama Hospitals and Clinics	J. W. Kirklin	147	5,007	235	60	11,593	...	...	...	...	...	...	6300-8100	P
Veterans Admin.	E. C. Sherlock	55	1,524	58	66	4,780	...	...	...	...	...	...	6607-9007	O
Fairfield														
Lloyd Noland	J. M. Slaughter	61	2,330	75	45	19,564	3	1	1	1	0	6	7800-11700	FP
Mobile														
Mobile General	H. S. J. Walker, Jr.	66	2,323	122	44	9,174	4	3	3	2	0	12	6840-8640	P
ARIZONA														
Phoenix														
Maricopa County General	H. W. Hale, Jr.	122	2,928	171	34	21,861	6	4	3	3	0	16	8486-10691	P
Phoenix Integrated Surgical Residency	W. P. Kleitsch	...	...	...	...	...	5	3	3	3	0	14	...	...
Good Samaritan	D. C. James	216	13,351	134	41	6,670	...	...	...	...	...	...	7800-10500	P
U. S. Public Health Service Indian (Also New York City)	R. E. Norton	50	1,336	17	35	...	...	...	...	...	...	...	...	...
Veterans Admin.	W. P. Kleitsch	72	1,551	58	77	2,390	...	...	...	...	...	...	8000-10000	O
Tucson														
Tucson Hospitals Medical Education Program	G. D. Robertson	...	...	...	...	...	6	4	2	2	0	14	8400-10200	P
Pima County General	E. G. Ramsay	39	1,390	60	75	11,431	...	...	...	...	...	...	...	...
St. Mary's	E. Czerny	93	4,489	73	54	360	...	...	...	...	...	...	...	...
Tucson Medical Center	W. Soland	217	8,936	179	57	360	...	...	...	...	...	...	...	...
Veterans Admin.	E. E. Peacock	85	1,279	50	70	4,703	2	2	2	0	0	6	7600-10300	O
U. S. Air Force, Tucson	...	19	1,222	3	100	5,520	...	...	...	...	...	...	...	...
ARKANSAS														
Little Rock														
University of Arkansas Medical Center	G. S. Campbell	...	...	...	...	...	8	4	4	4	1	21	...	...
University	G. S. Campbell	54	1,445	68	64	6,578	...	...	...	...	...	...	...	O
Veterans Admin. Consolidated	G. S. Campbell, R. C. Read	90	1,979	96	64	1,620	...	...	...	...	...	...	6150-7430	P
CALIFORNIA														
Bakersfield														
Kern County General	R. G. Lukens	68	2,188	106	79	18,454	2	2	2	2	0	8	8400-10500	O
Davis														
University of California (Davis) Affiliated Hospitals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sacramento Medical Center (Sacramento)	E. F. Wolfman, Jr.	104	4,285	51	65	26,513	10	2	2	2	2	20	8520-10344	P
Downey														
Rancho Los Amigos - See U. of Calif. (Irvine) Affiliated Hosps., Orange														
Fresno														
Fresno General	T. H. Hewlett	75	2,649	100	41	23,002	3	3	3	3	0	12	8544-10716	P
Loma Linda														
Loma Linda University Affiliated Hospitals	D. B. Hinshaw	...	...	...	...	...	4	4	4	4	4	20	...	...
Loma Linda University	D. B. Hinshaw, B. Branson	91	3,134	91	62	10,648	...	...	...	...	...	...	6198-8466	P
Riverside General (Riverside)	J. Longbeam	53	2,085	66	58	9,266	...	...	...	...	...	...	7920-9468	P
Long Beach														
Veterans Admin. - See U. of Calif. (Irvine) Affiliated Hosps., Orange														
Los Angeles														
Cedars-Sinai Medical Center	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cedars of Lebanon Hospital Division	L. Morgenstern	551	21,088	...	...	9,436	10	1	1	1	0	13	7800-9900	P
Kaiser Foundation	J. F. Winkley	66	3,634	58	46	53,657	3	3	3	0	0	12	6300-8100	P
Los Angeles County-U.S.C. Medical Center	L. Rosoff	153	6,410	319	47	19,693	7	7	7	7	0	30	8100-10116	P
Queen of Angels	J. Regan, K. Schmutzer	109	4,456	120	38	562	4	2	2	2	0	10	6600-8400	F
U. C. L. A. Affiliated Hospitals	W. P. Longmire, Jr.	...	...	...	...	...	14*	5	5	5	4	33	9371-10715	O
U. C. L. A.	J. J. Cincotti	40	1,350	45	78	8,623	...	...	...	...	...	...	...	O
Veterans Admin. (Sepulveda)	J. J. Cincotti	88	1,552	59	69	2,514	...	...	...	...	...	...	9371-10715	O
Veterans Admin. Center - Wadsworth ¹¹³	H. E. Gordon	99	2,920	125	77	8,478	12*	4	4	4	0	24	9371-12071	P
White Memorial Medical Center ^{112,122}	S. H. Fritz	53	1,889	120	51	4,261	4*	2	2	2	2	13	7860-10260	P
Martinez														
Veterans Admin. ¹²⁴	J. V. Smith	120	1,529	80	59	5,001	4	2	2	2	0	10	7232-9080	O
Oakland														
Highland General ¹⁰³	A. J. Hunnicutt	55	2,502	135	30	9,566	12*	4	4	4	0	24	7800-9600	FP
Kaiser Foundation	H. D. Grant	106	4,818	150	50	30,177	4	2	2	2	0	10	8340-10320	P
Orange														
University of California (Irvine) Affiliated Hospitals	J. E. Connolly	...	...	...	...	...	7	4	4	4	...	19	8138-11387	P
Childrens Hospital of Orange County	J. David, M. J. Carson	9	695	3	...	148	...	...	...	...	...	...	7908-10104	P
Orange County Medical Center	J. E. Connolly	117	1,496	84	98	9,874	...	...	...	...	...	...	...	...
Veterans Admin. (Long Beach)	E. A. Stemmer	81	993	120	69	6,868	...	...	...	...	...	...	...	...



APPROVED RESIDENCIES

29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA - Continued														
Palo Alto														
Veterans Admin. - See Stanford University Affiliated Hospitals, Stanford														
Riverside														
Riverside General - See Loma Linda University Affiliated Hospitals, Loma Linda														
Sacramento														
Sacramento Medical Center - See Univ. of California (Davis) Affiliated Hospitals, Davis														
San Diego														
University Hospital of San Diego														
County	M. J. Orloff	64	2,035	131	72	9,353	10	5	5	5	5	30	6200-9600	P
San Francisco														
Harkness Community Hospital and Medical Center														
	W. L. Newberg	121	4,519	91	57	20,616	4*	3	2	2	0	11	7080-9900	F
	P. D. Smith, Jr.	122	6,266	75	52	137,913	5*	2	2	2	0	11	7920-9840	P
Mount Zion Hospital and Medical Center														
	L. D. Rosenman	174	6,584	113	60	1,526	5	2	1	1	0	9	7500-9300	P
University of California Program														
	J. E. Dunphy	...	...	...	...	...	21	12	8	8	6	55	...	...
H. C. Moffitt-University of California Hospitals														
	J. E. Dunphy	66	2,510	27	74	8,814	...	...	...	...	...	...	6200-9600	O
Children's Hospital and Adult Medical Center														
	V. Richards	61	2,516	41	60	1,794	...	...	...	...	...	...	7800-9600	P
	W. Blaisdell	83	2,441	116	38	5,544	...	...	...	...	...	...	7116-10248	P
	A. D. Hall	79	883	44	84	2,077	...	...	...	...	...	...	7761-10893	O
San Jose														
Santa Clara Valley Medical Center														
	J. B. D. Mark	122	3,608	120	65	25,825	3	1	1	1	0	6	7238-9006	F
San Mateo														
San Mateo County General - See Stanford University Affiliated Hospitals, Stanford														
Santa Barbara														
Santa Barbara General-Cottage Hospitals														
	O. W. Sartorius	...	...	...	...	...	4	3	2	2	0	11	8100-9900	P
	...	17	518	10	60	4,106	...	...	...	...	...	...	...	...
	...	142	6,180	88	66	0	...	...	...	...	...	...	...	...
Stanford														
Stanford University Affiliated Hospitals ¹³³														
	H. A. Oberhelman, Jr.	...	...	...	...	...	10	5	7	7	3	32	...	...
	H. A. Oberhelman, Jr.	81	3,448	105	85	6,203	...	...	...	...	...	...	6500-8000	P
	L. G. Crowley	42	904	32	81	2,198	...	...	...	...	...	...	6190-8930	O
San Mateo County General (San Mateo)														
	B. R. Meyerowitz	55	1,143	21	79	8,697	...	...	...	...	...	...	6360-7366	F
Stockton														
San Joaquin General ⁹²														
	W. Brock	59	1,008	51	90	16,739	2	3	2	1	0	8	9288-14808	P
Torrance														
Los Angeles County Harbor General														
	J. Thompson	68	3,421	138	75	4,268	8	5	4	3	3	23	8100-10800	P
COLORADO														
Denver														
St. Joseph ¹³⁹														
	M. E. Johnson	184	7,528	103	65	2,888	6	6	2	2	1	17	6720-7920	P
University of Colorado Affiliated Hospitals														
	W. R. Waddell	...	...	...	...	...	18	10	9	7	4	48	...	...
	B. Eisman	78	2,557	133	89	9,098	...	...	...	...	...	...	5028-6600	P
	W. R. Waddell	148	4,674	99	54	472	...	...	...	...	...	...	...	...
	H. F. Bramley	142	5,580	96	63	300	...	...	...	...	...	...	6600-7500	P
University of Colorado Medical Center														
	W. R. Waddell	67	1,921	109	99	4,059	...	...	...	...	...	...	5400-13000	P
	T. E. Starzl	59	1,057	70	92	1,560	...	...	...	...	...	...	5620-8870	O
CONNECTICUT														
Bridgeport														
Bridgeport														
	E. K. Jones	199	8,953	162	44	5,478	4	2	2	2	0	10	7600-10000	FP
	W. H. Curley	126	6,728	108	49	1,114	2	2	2	2	0	8	7800-8700	P
Hartford														
Hartford														
	J. H. Foster	178	6,394	164	55	2,345	10	4	4	4	0	22	7600-10000	P
	P. W. Fenney	72	1,029	42	67	7,945	...	...	...	...	...	...	...	...
	J. E. Burns	293	10,401	255	42	4,354	4*	2	2	2	0	10	7200-9000	F
University of Connecticut Affiliated Hospitals														
	G. Owens	...	...	...	...	...	4	2	2	2	0	10	...	...
University of Connecticut Hospital-Mc Cook Division														
	G. Owens	28	928	24	79	22,895	...	...	...	...	...	...	8900-11900	O
	P. W. Fenney	72	1,029	42	67	7,945	...	...	...	...	...	...	...	...
New Britain														
New Britain General														
	J. A. Mlynarski, H. Levine	152	6,397	85	65	691	3	2	2	1	0	8	7500-9000	P
New Haven														
Hospital of St. Raphael														
	D. A. Farmer	96	6,650	127	50	2,120	4	4	2	2	0	12	7866-10436	P
Yale-New Haven Medical Center														
	H. K. Wright	...	...	...	...	...	13	4	4	4	0	25	...	...
	H. K. Wright	114	4,190	117	62	18,917	...	...	...	...	...	...	9000-11000	O
	C. J. May	73	1,424	38	71	1,880	...	...	...	...	...	...	6765-9265	O
Nawington														
Veterans Admin. - See Hartford Hosp.; Univ. of Conn. Affil. Hosps., Hartford														
	J. B. Ogilvie	98	3,277	71	58	3,614	3	2	2	1	0	8	9500-1000	P
Waterbury														
St. Mary's														
	J. E. Daly	225	8,379	98	51	6,450	2	2	2	1	0	7	6000-7800	F
	S. B. Luria	125	4,913	68	53	804	4*	1	1	1	0	7	7500-9600	F
West Haven														
Veterans Admin. - See Yale-New Haven Medical Center, New Haven														
DELAWARE														
Wilmington														
Veterans Admin. - See Bryn Mawr Hospital, Bryn Mawr, Pa.														
	L. W. Whitney	251	14,818	348	50	11,415	3	3	3	3	0	12	8700-10200	P
DISTRICT OF COLUMBIA														
Washington														
Georgetown University Affiliated Hospitals														
	C. A. Hufnagel	...	...	...	...	...	10	4	4	3	3	24	...	...
	H. H. Balch	21	718	56	75	9,331	...	...	...	...	...	...	7000-10000	P
	C. A. Hufnagel	119	4,213	118	64	5,262	7500-9000	P
	G. A. Higgins	75	1,127	59	71	18,617	7325-10325	P

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29. SURGERY - Continued

District	Hospital	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
					Number	Neurosy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
DISTRICT OF COLUMBIA, Washington - Continued																
George Washington University	Affiliated Hospitals	B. Blades	...	...	...	...	...	...	12*	6*	4*	3	1	26†	...	...
District of Columbia General		J. R. Thistlethwaite	23	677	51	71	9,331	...	...	...	...	...	...	...	7000-10000	P
George Washington University		B. Blades	68	1,214†	47	85	2,004	...	...	...	...	...	...	...	7517-10503	P
Veterans Admin.		G. A. Higgins	75	1,127	59	71	18,617	...	...	...	...	...	...	...	7325-10325	P
Howard University Affiliated	Hospitals	B. Syphax	...	...	...	...	...	...	7*	4	4	3	1	19†	...	...
District of Columbia General		L. H. Kurtz	28	631	46	50	9,331	...	...	...	...	...	...	...	7000-10000	P
Freedmen's		B. Syphax	97	2,913	43	40	7,672	...	...	...	...	...	...	...	7865-10685	P
Providence		L. J. Goffredi	124	6,177†	82	47	4,520	...	2	1	1	1	0	6	7800-9600	P
Washington Hospital Center		E. A. Gould	140	5,332†	144	66	7,591	...	10*	3	3	3	0	19	8200-8500	P
FLORIDA																
Bartow																
Polk General - See Lakeland Gen.-Polk Gen. Hosps., Lakeland																
Gainesville																
University of Florida Affiliated																
Hospitals		E. R. Woodward	...	...	...	...	...	...	4	4	4	4	0	16	...	...
William A. Shands Teaching Hosp. and Clinics		E. R. Woodward	126	4,066	180	69	25,739	...	...	...	...	...	...	...	6000-9521	O
Veterans Admin.		M. J. Jurkiewicz	19	218	10	82	738	...	...	...	...	...	...	...	6600-8100	O
Veterans Admin. (Lake City)		E. R. Woodward	125	1,876	72	67	3,158	...	...	...	...	...	...	...	4596-8550	O
Jacksonville																
Jacksonville Hospitals Educational Program																
Baptist Memorial		H. W. Reinstine, Jr.	...	...	...	...	...	...	11	6	4	3	0	24	...	...
Duval Medical Center		C. M. Phillips	66	3,110†	73	54	252	...	...	...	...	...	...	...	8100-9000	...
St. Luke's		S. E. Stephenson, Jr.	48	2,114	105	41	15,046	...	...	...	...	...	...	...	8100-9000	P
St. Vincent's		R. Stull	80	2,146	42	30	0	...	...	...	...	...	...	...	6300-7200	O
		J. Canipelli	15	5,492†	163	43	3,146	...	...	...	...	...	...	...	7800-9600	P
Lake City																
Veterans Admin. - See University of Florida Affiliated Hospitals, Gainesville																
Lakeland																
Lakeland General-Polk General																
Hospitals		J. P. Collins	...	...	...	...	...	...	2	2	2	2	0	8	8160-9952	P
Lakeland General			432	11,107	247	60	28,732	...	...	...	...	...	...	...	...	...
Polk General (Bartow)			40	1,249	12	32	3,938	...	...	...	...	...	...	...	...	...
Miami																
University of Miami Affiliated																
Hospitals		W. D. Warren, R. Zeppa	...	...	...	...	...	...	18	7	7	7	0	39	...	...
Jackson Memorial		W. D. Warren, R. Zeppa	178	2,759	182	42	14,662	...	...	...	...	...	...	...	7050-8650	P
Veterans Admin.		R. Zeppa	139	2,674	100	60	2,014	...	...	...	...	...	...	...	7160-8660	O
Miami Beach																
Mount Sinai Hospital of Greater Miami		A. Hurwitz	92	2,407	115	35	1,403	...	8*	2	2	2	0	14	7300-8800	P
Orlando																
Orange Memorial		D. L. Weeks, Jr.	130	4,604	262	49	3,847	...	5	4	2	2	0	13	8400-10200	P
Pensacola																
Pensacola Educational Program																
Baptist		F. Cassidy, S. Shippey, Jr.	...	...	...	...	...	...	1	1	1	1	0	4	8400-10200	O
Escambia General			131	7,287	122	34	0	...	...	...	...	...	...	...	...	...
Sacred Heart			28	1,293	38	19	1,944	...	...	...	...	...	...	...	...	...
			102	5,436	89	26	0	...	...	...	...	...	...	...	...	...
Tampa																
Tampa General		J. C. Fletcher	127	5,845†	139	49	6,737	...	6	4	2	2	0	15	8500-10000	FP
GEORGIA																
Atlanta																
Crawford W. Long Memorial		J. N. Mc Clure, Jr.	184	8,902†	131	34	5,567	...	4	3	2	2	0	11	6480-8400	O
Emory University Affiliated Hospitals		J. D. Martin, Jr.	...	...	...	...	...	...	24*	8	8	8	0	48†	...	...
Emory University		J. D. Martin, Jr.	142	5,196†	131	60	...	...	...	...	...	...	...	...	6480-7920	P
Grady Memorial		J. D. Martin, Jr.	119	3,918	142	32	18,577	...	...	...	...	...	...	...	6480-8400	P
Henrietta Egleson Hospital for Children		J. D. Martin, Jr.	20	1,618	14	57	...	...	...	...	...	...	...	...	6480-6480	O
Veterans Admin.		J. C. Thoroughman	114	1,957	69	56	11,040	...	...	...	...	...	...	...	6213-9320	O
Georgia Baptist		J. P. Wilson	155	6,801	99	39	584	...	2	2	2	2	0	8	...	O
Piedmont		J. E. Skandalakis	155	7,518	37	35	1,277	...	3	1	1	1	0	6	6600-8400	P
St. Joseph's Infirmary		R. H. Stephenson	143	6,169†	108	49	1,169	...	2*	2	1	1	...	6	6968-8008	FP
Augusta																
Medical College of Georgia Hospitals		W. H. Moretz	...	...	...	...	...	...	13	5	5	5	1	29	...	...
Eugene Talmadge Memorial		W. H. Moretz	57	1,267	48	64	5,854	...	...	...	...	...	...	...	5534-8334	P
University		W. H. Moretz	60	2,568	81	25	4,109	...	...	...	...	...	...	...	4800-6600	P
Veterans Admin.		W. D. Jennings, Jr.	53	1,172	47	80	2,971	...	...	...	...	...	...	...	...	P
Macon																
Macon ¹³⁷		M. B. Hatcher	226	11,444	188	16	9,124	...	4	2	2	2	0	10	7800-9600	F
Savannah																
Memorial Medical Center ¹³⁷		T. J. Yeh	79	2,813	112	32	5,186	...	3	2	2	2	0	9	6300-7800	F
HAWAII																
Honolulu																
Honolulu Integrated Surgical																
Residency		R. L. Hill	...	...	...	...	...	...	8	7	2	1	0	18	8400-10200	O
Queen's		R. L. Hill	221	9,557†	260	52	6,363	...	...	...	...	...	...	...	...	...
St. Francis		R. L. Hill	104	4,280	92	47	3,064	...	...	...	...	...	...	...	...	...
Kuakini Hospital and Home		R. T. Tanoue	84	3,579	51	88	...	...	...	...	...	...	...	...	...	...
ILLINOIS																
Chicago																
Chicago Medical School Affiliated																
Hospitals			...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Sinai Hospital Medical Center of Chicago		J. Whitehill	94	3,010†	71	35	7,475	...	7	4	3	3	1	18	8700-11100	P
Columbus-Cuneo Medical Center		P. F. Nora	...	...	...	...	...	...	4	2	2	1	0	9	...	...
Columbus			158	4,621	71	34	7,953	...	...	...	...	...	...	...	9600-...	P
Frank Cuneo			44	1,457	33	...	647	...	...	...	...	...	...	...	9600-11400	P
Cook County		R. J. Baker	337	11,220	540	36	24,392	...	24	10	10	10	8	62	9600-12000	P
Illinois Central		C. Y. Werelius	101	2,788	47	40	8,601	...	1	1	1	1	0	4	9000-10500	FP

APPROVED RESIDENCIES

29. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Necrosis Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
ILLINOIS, Chicago—Continued															
Illinois Masonic Medical Center	L. M. Peterson	209	4,683	221	42	2,737	4	2	2	2	0	10	10000-11500	P	
Mercy Hospital and Medical Center	R. L. Schmitz	96	2,394	90	35	4,228	4	4	2	2	0	12	8300-9200	P	
Michael Reese Hospital and Medical Center	G. Peskin	118	3,650	108	45	15,433	10	3	3	3	1	20	8600-10400	P	
Northwestern University Medical Center ⁹⁷	J. M. Beal	...	...	...	...	...	12	8	6	4	4	34	...	...
Chicago Wesley Memorial	J. M. Beal	12	3,095	79	56	...	...	...	...	...	...	...	7500-9000	P
Passavant Memorial	J. M. Beal	71	2,364	60	70	4,720	...	...	...	...	...	...	7500-9000	P
Veterans Admin. Research	T. W. Shields	84	1,260	81	49	1,407	...	...	...	...	...	...	8940-10940	O
Evanston (Evanston)	J. M. Dorsey	72	3,317	58	70	2,716	...	...	...	...	...	...	7500-9000	P
Presbyterian-St. Luke's	O. Julian, H. Southwick	273	9,837	316	64	7,402	12	4	5	4	0	25	8500-10000	P	
University of Chicago Hospitals and Clinics ⁹	R. Menguy	85	2,488	129	68	10,623	6	6	6	4	2	24	8000-10000	O	
University of Illinois Affiliated Hospitals ⁹⁷	L. M. Nyhus	...	...	...	...	...	6	6	6	6	6	30	...	...
University of Illinois Research and Educational Hospitals	L. M. Nyhus	90	2,613	101	70	17,200	...	...	...	...	...	...	9600-12000	P
Veterans Admin. (West Side) ¹⁷¹	W. Schumer	107	2,064	99	75	3,679	...	...	...	...	...	...	6960-9260	O
Evanston															
Evanston - See Northwestern University Medical Center, Chicago	J. H. Mason	124	4,264	53	51	6,079	3	2	1	1	0	7	9300-10200	P	
Hines															
Veterans Admin. ¹⁶⁴	C. B. Puestow	208	2,869	219	42	4,607	14	8	8	8	0	38	8940-10440	O	
Peoria															
St. Francis	C. D. Branch	111	3,807	74	47	13,781	2	2	2	2	0	8	6900-7800	F	
INDIANA															
Indianapolis															
Indiana University Medical Center ⁸¹	J. S. Battersby	...	...	...	...	...	12*	4	4	4	0	241	...	...
Indiana University Hospitals	...	51	1,359	118	62	1,426	...	...	...	...	...	...	7000-9000	P
Veterans Admin.	...	63	1,321	61	62	1,950	...	...	...	...	...	...	8350-10750	O
Marion County General	P. F. Benedict	...	1,397	64	37	9,928	3	3	3	3	0	12	7600-9400	...	
Methodist Hospital of Indiana	D. Schlegel	120	3,955	124	46	1,664	4	2	2	2	0	10	8600-10400	P	
IOWA															
Des Moines															
Iowa Methodist	W. H. Myerly	164	7,455	165	49	12,484	4	2	2	2	0	10	6300-7200	F	
Broadlawn Polk County	W. H. Myerly	28	1,528	34	29	9,365	...	...	...	...	...	...	...	...
Veterans Admin. Center ¹⁸¹	L. T. Palumbo	132	9,280	107	63	7,453	5*	3	3*	3	0	14	7680-8880	P	
Iowa City															
State University of Iowa Affiliated Hospitals ⁹⁶	R. T. Tidrick	...	...	...	...	...	13*	6	6	6	0	31	...	...
University of Iowa Hospitals	R. T. Tidrick	183	5,625	245	66	28,900	...	...	...	...	...	...	7000-9000	P
Veterans Admin.	F. D. Staab	153	2,404	109	76	10,556	...	...	...	...	...	...	6044-8044	P
KANSAS															
Kansas City															
University of Kansas Medical Center	F. F. Allbritten, Jr.	70	2,067	129	71	6,364	8	4	4	4	0	20	6900-8790	P	
Veterans Admin. (Kansas City, Mo.)	A. Heilbrunn	64	1,541	72	65	1,683	...	...	...	...	...	...	6900-8790	P
Wadsworth															
Veterans Admin. Center ⁹⁷	W. Brauer	98	1,051	45	73	2,295	2	1	1	1	0	5	6900-8790	O	
Wichita															
St. Francis Hospital-Veterans Admin. Center	G. J. Farha	...	...	...	...	...	7*	3	3	3	0	16	...	...
St. Francis	G. J. Farha	94	3,884	82	48	695	...	...	...	...	...	...	7800-8700	FP
Veterans Admin. Center	F. W. Robinson	47	803	38	50	1,637	...	...	...	...	...	...	6640-7570	F
Wesley Medical Center	G. J. Mastio	110	9,914	29	41	527	4*	2	2	1	0	9	7800-8700	F	
KENTUCKY															
Harlan															
Harlan Appalachian Regional	J. Willard, P. Walstad	59	2,491	37	46	...	2	3	3	2	2	12	9000-10800	O	
Lexington															
University of Kentucky Medical Center	W. O. Griffen, Jr.	...	...	...	...	...	14	4	4	4	1	27	...	...
St. Joseph	R. R. Crutcher	33	1,341	29	30	106	...	...	...	...	...	...	5560-7360	P
University	W. O. Griffen, Jr.	38	1,443	81	51	6,079	...	...	...	...	...	...	6560-8960	P
Veterans Admin.	W. G. Malette	61	1,064	62	51	4,752	...	...	...	...	...	...	5790-7590	P
Louisville															
St. Joseph Infirmary	G. L. Stephens, B. J. Schoo	154	6,921	124	41	1,332	2	2	2	2	0	8	7800-9600	P	
University of Louisville Affiliated Hospitals	R. J. Noer	...	...	...	...	...	14*	6	6	6	0	32	...	...
Children's	W. Johnson	13	1,341	17	76	13,620	...	...	...	...	...	...	...	...
Jewish	...	245	12,450	355	34	25,549	...	...	...	...	...	...	...	...
Louisville General	R. J. Noer	54	1,876	119	60	18,659	...	...	...	...	...	...	7100-8600	P
Veterans Admin.	P. J. Harbrecht	81	1,733	85	64	6,115	...	...	...	...	...	...	6100-6800	O
LOUISIANA															
Independence															
Lallie Kemp Charity - See Charity Hosp. of La. (Tulane Univ. Div.), New Orleans	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lafayette															
Lafayette Charity - See Charity Hsp. of La. & L.S.U. Affil. Hsps., New Orleans	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Monroe															
E. A. Conway Memorial - See Ochsner Foundation, New Orleans	...	...	...	...	...	...	...	...	...	...	...	...	...	...
New Orleans															
Charity Hospital of Louisiana	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Louisiana State University Division	I. Cohn, Jr.	114	1,980	126	37	20,105	9	9	8	8	0	34	5400-6000	F	
Lafayette Charity (Lafayette)	...	58	1,616	55	31	16,008	...	...	...	...	...	...	...	...
Charity Hospital of Louisiana	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tulane University Division ⁹¹	T. Drapanas	110	2,178	199	42	20,797	9	8	8	8	0	33	5400-6000	F	
Lallie Kemp Charity (Independence)	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Huey P. Long Charity (Pineville)	...	...	...	...	...	...	...	...	...	...	...	...	...	...

29. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Main-tenance	
				Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
LOUISIANA, New Orleans—Continued																
Louisiana State University Affiliated Hospitals	I. Cohn, Jr.	4	4	4	4	0	16	
Veterans Admin.	B. G. Taylor	93	2,039†	78	46	4,966	...	...	...	...	...	...	6525-7125	O
Touro Infirmary	W. Leon	112	3,813	247	7	3,828	...	...	...	...	...	...	6562-9260	O
Lafayette Charity (Lafayette)	I. Cohn, Jr.	58	1,616	55	31	16,008	...	...	...	...	...	...	...	...
Ochsner Foundation	J. L. Ochsner	33	1,680	61	79	9,630	6*	4	4	4	0	18†	6500-8000	P		
E. A. Conway Memorial (Monroe)	...	12	844	37	32	5,338	...	...	...	...	...	...	12000-...	P
Pineville																
Huey P. Long Charity - See Charity Hosp. of La. (Tulane Univ. Div.), New Orleans	
Shreveport																
Confederate Memorial Medical Center	C. D. Knight	128	4,269	202	29	5,748	6	4	4	4	0	18	5400-6000	F		
MAINE																
Portland																
Maine Medical Center	E. H. Drake	172	8,472	199	51	18,164	3	3	2	2	0	10	5850-8910	FP		
MARYLAND																
Baltimore																
Baltimore City Hospitals	R. Steenburg	100	2,794	106	43	21,511	7	2	2	1	0	12	6000-9000	P		
Church Home and Hospital	J. M. Zimmerman	87	3,010	82	28	7,605	4	4	1	1	0	10	7600-8200	P		
Franklin Square	P. Ferris	51	1,850	59	31	4,325	4	2	2	0	0	10	6000-7000	F		
Johns Hopkins ¹⁹⁹	G. D. Zuidema	130	4,556†	176	58	86,097	14	4	2	4	4	29	7000-...	P		
Veterans Admin.	R. F. Kieffer, Jr.	63	1,360	43	60	12,235	...	...	...	...	...	...	6000-8000	P
St. Agnes	K. F. Meach	171	7,222	122	28	1,044	4	4	2	2	0	6	8000-9500	P		
St. Joseph	J. W. Ashworth	147	4,882	103	65	1,101	5	3	2	2	0	12	7000-8500	P		
Sinai Hospital of Baltimore	N. M. Seligman	147	5,991	132	49	9,236	10*	3	2	2	0	17	7000-8700	P		
South Baltimore General	N. Novin	119	4,800	76	38	8,500	5	3	2	2	0	12	7400-8300	F		
Union Memorial	J. N. Classen, P. M. Leand	126	4,075	128	42	41,511	6	2	2	2	0	12	9000-10500	P		
University of Maryland Affiliated Hospitals																
Maryland General	R. W. Buxton	136	4,374	145	35	...	14	5	5	5	0	29	8250-9500	F		
Mercy	T. B. Hubbard	107	4,884†	71	48	6,044	...	...	...	...	...	...	7800-8700	P
University of Maryland	R. W. Buxton	74	2,016	117	44	11,553	...	...	...	...	...	...	7100-8300	P
Cheverly																
Prince George's General ¹⁴⁸	J. Bayly	121	4,719†	216	62	4,129	4	2	2	2	0	10	8400-9600	O		
MASSACHUSETTS																
Boston																
Beth Israel ¹⁹⁴	W. Silen	100	3,034	58	30	12,062	10	8	4	3	1	26	7600-11000	P		
Boston City	R. A. Deterling, Jr.	48	1,585	57	49	8,429	9	5	3	3	0	20	6600-9000	...		
1st Surgical Service (Tufts)	D. E. Curtis	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin. (Jamaica Plain)	J. J. Byrne	144	1,472	74	40	16,114	...	...	...	...	...	...	6600-10000	O
3rd Surgical Service (Boston Univ.)	D. C. Nabseth	60	1,600	69	39	8,225	6	4	4	4	0	18	6600-9000	O		
Veterans Admin. (Jamaica Plain)	W. W. Mc Dermott, Jr.	144	1,472	74	40	16,114	...	...	...	...	...	...	6600-10000	O
5th Surgical Service (Harvard)	R. Warren	48	1,563	75	63	9,553	12	8	6	6	0	32	...	...
Cambridge (Cambridge)	C. E. Sedgwick	48	1,424	75	64	7,266	...	...	...	...	...	...	6600-9000	O
New England Deaconess	T. H. Moghul	96	3,094	66	50	68	...	...	...	...	...	...	7000-11000	O
Veterans Admin. (Manchester, N.H.)	R. H. Stanton	41	823	46	41	2,200	...	...	...	...	...	...	7300-10000	P
Boston University Affiliated Hospitals																
Program 2	R. H. Egdahl, J. A. Mannick	...	...	...	...	...	...	...	...	...	...	...	...	...
University	R. H. Egdahl, J. A. Mannick	...	...	...	...	...	10	5	5	5	0	25	...	...
Veterans Admin. (Jamaica Plain)	D. C. Nabseth	70	2,073	77	54	2,614	...	...	...	...	...	...	7600-10000	O
Veterans Admin. (Providence, R.I.)	H. W. Harrower	144	1,472	74	40	16,114	...	...	...	...	...	...	6600-10000	O
Program 3	L. F. Williams, Jr.	101	1,801	109	62	11,433	2	2	2	2	0	8	...	...
Brockton (Brockton)	F. D. Cogliano	117	5,045	97	30	971	...	...	...	...	...	...	7500-9500	O
Carney	C. J. Shea	130	5,550	129	44	5,735	...	...	...	...	...	...	6600-9000	O
Malden (Malden)	W. Garrey, J. Cafarella	150	5,934	35	11	243	...	...	...	...	...	...	6600-9000	P
Massachusetts General ²⁵³	O. Cope, L. W. Ottinger	120	6,649	220	78	237,791	14	7	7	7	2	37	6600-10000	O		
New England Medical Center																
Hospitals ⁹⁹	R. A. Deterling, Jr.	68	3,073	71	75	11,103	9	6	3	3	1	22	6600-10000	O		
Veterans Admin. (Jamaica Plain)	D. C. Nabseth	144	1,472	74	40	16,114	...	...	...	...	...	...	6600-10000	O
Peter Bent Brigham ²⁰⁴	F. D. Moore	157	4,392	166	81	27,838	9*	9*	5	5	5	33†	7600-11000	P		
Veterans Admin. (West Roxbury)	H. B. Wheeler	26	499	35	80	2,270	...	...	...	...	...	...	6600-10000	O
St. Elizabeth's Hospital of Boston	R. H. Stanton	117	4,406	153	41	6,654	5	3	2	2	0	12	6600-9000	P		
Lawrence F. Quigley Memorial (Chelsea)	G. F. Miller	27	679	16	56	3,771	...	...	...	...	...	...	7000-11000	P
Brockton																
Brockton - See Boston Univ. Affil. Hosps. (Program 3), Boston	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cambridge																
Cambridge - See Boston City (5th Surgical Service, Harvard), Boston	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chelsea																
Lawrence F. Quigley Memorial - See St. Elizabeth's, Boston	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malden																
Malden - See Boston Univ. Affil. Hosps. (Program 3), Boston	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pittsfield																
Berkshire Medical Center	R. Zupanic	143	6,350	53	54	1,705	3	2	1	1	1	8	6800-10800	P		
Springfield																
Springfield Hospital Medical Center	D. A. De Laurentis	192	7,314†	178	44	1,573	6*	4	2	2	0	14	7300-9000	O		
Worcester																
Memorial	G. L. Spanknebel, D. Hight	115	5,719†	72	57	1,915	4	3	2	2	0	11	6000-6900	F		
St. Vincent	C. Whelan	222	7,614†	230	46	519	5	4	3	2	0	14	6600-9000	P		
Worcester City	E. J. Croce	154	5,461	130	54	3,726	3	3	2	1	0	9	6595-8932	F		
MICHIGAN																
Allen Park																
Veterans Admin. - See Wayne State U. Affil. Hosps., Detroit	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ann Arbor																
St. Joseph Mercy	D. A. Campbell	90	3,326†	75	47	704	6*	3	3	3	0	15	8340-9240	O		
University of Michigan Affiliated Hospitals																
University	C. G. Child, 3d, W. J. Fry	...	...	...	...	...	26	8	7	7	7	55	...	...
Veterans Admin.	S. M. Lindenauer	132	2,163	142	69	8,510	...	...	...	...	...	...	6000-7900	O
Wayne County General (Eloise)	W. R. Olsen	74	2,332	39	85	2,697	...	...	...	...	...	...	6000-7200	O
Wayne County General (Eloise)	W. R. Olsen	74	2,205	92	44	11,687	8376-10233	F		

Numerical and other references begin on page 305.

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APPROVED RESIDENCIES

29. SURGERY - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Main-tenance P O	
			Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
MICHIGAN - Continued															
Detroit															
Detroit - Macomb Hospitals	L. F. Van Raaphorst	...	...	...	...	2	2	2	2	0	8	9000-10800	P	
Detroit Memorial		101	2,833	61	39	1,156	...	...	...	...	...	...	...
South Macomb (Warren)		62	2,646	46	54	0	...	...	...	...	...	...	...
Grace ²¹⁴	G. S. Wilson	206	6,974	197	53	1,877	10*	5*	3	3	0	21	8700-9600	P	
Harper ⁸⁰	P. J. Connolly	133	3,900	106	50	2,167	10	3	3	3	0	19	8700-9600	P	
Henry Ford	M. A. Black	225	6,737	237	60	93,334	18	10	9	8	2	47	7000-8900	P	
Mount Carmel Mercy	W. S. Carpenter	255	9,799	189	39	1,079	6	2	2	2	0	12	9000-9900	P	
St. John	J. A. Grady	151	6,580	94	53	1,372	3	3	3	3	0	12	10200-11100	P	
Sinai Hospital of Detroit	M. L. Sorock	103	3,403	89	51	2,114	4	2	2	2	0	10	9000-9900	P	
Wayne State University Affiliated Hospitals	A. J. Walt	...	...	...	...	...	16	10	7	7	0	40	...	...
Veterans Admin. (Allen Park)	W. H. Gerwig, Jr.	115	4,257	98	34	800	...	...	...	...	...	...	9600-10800	P
Detroit General	A. J. Walt	112	3,577	161	57	17,673	...	...	...	...	...	...	6500-9015	P
Hutzel	J. R. Brown	70	2,396	64	34	468	...	...	...	...	...	...	8700-9600	P
Eloise															
Wayne County General - See U. Mich. Affil. Hosps., Ann Arbor															
Flint															
Hurley	O. F. Kline, Jr.	210	6,904	158	45	3,097	4	4	4	4	0	16	8100-9300	FP	
Grand Rapids															
Blodgett Memorial	C. H. Southwick	131	7,492	162	74	92	2	2	2	2	0	8	7500-8400	P	
Butterworth	R. J. Schlosser	155	10,548	154	66	1,092	4	2	2	2	0	10	7500-8400	P	
St. Mary's	F. S. Gillett	88	4,715	89	37	865	2	1	1	1	0	5	7500-8400	P	
Highland Park															
Highland Park General	C. G. Barone	97	3,442	68	44	1,125	2	2	2	2	0	8	7700-8600	P	
Pontiac															
Pontiac General	C. H. Birkelo	128	5,468	91	50	928	3	2	2	2	0	9	7500-8400	FP	
Pontiac State	D. Dawson, C. H. Birkelo	69	800	174	44	2,200	...	...	...	...	...	...	...
Royal Oak															
William Beaumont	P. Jordan, Jr.	256	12,006	156	39	3,697	10*	4	4	4	1	23	9500-11000	P	
Pontiac State	D. Dawson, P. Jordan, Jr.	69	800	174	44	2,200	...	...	...	...	...	...	...
Saginaw															
Saginaw Affiliated Hospitals	C. J. Koucky	...	...	...	...	...	2	2	2	2	0	8	...	O
Saginaw General	R. O. Northway	115	4,257	98	34	800	...	...	...	...	...	...	9600-10800	P
St. Luke's	W. T. Rice	199	9,018	214	54	4,515	...	...	...	...	...	...	...
St. Mary's	L. C. Barry	69	5,086	116	43	230	...	...	...	...	...	...	10200-12600	P
Veterans Admin.	C. J. Koucky	61	1,204	47	53	1,540	...	...	...	...	...	...	9600-11400	P
Warren															
South Macomb - See Detroit-Macomb Hospitals, Detroit															
MINNESOTA															
Minneapolis															
Hennepin County General ⁸⁷	C. R. Hitchcock	93	2,647	139	71	13,328	5	5	4	4	4	22	6250-10250	P	
University of Minnesota Affiliated Hospitals	J. S. Najarian	...	...	...	...	5,156	18	6	2	3	4	34	6000-11500	O
Mount Sinai	M. M. Eisenberg	226	10,762	183	65	16,480	...	...	...	...	...	...	...
University of Minnesota Hospitals	J. S. Najarian	102	1,762	167	80	3,839	...	...	...	...	...	...	...
Veterans Admin.	J. S. Najarian	155	1,703	149	79	3,331	...	...	...	...	...	...	...
Rochester															
Mayo Graduate School of Medicine	R. B. Wallace	217	10,653	269	75	62,853	16	16	16	16	5	69	5400-8000	P	
Rochester Methodist		...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's		...	...	...	...	...	...	...	...	...	...	...	...
St. Paul															
Charles T. Miller	N. M. Trotman	117	4,420	67	69	1,027	1	1	1	1	0	4	9420-11220	P	
St. Paul-Ramsey	J. F. Perry, Jr.	85	2,189	150	75	7,637	5	2	2	2	0	11	5500-8000	O	
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center ⁸⁴	J. D. Hardy	...	...	...	...	...	10	8	8	6	0	32	...	...
University	J. D. Hardy	46	1,965	96	53	8,333	...	...	...	...	...	...	5100-7110	O
Veterans Admin. Center	J. H. Conn	72	1,533	35	68	4,380	...	...	...	...	...	...	5450-7780	...
MISSOURI															
Columbia															
University of Missouri Medical Center ⁸⁵	M. S. De Weese	45	1,489	55	62	5,403	7*	4	3	3	0	18	6500-8000	P	
Kansas City															
Kansas City General Hospital and Medical Center	A. Mc Canse	38	1,455	138	50	16,510	4	4	3	1	0	12	7785-9860	F	
Menorah Medical Center	P. Halperin	981	1,772	67	54	1,008	2	2	2	2	0	8	8460-10440	P	
St. Luke's ²²³	R. Allen	37	1,513	88	63	6,296	4	1	1	1	0	7	7200-9000	...	
Veterans Admin.	- See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis															
Barnes Hospital Group ⁹⁷	W. F. Ballinger, 2d	115	4,309	138	59	5,899	14	4	4	4	4	30	6500-8500	O	
Veterans Admin. (Washington University Service)	W. T. Newton	48	839	59	68	2,180	...	...	...	...	...	...	6840-8040	P
Deaconess	W. R. Cole	135	4,646	94	52	3,040	4	2	2	2	0	10	7500-9300	P	
Homer G. Phillips	A. D. Spencer	101	3,643	161	56	11,507	8*	4	4	4	0	20	6770-7836	P	
Jewish Hospital of St. Louis	A. E. Baue	139	5,702	95	54	6,694	6	3	3	2	0	14	7500-9300	P	
Missouri Baptist	E. R. Lerwick	78	2,444	69	53	2,372	4	3	2	2	0	11	8400-10200	O	
Missouri Institute of Psychiatry-St. Louis State	R. Thomasson	21	339	12	50	1,973	...	...	...	...	...	...	9600-10200	O
St. John's Mercy	W. W. Monafa, Jr.	212	7,779	187	53	1,164	3	2	2	1	0	8	5400-7200	F	
St. Louis City	...	...	...	...	...	...	...	...	...	...	...	...	...
Washington University Service	G. L. Tucker	38	1,369	61	58	4,425	1	0	0	0	0	1	6770-...	O	
St. Louis University Service	R. M. Keltner, Jr.	38	1,369	61	58	4,425	2	1	1	1	0	5	6770-7836	O	
St. Louis County ²²²	J. C. Peden, Jr.	50	2,061	72	46	9,492	3	3	3	3	0	12	5400-7200	F	
St. Louis-Little Rock Hospitals	R. Weir, B. Passanante	120	3,550	88	46	...	4	3	2	2	0	11	6000-6900	F	
St. Louis University Group of Hospitals ⁹⁷	V. L. Williams	256	7,935	317	68	9,818	6	5	4	2	3	20	6000-7800	...	
Veterans Admin. (St. Louis University Service)	H. B. Barner	49	801	54	70	2,460	6840-8040	P	
St. Luke's	C. A. Mc Afee	113	4,306	76	60	1,848	5	3	1	1	0	10	6000-7200	F	

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29. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Salary Per Year Min.-Max.	Maintenance	
				Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years			
NEBRASKA															
Omaha															
Creighton University Affiliated															
Hospitals	F. A. Miller	4	3	2	2	0	11
Creighton Memorial St. Joseph's	F. A. Miller	127	5,173	90	54	24,000
Douglas County	F. A. Miller	27	615	40	50
Veterans Admin.	J. F. Duesman	109	2,307	96	70	3,969	...	...	...	...	...	...	6550-8550	P
University of Nebraska Affiliated															
Hospitals	M. M. Musselman	7	4	3	3	0	17
University of Nebraska	M. M. Musselman	34	11,690	15	85	9,107	6300-8000	P
Douglas County	M. M. Musselman	19	634	24	63
Veterans Admin.	W. C. Davis	109	2,307	96	70	3,969	...	...	...	...	...	...	6550-8550	P
NEW HAMPSHIRE															
Hanover															
Dartmouth Medical School Affiliated															
Hospitals	J. H. Lyons, Jr.	83	3,168	67	82	27,933	4	4	4	0	18	7000-9000	O
Mary Hitchcock Memorial	J. H. Lyons, Jr.
Veterans Admin. Center (White River Junction, Vt.)	W. B. Crandell	43	750	28	86	2,241
Manchester															
Veterans Admin.	- See Boston City 5th Surg. Service (Harvard), Boston, Mass.														
NEW JERSEY															
Camden															
Cooper	E. Kain	174	3,355	142	73	11,204	2	1	1	1	0	5	7500-9000	F	
East Orange															
East Orange General - See Orange Memorial, Orange															
Veterans Admin. ²²⁸	O. Serlin	228	2,550	185	66	7,667	6	3	3	3	0	15	9500-11000	O	
Englewood															
Englewood	G. O. Halsted	174	7,715	123	40	2,761	3	2	2	1	0	8	8100-9900	F	
Jersey City															
Jersey City Medical Center	B. J. Wattiker	50	1,875	101	1	6,615	6	4	3	3	0	16	8000-9500	O	
Livingston															
St. Barnabas Medical Center ²⁶¹	C. C. Abbott	234	8,996	91	40	5,054	5	0	0	0	0	5	6960-8760	P	
Long Branch															
Monmouth Medical Center	L. Barnett	123	5,304	130	64	5,004	2	1	1	1	0	5	8000-9500	P	
Newark															
Martland	J. Knightly	75	2,173	119	27	9,369	6*	4	4	4	0	18	9500-11000	P	
Newark Beth Israel Medical Center	V. Parsonnet	134	3,985	109	36	13,078	6	3	1	1	0	11	9500-11000	O	
New Brunswick															
Middlesex General	N. Rosenberg, P. Kunderman	67	2,126	157	36	2,033	4	2	1	1	0	8	8000-9000	P	
Orange															
Orange Memorial	L. E. Ulvestad	141	4,187	96	52	1,440	3*	2	2	2	0	9	7800-9300	F	
East Orange General (East Orange)	J. August	57	1,916	37	30	332	...	...	...	...	...	...	12000-...	...
Paterson															
St. Joseph's ²³⁰	A. F. Mc Bride, Jr.	3	3,459	112	59	2,392	4	2	2	2	0	10	8700-9600	...	
Trenton															
St. Francis	J. Brenna	181	7,129	140	45	3,256	2	2	2	2	0	8	6600-9100	FP	
NEW MEXICO															
Albuquerque															
University of New Mexico Affiliated															
Hospitals	E. T. Peter	...	...	...	...	7,061	8	3	3	3	1	18	...	...
Bernalillo County Medical Center	E. T. Peter	30	806	33	80	2,712	...	...	...	...	...	...	6060-6930	P
Veterans Admin.	D. E. Smith	66	1,429	50	80	4,349	...	...	...	...	...	...	6310-8550	P
NEW YORK															
Albany															
Albany Medical College Affiliated															
Hospitals	C. Eckert	102	3,311	108	56	1,056	9	6	5	3	1	24	...	...
Albany Medical Center	C. Eckert	100	1,195	58	76	3,860	...	...	...	...	...	...	8100-11500	P
Veterans Admin.	C. Eckert	100	1,195	58	76	3,860	...	...	...	...	...	...	8400-11800	...
Buffalo															
Deaconess of Buffalo	D. R. Becker	169	5,001	112	47	7,522	4	2	2	2	0	10	8000-10000	P	
Millard Fillmore	P. B. Wels	190	6,313	247	36	806	5	3	3	2	0	13	7805-9200	P	
Sisters of Charity	F. M. Zaeffel	158	5,149	176	39	989	3	3	3	3	0	12	6684-9234	FP	
Emergency Hospital of the Diocese of Buffalo	F. M. Zaeffel	40	1,475	81	25	9,212	...	...	...	...	...	...	8184-9234	P
S. U. N. Y. at Buffalo Affiliated															
Hospitals, Program 1	R. W. Egan	...	...	...	...	...	10	5	4	4	0	23	...	...
Buffalo General	R. W. Egan	118	3,580	160	40	1,529	...	...	...	...	...	...	7805-9200	P
Veterans Admin.	A. A. Gage	133	1,776	83	49	1,255	...	...	...	...	...	...	6560-8660	O
S. U. N. Y. at Buffalo Affiliated															
Hospitals, Program 2	W. G. Schenk, Jr.	...	...	...	...	...	7	4	4	4	3	22	...	...
Edward J. Meyer Memorial	W. G. Schenk, Jr.	97	2,151	177	44	...	...	...	...	...	...	...	7805-10020	P
Veterans Admin.	A. A. Gage	133	1,776	83	49	1,255	...	...	...	...	...	...	6560-8660	O
Castle Point															
Veterans Admin.	- See St. Clare's, New York City														
Cooperstown															
Mary Imogene Bassett ²⁶⁷	D. A. Blumenstock	34	1,262	49	75	12,796	3	1	1	1	0	6	7500-9000	P	
East Meadow															
Meadowbrook	A. Di Benedetto	79	2,102	109	51	6,724	6	3	3	3	0	15	8500-10000	F	
Manhasset															
North Shore - See Cornell Cooperating Hospitals, New York City															
Mineola															
Nassau	R. F. Smith	89	4,528	63	52	360	3	2	2	2	0	9	8500-10000	...	
Newburgh															
St. Luke's Hospital of Newburgh	W. Park, O. A. Wahl	92	3,680	79	43	1,830	1	1	1	1	0	4	8400-10200	P	
New Hyde Park															
Long Island Jewish	P. E. Lear	50	1,742	37	49	2,041	8	2	2	2	0	14	9500-11500	O	
New Rochelle															
New Rochelle	W. J. Mc Cann	152	6,059	195	43	4,815	2	1	1	1	0	5	8750-11000	F	

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APPROVED RESIDENCIES

29. SURGERY - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Total All Years	Salary per Year Min.-Max.	Main-tenance O	
			Number	Neeropy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year					
New York City															
Albert Einstein College of Medicine															
Affiliated Hospitals ⁹⁷	D. State	106	3,602	162	50	22,500	21*	8	7*	6	6	48	8250-10750	F	
Bronx Municipal Hospital Center	D. State	...	...	...	...	...	...	...	...	...	...	...	...	...
Hospital of the Albert Einstein College of Medicine	D. State	...	...	...	...	...	...	...	...	...	...	...	...	...
Lincoln	P. H. Weil	75	2,383	43	29	30,786	...	...	...	...	...	...	...	...
Beekman-Downtown ⁶¹	R. B. Nolan	73	1,979	64	60	9,220	5	3	2	2	0	12	8000-9500	P	
Beth Israel ²⁴¹	W. I. Wolff	147	3,794	107	35	32,622	10	6	4	2	0	22	9500-11500	P	
Booth Memorial	J. L. Chassin	90	3,140	64	54	3,622	3	2	1	1	0	7	8250-10250	P	
Bronx-Lebanon Hospital Center	P. H. Ferst	174	5,152	166	37	17,175	6*	5	4	3	0	181	9500-11000	P	
Brookdale Hospital Center	C. B. Ripstein	74	2,423	86	28	10,054	8	2	2	2	0	14	9500-11000	P	
Brooklyn - Cumberland Medical Center	R. C. Britton	218	6,066	121	38	34,282	12	4	4	4	0	24	9750-11750	F	
Columbus	L. M. Rosati	99	2,923	130	34	5,482	4	2	2	2	0	10	7500-9000	P	
Coney Island	H. Krieger	96	2,522	127	35	33,218	6	3	3	3	0	15	9750-11750	P	
Cornell Cooperating Hospitals		...	...	...	...	...	...	...	...	...	...	...	...	...
New York	C. W. Lillehei	210	5,445	271	70	21,920	11	11	7	4	8	41	9750-12750	P	
North Shore (Manhasset) ²⁵¹	R. C. Karl	92	3,567	59	48	6,362	8	6	3	3	0	20	9500-11500	P	
Flushing Hospital and Medical Center ⁴⁰	J. J. Creedon	108	4,354	100	34	3,616	3	2	2	2	0	9	8000-10100	P	
French ²⁹³	J. E. Mc Manus	94	3,236	63	64	5,782	2	2	2	1	0	7	9000-10700	P	
Harlem Hospital Center ⁹⁷	J. M. Ferrer	232	11,840	217	15	18,579	12	4	4	4	4	28	8250-10750	F	
Hospital for Joint Diseases and Medical Center	J. R. Wilder	75	1,780	39	48	11,826	2	2	1	1	0	6	9500-11500	P	
Jamaica	H. Barber	97	4,329	110	52	7,358	2	2	2	2	2	10	7750-9750	...	
Jewish Hospital and Medical Center of Brooklyn	B. S. Levowitz	110	4,120	91	31	5,117	10	4	4	4	0	22	9500-11000	O	
Greenpoint		51	1,559	49	31	25,701	...	...	...	...	...	...	...	...
Knickerbocker	E. P. Fleischmann	84	1,751	44	50	5,043	4	2	2	2	0	10	7030-9310	FP	
Lenox Hill	W. W. Fischer	167	5,014	155	49	9,020	6*	3	2	2*	0	12	9500-12500	P	
Long Island College ⁹⁷	R. A. Mainzer	118	2,883	140	21	4,343	4	1	1	1	1	8	9500-11500	P	
Lutheran Medical Center	G. F. Cucolo	104	4,075	89	55	5,679	4	3	3	2	0	12	10000-11500	P	
Maimonides Medical Center	A. Kantrowitz	94	2,637	131	37	3,779	5	5	5	5	0	20	9500-11500	P	
Methodist Hospital of Brooklyn	I. F. Enquist	142	4,089	101	57	5,312	8	4	4	4	0	20	9500-11000	P	
Misericordia - Fordham Training Program	B. M. Reynolds	...	...	...	...	...	8	4	4	4	0	20	10000-13000	FP
Misericordia		94	3,902	111	40	5,583	...	...	...	...	...	...	...	...
Fordham		110	2,287	147	37	27,072	...	...	...	...	...	...	...	...
Montefiore Hospital Training Program	M. Gliedman	...	...	...	...	...	17*	6*	5	3	0	33	9750-11750	P
Montefiore Hospital and Medical Center		88	2,243	76	45	2,865	...	...	...	...	...	...	...	...
Morrisania City		35	1,580	77	23	8,228	...	...	...	...	...	...	...	...
Mount Sinai Hospital Training Program ⁵¹	A. E. Kark	...	...	...	...	...	18	12	8	6	6	50	9750-12250	P
Mount Sinai	A. E. Kark	200	6,000	125	40	4,168	...	...	...	...	...	...	...	...
City Hospital Center at Elmhurst	D. A. Dreiling	90	2,412	130	34	14,191	...	...	...	...	...	...	...	...
New York Medical College-Metropolitan Hospital Center	W. L. Mersheimer	...	...	...	...	...	12	8	4	4	0	28	8000-10500	P
Unit 1 - Flower and Fifth Avenue		57	1,932	75	28	694	...	...	...	...	...	...	...	...
Hospitals		86	1,765	129	52	23,599	...	...	...	...	...	...	...	...
Unit 2 - Metropolitan		...	...	...	...	...	...	...	...	...	...	...	...	...
Unit 3 - Bird S. Coler Memorial		...	...	...	...	...	...	...	...	...	...	...	...	...
Hospital and Home		...	...	...	...	...	...	...	...	...	...	...	...	...
New York Polyclinic Medical School and Hospital	W. Cassebaum, S. Bukanz	75	2,172	80	53	4,187	6	2	2	2	0	12	8500-9700	P	
New York University Medical Center	F. C. Spencer	...	...	...	...	...	28	25	10	10	0	73	...	...
Bellevue Hospital Center	F. C. Spencer	219	1,750	140	38	17,753	...	...	...	...	...	...	8250-10750	F
University	F. C. Spencer	133	4,056	162	50	...	...	...	...	...	...	...	...	P
Veterans Admin. (Manhattan)	D. A. Tice	140	2,375	111	46	...	...	...	...	...	...	...	8200-10200	O
Presbyterian ¹⁵²	G. H. Humphreys	216	6,880	195	38	44,842	10*	8	7	6	1	32	10500-12500	O	
Queens Hospital Center	M. Friedman	94	2,343	180	41	18,341	12	4	2	2	0	20	9500-11500	P	
Roosevelt	W. A. Wichern, Jr.	124	4,622	180	47	6,377	10	5	3	3	0	21	8500-11000	P	
St. Clare's	J. L. Madden	183	4,239	166	43	1,697	7	5	3	3	0	18	6500-8000	FP	
Veterans Admin. (Castle Point)	B. Y. Lee	70	611	21	43	1,900	...	...	...	...	...	...	6545-8345	FP
St. John's Episcopal	J. E. Mule	81	2,715	61	30	11,989	2	2	2	2	0	8	10050-11550	F	
St. Luke's Hospital Center	J. P. West	129	3,684	151	42	18,350	6	5	4	3	0	18	10000-11500	P	
St. Vincent's Hospital and Medical Center of New York	T. F. Nealon, Jr.	244	6,471	247	51	11,521	12*	4	3	3	0	22	8500-10000	P	
St. Vincent's Medical Center of Richmond	W. C. Frederick	76	2,398	90	47	3,186	3	2	2	1	0	8	10500-13000	O	
Staten Island	J. S. Snider	90	2,449	60	53	2,837	2	1	1	1	0	5	8750-10250	F	
State University - Kings County		...	...	...	...	...	25*	14	12	9	9	69	...	...
Hospital Center ⁹⁷	C. Dennis	285	6,709	580	23	11,615	...	...	...	...	...	...	8250-10750	F
Kings County Hospital Center		15	385†	18	33	705	...	...	...	...	...	...	...	...
State University		133	2,138	106	31	872	...	...	...	...	...	...	8200-10200	O
Veterans Admin. (Brooklyn)	H. H. Le Veen	70	3,199	43	41	5,254	2	2	1	1	0	6	8500-10000	FP	
Unity	P. Cooper	112	1,868	89	55	3,145	9	3	3	3	0	18	9750-11750	P	
Veterans Admin. (Bronx)	P. A. Zoller	280	4,385	153	39	7,364	5	5	4	4	4	22	6500-8500	F	
Wyckoff Heights ⁹⁷		...	...	...	...	...	...	...	...	...	...	...	...	...
Rochester															
University of Rochester Affiliated Hospitals	C. Rob	...	...	...	...	...	32	9	9	9	0	59	...	...
Genesee	W. A. Southgate	151	7,959	79	47	2,906	...	...	...	...	...	...	7250-8750	O
Highland Hospital of Rochester	H. D. Kingsley	116	5,064	103	50	420	...	...	...	...	...	...	7750-9250	P
Rochester General	J. R. Hinshaw	133	5,533	126	65	1,537	...	...	...	...	...	...	8500-10000	P
St. Mary's	A. Graziani, J. Lortie	100	4,603†	155	64	4,191	...	...	...	...	...	...	6800-8600	P
Strong Memorial Hospital of the University of Rochester	C. Rob	77	2,764	160	61	5,358	P	
Schenectady															
Ellis	H. J. Wright, Jr.	146	6,265	132	52	274	4	4	1	1	0	10	6930-8520	F	

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29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971						Maintenance	
				Number	Neurology Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		Salary Per Year Min.-Max.
NEW YORK - Continued														
Syracuse														
St. Joseph's	A. De Furia	124	8,009	137	42	11,371	3	2	1	1	0	7	8900-10400	F
S. U. N. Y. Upstate Medical Center	L. S. Rogers	255	9,084	312	54	10,833	13*	4	4	4	0	25	8900-11400	O
State University														
Veterans Admin.		80	1,269	86	69	2,713								
Valhalla														
Grasslands	M. Rohman	61	1,525	57	84	9,770	4*	4*	2	2	0	12	9930-12360	P
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	C. G. Thomas	36	1,297	42	62	9,253	10	6	5	4	3	28	6500-9000	O
Charlotte														
Charlotte Memorial	A. G. Brenizer, Jr.	92	3,477	94	51	6,687	2	2	2	1	0	7	6900-8100	P
Durham														
Duke University Affiliated Hospitals	D. C. Sabiston, Jr.						16	4	4	4	4	32		
Duke University Medical Center	D. C. Sabiston, Jr.	55	1,909	59	61	9,852							6500-8500	P
Veterans Admin.	D. Silver	19	1,319	80	49	5,628							5500-8550	
Winston-Salem														
Forsyth Memorial	K. V. Tynner	237	9,315	203	35	2,869	5	3	2	2	0	12	5460-8700	P
North Carolina Baptist Hospitals	R. T. Myers	59	2,307	78	55	3,605	8	4	4	3	3	22	6000-8000	P
OHIO														
Akron														
Akron City ²⁷⁴	R. M. Bartlett	169	5,474	222	59	978	5	3	2	2	0	12	8420-10040	P
Akron General ²⁷⁴	W. B. Trivett, Jr.	91	2,748	122	57	1,241	4*	4	2	2	0	12	8400-9600	P
St. Thomas	R. E. Yeakley	152	4,129	37	76	1,010	6	2	2	2	0	12	6720-8400	P
Cincinnati														
Christ	D. E. Earley	105	3,554	109	38	535	7	2	2	1	0	12	7080-9180	F
Good Samaritan Hospital Training Program	J. J. Cranley						6	6	3	3	0	18		
Good Samaritan	J. J. Cranley	91	2,741	62	55	754							7560-9660	P
Longview State	J. N. Wilson													
Jewish ²⁷⁷	S. Blank	173	7,155	137	50	1,426	4*	4*	3	2	0	13	7560-9660	P
University of Cincinnati Hospital Group	W. A. Altemeier						12	7	6	7	4	38		
Children's		51	2,247	17	59	1,196								
Cincinnati General		131	13,536	496	30	38,837							6340-7840	P
Veterans Admin.		56	1,069	39	64	2,800							6888-8550	O
Cleveland														
Cleveland Clinic-St. Vincent Charity	F. Vecchio						12*	5	4	4	0	25	6800-8500	P
Cleveland Clinic	R. E. Hermann	167	6,943	96	70	13,833								
St. Vincent Charity	F. Vecchio	103	3,511	64	53	4,040								
Cleveland Metropolitan General	W. D. Holden	45	1,454	55	62	13,104	8	4	4	4	0	20	7000-9200	P
Fairview General	P. W. Edgecombe	118	5,204	73	80	2,329	6	3	2	2	0	13	6000-7800	F
Robinson Memorial Portage County (Ravenna)		79	4,699	34	47	471							6000-7800	F
Huron Road	J. L. Bilton	154	5,057	175	33	2,638	5	3	3	3	0	14	5400-7200	F
Lutheran	W. O. Lewin	104	4,974	82	61	998	6	3	2	2	0	13	6000-7800	F
Mount Sinai Hospital of Cleveland ²⁸⁰	C. Marks	121	5,297	91	52	15,753	7	3	3	3	0	16	7800-10200	O
St. Alexis ⁵⁴	C. R. Lulenski	155	5,525	169	54	19,990	5	2	2	2	0	11	8100-9900	O
St. Luke's	F. S. Cross	126	4,092	126	49	7,718	4	2	2	2	0	10	7600-10000	P
University Hospitals of Cleveland	W. D. Holden	97	3,594	160	58	13,589	14	5	5	5	0	29	7500-9000	P
Veterans Admin.	J. W. Benson	79	1,117	81	53	1,716							6850-9250	P
Columbus														
Mount Carmel	R. W. Zollinger	120	4,050	125	51	2,723	3	2	1	1	0	7	6300-9000	P
Ohio State University Hospitals	R. M. Zollinger	91	2,654	124	74	4,314	6	4	4	4	1	19	5400-7500	P
Riverside Methodist	D. K. Heydinger	169	7,009	123	57	5,506	5	3	2	2	0	12	7800-9000	P
Dayton														
Good Samaritan	F. H. Miller	184	8,126	107	60	516	1	1	1	1	0	4	7800-8700	F
Miami Valley	R. K. Finley, Jr.	255	7,989	219	52	3,230	3*	2	2	2	0	9	9600-10500	P
Veterans Admin. Center ²⁸³	C. L. Cogbill	164	2,186	152	66	4,989	6	3	3	3	0	15	8700-9600	P
Kettering														
Charles F. Kettering Memorial	R. De Wall	364	16,130	347	47	8,496	2	1	1	0	0	4	10740-11900	P
Ravenna														
Robinson Memorial Portage County - See Fairview General, Cleveland														
Toledo														
Medical College of Ohio at Toledo														
Affiliated Hospitals	M. C. Anderson						8	4	4	4	0	20		
Maumee Valley		56	1,625	66	62	4,431							7500-8400	P
St. Vincent Hospital and Medical Center		133	5,205	142	50	923							7500-8400	P
Toledo State and Receiving														
Youngstown														
St. Elizabeth	R. Mc Connell, M. Vuksta	184	5,250	162	45	791	6	4	2	2	0	14	6600-8700	FP
Youngstown	B. Katz	332	12,440	194	43	3,055	6	4	2	2	0	14	10600-12100	P
OKLAHOMA														
Norman														
Central State Griffin Memorial - See Univ. of Oklahoma Medical Center, Oklahoma City														
Oklahoma City														
Baptist Memorial	F. H. Mc Gregor	58	2,285	71	30	264	1	1	1	1	0	4		
St. Anthony	L. Long	210	6,355	143	47	2,721	2	2	1	1	0	6	8700-9600	P
University of Oklahoma Medical Center	J. A. Schilling						8*	6*	5*	4*	1*	24	5500-8500	P
University of Oklahoma Hospitals	J. A. Schilling	140	3,511	112	42	4,359								
Presbyterian	E. R. Munnell	52	3,339	34	52								6600-7800	P
Veterans Admin.	L. J. Greenfield	66	1,178	69	58	3,126								
Central State Griffin Memorial (Norman)	J. A. Schilling					2,491								

APPROVED RESIDENCIES

29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Neeropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
OREGON														
Portland														
Emanuel	G. W. Gorrell	110	5,078	93	66	1,134	3*	1	1	1	0	6	7800-9600	P
Good Samaritan Hospital and Medical Center	H. W. Baker	63	2,521	76	58	6,067	2	2	2	2	0	8	7800-9600	P
St. Vincent ²⁸¹	A. M. Boyden	22	7,985	123	...	468	3	2	2	2	0	9	7800-9600	P
University of Oregon Medical School Hospitals and Clinics ²⁸¹	W. Krippachne	83	2,220	124	67	10,919	6	4	4	4	4	22	6600-9000	FP
Veterans Admin.	R. M. Vetto	57	668	43	72	1,229	...	...	...	...	...	...	5280-6480	P
PENNSYLVANIA														
Abington														
Abington Memorial	A. S. Frobose	161	3,724	135	40	3,897	4*	2	2	2	0	10	7500-8700	P
Allentown														
Allentown	E. J. Stahler	130	6,905	208	50	26,666	2	2	2	1	0	7	7700-8300	P
Altoona	R. B. Magee	161	5,258	245	26	5,972	2	1	1	1	0	5	7200-9600	F
Bethlehem														
St. Luke's	P. V. Kiehl	181	5,302	152	41	3,507	3	2	1	1	0	7	9000-10800	F
Bryn Mawr														
Bryn Mawr	W. C. Stainback	150	5,231	101	33	3,686	6	3	3	3	0	15	8100-10500	P
Veterans Admin. (Wilmington, Del.)	J. K. Bouzoukis	58	763	59	54	3,388	...	...	...	...	...	...	8790-10390	P
Danville														
Geisinger Medical Center	H. M. Klinger	86	2,736	149	60	15,938	2	2	2	2	0	8	6400-7600	P
Darby														
Thomas M. Fitzgerald Mercy Division - See Mercy Catholic Medical Center, Philadelphia														
Erie														
Hamot	M. L. Brockmyer	100	3,109	128	58	1,009	1	1	1	1	0	4	7800-9000	P
Harrisburg														
Harrisburg	R. P. Dutlinger	216	7,670	223	41	32,174	4	2	2	2	0	10	7200-9000	...
Philadelphia														
Albert Einstein Medical Center	M. D. Pareira	180	5,807	142	46	5,847	9	3	3	3	0	18	6500-8000	P
Episcopal	L. H. Stahlgren	63	2,161	79	60	7,819	4	2	2	2	0	10	6240-6960	P
Germantown Dispensary and Hospital	J. S. C. Harris	114	3,144	143	54	4,671	1	1	1	1	0	4	8400-10200	P
Graduate Hospital of the University of Pennsylvania	W. S. Blakemore	60	1,600	52	60	3,951	6	6	3	3	2	20	8000-12000	P
Hahnemann Medical College and Hospital ²⁷²	C. C. Wolfert, Jr.	66	2,015	75	33	3,835	8	8	6	6	0	28	6500-8500	P
Hospital of the University of Pennsylvania ²⁸²	J. E. Rhoads	124	3,461	187	60	5,447	12*	11*	11*	8	6	48	8000-10000	P
Veterans Admin.	S. J. Dudrick	37	886	49	61	1,040	...	...	...	...	...	...	6125-8425	...
Hospital of the Woman's Medical College of Pennsylvania	D. R. Cooper	42	1,750	35	50	11,352	6	4	4	3	0	17	6500-9300	P
Veterans Admin.	B. Sigel	29	723	33	5	1,040	...	...	...	...	...	...	...	O
Jefferson Medical College	J. Y. Templeton, 3d	94	2,642	103	45	5,209	8	4	4	4	0	20	8000-9500	O
Chestnut Hill	V. W. Stayman, Jr.	85	3,598	67	65	10,706	...	...	...	...	...	...	...	F
Methodist	J. J. De Tuerk	87	3,147	67	...	7,849	...	...	...	...	...	...	6250-8250	O
Lankenau ²⁸³	E. W. Shearburn	124	4,399	125	46	5,938	3*	2	2	2	0	9	7500-9300	P
Mercy Catholic Medical Center	W. D. O' Sullivan	...	...	...	...	...	3	2	2	2	0	9	9000-10800	P
Misericordia Division	G. F. Gowen	84	3,509	161	45	12,304	...	...	...	...	...	...	...	...
Thomas M. Fitzgerald Mercy Division (Darby)	E. C. Meyer	106	4,736	84	29	3,186	...	...	...	...	...	...	...	...
Pennsylvania ²⁸³	P. V. Moulder	82	2,463	111	42	9,506	6	3	3	3	0	15	6200-7100	O
Philadelphia General	P. Pellegrino	30	504	62	48	2,774	1	1	1	1	0	4	8100-9300	O
Hahnemann Medical College Service	T. Mervine, J. Templeton, 3d	30	504	62	48	2,774	1	1	1	1	0	4	8100-9300	O
Jefferson Medical College Service ²⁸⁴	W. H. Erb, J. Rhoads	30	504	62	48	2,774	1	1	1	1	0	4	8100-9300	O
University of Pennsylvania Service	L. W. Stevens	95	3,775	72	56	6,254	2	2	2	2	0	8	6500-8500	P
Presbyterian-University of Pennsylvania Medical Center	G. P. Rosemond	105	2,551	112	48	9,047	9*	2	5	4	0	20	7200-9600	P
Temple University	H. S. Irons, Jr.	109	1,194	78	65	6,256	...	...	...	...	...	...	4410-8550	P
Veterans Admin. (Wilkes-Barre)														
Pittsburgh														
Allegheny General	G. J. Magovern	61	1,769	94	42	2,750	6	3	3	3	0	15	9000-9900	P
Hospitals of the University Health Center of Pittsburgh	H. T. Bahnson	...	...	...	...	...	8	4*	3	3	3	28	...	...
Children's Hospital of Pittsburgh	W. B. Kiesewetter	30	2,278	55	86	6,165	...	...	...	...	...	...	7500-7800	P
Presbyterian-University	H. T. Bahnson	95	2,661	98	51	1,761	...	...	...	...	...	...	9000-13000	P
Veterans Admin.	F. E. Jackson	262	3,966	246	47	3,617	...	...	...	...	...	...	6000-7800	O
Mercy	C. E. Copeland	190	5,399	173	55	7,610	5*	2	2	2	0	11	9000-10800	P
St. Francis General ²⁸⁵	T. J. Madigan	179	8,799	99	26	4,493	6	3	2	2	0	13	7800-9600	FP
Western Pennsylvania ²⁸⁸	D. W. Elliott	208	6,926	105	54	3,960	8	2	2	2	0	14	6600-9000	FP
Sayre														
Robert Packer	J. M. Thomas	122	5,288	78	58	17,577	2	1	1	1	0	5	6500-8000	F
Wilkes-Barre														
Veterans Admin. - See Temple University, Philadelphia														
York														
York	R. W. Kehm	195	9,486	175	50	5,023	2	2	2	2	0	8	7800-8700	P
PUERTO RICO														
San Juan														
Municipal Hospital Dr. Rafael Lopez Nussa	A. S. Casanova Diaz	74	2,714	142	75	10,910	8	4	4	4	0	20	5400-7200	F
University District	V. S. Gutierrez	114	3,655	203	86	10,966	10	6	6	4	2	28	6300-7500	P
Veterans Admin. Center ²⁸⁰	J. H. Amadeo	50	1,204	41	76	12,016	6	3	3	3	0	15	6720-8520	O
RHODE ISLAND														
Providence														
Rhode Island ²⁸¹	L. L. Vargas	131	4,857	87	37	4,835	10*	2	2	2	2	18	7600-11000	P
Veterans Admin. - See Boston Univ. Affil. Hosps. (Program 2), Boston, Mass.														

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APPROVED RESIDENCIES

29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Neerpsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year			
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	C. P. Artz	...	...	...	...	...	12	5	5	5	0	27	...	...
Medical College	C. P. Artz	198	3,684	170	58	23,833	...	...	...	...	...	...	6600-8600	P
Charleston County	...	15	696	57	42	...	...	...	...	...	...	...	...	...
Veterans Admin.	M. G. Weidner, Jr.	118	1,840	88	69	7,228	...	...	...	...	...	...	6865-8865	P
Columbia														
Columbia Hospital of Richland County ²⁹⁰	H. C. Mc Gown	95	2,766	90	26	1,799	3	2	1	1	0	7	6600-8400	P
Greenville														
Greenville General	T. C. Mann	103	9,001	119	23	3,158	2	2	1	1	0	6	7500-9000	P
Spartanburg														
Spartanburg General	E. M. Colvin	214	8,635	203	42	4,276	2	2	2	2	0	8	8400-10200	P
TENNESSEE														
Chattanooga														
Baroness Erlanger	T. L. Buttram	219	10,035	307	30	5,276	6*	4	2	2	0	14	7800-9600	FP
Knoxville														
University of Tennessee Memorial Research Center and Hospital	H. A. Blake	82	2,982	126	26	7,221	2	2	1	1	0	6	5600-6240	F
Memphis														
Baptist Memorial	R. M. Miles	521	21,118	403	33	3,118	8	2	2	2	0	14	6300-7200	F
Methodist	T. V. Stanley, J. M. Aste	171	6,705	128	35	2,159	5*	1	1	1	0	8	6000-8100	P
St. Joseph	M. C. Pian	115	6,662	183	28	2,249	1	1	1	1	0	4	5700-7500	FP
University of Tennessee Affiliated Hospitals														
City of Memphis Hospitals	H. Wilson	153	4,699	180	30	11,843	7	5	5	4	0	21	5016-6468	FP
Veterans Admin.	R. F. Bowers	68	2,139	57	77	2,102	12*	2	4	3	0	21	7160-9160	P
Nashville														
Baptist	W. L. Diveley	224	10,032	218	31	1,237	3	3	3	2	0	11	7800-9600	O
George W. Hubbard Hospital of the Meharry Medical College ¹¹⁸	M. Walker	51	1,314	93	45	7,935	3	2	3	3	0	11	6300-7200	F
St. Thomas	B. F. Byrd, Jr.	144	6,202	150	31	1,333	4	4	3	2	0	13	7500-8400	O
Vanderbilt University Affiliated Hospitals														
Nashville Metropolitan General	J. L. Sawyers	49	1,950	93	56	17,048	...	...	...	...	...	...	...	...
Vanderbilt University	H. W. Scott, Jr.	61	1,865	76	53	7,229	...	...	...	...	...	...	...	...
Veterans Admin.	W. G. Gobbel, Jr.	105	1,515	89	47	2,250	...	...	...	...	...	...	...	...
TEXAS														
Dallas														
Baylor University Medical Center	E. F. Cox	107	3,846	99	46	2,178	6	2	2	2	0	12	...	O
Methodist Hospital of Dallas	W. H. Gossard	176	7,803	145	45	2,273	4	1	1	1	0	7	6300-7200	P
Parkland Memorial ¹¹⁰	T. Shires	96	3,019	170	35	21,169	...	...	...	...	...	39	6360-7320	P
St. Paul	E. Poulos	120	6,558	101	55	2,131	2	2	2	2	0	8	6300-7200	P
Veterans Admin. ³⁰³	R. P. Hays	112	2,105	109	45	1,640	10	3	3	3	0	19	6440-7340	P
Galveston														
University of Texas Medical Branch Hospitals	S. Snodgrass, F. J. Wolma	54	1,557	48	63	4,949	8	4	4	4	2	22	6000-8500	...
Houston														
Baylor University Affiliated Hospitals	M. E. De Bakey	...	...	...	...	...	20*	8*	6*	6	0	40	...	...
Ben Taub General	M. E. De Bakey	59	2,281	113	46	15,399	...	...	...	...	...	...	6900-9900	P
Methodist	W. D. Overstreet	65	2,794	93	60	0	...	...	...	...	...	...	6900-8700	P
St. Luke's Episcopal	J. W. Seybold	42	1,581	30	34	112	...	...	...	...	...	...	6900-8700	O
Texas Children's	L. W. Able	13	996	12	83	60	...	...	...	...	...	...	6900-8700	P
Veterans Admin.	P. H. Jordan, Jr.	71	1,830	95	78	5,136	...	...	...	...	...	...	6900-8700	O
Hermann	E. B. Lewis	102	4,631	120	43	6,660	3	3	2	2	0	10	6300-7500	P
St. Joseph	D. L. Moore	270	10,370	250	50	2,245	5*	2	2	2	0	11	6300-7200	P
San Antonio														
University of Texas at San Antonio Teaching Hospitals	...	...	...	...	...	...	12	4	4	4	4	28	7800-10200	P
Robert B. Green Memorial	J. B. Aust	36	1,430	80	40	9,796	...	...	...	...	...	...	...	...
Temple														
Scott and White Memorial	C. W. Broders	149	3,614	116	42	31,947	6*	4	4	4	0	18	7200-8400	P
Veterans Admin. Center	A. S. Haisten	65	1,849	69	52	3,584	...	...	...	...	...	...	8455-8855	O
UTAH														
Salt Lake City														
Latter-Day Saints ⁹⁸	W. D. Gaisford	138	6,051	96	35	1,514	7	2	2	2	0	14	5700-7200	P
University of Utah Affiliated Hospitals⁹⁷														
University	R. C. Richards	63	2,024	43	70	21,493	...	...	...	...	...	...	5700-8550	...
Veterans Admin.	C. C. Snyder, J. G. Maxwell	57	1,052	32	62	1,022	...	...	...	...	...	...	5700-6900	O
VERMONT														
Burlington														
Medical Center Hospital of Vermont	J. H. Davis	76	3,259	69	72	12,698	3	3	3	3	0	12	6600-8400	O
White River Junction														
Veterans Admin.	- See Dartmouth Medical School Affil. Hosps., Hanover, N.H.	...	...	...	...	...	...	...	...	...	...	...	...	...
VIRGINIA														
Charlottesville														
University of Virginia ²⁷⁸	W. H. Muller, Jr.	50	1,910	61	59	7,756	8	4	4	4	4	24	5400-6900	O
Clifton Forge														
Chesapeake and Ohio Railway Employees' Affiliated Hospitals	J. M. Emmett	...	...	...	...	...	3	3	2	2	0	10	6000-8400	F
Chesapeake and Ohio Railway Employees'	J. M. Emmett	56	2,088	24	29	14,821	...	...	...	...	...	...	...	...
Lynchburg General (Lynchburg)	W. H. Morris, Jr.	216	11,140	405	27	18,778	6000-6800	P
Chesapeake and Ohio (Huntington, W. Va.)	J. P. Carey	42	1,558	24	29	9,859

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APPROVED RESIDENCIES

29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary Per Year Min.-Max.	Main-tenance P O
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
VIRGINIA - Continued														
Lynchburg														
Lynchburg General - See Chesapeake & Ohio Rlwy. Emp. Affil. Hsps., Clifton Forge														
Norfolk														
De Paul	W. Wiley	117	5,167	76	38	5,601	3	2	2	1	0	8	9900-10800	P
Norfolk General ¹⁹	J. H. Vansant	177	5,664	158	38	7,778	4	2	2	2	0	10	9900-10800	O
Richmond														
Medical College of Virginia Affiliated Hospitals														
Medical College of Virginia-Hospital Division	D. M. Hume	...	...	...	...	...	14	9	7	7	1	38	...	...
Veterans Admin.	D. M. Hume	191	5,033	230	51	10,372	...	...	...	...	...	...	5400-7800	P
Richmond Memorial	J. S. Wolf	76	1,969	62	50	5,011	...	...	...	...	...	...	5400-6900	P
	R. A. Natvig	216	7,882	176	29	1,354	2	2	2	1	0	7	4800-6600	F
Roanoke														
Community Hospital of Roanoke Valley														
	H. H. Trout, Jr.	148	4,879	92	51	758	3	3	1	1	0	8	7500-8100	F
Roanoke Memorial	J. George, C. Crockett, Jr.	181	6,729	144	34	7,967	3	2	1	1	0	7	6000-6600	F
WASHINGTON														
Seattle														
Providence	J. W. Finley	145	7,791	135	47	5,675	4*	2	1	1	0	81	7224-10224	P
Swedish Hospital Medical Center ²⁰⁶	E. R. Sanderson	215	10,922	185	41	1,337	6	2	2	2	1	13	7080-9300	P
University of Washington Affiliated Hospitals ²¹⁵														
Harborview Medical Center	K. A. Merendino	...	...	...	...	...	5	5	5	5	5	25	...	...
U. S. Public Health Service	J. T. West	43	1,136	84	54	7,588	...	...	...	...	...	...	...	...
University	K. A. Merendino	72	1,720	33	94	7,785	...	...	...	...	...	...	...	...
Veterans Admin.	J. W. Bell	30	880	54	94	4,798	...	...	...	...	...	...	7008-10008	P
Virginia Mason	J. W. Baker, G. H. Lawrence	39	801	34	88	4,280	...	...	...	...	...	...	6000-9000	P
		111	5,841	92	70	51,471	4	3	3	3	0	13	6450-9350	FP
WEST VIRGINIA														
Beckley														
Beckley Appalachian Regional	W. E. Klingensmith	98	4,393	110	47	15,123	3	3	2	2	0	10	9000-10800	O
Charleston														
Charleston General	J. E. Rogers, Jr.	174	6,225	119	34	2,154	4	4	3	2	0	13	7500-8400	F
Memorial	K. G. Mac Donald	81	4,583	126	51	2,157	3	3	2	2	0	10	6300-7500	F
Clarksburg														
Veterans Admin. - See West Virginia Univ. Medical Center, Morgantown														
Huntington														
Chesapeake and Ohio - See Ches. & Ohio Rlwy. Emp. Affil. Hsps., Clifton Forge, Va.														
Morgantown														
West Virginia University Medical Center														
	B. Zimmermann	73	1,936	116	71	5,332	6	4	4	4	2	20	7000-9000	P
Veterans Admin. (Clarksburg)		...	...	...	...	...	...	...	...	...	...	...	...	...
Wheeling														
Ohio Valley General	C. D. Hershey	128	4,064	173	37	1,048	2	2	2	2	0	8	9600-11400	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals														
University Hospitals	A. R. Curren, S. Mackman	127	3,362	94	74	15,629	...	...	...	...	...	...	6000-7500	P
Veterans Admin.	J. T. Mendenhall	33	1,032	39	82	1,690	...	...	...	...	...	...	...	P
Milwaukee														
Marquette Affiliated Hospitals														
Milwaukee County General	L. W. Worman	...	...	...	...	...	22	12	10	10	0	54	...	...
Veterans Admin. Center (Wood)	A. S. Close	142	2,399	124	61	14,539	...	...	...	...	...	...	7200-9020	P
Lutheran Hospital of Milwaukee	P. Seefeld	198	3,934	151	76	6,867	...	...	...	...	...	...	7600-9400	P
Columbia	R. H. Lillie	52	1,500	51	41	3,219	...	...	...	...	...	...	7200-9020	P
Milwaukee Children's	S. Sakaguchi	60	1,975	63	62	14,355	...	...	...	...	...	...	...	...
Mount Sinai	B. B. Beeker	17	1,061	10	90	2,525	...	...	...	...	...	...	7500-9020	P
St. Joseph's	W. Weisel	121	4,378	72	43	964	2	2	1	1	0	6	7800-9620	P
		140	6,729	112	53	7,558	2	2	2	2	0	8	8100-9900	P

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for THREE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group II candidate. Programs, 62; Residencies, 437

NONFEDERAL AND VETERANS ADMINISTRATION

ALABAMA														
Tuskegee														
Veterans Admin. ³⁰	G. G. Broad	73	630	40	40	1,922	1	1	1	0	0	3	6607-9007	P
ARIZONA														
Phoenix														
St. Joseph's	S. E. Flynn	190	8,336	137	62	1,441	3	2	1	0	0	6	6000-7200	F
CALIFORNIA														
Los Angeles														
California	K. L. Senter	120	5,500	84	43	1,111	2	2	2	0	0	6	7800-9000	...
Pasadena														
Huntington Memorial	W. E. Delphey	168	7,729	135	61	14,765	4*	2*	2*	1	0	9†	8100-10500	FP
San Diego														
Mercy Hospital and Medical Center	G. Sproul	134	7,434	140	54	4,888	1	0	0	1	0	2	6180-7980	F
San Francisco														
St. Mary's Hospital and Medical Center ³¹⁷	L. J. Milburn	137	4,842	64	57	2,401	5	3	2	0	0	10	7800-9600	P

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29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
COLORADO														
Denver														
Mercy	M. Cherington	287	14,571	273	49	19,487	...	...	...	...	...	7400-8000	F	
St. Luke's	R. H. Hughes	375	15,376	462	52	7,986	2	1	1	0	0	4 6600-7800	P	
Pueblo														
Colorado State	W. Looby	49	907	38	74	8,304	4	3	2	1	0	10 7200-9600	O	
ILLINOIS														
Chicago														
Grant	C. Solander	97	3,090	55	36	1,312	1	1	1	1	0	4 9000-9900	P	
St. Joseph	E. J. Del Beccaro	149	4,334	79	51	7,051	2	2	2	0	0	6 9600-10800	P	
Evergreen Park														
Little Company of Mary ¹⁷⁸	J. B. O Donoghue, Jr.	167	7,084	131	32	1,270	4	3	3	2	0	12 8400-9900	P	
MARYLAND														
Baltimore														
Lutheran Hospital of Maryland	P. M. Checket	68	2,923	65	17	4,020	2	2	2	1	0	7 7500-8400	F	
Provident	F. C. Caguin	43	1,276	16	25	9,031	3	2	1	0	0	6 6000-7800	F	
MASSACHUSETTS														
Beverly														
Beverly ¹⁶⁵	R. E. Alt	77	3,030	50	44	8,006	3	2	1	0	0	6 6600-7800	F	
Fall River														
Truesdale	P. W. Smith	73	2,775	88	39	6,478	1	1	1	0	0	3 4800-7800	F	
MICHIGAN														
Detroit														
Alexander Blain Memorial	A. Blain, 3d, W. M. Taylor	89	3,269	92	14	16,306	2	2	1	0	0	5 8400-9600	F	
Metropolitan	J. F. Weiksna	43	2,173	24	50	33,324	2	1	1	1	0	5 9000-11000	FP	
Flint														
Mc Laren General	J. J. Gibbons	139	7,212	89	53	1,385	3	2	1	0	0	6 9000-9600	F	
Kalamazoo														
Bronson Methodist	R. W. Hodgman	96	3,929	105	60	866	2	2	1	0	0	5 6900-7500	F	
Pontiac														
St. Joseph Mercy	R. Wessels, A. Silbergleit	95	4,111	51	63	815	2	2	2	0	0	6 9480-10500	P	
Southfield														
Providence	L. Kaufman	163	6,352	98	57	481	2	2	2	0	0	6 9900-10500	P	
MINNESOTA														
Minneapolis														
St. Barnabas Hospital-Swedish	L. J. Hay	...	...	...	...	...	4	4	2	0	0	10 5220-6420	F	
St. Barnabas	...	89	3,775	55	60	3,618	...	...	...	...	...	...	...
Swedish	...	162	4,684	25	64	200	...	...	...	...	...	...	...
NEBRASKA														
Lincoln														
Veterans Admin.	C. R. Mota	62	1,214	30	80	1,350	4	2	2	2	0	10 6550-8250	O	
NEW JERSEY														
Atlantic City														
Atlantic City	M. J. Elovitz	164	7,520	141	43	5,520	4	2	2	2	...	10 6000-7200	F	
Hackensack														
Hackensack	R. B. Grant	84	3,622	83	23	2,366	2	2	2	2	0	8 7980-9180	O	
New Brunswick														
St. Peter's General	R. W. Powers, G. E. Jacoby	132	10,044	47	45	2,071	3	3	2	1	0	9 8000-9000	F	
NEW MEXICO														
Albuquerque														
Bataan Memorial Methodist	J. G. Whitcomb	39	1,451	75	69	12,715	3	1	1	0	0	5 6060-6500	P	
NEW YORK														
Albany														
Memorial	P. Glasier	111	4,153	64	34	1,436	1	1	1	0	0	3 9000-12000	P	
St. Peter's	J. J. Phelan, Jr.	115	4,472	101	35	912	5	3	2	2	0	12 8500-11500	O	
Johnson City														
Charles S. Wilson Memorial	C. C. Fries	108	3,483	83	37	9,463	3	2	2	0	0	7 8100-8700	F	
Mount Vernon														
Mount Vernon	J. F. Bagg	121	4,428	166	40	4,898	2	2	2	1	0	7 9500-10500	FP	
New York City														
Catholic Medical Center of Brooklyn and Queens	...	...	...	...	...	...	...	...	...	...	...	...	...
Mary Immaculate Division	D. Martin, N. D. Tiscione	102	3,459	80	44	4,696	8	3	3	3	0	17 8250-9750	FP	
Jewish Memorial	H. C. Baron	69	2,318	88	37	6,312	3	3	2	0	0	8 6500-7500	F	
Sydenham	D. F. Casten	68	1,275	51	45	6,307	2	2	2	2	0	8 8250-10750	F	
NORTH CAROLINA														
Durham														
Watts ⁶⁵	J. E. Davis	108	5,341	66	47	1,871	2	2	1	0	0	5 5400-7300	F	
Wilmington														
New Hanover Memorial	L. B. Mason	...	7,362	98	55	2,771	2	1	1	0	0	4 6300-6900	FP	
OHIO														
Canton														
Aultman	W. M. Dowlin	168	6,243	152	53	865	5	5	1	0	0	11 6960-9360	P	
Mercy	M. W. Scott, Jr.	177	7,909	90	62	662	3	3	3	0	0	9 6000-7200	F	
Lakewood														
Lakewood	J. Magisano	134	6,037	84	65	1,832	4	4	2	1	...	11 5940-7280	FP	
Warren														
Trumbull Memorial	D. A. Miller	156	6,906	107	52	246	4	3	2	2	0	11 8100-9300	P	
OKLAHOMA														
Tulsa														
Hillcrest Medical Center	R. Jabour	68	1,953	74	41	1,080	6	3	3	3	0	15 8700-9600	P	
St. John's	C. Thompson, R. Mc Dowell	231	9,613	154	40	1,274	8	8	8	6	0	30 7500-9600	P	

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APPROVED RESIDENCIES

29. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary Per Year Min.-Max.	Main-tenance
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA														
Allentown														
Sacred Heart	C. A. Holland	150	6,125	128	36	955	1	1	1	0	0	3	6600-7200	FP
Erie														
St. Vincent	H. B. Karpinski	143	6,711	137	34	1,107	2*	1	1	1	0	5	7800-9000	P
Harrisburg														
Harrisburg Polyclinic	L. T. Patterson	218	6,807	132	61	3,092	2	2	2	2	0	8	7000-9000	F
McKeesport														
McKeesport	J. L. Elliott	128	4602	102	30	3824	2	1	1	0	0	4	9000-10200	F
Norristown														
Sacred Heart	B. R. Marger, R. A. Buyers	99	3,258	58	41	19,075	2	1	1	0	0	4	5400-6600	FP
Philadelphia														
Frankford	A. L. Colley	92	4,050	70	31	493	1	1	1	0	0	3	7200-7800	P
Mercy-Douglass	J. W. Thomas	54	1,943	35	15	7,035	3	2	1	0	0	6	5400-6000	F
Nazareth	P. R. Casey	119	4,217	43	50	11,938	2	2	2	0	0	6	7500-8100	F
Pittsburgh														
Montefiore	S. Kaufman	194	6,782	152	40	8,581	4	3	1	0	0	8	7800-9000	P
Reading														
Reading	L. L. Cramp	147	2,620	74	51	4,061	3	1	1	0	0	5	6600-7800	F
Wilkesburg														
Columbia	J. R. Duncan	123	3,610	154	24	...	1	1	1	0	0	3	7200-7200	FP
PUERTO RICO														
Ponce														
Hospital De Damas	L. F. Sala	62	2,620	28	36	1,612	1	1	1	0	0	3	6600-6600	...
Ponce District General	J. Colon Bonet	130	3,170	104	...	...	5	5	5	0	0	15	5400-9600	F
SOUTH DAKOTA														
Yankton														
Sacred Heart	C. B. Mc Vay	33	1,573	23	44	1,960	2	2	2	1	1	8	7200-10000	O
TEXAS														
Austin														
Brackenridge	R. R. Ross	88	3,059	82	39	4,513	1	1	...	...	...	2	9000-11200	O
VIRGINIA														
Alexandria														
Alexandria	J. D. Hoyle	103	4,687	84	33	11,297	1	1	1	0	0	3	8000-9500	P
Richmond														
Johnston-Willis	T. N. P. Johns	...	2,552	55	...	7,235	2	2	2	0	0	6	...	...
WEST VIRGINIA														
Phillipi														
Broaddus ²¹¹	H. C. Myers	71	2,787	128	39	...	0	1	1	0	0	2	7500-9000	...
WISCONSIN														
Madison														
Madison General	A. R. Curreri	73	2,613	63	62	...	2	2	2	0	0	6	...	...

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for ONE year of training as an integral part of the approved program of four or more years' duration in the specific hospital indicated by the footnote reference following the listing below. Programs, 7; Residencies, 37

NONFEDERAL AND VETERANS ADMINISTRATION

MASSACHUSETTS														
Boston														
Lahey Clinic	J. W. Braasch	152	4,146	91	57	9,026	0	0	0	6	0	6	6600-8500	O
Chelsea														
Lawrence F. Quigley Memorial	G. F. Miller	27	679	16	56	3,771	...	...	...	...	...	...	7000-11000	P
MISSOURI														
Columbia														
Ellis Fischel State Cancer	J. S. Spratt, Jr.	93	2,053	43	56	10,543	0	0	0	2	0	2	8000-8000	P
NEW YORK														
New York City														
Francis Delafield	F. P. Herter	61	766	186	40	5,455	...	...	...	...	...	...	8250-10750	F
Memorial Hospital for Cancer and Allied Diseases	E. J. Beattie	248	6,148	303	47	33,840	0	0	0	25	0	25	8000-12000	P
OHIO														
Columbus														
Children's ⁸²	R. Zollinger	70	2,274	53	88	12,463	0	0	0	0	2	4	...	...
WASHINGTON														
Seattle														
Children's Orthopedic Hospital and Medical Center	A. H. Bill, Jr.	42	3,500	38	84	1,723	...	...	...	...	...	...	...	O

APPROVED RESIDENCIES

29. SURGERY—Continued

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for additional training following the completion of an approved residency. The American Board of Surgery may give credit for time spent in these services toward fulfillment of the practice requirements for Group II candidates. Programs, 22; Residencies, 108

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths			Residencies Offered 1970-1971					Total All Years	Salary Per Year Min.-Max.	Main-tenance P F O	
				Number	Necropsy Per cent	Outpatient Visits	1st Year	2nd Year	3rd Year	4th Year	5th Year				
NONFEDERAL AND VETERANS ADMINISTRATION															
CALIFORNIA															
Duarte															
City of Hope Medical Center	R. L. Byron, Jr.	24	890	79	78	11,834	0	0	3	1	1	5	6000-8100	P	
DISTRICT OF COLUMBIA															
Washington															
Children's Hospital of the District of Columbia	J. Randolph	35	1,849	38	100	6,120	0	0	0	0	2	2	7000-9000	P	
FLORIDA															
Miami															
Variety Children's	M. Gilbert	20	...	...	...	1,599	1	1	0	0	0	2	.....	...
ILLINOIS															
Chicago															
Children's Memorial	O. Swenson	35	1,350	31	84	20,097	1	1	1	1	1	5	7500-10000	P	
MASSACHUSETTS															
Boston															
Children's Hospital Medical Center	M. J. Folkman	62	2,373	75	89	9,009	9	3	2	0	0	14	6600-11000	O	
Norfolk															
Pondville	M. Yatsuhashi	76	988	172	113	17,341	0	0	0	4	0	4	10168-12945	O	
Westfield															
Western Massachusetts	O. T. Pace	56	1,086	45	36	5,447	0	0	0	2	1	3	10168-13907	O	
MICHIGAN															
Detroit															
Children's Hospital of Michigan	J. H. Hertzler	39	2,012	29	59	4,773	0	0	0	0	3	3	9500-9500	P	
MISSOURI															
Columbia															
Ellis Fischel State Cancer	J. S. Spratt, Jr.	93	2,053	43	56	10,543	0	0	0	0	2	2	8500-8500	P	
NEW JERSEY															
Newark															
United Hospitals of Newark - Babies'	A. Falla	53	2,465	45	71	23,264	0	0	0	0	1	1	10500-12000	P	
NEW YORK															
Buffalo															
Children's Hospital of Buffalo	T. C. Jewett, Jr.	35	2,671	42	88	9,343	0	0	0	0	2	2	7805-10020	P	
Roswell Park Memorial Institute	J. T. Grace, Jr.	102	1,869	167	99	18,256	0	0	1	0	4	10	5522-6836	O	
New York City															
Francis Delafield Memorial Hospital for Cancer and Allied Diseases	F. P. Herter	61	766	186	40	5,455	6	0	0	1	2	9	8250-10750	F	
Presbyterian	E. J. Beattie	248	6,148	303	47	33,840	0	0	0	0	21	21	8000-12000	P	
	T. V. Santulli	Inc. in Ped.	...	...	...	...	0	0	0	0	1	1	12500-12500	O
OHIO															
Columbus															
Children's ⁸²	R. Zollinger	70	2,274	53	88	12,463	0	...	...	...	4	5	.....	...
PENNSYLVANIA															
Philadelphia															
Children's Hospital of Philadelphia	C. E. Koop	40	2,037	32	81	2,269	1	1	1	0	0	3	6800-12000	P	
St. Christopher's Hospital for Children	S. L. Cresson	25	1,201	14	93	3,520	0	0	0	0	2	2	8000-8500	O	
Pittsburgh															
Hospitals of the University Health Center of Pittsburgh	W. B. Kiesewetter	30	2,278	55	86	6,165	3	2	0	0	0	5	7500-7800	O	
PUERTO RICO															
San Juan															
I. Gonzalez Martinez Oncologic	L. Vallecillo	35	637	20	54	7,041	0	0	0	1	0	1	6500-...	F	
TEXAS															
Houston															
University of Texas M. D. Anderson Hospital and Tumor Institute	E. C. White	108	3,026	116	70	28,707	0	0	0	4	3	71	10000-13000	O	
WASHINGTON															
Seattle															
Children's Orthopedic Hospital and Medical Center	A. Bill, Jr., J. Cahill	42	3,500	38	84	1,723	0	0	0	0	1	1	.....	O
<p>Residency programs in the following hospitals are approved by the Council on Medical Education as offering satisfactory training of ONE or TWO years' duration in preparation for residency training IN THE SURGICAL SPECIALTIES ONLY. Applicants intending to qualify for examination by the American Board of Surgery should refer to the four lists of approved services immediately preceding this list. Programs, 96; Residencies, 319</p>															
UNITED STATES AIR FORCE															
DISTRICT OF COLUMBIA															
Malcolm Grow U.S.A.F., Washington	J. E. Lofton	135	4,302	14	71	81,886	2	0	0	0	0	2	.....	...
OHIO															
U. S. Air Force, Dayton	M. Landew	140	4,208	20	82	56,361	2	0	0	0	0	2	.....	...

APPROVED RESIDENCIES

29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES ARMY														
CALIFORNIA														
U. S. Army, Fort Ord	D. H. Vines	340	5,917	13	95	132,216	6	0	0	0	0	6	.....	...
GEORGIA														
Martin Army, Fort Benning	A. Rodriquez	377	11,009	24	21	134,398	6	0	0	0	0	6	.....	...
KENTUCKY														
U. S. Army, Fort Campbell	C. A. Lopez	322	7,193	20	70	77,794	5*	0	0	0	0	5	.....	...
Ireland Army, Fort Knox	T. R. Taylor	288	6,307	46	25	225,236	6	0	0	0	0	6	.....	...
NEW JERSEY														
Walson Army, Fort Dix	P. H. Wengrovitz	...	8,193	23	74	129,204	2	0	0	0	0	2	.....	...
NORTH CAROLINA														
Womack Army, Fort Bragg	L. G. Druipple	321	11,447	24	18	280,400	6	0	0	0	0	6	.....	...
OKLAHOMA														
Reynolds Army, Fort Sill	K. D. Holmes	163	5,028	4	50	108,284	4	0	0	0	0	4	.....	...
TEXAS														
Darnall Army, Fort Hood	F. G. Salerno	222	8,808	77	56	99,741	6	0	0	0	0	6	.....	...
VIRGINIA														
De Witt Army, Fort Belvoir	R. E. Neimes	175	4,528	10	100	90,597	8	0	0	0	0	8	.....	...
NONFEDERAL AND VETERANS ADMINISTRATION														
ARKANSAS														
Little Rock														
Arkansas Baptist Medical Center	W. G. Cooper, Jr.	71	2,681	91	36	250	2	0	0	0	0	2	7500-7500	F
CALIFORNIA														
Daly City														
Mary's Help Hospital - St. Joseph's	G. L. Torassa, Jr.	40	2,444	51	28	9,587	2	0	0	0	0	2	.....	O
Mary's Help	G. L. Torassa, Jr.	...	...	...	...	...	...	...	...	...	...	...	6600-7800	O
St. Joseph's (San Francisco)	R. H. Bacon	52	1,875	44	50	186	...	...	...	...	...	...	6000-8400	FO
Eldridge														
Sonoma State	T. W. Holmes, Jr.	20	302	5	100	2,901	1	1	0	0	0	2	12000-...	O
Glendale														
Glendale Adventist	E. J. Joergenson	104	4,664	67	31	638	3	0	0	0	0	3	8280-8760	P
Long Beach														
Memorial Hospital of Long Beach	S. Ede	142	8,958	149	34	493	1	1	1	0	0	3	7200-7800	P
Los Angeles														
Hospital of the Good Samaritan														
Medical Center	B. L. Stewart	178	6,282	158	54	2,490	4	0	0	0	0	4	7500-9900	FP
Santa Fe Memorial	E. A. Ricketts	142	5,200	178	...	...	3	0	0	0	0	3	8580-9780	F
San Bernardino														
San Bernardino County General	E. A. Dainko	101	2,618	98	69	14,217	...	...	...	...	...	6	7200-...	F
San Francisco														
French	R. E. Gardner	78	2,890	80	46	15,296	2	2	0	0	0	4	7800-9600	P
Pacific Medical Center-Presbyterian	B. Weber	...	2,249	81	70	3,999	4	4	0	0	0	4	7380-8880	P
St. Joseph's - See Mary's Help Hospital	St. Joseph's, Daly City													
Santa Monica														
St. John's	R. I. Smith	307	15,416	347	47	23,738	1	0	0	0	0	1	.....	...
CONNECTICUT														
Danbury														
Danbury	H. Blansfield	81	3,833	107	40	8,096	2	0	0	0	0	2	6000-6000	F
Greenwich														
Greenwich	J. G. Murray	148	5,821	125	67	2,416	3	0	0	0	0	3	8250-8250	F
New London														
Lawrence and Memorial Hospitals	F. B. Hartman	89	3,592	38	50	196	5	0	0	0	0	5	6000-6300	F
Norwalk														
Norwalk	W. Hughes	98	4,048	193	3	0	7	0	0	0	0	7	7800-...	F
DISTRICT OF COLUMBIA														
Washington														
Doctors	K. C. Jonas	154	6,633	82	73	1,557	4	0	0	0	0	4	8200-8200	F
Eastern Dispensary and Casualty	J. H. Choi	94	3,426	75	51	9,921	4	3	0	0	0	7	9000-9300	O
Sibley Memorial	M. J. Casey	66	2,422	59	49	538	2	0	0	0	0	2	6500-7000	P
FLORIDA														
Fort Lauderdale														
Broward General	F. W. Fisher	185	7,064	154	30	1,456	3	0	0	0	0	3	7200-7200	P
Miami Beach														
St. Francis	R. A. Torrado, L. R. Medoff	68	2,251	73	38	608	3*	0	0	0	0	3	7200-7200	P
St. Petersburg														
Mound Park	H. L. Reese	235	6,922	315	35	2,245	2	0	0	0	0	2	8700-10200	O
ILLINOIS														
Berwyn														
Mac Neal Memorial	R. G. Mrazek	157	5,819	150	51	3,090	3	0	0	0	0	3	9900-9900	O
Chicago														
American Hospital of Chicago	P. Thorek	47	2,089	14	12	1,672	3	1	0	0	0	4	9600-10000	P
Norwegian-American	R. B. Robins	185	7,796	254	29	4,424	4	0	0	0	0	4	9000-9600	O
Ravenswood	J. F. Giannola	111	4,824	64	33	3,784	2	0	0	0	0	2	9600-9600	P
St. Anne's	J. P. Iginii	89	3,030	94	34	448	4	0	0	0	0	4	7200-7200	O
St. Anthony De Padua	E. Kallal	58	2,425	17	31	...	2	0	0	0	0	2	7200-8400	...
St. Elizabeth's	L. G. Khedroo	80	4,000	220	25	5,113	4	0	0	0	0	4	7200-8400	F
Oak Lawn														
Christ Community	J. A. Lemons, M. M. Wasick	167	4,418	85	35	1,143	3	1	0	0	0	4	7600-8400	F
Peoria														
Methodist Hospital of Central Illinois	W. H. Eastman	140	5,818	94	28	...	4	0	0	0	0	4	6000-...	FP

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APPROVED RESIDENCIES

29. SURGERY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Maintenance
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
INDIANA														
Fort Wayne														
Lutheran Hospital of Fort Wayne	A. Tomusk	161	6,820	195	33	...	2	0	0	0	0	2	...-6300	P
Indianapolis														
St. Vincent's	J. C. Finneran	73	3,660	121	45	220	3	0	0	0	0	3	7200-9280	FP
Muncie														
Ball Memorial	R. O. Butz	442	19,313	588	34	20,815	...	...	...	...	...	...	...	...
IOWA														
Cedar Rapids														
St. Luke's Methodist Hospital-Mercy	F. R. Peterson	...	...	...	...	...	3	0	0	0	0	3	7800-...	F
St. Luke's Methodist		186	8,828	38	47	7,236	...	...	...	...	...	...	...	...
Mercy		90	5,971	58	47	51,803	...	...	...	...	...	...	...	...
KENTUCKY														
Louisville														
John N. Norton Memorial Infirmary	H. S. Collier	...	6,536	83	34	9,331	6	0	0	0	0	6	9600-9600	...
MARYLAND														
Baltimore														
Bon Secours	S. G. Sullivan	86	2,936	66	52	5,020	3	1	1	1	0	6	7800-9000	P
Greater Baltimore Medical Center	G. L. Stonesifer, Jr.	93	2,978	135	33	2,009	8	0	0	0	0	8	8000-10000	P
Bethesda														
Suburban	R. Myers	261	14,209	388	53	...	3	3	0	0	0	6	8400-8800	...
MICHIGAN														
Dearborn														
Oakwood	W. O. Nickel	159	7,673	95	41	...	6	0	0	0	0	6	9000-9000	P
Detroit														
Evangelical Deaconess	T. W. Baumgarten	85	2,601	82	32	5,724	2	0	0	0	0	2	7440-7440	F
Grosse Pointe														
Bon Secours	R. R. Royer	68	4,190	56	38	4,511	4	2	0	0	0	6	11500-12000	P
Kalamazoo														
Borgess	A. R. Roty, Jr.	66	3,195	48	60	...	1	0	0	0	0	1	7200-7200	F
Lansing														
Edward W. Sparrow	C. Lewis	176	9,622	175	40	465	3	0	0	0	0	3	11000-11000	P
MINNESOTA														
St. Paul														
St. Joseph's	C. Connolly	233	8,268	18	39	595	1	0	0	0	0	1	5880-...	P
NEBRASKA														
Lincoln														
St. Elizabeth		78	3,580	51	32	214	4	0	0	0	0	4	6600-6600	F
NEW JERSEY														
Montclair														
Mountainside	C. A. Beling	152	6,240	128	30	2,716	2	0	0	0	0	2	8100-8100	F
Morristown														
Morristown Memorial	E. B. Hallett	133	6,384	90	67	631	...	...	...	...	...	...	8000-8000	F
Neptune														
Jersey Shore Medical Center - Fitkin	E. M. Lance	63	2,586	129	44	1,592	2	0	0	0	0	2	7200-7200	F
Newark														
United Hospitals of Newark-Presbyterian	T. A. Stanley	12,338	3,824	142	38	117	3	0	0	0	0	3	9000-10500	F
St. Michael's Medical Center	A. Sarno	86	2,784	59	47	2,532	3	0	0	0	0	3	9500-...	P
NEW YORK														
Buffalo														
Mercy	J. D. Perse	132	4,509	66	44	1,790	3	0	0	0	0	3	7300-7300	P
New York City														
Kingsbrook Jewish Medical Center	H. A. Kaplan	45	1,074	79	...	650	5	0	0	0	0	5	8500-10500	F
New York Infirmary ²⁴⁵	L. E. Loseke	49	2,382	92	38	3,501	...	...	...	...	...	9	8000-12000	P
Port Chester														
United	D. Wilson	268	9,723	3	39	6,975	2	0	0	0	0	2	4800-4800	FP
White Plains														
White Plains	W. Sheridan	247	9,013	365	38	24,079	2	0	0	0	0	2	8600-8600	P
NORTH DAKOTA														
Bismarck														
Bismarck	G. E. Tolstedt	64	2,608	81	40	355	3	0	0	0	0	3	8400-8400	P
Fargo														
St. Luke's Hospitals	G. H. Hall	86	3,535	61	43	...	3	0	0	0	0	3	7500-...	...
OHIO														
Elyria														
Elyria Memorial	G. A. Sabga	119	4,838	115	45	180	2	2	0	0	0	4	7200-7500	F
Toledo														
Flower	W. H. Meffley	90	4,075	54	43	78	1	0	0	0	0	1	8400-...	F
OKLAHOMA														
Oklahoma City														
Mercy	I. Pollock	119	3,310	95	44	230	2	0	0	0	0	2	8700-8700	P
OREGON														
Portland														
Providence	J. G. Vandenberg	184	8,323	118	51	1,495	2	0	0	0	0	2	7800-7800	P

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APPROVED RESIDENCIES

29. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary Per Year Min.-Max.	Main-tenance O
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA														
Easton														
Easton	L. Serfas	78	3805	159	42	17,818	3	1	1	0	0	5	6600-7200	F
Greensburg														
Westmoreland	W. Courtney	91	3,785	69	36	2,327	2	0	0	0	0	2	8400-9600	P
Hazleton														
Hazleton State General	S. Yamulla	58	2,288	62	2	21,228	2	2	0	0	0	4	.....	..
St. Joseph	S. E. Matsko	75	3,311	41	37	9,229	2	2	0	0	0	4	6000-6000	F
Johnstown														
Conemaugh Valley Memorial	R. P. Zimmerman	169	5,700	135	32	1,247	2	0	0	0	0	2	7200-7200	F
Philadelphia														
Jeanes	P. Grotzinger	73	2,672	51	32	8,610	3	0	0	0	0	3	10000-10000	F
St. Joseph's	W. A. D'Alonzo	95	2,953	109	21	3,986	3	0	0	0	0	3	7200-7200	..
St. Mary	F. N. Volk	180	6,805	293	35	26,443	2	0	0	0	0	2	7800-7800	P
Pittsburgh														
St. Margaret Memorial	D. N. Di Silvio	107	2,626	23	61	4,270	2	0	0	0	0	2	8100-8100	F
Uniontown														
Uniontown	A. E. Wright	106	4,045	36	28	226	2	0	0	0	0	2	9900-....	P
Wilkes-Barre														
Wilkes-Barre General	H. C. Smith	84	2,598	55	38	783	1	0	0	0	0	1	4200-5400	F
TENNESSEE														
Chattanooga														
Newell Clinic	R. M. Landry	52	2,512	109	17	27,499	3	0	0	0	0	3	7200-8400	P
TEXAS														
Dallas														
Gaston Episcopal	J. V. Goode	96	4,421	33	35	...	3	0	0	0	0	3	5760-6300	P
Fort Worth														
St. Joseph	W. S. Lorimer, Jr.	154	7,201	129	35	215	1	0	0	0	0	1	5100-....	F
UTAH														
Ogden														
Thomas D. Dee Memorial	J. A. Dixon	119	7,497	119	43	57	2	0	0	0	0	2	5100-6000	F
Salt Lake City														
Holy Cross	D. Albo, Jr.	121	7,042	113	55	9	...	...	...	...	...	...	6300-6300	O
St. Mark's	P. A. Pemberton	146	5,336	32	56	3,611	2	0	0	0	0	2	7200-....	P
VIRGINIA														
Newport News														
Riverside	J. A. Lawson	71	2,680	43	40	551	...	...	...	...	...	...	8400-12000	P
WASHINGTON														
Seattle														
Doctors	C. S. Powell	78	5,073	49	41	102	1	0	0	0	0	1	8400-....	FP
Spokane														
Sacred Heart	J. D. Kindschi	198	11,774	131	55	1,965	2	0	0	0	0	2	6600-7800	F
WISCONSIN														
La Crosse														
La Crosse Lutheran Hospital and Gundersen Clinic	A. E. Gundersen	125	4,769†	127	51	43,277	4	0	0	0	0	4	6000-....	F
Marshfield														
St. Joseph's	B. R. Lawton	152	5,166†	102	62	7,223	2	0	0	0	0	2	7200-....	P
Milwaukee														
Evangelical Deaconess	B. G. Narodick	124	4,726†	87	47	2,490	3	3	0	0	0	6	7200-7800	P
St. Luke's	J. Zimmer	140	2,575	127	52	1,075	2	2	0	0	0	4	7500-8700	FP

30. THORACIC SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the Board of Thoracic Surgery, and the American College of Surgeons, through the Residency Review Committee for Thoracic Surgery, as offering acceptable training in the specialty. Programs, 93; Residencies, 336

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Length of Approved Program (Years)	Residencies Offered 1970-1971		Main-tenance O
				Number	Necropsy Per cent			Total All Years	Salary Per Year Min.-Max.	
UNITED STATES AIR FORCE										
TEXAS										
Wilford Hall U.S.A.F., San Antonio	B. N. Dooley	27	585	19	3	420	2	2	.....	..
UNITED STATES ARMY										
CALIFORNIA										
Letterman General, San Francisco	J. P. Geiger	14	147	10	90	1,069	2	2	.....	..
COLORADO										
Fitzsimons General, Denver	B. A. Raymond	15	339	3	67	271	2	2	.....	..
DISTRICT OF COLUMBIA										
Walter Reed General, Washington	A. R. Hopeman	18	499	17	82	590	2	3	.....	..
TEXAS										
Brooke General, San Antonio	G. W. Fisher	21	371	18	84	450	2	3	.....	..

APPROVED RESIDENCIES

30. 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 1970-1971		Main-tenance
				Number	Necropsy Per cent			Total All Years	Salary per Year Min.-Max.	
UNITED STATES NAVY										
CALIFORNIA										
Naval, San Diego	M. J. Trummer	32	648	45	83	1,891	2	3	.....	...
MARYLAND										
Naval, Bethesda	M. Mills	25	350	18	94	300	2	2	.....	...
NEW YORK										
Naval, St. Albans	D. J. Doohen	40	334	9	78	384	2	2	.....	...
NONFEDERAL AND VETERANS ADMINISTRATION										
ALABAMA										
Birmingham										
University of Alabama Medical Center	J. W. Kirklín	...	...	...	...	...	2	4	.....	...
University of Alabama Hospitals and Clinics	J. W. Kirklín	34	305	...	74	750	...	...	8700-9300	P
Veterans Admin.	T. H. Allen	8	141	10	70	55	...	...	6607-9007	O
ARKANSAS										
Little Rock										
University of Arkansas Medical Center	G. S. Campbell	...	...	...	...	...	2	4	.....	...
University	...	8	130	...	...	260	...	...	8500-9500	O
Veterans Admin. Consolidated	...	11	107	17	65	575	...	...	8550-9550	...
CALIFORNIA										
Long Beach										
Veterans Admin. - See Univ. of Calif. (Irvine) Affiliated Hospitals, Orange	...	...	...	...	...	...	...	...	...	...
Los Angeles										
Hospital of The Good Samaritan Medical Center	J. C. Jones	...	...	...	...	...	2	4	8400-...	P
Childrens Hospital of Los Angeles	J. C. Jones	...	...	...	...	...	...	...	...	...
Los Angeles County-U.S.C. Medical Center	J. Kay	25	350	33	52	1,007	2	4	10800-16560	P
U. C. L. A.	J. V. Maloney, Jr.	10	328	43	93	8,623	2	6	6200-9800	O
Veterans Admin. Center-Wadsworth	J. S. Carey	19	379	39	77	434	...	...	10043-12071	P
Oakland										
Highland General ³⁶	K. L. Hardy	1	242	13	54	456	2	4	10200-10200	FP
Olive View										
Olive View	N. C. Hamel	58	2,112	75	64	783	1	4	18480-18480	O
Orange										
University of California (Irvine) Affiliated Hospitals	J. E. Connolly	...	...	...	...	...	2	4	12816-12816	P
Orange County Medical Center	J. E. Connolly	20	350	3	95	475	...	...	...	...
Veterans Admin. (Long Beach)	E. A. Stemmer	16	249	14	64	312	...	...	...	...
San Francisco										
University of California Program	...	...	...	...	...	...	...	...	...	...
H. C. Moffitt-University of California Hospitals	B. B. Roe	13	533	12	100	422	2	2	6200-9600	O
Torrance										
Los Angeles County Harbor General	R. Cleveland	9	140	1	0	1,393	1	2	...-10800	P
COLORADO										
Denver										
Veterans Admin.	T. E. Starzl	4	100	10	90	180	1	...	5620-8870	O
CONNECTICUT										
New Haven										
Hospital of St. Raphael	M. G. Carter	14	338	21	67	139	1	1	7866-10436	P
Yale-New Haven Medical Center	...	...	...	...	...	...	...	...	...	...
Yale-New Haven	W. L. Glenn	26	642	121	71	1,854	2	4	11000-11000	O
DISTRICT OF COLUMBIA										
Washington										
George Washington University Affiliated Hospitals	B. Blades	...	...	...	...	...	2	2	10503-10503	P
District of Columbia General	...	...	...	...	...	...	...	...	...	...
George Washington University	B. Blades	12	317	7	62	...	...	...	...	...
FLORIDA										
Gainesville										
William A. Shands Teaching Hosp. and Clinics	M. W. Wheat, Jr.	25	680	78	73	1,605	2	4	8000-10000	O
Miami										
University of Miami Affiliated Hospitals	J. Jude	...	...	...	...	...	2	6	...	...
Jackson Memorial	J. Jude	21	705	57	52	785	...	...	9050-9650	P
Veterans Admin.	M. C. Lombardo	11	110	2	95	...	...	...	7160-9160	O
GEORGIA										
Atlanta										
Emory University Affiliated Hospitals ⁷⁸	O. A. Abbott	...	...	...	...	...	2	6†	...	...
Emory University	O. A. Abbott	28	920†	43	51	...	...	...	8400-10000	P
Grady Memorial	O. A. Abbott	11	403	6	33	1,762	...	...	8400-8880	O
Veterans Admin.	D. E. Dominy	26	450	18	56	2,655	...	...	6213-9320	O
Augusta										
Medical College of Georgia Hospitals	R. G. Ellison	...	...	...	...	...	2	4	...	...
Eugene Talmadge Memorial	R. G. Ellison	19	395	29	73	1,461	...	...	8334-8934	P
Veterans Admin.	I. N. Anabtawi	8	123	16	50	151	...	...	...	P
Batley State (Rome)	J. Liang	14	182	12	7	0	...	...	8976-8976	O
Rome										
Batley State - See Medical College of Georgia Hospitals, Augusta	...	...	...	...	...	...	...	...	...	...
ILLINOIS										
Chicago										
Chicago State Tuberculosis Sanitarium	H. T. Langston	35	463	4	50	1,280	1	1	5700-5700	O
Children's Memorial - See Veterans Admin., Hines	...	...	...	...	...	...	...	...	...	...
City of Chicago Municipal Tuberculosis Sanitarium	W. M. Lees, R. T. Fox	57	298	23	52	1,278	1	3	6024-6972	...
Cook County	J. G. Raffensperger	38	1,501	88	54	1,500	2	4	12000-12600	P
Presbyterian-St. Luke's	O. C. Julian	28	344	22	45	231	2	6	10500-11000	P
University of Chicago Hospitals and Clinics	C. F. Kittle	14	397	54	81	2,071	2	4	10000-12000	O

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APPROVED RESIDENCIES

30. 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 1970-1971		Maintenance
				Number	Necropsy Per cent			Total All Years	Salary per Year Min.-Max.	
ILLINOIS - Continued										
Hines										
Veterans Admin.	W. E. Neville	31	379	73	53	529	2	6	10940-10940	O
Children's Memorial (Chicago)	O. Swenson	1	205	20	85	615	...	...	7500-10100	P
Hinsdale										
Suburban Cook County Tuberculosis Sanitarium District	A. F. Reimann	10	76	1	100	70	1	1	5400-9600	...
IOWA										
Iowa City										
University of Iowa Hospitals	J. L. Ehrenhaft	45	1,360	54	90	2,085	2	3	...	P
KANSAS										
Kansas City										
University of Kansas Medical Center	W. A. Reed	13	470	47	81	770	2	2	6900-8790	P
KENTUCKY										
Louisville										
University of Louisville Affiliated Hospitals	J. S. Harter	...	...	...	...	...	2	2	...	...
Children's	K. Minhas, A. Lansing	4	145	8	63	1,595	...	...	...	...
Jewish	...	...	...	...	...	...	...	...	7100-7600	P
Louisville General	J. S. Harter	7	199	16	38	567	...	...	6100-6800	O
Veterans Admin.	H. T. Ransdell, Jr.	11	149	13	46	519	...	...	...	...
LOUISIANA										
New Orleans										
Charity Hospital of Louisiana	...	...	...	...	...	...	...	...	...	...
Louisiana State University Division	L. H. Strug	6	169	27	26	548	2	2	6000-6000	F
Veterans Admin.	L. H. Strug	10	163	16	31	340	...	...	7125-7125	O
Tulane University Division	T. Drapnas	4	119	15	60	778	2	2	6000-6000	F
Ochsner Foundation	J. L. Ochsner	...	...	...	...	...	2	2	8500-9000	P
MARYLAND										
Baltimore										
University of Maryland	R. A. Cowley	35	507	41	38	812	2	6	9500-9900	P
Mount Wilson State (Mount Wilson)	R. A. Cowley	352	900	97	47	0	...	...	10000-10000	O
Veterans Admin.	...	...	...	...	...	...	1	...	...	...
Mount Wilson										
Mount Wilson State - See University of Maryland, Baltimore	...	...	...	...	...	...	...	...	...	...
MASSACHUSETTS										
Boston										
Boston City	R. L. Berger	23	372	29	41	699	2	4	9000-9000	...
New England Deaconess	C. E. Sedgwick	2	843	29	65	7,100	2	6	7000-11000	O
MICHIGAN										
Allen Park										
Veterans Admin. - See Wayne State Univ. Affiliated Hospitals, Detroit	...	...	...	...	...	...	...	...	...	...
Ann Arbor										
University	C. Haight	31	558	41	73	1,649	2	8	7900-8700	O
Detroit										
Henry Ford	C. R. Lam	35	951	80	65	1,289	2	6	8200-9500	P
Wayne State University Affiliated Hospitals	A. J. Walt	12	143	27	56	531	2	6	...	...
Veterans Admin. (Allen Park)	Z. Steiger	1	81	7	43	165	...	...	7815-9015	O
Children's Hospital of Michigan	P. Jordan, Jr.	1	81	7	43	165	...	...	7500-8400	P
Detroit General	A. J. Walt	8	210	14	64	516	...	...	7400-12780	P
Harper	J. C. Day	19	431	50	46	44	...	...	9900-9900	...
Herman Kiefer	J. C. Day	84	611	7	86	675	...	...	12780-13454	O
Lansing										
Ingham Medical	A. L. Stanley	30	563	43	49	6,448	1	2	7200-8500	F
MINNESOTA										
Minneapolis										
University of Minnesota Affiliated Hospitals	R. L. Varco, E. Humphrey	11	169	24	88	753	2	4	...	...
University of Minnesota Hospitals	R. L. Varco	15	450	51	80	1,500	...	...	5000-10000	O
Veterans Admin.	R. L. Varco	11	169	24	88	715	...	...	6000-11500	...
Rochester										
Mayo Graduate School of Medicine	F. H. Ellis, Jr.	60	2,125	134	79	6,454	2	6	7500-9400	P
Rochester Methodist	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...
MISSISSIPPI										
Jackson										
University of Mississippi Medical Center	J. D. Hardy	...	...	...	...	...	2	4	...	...
University	J. D. Hardy	20	424	32	78	...	...	...	8230-8230	O
Veterans Admin. Center	J. H. Conn	10	165	12	42	925	...	...	8900-8900	...
Mississippi State Sanatorium (Sanatorium)	H. K. Stauss	12	131	5	40	133	...	...	7200-7200	F
Sanatorium										
Mississippi State Sanatorium - See University of Mississippi Medical Center, Jackson	...	...	...	...	...	...	...	...	...	...
MISSOURI										
Columbia										
University of Missouri Medical Center	J. Mackenzie	11	253	8	50	646	2	2	8500-9000	P
Mount Vernon										
Missouri State Sanatorium - St. Francis	...	...	...	...	...	...	2	6	...	...
Missouri State Sanatorium	J. W. Polk	389	1,053	163	48	...	...	...	8500-13000	P
St. Francis (Roslyn, N.Y.)	H. Gianfrancesco	91	1,638	...	...	1,457	...	...	9500-10500	FP
St. Louis										
Barnes Hospital Group	C. S. Weldon	36	1,070	66	61	4,000	2	4	8000-8500	O
NEW JERSEY										
Browns Mills										
Deborah - See Hahnemann Medical College and Hosp., Philadelphia, Pa.	...	...	...	...	...	...	...	...	...	...
Jersey City										
Berthold S. Pollak Hospital for Chest Diseases - See New Jersey College of Med. Affiliated Hospitals, Newark	...	...	...	...	...	...	...	...	...	...

APPROVED RESIDENCIES

30. 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 1970-1971		Main-tenance
				Number	Necropsy Per cent			Total All Years	Salary per Year Min.-Max.	
NEW JERSEY - Continued										
Newark										
New Jersey College of Medicine Affiliated Hospitals	J. J. Timmes	...	...	...	...	...	2	4	...	...
Berthold S. Pollak Hospital for Chest Diseases (Jersey City)		13	235	28	47	738	...	...	7500-...	...
Martland		9	154	22	18	242	...	...	11500-12000	P
NEW YORK										
Albany										
Albany Medical Center	A. Stranahan	25	1,098	71	63	...	2	3	10500-11500	P
Veterans Admin.	A. Stranahan	10	186	22	64	596	...	...	8400-11800	...
Buffalo										
S.U.N.Y. at Buffalo Affiliated Hospitals	W. M. Chardack	...	...	...	...	...	2	2	...	...
Buffalo General	J. R. Paine	13	188	24	...	...	...	...	...	...
Children's Hospital of Buffalo	T. C. Jewett, Jr.	8	207	22	100	150	...	...	7805-10020	O
Veterans Admin.	W. M. Chardack	...	...	...	...	250	...	...	8660-8660	O
New Hyde Park										
Long Island Jewish Hospital Training Program	W. L. Phillips	...	...	...	...	...	2	4	11500-12500	P
Long Island Jewish		6	134	9	56	...	...	...	...	...
Queens Hospital Center (New York City)		12	103	14	43	118	...	...	...	...
New York City										
Albert Einstein College of Medicine Affiliated Hospitals	R. Frater	11	441	29	55	785	2	2	8250-10750	F
Bronx Municipal Hospital Center		...	...	...	...	...	...	...	...	...
Hospital of the Albert Einstein College of Medicine		...	...	...	...	...	...	...	...	...
Columbia University Affiliated Hospitals	R. H. Wylie	...	...	...	...	...	2	4	...	...
Presbyterian	R. H. Wylie	...	...	...	...	...	...	...	12500-13000	O
Harlem Hospital Center	J. M. Ferrer	...	...	...	...	...	...	...	8250-10750	F
Jewish Hospital and Medical Center of Brooklyn	A. Bakst	10	406	15	28	463	2	2	9500-11000	O
Maimonides Medical Center	J. Haller	14	163	25	20	108	1	2	10500-11500	P
Montefiore Hospital and Medical Center	G. Robinson	11	415	36	61	36	2	4	11750-12750	P
Mount Sinai	R. S. Litwak	45	455	38	65	707	2	4	12250-13750	P
New York Medical College-Metropolitan Hospital Center	R. Claus	...	...	...	...	...	2	4	10400-11400	P
Unit 1 - Flower and Fifth Avenue Hospitals		5	132	3	0	...	...	...	...	...
Unit 2 - Metropolitan		7	101	15	21	243	...	...	...	...
Queens Hospital Center - See Long Island Jewish Hosp. Training Program, New Hyde Park		...	...	...	...	...	2	6	8250-10750	F
State University - Kings County Hospital Center	K. E. Karlson	19	544	57	50	833	...	...	...	...
Kings County Hospital Center		3	561	7	57	22	...	...	...	...
State University		18	70	14	35	141	2	2	8200-10200	O
Veterans Admin. (Brooklyn)	R. Klopstock	...	...	...	...	...	...	...	...	...
Roslyn										
St. Francis - See Missouri State Sanatorium-St. Francis, Mount Vernon, Mo.		...	...	...	...	...	...	...	...	...
NORTH CAROLINA										
Chapel Hill										
North Carolina Memorial	R. M. Peters	22	316	24	71	1,008	2	2	6000-9000	O
Charlotte										
Charlotte Memorial	F. Robicsek	32	1,293	65	57	434	2	4	8100-8100	P
Durham										
Duke University Medical Center	D. Sabiston, Jr., C. Sealy	23	821	46	65	1,047	2	2	...	...
Oteen										
Veterans Admin.	T. Takaro	64	1,033	83	55	1,332	2	4	7500-7500	...
Winston-Salem										
North Carolina Baptist Hospitals	R. T. Myers	16	370	29	79	89	2	6	8000-8500	...
OHIO										
Cleveland										
Case Western Reserve University Affiliated Hospitals	H. J. Mendelsohn	...	...	...	...	...	2	4	...	...
University Hospitals of Cleveland	H. J. Mendelsohn	13	490	16	50	...	...	...	9500-9500	P
Veterans Admin.	L. H. Coffin, Jr.	13	118	26	58	301	...	...	7550-8350	P
Sunny Acres Cuyahoga County Tuberculosis	H. J. Mendelsohn	2	18	0	0	0	...	...	8000-8000	O
Cleveland Clinic	D. B. Effler	66	1,606	100	62	2,937	2	8	9000-9500	P
Cleveland Metropolitan General	J. H. Kennedy	6	158	9	56	435	2	2	8500-9260	P
St. Vincent Charity	E. B. Kay	26	438	38	76	386	2	4	9000-9600	P
Columbus										
Ohio State University Affiliated Hospitals	K. P. Klassen	...	...	...	...	...	2	4	7600-8100	P
Ohio State University Hospitals		37	1,355	110	75	895	...	...	...	...
Children's		6	354	34	82	1,552	...	...	...	...
OKLAHOMA										
Oklahoma City										
University of Oklahoma Medical Center	G. R. Williams	...	...	...	...	...	2	2	6000-8500	P
University of Oklahoma Hospitals	G. R. Williams	7	171	11	46	542	...	...	...	...
Veterans Admin.	L. J. Greenfield	5	53	7	71	346	...	...	...	...
OREGON										
Portland										
University of Oregon Medical School Hospitals and Clinics	A. Starr	23	406	33	90	...	2	5	9000-9000	FP
Veterans Admin.	J. C. Bigelow	10	168	1	0	...	...	...	5280-6480	P
PENNSYLVANIA										
Philadelphia										
Hahnemann Medical College and Hospital	H. Nichols	11	189	36	11	...	2	4	5000-8000	P
Deborah (Browns Mills, N.J.)	H. T. Nichols	24	818	24	88	1,147	...	...	3600-3600	F
Presbyterian-University of Pennsylvania Medical Center	R. G. Trout	12	260	18	80	125	2	2	8000-8500	P
Temple University	G. P. Rosemond	...	...	...	...	...	2	4	8500-9600	P
St. Christopher's Hospital for Children	J. C. Davila	2	75	4	75	...	...	...	7200-9600	P
Pittsburgh										
Hospitals of the University Health Center of Pittsburgh	H. T. Bahnson	...	...	...	...	...	2	4	9000-12000	P
Children's Hospital of Pittsburgh	H. T. Bahnson	7	164	25	76	...	...	...	...	...
Presbyterian-University	H. T. Bahnson	11	242	30	20	2	...	...	...	...
Allegheny General	E. M. Kent	26	602	45	60	473	...	...	...	...
St. Francis General	J. W. Giacobine	34	752	58	48	789	2	5	7800-8400	FP
Shadyside	W. B. Ford	28	778	48	40	4	8400-8400	P

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APPROVED RESIDENCIES

30. 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 1970-1971		Main-tenance
				Number	Necropsy Per cent			Total All Years	Salary per Year Min.-Max.	
SOUTH CAROLINA										
Charleston										
Medical Center Hospitals	W. H. Lee, Jr.	19	438	33	72	1,206	2	4	7200-10400	O
TENNESSEE										
Memphis										
University of Tennessee Affiliated Hospitals	J. W. Pate	...	...	...	...	...	2	4	...	F
City of Memphis Hospitals	J. W. Pate	16	320	25	36	576	...	...	5700-7300	F
Veterans Admin.	J. W. Pate	16	280	33	73	646	...	...	7160-9160	F
West Tennessee Chest Disease	F. H. Cole	51	280	5	0	329	...	...	6240-7440	F
TEXAS										
Dallas										
University of Texas Southwestern Medical School	W. R. Webb	...	...	...	...	...	2	8	...	F
Affiliated Hospitals	W. R. Webb	11	420	46	56	1,090	...	...	7680-7980	P
Parkland Memorial	D. L. Paulson	31	1,003	58	60	194	...	...	...	O
Baylor University Medical Center	W. R. Webb	...	...	...	...	...	...	...	...	...
Children's Medical Center	W. R. Webb	...	...	...	...	...	...	...	...	...
Veterans Admin.	R. H. Holland	24	307	56	64	396	...	...	7340-7640	P
Galveston										
University of Texas Medical Branch Hospitals	S. Snodgrass, J. Derrick	36	478	57	32	700	2	2	6000-8500	P
Houston										
Baylor University Affiliated Hospitals	M. E. De Bakey	...	...	...	...	...	2	6	...	F
Ben Taub General	M. E. De Bakey	8	200	23	60	375	...	...	9300-9900	P
Methodist	E. S. Crawford	155	4,251	185	65	0	...	...	6900-9900	P
St. Luke's Episcopal	D. A. Cooley	53	1,471	126	78	...	...	...	9300-9900	O
Texas Children's	D. A. Cooley	12	317	40	85	724	...	...	9300-9900	O
Veterans Admin.	M. E. De Bakey	7	170	25	40	528	...	...	9300-9900	P
UTAH										
Salt Lake City										
University of Utah Affiliated Hospitals	R. K. Hughes	...	...	...	...	...	2	6	...	...
University	R. K. Hughes	4	162	6	67	...	...	...	6900-8550	F
Latter-Day Saints	R. M. Nelson	35	1,369	75	67	135	...	...	6900-7500	P
Veterans Admin.	R. K. Hughes, C. C. Snyder	3	49	1	100	51	...	...	5700-6900	O
VERMONT										
Burlington										
Medical Center Hospital of Vermont	E. Blair	9	315	19	78	105	2	2	9000-9600	O
VIRGINIA										
Charlottesville										
University of Virginia	W. H. Muller, Jr.	23	786	17	59	667	2	2	5400-6900	O
Richmond										
Veterans Admin.	D. V. Pecora	10	114	27	41	803	1	3	6900-6900	P
WISCONSIN										
Milwaukee										
Marquette Affiliated Hospitals	D. Lepley, Jr.	...	...	...	...	...	2	4	9870-10600	P
Evangelical Deaconess	B. G. Narodick	11	221	9	78	176	...	...	...	...
Milwaukee Children's	B. G. Narodick	2	55	17	100	58	...	...	...	...
Milwaukee County General	D. Lepley, Jr.	10	340	11	82	550	...	...	...	...
St. Luke's	D. Lepley, Jr.	1	279	42	36	903	...	...	9870-10600	P
Veterans Admin. Center (Wood)	W. Weisel	12	189	21	86	1,152	...	...	...	...

31. UROLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Urology, through the American College of Surgeons, through the Residency Review Committee for Urology. These programs are approved for THREE years of training. All hospitals listed offer three years of training intramurally or on an integrated basis through affiliation with another approved institution. Programs, 180; Residencies, 1,034

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971						Main-tenance	
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year	Total All Years		Salary per Year Min.-Max.
UNITED STATES AIR FORCE														
TEXAS														
Wilford Hall U.S.A.F., San Antonio	J. R. Robison	34	1,129	3	100	10,113	2	2	2	2	0	8
UNITED STATES ARMY														
CALIFORNIA														
Letterman General, San Francisco	L. Maldonado	21	537	3	100	9,515	0	1	1	1	0	3
DISTRICT OF COLUMBIA														
Walter Reed General, Washington	K. E. Van Buskirk	70	813	12	92	14,411	0	2	2	2	0	6
HAWAII														
Tripler General, Honolulu	F. E. Ceccarelli	36	1,014	1	100	19,770	0	1	1	1	0	3
TEXAS														
Brooke General, San Antonio	C. A. Moore	36	798	10	90	9,906	0	2	2	2	0	6

31. UROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O
				Number	Neeropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
UNITED STATES NAVY														
CALIFORNIA														
Naval, Oakland ¹¹⁹	G. A. Leblanc	22	485	1	100	7,213	1	1	1	1	0	4	.....	...
Naval, San Diego	M. B. Rotner	78	1,994	29	72	24,593	2	2	2	2	0	8	.....	...
MARYLAND														
Naval, Bethesda	H. Hubbard	33	771	6	67	11,000	1	1	1	1	0	4	.....	...
NEW YORK														
Naval, St. Albans	M. Edson	29	497	7	71	5,733	1	1	1	1	0	4	.....	...
PENNSYLVANIA														
Naval, Philadelphia	E. C. Sacher	27	569	9	67	7,613	1	1	1	1	0	4	.....	...
UNITED STATES PUBLIC HEALTH SERVICE														
LOUISIANA														
U. S. Public Health Service, New Orleans - See Tulane University Affiliated Hospitals, New Orleans														
NEW YORK														
U.S. Public Health Service (Staten Island), New York City ²⁸⁷	M. W. Justice	48	986	9	33	6,230	1	1	2	1	0	5	.....	...
OTHER FEDERAL														
CANAL ZONE														
Gorgas, Balboa Heights	W. Austerman	9	371	4	25	4,683	0	1	1	1	0	3	11259-13259	O
NONFEDERAL AND VETERANS ADMINISTRATION														
ALABAMA														
Birmingham														
Carraway Methodist	H. C. Hudson	24	970	15	47	8,828	1	1	1	0	0	3	7200-9600	P
University of Alabama Medical Center	S. W. Shirley, A. E. Turman	...	...	...	...	...	3	3	3	1	0	10	.....	...
Children's	V. Scott	...	...	...	...	...	...	...	...	...	...	...	.....	...
Crippled Children's Clinic and Hospital	...	1	10	0	0	...	...	...	...	...	...	...	.....	...
University of Alabama Hospitals and Clinics	S. W. Shirley, A. E. Turman	21	656	9	0	2,703	...	...	...	...	...	...	6300-8100	P
Veterans Admin.	S. W. Shirley	33	845	17	53	3,200	...	...	...	...	...	...	6607-9007	O
Mobile														
Mobile General - See Ochsner Foundation, New Orleans, La.														
ARKANSAS														
Little Rock														
University of Arkansas Medical Center	J. E. Mobley	...	...	...	...	...	2	2	2	0	0	6	.....	...
Arkansas Children's	J. Mobley	13	119	0	0	220	...	...	...	...	...	...	.....	...
Arkansas State	...	...	...	...	...	...	...	...	...	...	...	...	.....	...
University	...	16	437	4	75	3,263	...	...	...	...	...	...	5400-6000	O
Veterans Admin. Consolidated	...	35	695	16	63	1,903	...	...	...	...	...	...	6550-7430	P
CALIFORNIA														
Downey														
Rancho Los Amigos - See White Memorial Medical Center, Los Angeles														
Long Beach														
Veterans Admin. - See Univ. of California (Irvine) Affil. Hospitals, Orange														
Los Angeles														
Kaiser Foundation	J. F. Cooper	25	1,837	15	67	21,000	1	1	1	0	0	3	6300-7500	P
Los Angeles County-U.S.C. Medical Center	J. Morrow	53	1,698	32	50	14,234	3	3	3	3	0	12	8100-10116	P
U. C. L. A. Affiliated Hospitals	W. E. Goodwin	...	...	...	...	...	1	1	1	1	0	4	.....	...
U. C. L. A.	W. E. Goodwin	21	918	9	56	3,494	...	...	...	...	...	...	6200-9800	O
Veterans Admin. Center-Wadsworth	M. M. Mims	55	1,389	36	72	2,338	...	...	...	...	...	...	10043-12071	P
Los Angeles County Harbor General (Torrance)	A. Cockett	14	554	10	56	6,109	...	...	...	...	...	...	8100-10800	P
White Memorial Medical Center	R. T. Bergman	9	415	11	45	2,026	0	1	2	1	0	4	7860-9460	P
Rancho Los Amigos (Downey)	R. Barnes	...	...	...	...	7,786	...	...	...	...	...	...	.....	P
Riverside General (Riverside)	K. E. Orr	6	189	4	50	985	...	...	...	...	...	...	7920-9468	P
Martinez														
Veterans Admin. ¹²³	J. S. Elliot	25	489	23	61	2,143	1	1	1	0	0	3	7916-9080	O
Oakland														
Highland General	C. F. Humphreys	10	308	8	13	2,702	1	1	1	0	0	3	8400-9600	FP
Orange														
University of California (Irvine) Affiliated Hospitals	...	...	...	...	...	...	3	3	3	3	0	12	.....	...
Orange County Medical Center	D. C. Martin	25	540	8	88	2,155	...	...	...	...	...	...	8133-10379	P
Veterans Admin. (Long Beach)	A. J. Bischoff	42	712	15	67	10,460	...	...	...	...	...	...	9371-12071	O
Palo Alto														
Veterans Admin. - See Stanford University Affiliated Hospitals, Stanford														
Riverside														
Riverside General - See White Memorial Medical Center, Los Angeles														
San Diego														
University Hospital of San Diego County ⁸⁸	R. F. Gittes	12	392	10	60	6,234	2	2	2	1	0	7	6200-8700	P
San Francisco														
University of California Program	D. R. Smith	...	...	...	...	...	3	3	3	0	0	9	.....	...
H. C. Moffitt-University of California Hospitals	D. R. Smith	18	836	3	92	3,965	...	...	...	...	...	...	6200-9600	O
Harkness Community Hospital and Medical Center	C. S. Harrod	...	...	...	...	...	...	...	...	...	...	...	7080-9900	F
San Francisco General	F. Hinman	13	263	12	58	1,267	7116-10248	P
Veterans Admin.	F. S. Howard	20	251	6	83	860	7761-10893	O

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APPROVED RESIDENCIES

31. UROLOGY - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance
			Number	Neerpsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
CALIFORNIA - Continued													
San Jose													
Santa Clara Valley Medical Center - See Stanford University Affiliated Hospitals, Stanford													
Stanford													
Stanford University Affiliated Hospitals	...	...	...	...	...	3	3	3	3	0	12	...	...
Stanford University	20	1,317	7	86	4,156	3	3	3	3	...	12	6500-8000	P
Veterans Admin. (Palo Alto)	18	435	7	70	1,951	...	...	...	...	...	...	6190-8930	O
Santa Clara Valley Medical Center (San Jose)	...	...	...	...	...	...	...	...	...	...	...	...	...
R. A. Petersen	11	340	4	75	2,408	...	...	...	...	...	...	7238-9006	F
Torrance													
Los Angeles County Harbor General - See U.C.L.A. Affiliated Hospitals, Los Angeles													
COLORADO													
Denver													
University of Colorado Affiliated Hospitals	...	...	...	...	...	2	2	2	0	0	6	...	...
University of Colorado Medical Center	13	586	5	80	2,939	...	...	...	...	...	...	5400-6800	P
Denver General	11	338	8	75	2,244	...	...	...	...	...	...	5028-6000	P
Veterans Admin.	25	442	12	92	1,040	...	...	...	...	...	...	5620-8870	O
CONNECTICUT													
Hartford													
University of Connecticut Affiliated Hospitals	...	...	...	...	...	2	2	2	1	0	7	...	...
Hartford	35	1,789	15	33	150	...	...	...	...	...	...	7600-9100	O
University of Connecticut Hospital-Mc Cook Division	2	79	0	0	353	...	...	...	...	...	...	...	...
St. Francis	32	1,191	26	40	0	...	...	...	...	...	...	7200-7200	F
Newington Children's (Newington)	...	20	0	0	231	...	...	...	...	...	...	...	...
Veterans Admin. (Newington)	10	216	3	100	550	...	...	...	...	...	...	8900-10900	O
New Haven													
Yale-New Haven Medical Center	...	...	...	...	...	0	2	2	2	0	6	...	...
Yale-New Haven	41	1,402	29	41	3,869	...	...	...	...	...	...	9500-10500	O
Veterans Admin. (West Haven)	15	416	14	36	840	...	...	...	...	...	...	6765-9265	O
Waterbury (Waterbury)	15	559	9	0	129	...	...	...	...	...	...	...	...
Newington													
Newington Children's - See University of Connecticut Affiliated Hospitals, Hartford													
Veterans Admin. - See University of Connecticut Affiliated Hospitals, Hartford													
Waterbury													
Waterbury - See Yale-New Haven Medical Center, New Haven													
West Haven													
Veterans Admin. - See Yale-New Haven Medical Center, New Haven													
DELAWARE													
Wilmington													
Wilmington Medical Center	14	1,224	8	50	1,840	1	1	1	0	0	3	9200-10200	P
Delaware Division	...	...	...	...	...	...	...	...	...	...	...	...	...
Memorial Division	...	...	...	...	...	...	...	...	...	...	...	...	...
DISTRICT OF COLUMBIA													
Washington													
Freedmen's	22	368	19	11	2,600	1	1	1	1	0	4	7865-9953	O
Georgetown University Affiliated Hospitals	...	...	...	...	...	...	1	5	2	2	0	10	...
District of Columbia General	21	139	4	75	1,469	...	...	...	...	...	...	...	...
Georgetown University	20	961	1	100	640	...	...	...	...	...	...	7000-9000	...
Veterans Admin.	25	678	11	72	...	...	...	...	...	...	...	7325-10325	P
George Washington University Affiliated Hospitals	...	...	...	...	...	2	2	2	0	0	6	...	...
District of Columbia General	...	...	...	...	...	...	...	...	...	...	...	...	...
George Washington University	22	867	18	55	568	...	...	...	...	...	...	7517-9500	P
Veterans Admin.	25	678	11	72	...	...	...	...	...	...	...	7325-10325	P
Washington Hospital Center	46	2,339	16	44	110	2	2	2	0	0	6	8300-8500	P
Children's Hospital of the District of Columbia	13	1,567	1	0	810	...	...	...	...	...	...	...	O
FLORIDA													
Bay Pines													
Veterans Admin. Center - See Tampa General, Tampa													
Gainesville													
University of Florida Affiliated Hospitals	...	...	...	...	...	1	1	1	1	...	4	...	...
William A. Shands Teaching Hospital and Clinics	11	418	9	100	3,195	...	...	...	...	...	...	4500-8000	O
Veterans Admin.	17	91	3	67	366	...	...	...	...	...	...	6615-8115	O
Jacksonville													
Duval Medical Center-St. Vincent's	...	...	...	...	...	1	1	1	0	0	3	...	...
Duval Medical Center	6	145	5	60	4,203	...	...	...	...	...	...	8700-9000	P
St. Vincent's	3	1,045	1	0	747	...	...	...	...	...	...	8400-8400	P
Miami													
University of Miami Affiliated Hospitals	...	...	...	...	...	3	3	3	0	0	9	...	...
Jackson Memorial	45	1,508	31	45	5,601	...	...	...	...	...	...	8050-9150	P
Veterans Admin.	25	171	4	...	...	...	...	...	...	...	...	7160-8160	O
Miami Beach													
Mount Sinai Hospital of Greater Miami	41	1,489	38	34	833	1	1	1	0	0	3	7800-8800	P
Orlando													
Orange Memorial	41	1,858	31	26	1,413	2	2	2	0	0	6	8400-9600	P
Tampa													
Tampa General	32	1,357	23	56	1,871	1	1	1	0	0	3	9000-10000	FP
Veterans Admin. Center (Bay Pines)	30	544	14	37	659-7920	O

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APPROVED RESIDENCIES

31. UROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
GEORGIA															
Atlanta															
Grady Memorial	C. Rieser	28	760	7	29	8,934	2	2	2	0	0	6	6960-8400	P	
Veterans Admin.	E. Haltiwanger	22	394	12	56	2,200	...	...	...	...	...	6	6213-9320	O
St. Joseph's Infirmary ⁹⁸	R. C. Coleman	24	1,228†	11	46	691	1	1	1	0	0	3	7176-8008	FP	
Augusta															
Medical College of Georgia Hospitals		19	365	14	88	2,585	2	1	1	0	0	4	6134-7334	FP	
Eugene Talmadge Memorial	J. R. Rinker														
Savannah															
Memorial Medical Center	P. L. Scardino	31	1,362	29	31	2,792	1	1	1	0	0	3	6300-7800	F	
ILLINOIS															
Chicago															
Chicago Medical School Affiliated Hospitals															
Mount Sinai Hospital Medical Center of Chicago	M. Lakin	12	375†	3	0	1,176	1	1	1	0	0	3	8700-9900	P	
Cook County	I. M. Bush	73	1,943	60	40	14,408	3	3	3	3	0	12	10200-11400	P	
Michael Reese Hospital and Medical Center	D. Presman	24	871	24	27	1,697	2	2	2	2	0	8	8600-10400	P	
Mercy Hospital and Medical Center ⁸⁰	E. T. Wilson	32	741	46	51	1,080	...	...	...	...	...	...	8300-9200	P
Northwestern University Medical Center	J. T. Grayhack	11	557	7	29	2,094	3	2	2	2	0	9	7500-10000	...	
Chicago Wesley Memorial	V. J. O'Conor, Jr.	7	414	...	...	1,015	...	...	...	...	...	...	7500-9000	...
Children's Memorial	G. W. Kaplan	15	647	5	60	1,167	...	...	...	...	...	...	8500-10100	P
Passavant Memorial	J. T. Grayhack	33	638	15	60	684	...	...	...	...	...	...	7500-9000	P
Veterans Admin. Research	J. T. Grayhack	33	1,426	11	55	1,527	1	1	1	0	1	4	8940-10940	O	
Presbyterian-St. Luke's	O. C. Julian, C. F. Mc Kiel	14	555	16	56	5,685	1	1	1	1	0	4	8000-10000	P	
University of Chicago Hospitals and Clinics	C. W. Vermeulen	20	580	11	63	3,512	...	...	...	...	...	...	10200-11400	P
University of Illinois Affiliated Hospitals	J. H. Kiefer	30	624	7	96	2,632	...	...	...	...	...	...	6960-9260	O
University of Illinois Research and Educational Hospitals	J. H. Kiefer	20	580	11	63	3,512	...	...	...	...	...	...	10200-11400	P
Veterans Admin. (West Side)	S. Clark	30	624	7	96	2,632	...	...	...	...	...	...	6960-9260	O
Hines															
Veterans Admin. ¹⁷³	F. A. Lloyd	74	1,183	80	39	4,398	2	2	2	0	0	6	9440-10440	O	
INDIANA															
Indianapolis															
Indiana University Medical Center	R. A. Garrett	20	585	6	83	3,319	3	3	3	0	0	9	7500-8500	P	
Indiana University Hospitals		13	429	8	25	4,078	...	...	...	...	...	...	6288-7440	...
Marion County General		22	288	12	75	1,800	...	...	...	...	...	...	8350-10150	O
Veterans Admin.		65	3,248	18	28	1,200	1	1	1	1	0	4	8600-10400	P	
Methodist Hospital of Indiana	D. Newman, S. Pile														
IOWA															
Des Moines															
Veterans Admin. Center ⁴⁵	L. J. Arduino	25	2,538	24	58	923	1	1*	1	0	0	3	7680-8880	P	
Iowa City															
University of Iowa Hospitals	R. H. Flocks	73	2,320	23	57	12,954	3	3	3	3	3	15	7000-9000	P	
KANSAS															
Kansas City															
University of Kansas Medical Center	W. Valk	22	857	8	38	2,188	2	2	2	0	0	6	6900-8790	P	
Veterans Admin. (Kansas City, Mo.)	W. K. Mebust	34	600	17	41	794	...	...	...	...	...	...	6900-8160	P
Wadsworth															
Veterans Admin. Center ²²³	L. E. Becker	32	507	9	64	10,760	1	1	1	0	0	3	7530-8790	O	
St. Luke's (Kansas City, Mo.)															
Wichita															
Veterans Admin. Center	M. E. Jacobson	19	337	12	42	992	1	1	1	0	0	3	6640-7570	F	
St. Francis	W. J. Smith, Jr.	52	1,909	26	23	0	...	...	...	...	...	...	8100-8700	FP
KENTUCKY															
Lexington															
University of Kentucky Medical Center	K. N. Walton	3	1,123†	7	14	...	2	2	2	0	0	6	...	...
St. Joseph	N. L. Bosworth	21	529	8	50	1,687	...	...	...	...	...	...	6560-8360	P
Veterans Admin.	K. N. Walton	...	...	3	33	963	...	...	...	...	...	...	5790-6990	P
Louisville															
University of Louisville Affiliated Hospitals	R. Lich, Jr.	5	271	0	0	338	2	2	1	1	0	6	...	...
Children's		7	203†	4	25	5,288	...	...	...	...	...	...	7100-8600	P
Louisville General	R. Lich, Jr.	16	507	10	70	1,710	...	...	...	...	...	...	6100-6800	O
Veterans Admin.	H. I. Berman														
LOUISIANA															
Alexandria															
Veterans Admin. - See Tulane University Affiliated Hospitals, New Orleans															
New Orleans															
Charity Hospital of Louisiana		31	754	40	43	10,808	2	3	2	2	0	9	5400-6000	F	
Louisiana State University Division	G. Tomskey	17	739	4	25	13,378	2	2	2	0	0	6	7000-8000	P	
Ochsner Foundation ¹⁸⁸	W. E. Kittredge	7	283	3	33	1,319	...	...	...	...	...	...	...	...
Mobile General (Mobile, Ala.)	J. Hyman	...	...	...	...	...	2	2	2	2	0	8	...	...
Tulane University Affiliated Hospitals	J. U. Schlegel	37	808	35	51	11,517	...	...	...	...	...	...	5400-6000	FP
Charity Hospital of Louisiana	J. U. Schlegel	27	1,074	9	80	2,373	...	...	...	...	...	...	6562-9260	O
Touro Infirmary	J. L. Fischman	15	356	4	...	1,478	...	...	...	...	...	...	...	...
U. S. Public Health Service	J. R. Furman	30	535†	21	67	2,615	...	...	...	...	...	...	6525-7125	O
Veterans Admin.	J. U. Schlegel	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin. (Alexandria)	J. U. Schlegel	...	...	...	...	...	...	...	...	...	...	...	...	...
Shreveport															
Confederate Memorial Medical Center	B. E. Trichel	24	1,138	14	43	5,290	1	1	1	1	0	4	5400-6000	F	

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APPROVED RESIDENCIES

31. UROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O'U'P	
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
MARYLAND															
Baltimore															
Johns Hopkins ¹⁹⁰	W. W. Scott	37	1,283	18	50	8,288	3	3	3	3	0	12	7000-...	P	
Sinai Hospital of Baltimore	M. A. Robbins	26	880	6	33	1,178	1	1	1	0	0	3	7300-8700	P	
University of Maryland	J. D. Young, Jr.	25	939	23	39	5,195	3	3	3	0	0	9	7700-8900	P	
Fort Howard															
Veterans Admin. ¹⁹⁷	H. C. Kramer	23	420	12	33	2,230	1	0	0	0	0	1	6000-8000	P	
MASSACHUSETTS															
Boston															
Boston University Affiliated Hospitals	G. Austen, Jr.	...	...	...	...	...	3	3	3	0	0	9	8100-9000	P
Boston City University	...	23	672	13	69	7,365	...	...	...	...	...	...	...	...
Lahey Clinic ¹⁴⁵	L. Zinman	36	845	17	36	7,338	...	...	...	...	...	...	...	...
New England Deaconess	L. M. Woodruff	37	1,296	14	50	8,527	2	2	2	0	0	6	7300-9000	O	
Lawrence F. Quigley Memorial (Chelsea)	L. M. Woodruff	14	711	7	57	3,064	...	...	...	...	...	...	7000-11000	O
Massachusetts General	L. M. Woodruff	9	149	3	67	1,167	...	...	...	...	...	...	7000-11000	P
Peter Bent Brigham Hospital-Veterans Admin. (West Roxbury)	W. F. Leadbetter	60	2,325	47	66	7,000	2	2	2	0	0	6	8100-10000	O	
Peter Bent Brigham Veterans Admin. (West Roxbury)	J. H. Harrison	...	...	...	...	...	2	2	2	0	0	6	...	P
Veterans Admin. (Jamaica Plain)	J. H. Harrison	18	575	...	...	1,768	...	...	...	...	...	...	8300-10000	P
	H. S. Talbot	8	217	5	60	1,229	...	...	...	...	...	...	6600-10000	O
	R. Chute	28	836	25	8	1,598	0	1	1	1	0	3	6600-10000	O	
Chelsea															
Lawrence F. Quigley Memorial	- See Lahey Clinic, Boston														
MICHIGAN															
Allen Park															
Veterans Admin.	- See Wayne State Univ. Affil. Hsps., Detroit														
Ann Arbor															
University of Michigan Affiliated Hospitals	J. Lapides	...	...	...	...	...	4	4	4	0	0	12	...	...
University	J. Lapides	36	1,417	13	54	5,773	...	...	...	...	...	...	6300-7200	O
St. Joseph Mercy	S. L. Fellman	16	1,262	9	71	3,178	...	...	...	...	...	...	8940-8940	...
Veterans Admin.	J. Lapides	...	...	...	...	1,298	...	...	...	...	...	...	6600-7900	O
Wayne County General (Eloise)	J. Lapides	31	706	19	56	3,160	...	...	...	...	...	...	8376-10233	F
Detroit															
Harper	E. J. Shumaker	38	1,250	14	43	1,108	0	2	1	1	0	4	9000-9600	...	
Henry Ford	A. W. Bohne, A. J. Johnson	25	969	27	15	16,154	2	2	2	0	0	6	7300-8900	P	
Sinai Hospital of Detroit	W. H. Rattner	20	717	9	56	465	1	1	1	0	0	3	9300-9900	P	
Wayne State University Affiliated Hospitals	J. M. Pierce, Jr.	...	...	...	...	...	2	2	2	0	0	6	...	...
Children's Hospital of Michigan	G. Sewell	4	179	0	0	977	...	...	...	...	...	...	7500-8400	P
Detroit General	J. M. Pierce, Jr.	30	451	17	...	4,709	...	...	...	...	...	...	7700-8600	...
Veterans Admin. (Allen Park)	D. V. Jablonski	31	530	25	60	1,922	...	...	...	...	...	...	7815-9015	O
Eloise															
Wayne County General	- See University of Michigan Affiliated Hospitals, Ann Arbor														
Royal Oak															
William Beaumont	H. E. Lichtwardt	31	1,651	15	40	178	1	1	1	0	0	3	10000-11000	P	
MINNESOTA															
Minneapolis															
University of Minnesota Hospitals	C. Markland	19	508	...	...	870	2	1	1	0	0	4	...	...
Veterans Admin. ²¹⁵	G. Mellinger	40	935	14	64	2,851	0	3	4	3	0	10	6000-8000	...	
Rochester															
Mayo Graduate School of Medicine	O. S. Culp	158	3,812	21	65	47,951	6	6	6	6	0	24	5400-8000	P	
Rochester Methodist	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Mary's	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul															
St. Paul-Ramsey Hospital - Charles T. Miller	...	...	...	...	...	...	1	1	1	1	0	4	...	...
St. Paul-Ramsey	A. S. Cass	20	437	2	50	3,329	...	...	...	...	...	...	5500-8000	O
Charles T. Miller	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MISSISSIPPI															
Jackson															
University of Mississippi Medical Center	W. L. Weems	...	...	...	...	...	1	1	1	1	0	4	...	...
University	W. L. Weems	15	474	6	50	4,806	...	...	...	...	...	...	5400-6000	O
Veterans Admin. Center	L. E. Deddens	24	439	18	72	2,807	...	...	...	...	...	...	5450-7780	...
MISSOURI															
Columbia															
University of Missouri Affiliated Hospitals	I. Thompson	...	...	...	...	...	2	2	2	0	0	6	...	...
University of Missouri Medical Center	I. Thompson	20	751	7	86	4,264	...	...	...	...	...	...	6500-8000	P
Kansas City General Hospital and Medical Center (Kansas City)	H. N. Habib	16	389	7	57	2,790	...	...	...	...	...	...	7785-9860	...
Kansas City															
Kansas City General Hospital and Medical Center	- See University of Missouri Affiliated Hospitals, Columbia														
St. Luke's	- See Veterans Admin. Center, Wadsworth, Kansas														
Veterans Admin.	- See University of Kansas Medical Center, Kansas City, Kansas														
St. Louis															
Homer G. Phillips	M. Abrams	17	380	23	27	2,646	1	1	1	0	0	3	7108-7836	P	
St. Louis City ³⁷	D. Mehan	15	368	10	20	3,355	2	2	2	0	0	6	7108-7836	O	
Washington University Affiliated Hospitals	J.J. Cordonnier	...	...	...	...	...	3	3	3	0	0	9	...	...
Barnes Hospital Group	...	39	1,713	11	50	2,903	6500-8000	O	
Veterans Admin.	...	24	480	10	38	2,330	6840-8040	P	

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APPROVED RESIDENCIES

31. UROLOGY - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance	
			Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW HAMPSHIRE														
Hanover														
Dartmouth Medical School Affiliated Hospitals	L. J. Morin	...	...	...	2,186	1	1	1	0	0	3	7500-9000	O	
Mary Hitchcock Memorial Veterans Admin. Center (White River Junction, Vt.)		13	726	5	100	2,186	...	...	...	...	...	...	...
		9	164	4	75	786	...	...	...	...	...	...	...
NEW JERSEY														
East Orange														
Veterans Admin.	M. Malament	41	667	33	72	1,219	1	1	1	0	0	3	9500-10500	O
Jersey City														
Jersey City Medical Center	J. D. Katz	15	472	28	4	526	0	1	1	1	0	3	8500-9500	O
Newark														
Martland University of New Mexico Affiliated Hospitals	J. Seebode	20	451	5	40	2,036	1	1	1	1	1	5	9500-11500	P
Bernalillo County Medical Center Veterans Admin.	L. H. Lackner	9	300	4	75	914	2	2	2	0	0	6	6270-6720	P
	L. H. Banowsky	11	282	5	60	460	...	...	...	...	...	...	6310-8550	P
NEW YORK														
Albany														
Albany Medical College Affiliated Hospitals		...	...	...	...	...	2	2	2	0	0	6	...	...
Albany Medical Center Veterans Admin.		20	995	24	29	449	...	...	...	...	...	...	8100-9600	P
		14	515	15	...	1,359	...	...	...	...	...	...	8400-11800	...
Buffalo														
Millard Fillmore ²³⁷	P. A. Greco	36	972	9	44	607	1	1	1	0	0	3	7805-8735	P
Roswell Park Memorial Institute-Sisters of Charity	G. P. Murphy	...	...	...	...	...	1	1	1	0	0	3	...	...
Roswell Park Memorial Institute Sisters of Charity	G. P. Murphy	18	429	13	100	3,032	...	...	...	...	...	...	5522-6836	O
S.U.N.Y. at Buffalo Affiliated Hospitals ⁵⁸	W. J. Staubitz	...	...	...	...	...	3	3	3	3	0	12	...	...
Buffalo General	W. J. Staubitz	24	710	17	23	899	...	...	...	...	...	...	8270-10020	P
Children's Hospital of Buffalo	W. J. Staubitz	5	422	1	100	453	...	...	...	...	...	...	7805-10020	P
Edward J. Meyer Memorial	W. J. Staubitz	26	509	27	37	2,968	...	...	...	...	...	...	7805-10020	P
Veterans Admin.	M. J. Gonder	33	605	21	44	1,530	...	...	...	...	...	...	6560-8660	O
East Meadow														
Meadowbrook	M. Goldfarb	220	694	11	46	2,333	1	1	1	1	0	4	9000-10500	F
Mineola														
Nassau	M. Spatz	17	749	7	43	51	1	1	1	0	0	3	9000-10000	P
New Hyde Park														
Long Island Jewish Hospital Training Program	S. Rothfeld	...	...	...	...	...	1	1	1	0	0	3	10000-11500	P
Long Island Jewish		9	380	0	0	301	...	...	...	...	...	...	...	...
Queens Hospital Center (New York City)		28	440	13	15	3,794	...	...	...	...	...	...	...	...
New York City														
Albert Einstein College of Medicine Affiliated Hospitals	H. R. Newman	...	...	...	...	...	3	3	4	0	0	10	8250-10750	F
Bronx Municipal Hospital Center Hospital of the Albert Einstein College of Medicine		25	782	19	47	4,184	...	...	...	...	...	...	...	...
Lincoln		...	...	...	...	...	...	...	...	...	...	...	...	...
Beth Israel	L. A. Orkin	60	1,315	28	32	3,209	2	2	2	2	0	8	10000-11500	P
Francis Delafield ²⁵⁵	R. J. Veenema	25	241	18	44	1,585	2	2	2	0	0	6	8750-9750	F
Jewish Hospital and Medical Center of Brooklyn	S. R. Weinberg	41	1,043	26	...	1,309	1	1	2	0	0	4	9500-11000	O
Long Island College ²⁵⁹	J. J. Ippolito	25	778	23	17	1,247	1	1	1	1	0	4	9500-11000	P
Maimonides Medical Center Training Program	G. J. Wise	...	...	...	...	...	2	2	2	0	0	6	...	...
Maimonides Medical Center		39	1,058	21	0	1,195	...	...	...	...	...	...	9500-11500	P
Coney Island		15	341	12	0	2,725	...	...	...	...	...	...	10250-11250	P
Misericordia - Fordham Training Program	E. J. Adlerman	19	739	22	15	...	1	1	1	0	0	3	10000-13000	FP
Misericordia		12	485	7	14	452	...	...	...	...	...	...	...	...
Fordham		17	254	15	17	1,250	...	...	...	...	...	...	...	...
Montefiore Hospital Training Program	S. Z. Freed	...	...	...	...	...	2	2	2	0	0	6	10250-11750	P
Montefiore Hospital and Medical Center		42	850	6	17	1,812	...	...	...	...	...	...	...	...
Morrisania City		14	276	6	50	2,117	...	...	...	...	...	...	...	...
Mount Sinai Hospital Training Program	H. Brendler	...	...	...	...	...	3	3	3	0	0	9	...	...
Mount Sinai		59	1,347	18	43	3,500	...	...	...	...	...	...	10250-11750	P
City Hospital Center at Elmhurst	M. Pincus	14	308	16	38	2,163	...	...	...	...	...	...	9750-11250	P
New York	V. F. Marshall	41	1,858	31	49	10,374	2	2	1	1	0	6	9750-11750	P
New York Medical														
College-Metropolitan Hospital Center	G. R. Nagamatsu	...	...	...	...	5,188	2	2	2	0	0	6	8250-9750	FP
Unit 1 - Flower and Fifth Avenue Hospitals		19	548	10	20	277	...	...	...	...	...	...	...	...
Unit 2 - Metropolitan		27	526	16	75	4,502	...	...	...	...	...	...	...	...
Unit 3 - Bird S. Coler Memorial Hospital and Home		9	65	4	75	409	...	...	...	...	...	...	...	...
New York Polyclinic Medical School and Hospital														
New York University Medical Center	F. A. Beneventi	31	860	29	11	883	...	1	1	1	...	3	8800-9700	P
University	R. S. Hotchkiss	...	...	...	...	...	4	4	4	4	0	16	...	...
Veterans Admin. (Manhattan)		33	1,455	13	38	...	...	...	...	...	...	...	...	...
Bellevue Hospital Center		46	924	26	35	...	...	...	...	...	...	...	8700-10200	FP
Presbyterian	J. K. Lattimer	33	638	29	45	3,862	...	...	...	...	...	...	8250-10750	FO
Queens Hospital Center - See Long Island Jewish Hosp. Training Program, New Hyde Park		76	2,414	30	23	10,529	4	3	3	0	0	10	11000-12000	O
Roosevelt	P. B. Snyder	29	671	13	38	2,486	1	1	1	0	0	3	8500-9500	...
St. Luke's Hospital Center ⁶⁸	J. Draper	36	918	15	6	4,428	1	1	1	1	0	4	10500-12000	P

APPROVED RESIDENCIES

31. UROLOGY—Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance O	
			Number	Neurology Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
NEW YORK, New York City—Continued														
State University - Kings County Hospital Center ²⁵¹	R. K. Waterhouse	...	...	...	...	3	3	3	0	0	9	8250-10750	F	
Brooklyn-Cumberland Medical Center	F. C. Hamm	...	...	...	...	...	...	...	...	...	...	...	...
Kings County Hospital Center	R. K. Waterhouse	39	971	37	22	10,945	...	...	...	...	...	...	...
State University	R. K. Waterhouse	9	1,204	11	27	2,073	...	...	...	...	...	...	...
Veterans Admin. (Brooklyn)	J. Dow	36	657	13	46	319	...	...	...	...	...	8200-10200	O	
Veterans Admin. (Bronx) ²⁵⁷	P. Gonick	34	817	15	47	3,173	2	1	2	0	5	9750-11750	P	
Rochester														
Strong Memorial Hospital of the University of Rochester ²⁵	A. T. E. Cockett	19	1,026	5	100	1,323	0	2	2	2	2	8	...	P
Syracuse														
S. U. N. Y. Upstate Medical Center	O. M. Lilien	53	1,774	30	43	1,519	2	2	2	0	0	6	9400-10900	O
Veterans Admin.	O. M. Lilien	21	560	12	67	1,003	...	...	...	...	...	...	...
NORTH CAROLINA														
Chapel Hill														
North Carolina Memorial	P. L. Bunce	8	370	5	80	2,667	1	1	1	0	0	3	6500-9000	O
Charlotte														
Charlotte Memorial	H. H. Baird	62	2,484	26	40	1,564	0	1	1	1	0	3	7200-8100	P
Durham														
Duke University Affiliated Hospitals	J. F. Glenn	...	...	...	...	...	0	0	4	3	3	10	...	...
Duke University Medical Center	J. F. Glenn	27	1,111	15	53	4,378	...	...	...	...	...	...	6500-8500	P
Veterans Admin.	S. Boyarsky	17	453	10	10	...	...	...	...	...	...	...	5500-8550	...
Lincoln	J. Hughes	58	2,602	108	19	16,628	...	...	...	...	...	...	...
Watts	J. Hughes	12	592	4	50	299	...	...	...	...	...	...	5600-5600	F
Winston-Salem														
North Carolina Baptist Hospitals	...	...	...	...	...	...	2	2	2	0	0	6	...	...
OHIO														
Akron														
Akron City ²⁷⁴	W. A. Keitzer	42	1,684	17	82	452	1	1	1	1	0	4	8420-10040	P
Akron General ²⁷⁴	K. F. Hausfeld	29	991	21	43	449	1	1	1	0	0	3	8800-9600	P
Cincinnati														
Good Samaritan	W. P. Mulvaney	40	1,820	26	31	297	0	2	1	0	0	3	8160-9660	P
University of Cincinnati Hospital Group	A. T. Evans	...	...	...	...	...	4	4	4	0	0	12	...	...
Cincinnati General	...	20	898	16	31	4,229	...	...	...	...	...	...	6340-6940	P
Children's	...	7	580	...	...	299	...	...	...	...	...	...	...
Christ	...	...	...	...	...	...	...	...	...	...	...	...	...
Veterans Admin.	...	28	509	16	44	1,155	...	...	...	...	...	...	6888-8550	O
Cleveland														
Case Western Reserve University Affiliated Hospitals	L. Persky	...	...	...	...	...	2	2	2	0	0	6	...	...
University Hospitals of Cleveland	L. Persky	32	1,442	12	41	2,590	...	...	...	...	...	...	8000-9000	P
Cleveland Metropolitan General	S. A. Mahoney	12	409	11	45	3,603	...	...	...	...	...	...	7500-8760	P
Veterans Admin.	L. Persky	34	663	21	52	1,187	...	...	...	...	...	...	6850-8350	P
Cleveland Clinic ⁹¹	R. A. Straffon	63	4,484	56	63	10,452	3	3	3	0	0	9	7100-8500	P
Huron Road	P. F. Boyd	22	740	6	66	608	1	1	1	0	0	3	6000-7200	F
Columbus														
Ohio State University Hospitals	C. C. Winter	30	870	5	60	5,020	1	1	1	0	0	3	5700-6996	P
Dayton														
Veterans Admin. Center	B. Pilloff	24	306	28	43	1,555	1	1	1	0	0	3	9000-9600	P
Toledo														
St. Vincent Hospital and Medical Center ¹⁴	E. F. Ockuly	27	1,083	17	47	181	1	1	1	1	0	4	7500-8400	P
Maumee Valley	E. F. Ockuly	6	143	3	100	399	...	...	...	...	...	...	8400-8400	P
OKLAHOMA														
Oklahoma City														
University of Oklahoma Medical Center	W. L. Parry	...	...	...	...	...	2	2	2	0	0	6	6000-7500	P
University of Oklahoma Hospitals	...	16	520	7	71	3,071	...	...	...	...	...	...	...
Veterans Admin.	...	28	474	9	44	2,622	...	...	...	...	...	...	...
OREGON														
Portland														
University of Oregon Medical School Hospitals and Clinics	C. V. Hodges	26	751	16	56	3,576	3	3	4	3	0	13	6600-7800	FP
Veterans Admin.	C. V. Hodges	20	310	9	78	1,146	...	...	...	...	...	...	5280-6480	P
PENNSYLVANIA														
Danville														
Geisinger Medical Center	H. E. Brown	22	1,035	13	46	10,064	1	0	1	0	0	2	6400-7600	P
Erle														
Hamot	J. H. Petre	33	1,447	22	55	5,355	2	1	1	0	0	4	7800-9000	P
St. Vincent	R. B. Roth	39	1,747	21	33	10,520	2	2	2	0	0	6	8100-9000	P
Philadelphia														
Albert Einstein Medical Center	W. Wolgin	54	1,463	16	56	1,197	1	1	2	0	0	4	6500-7500	P
Episcopal ¹⁴⁸	G. D. Shoup	9	289	7	57	639	1	1	1	0	0	3	6240-6960	P
Graduate Hospital of the University of Pennsylvania	H. M. Burros	11	284	9	55	1,069	1	1	1	0	0	3	8000-9000	...
Hahnemann Medical College and Hospital	P. Gonick	11	338	8	62	1,334	3	2	2	0	0	7	7000-8000	P
Hospital of the University of Pennsylvania	J. J. Murphy	30	1,265	16	38	2,619	2	2	2	2	0	8	8000-11500	P
Veterans Admin.	M. Bogash	33	823	29	5	2,160	...	...	...	...	...	...	6125-8425	O
Jefferson Medical College ²³²	P. D. Zimskind	35	992	14	36	4,137	0	2	2	2	0	6	8500-9500	O
Pennsylvania	J. J. Murphy	16	405	11	19	1,891	1	0	1	0	0	2	6200-6800	O
Philadelphia General	P. R. Leberman	31	488	25	36	5,529	0	2	2	2	0	6	8500-9300	O
Temple University Affiliated Hospitals	K. B. Conger	...	...	...	...	...	2	2	2	0	0	6	...	...
Temple University	K. B. Conger	30	675	19	32	1,765	...	...	...	...	...	...	7200-9600	P
Hospital of the Woman's Medical College	L. A. Karafin	3	104	...	...	670	...	...	...	...	...	...	...
St. Christopher's Hospital for Children	K. B. Conger	...	...	...	...	529	...	...	...	...	...	...	7200-9600	P
Veterans Admin.	...	33	823	29	5	2,160	6125-8425	...

Numerical and other references begin on page 305.

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APPROVED RESIDENCIES

31. UROLOGY - Continued

	Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary Per Year Min.-Max.	Main-tenance O
				Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year			
PENNSYLVANIA - Continued														
Pittsburgh														
Allegheny General Hospitals of the University Health Center of Pittsburgh	J. L. Hamilton	26	1,200	18	39	925	1	1	1	1	0	4	9000-9900	P
Presbyterian-University	R. Hancock	21	715	14	36	1,266	2	2	2	0	6	.....	.....	.....
Mercy	C. C. Altman	28	876	18	33	553	1	1	1	1	0	4	9000-10800	P
Veterans Admin.	F. Schwenker	23	454	17	47	1,263	.....	.....	.....	.....	.....	.....	6000-7800	O
Western Pennsylvania ²⁶⁷	S. H. Johnson, 3d	28	1,040	46	57	423	1	1	1	0	0	3	7200-8400	FP
PUERTO RICO														
San Juan														
Municipal Hospital Dr. Rafael Lopez Nussa	R. Fortuno	24	420	7	57	7,938	0	2	2	2	0	6	6000-7200	F
University of Puerto Rico Affiliated Hospitals	B. Gonzalez Flores	.....	.....	.....	.....	.....	3	3	3	0	0	9	.....	.....
I. Gonzalez Martinez Oncologic	B. Gonzalez Flores	2	100	6	67	903	.....	.....	.....	.....	.....	.....	5400-7800	F
University District	B. Gonzalez Flores	13	330	10	80	5,400	.....	.....	.....	.....	.....	.....	6300-7500	P
Veterans Admin.	L. M. Isaies	20	395	0	0	4,819	.....	.....	.....	.....	.....	.....	6900-8100	O
RHODE ISLAND														
Providence														
Rhode Island	E. K. Landsteiner	23	758	17	18	2,655	1	1	1	0	0	3	7600-10000	P
SOUTH CAROLINA														
Charleston														
Medical Center Hospitals	K. M. Lynch, Jr.	36	767	15	33	4,189	2	2	2	2	0	8	.....	.....
Medical College	K. M. Lynch, Jr.	36	767	15	33	4,189	.....	.....	.....	.....	.....	.....	5487-8187	P
Charleston County	.....	10	148	0	0	.....	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin.	F. C. Derrick	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5575-7375	P
TENNESSEE														
Memphis														
University of Tennessee Affiliated Hospitals	A. W. Biggs	.....	.....	.....	.....	.....	2	2	1	0	0	5	.....	.....
City of Memphis Hospitals	.....	33	992	31	32	7,933	.....	.....	.....	.....	.....	.....	5016-6138	FP
Veterans Admin. ³²²	.....	40	1,010	7	71	3,314	.....	.....	.....	.....	.....	.....	7160-9160	P
Nashville														
Vanderbilt University Affiliated Hospitals	R. K. Rhamy	.....	.....	.....	.....	.....	2	2	2	2	0	8	6500-8500	P
Nashville Metropolitan General	J. L. Sawyers	4	162	3	0	1,625	.....	.....	.....	.....	.....	.....	.....	.....
Vanderbilt University	R. K. Rhamy	14	530	5	40	3,341	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin.	R. K. Rhamy	23	474	10	50	1,911	.....	.....	.....	.....	.....	.....	.....	.....
TEXAS														
Dallas														
University of Texas Southwestern Medical School Affiliated Hospitals	H. M. Spence	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	6	.....	.....
Parkland Memorial	H. M. Spence	16	547	13	84	5,236	.....	.....	.....	.....	.....	.....	6660-7680	P
Baylor University Medical Center	H. M. Spence	57	2,656	28	32	438	.....	.....	.....	.....	.....	.....	.....	.....
Veterans Admin.	P. A. Duff	34	635	27	22	4,120	.....	.....	.....	.....	.....	.....	6740-7340	P
Galveston														
University of Texas Medical Branch Hospitals	S. Snodgrass, D. Mc Donald	9	244	3	67	2,417	1	1	1	0	0	3	6000-8500	P
Houston														
Baylor University Affiliated Hospitals	R. Scott, Jr.	.....	.....	.....	.....	.....	4	4	4	4	0	16	.....	.....
Ben Taub General	R. Scott, Jr.	16	412	8	68	6,282	.....	.....	.....	.....	.....	.....	6900-9900	P
St. Luke's Episcopal	R. Scott, Jr.	48	2,742	21	38	310	.....	.....	.....	.....	.....	.....	7500-8700	O
Texas Children's	R. Scott, Jr.	14	1,182	2	.....	234	.....	.....	.....	.....	.....	.....	7500-8700	O
Veterans Admin.	P. D. Beach	37	695	18	78	2,688	.....	.....	.....	.....	.....	.....	6900-8700	P
Hermann	C. M. Crigler	34	1,889	21	33	3,541	2	2	2	0	0	6	6600-7500	P
University of Texas M. D. Anderson Hospital and Tumor Institute	.....	13	463	21	67	2,482	.....	.....	.....	.....	.....	.....	6600-7500	O
San Antonio														
University of Texas at San Antonio Teaching Hospitals	H. M. Radwin	.....	.....	.....	.....	.....	1	1	1	1	0	4	.....	.....
Robert B. Green Memorial	.....	7	229	55	35	2,385	.....	.....	.....	.....	.....	.....	7800-9600	P
Santa Rosa Medical Center	.....	31	1,477	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
UTAH														
Salt Lake City														
University of Utah Affiliated Hospitals	R. G. Middleton	.....	.....	.....	.....	.....	2	2	2	0	0	6	.....	.....
University	R. G. Middleton	10	483	10	50	2,533	.....	.....	.....	.....	.....	.....	6000-8550	.....
Veterans Admin.	R. Middleton, C. Snyder	11	514	7	43	1,168	.....	.....	.....	.....	.....	.....	5700-6900	O
VERMONT														
Burlington														
Medical Center Hospital of Vermont	G/W. Leadbetter, Jr.	23	1,047	10	70	1,216	1	1	1	0	0	3	7200-8400	O
White River Junction														
Veterans Admin. Center - See Dartmouth Med. School Affil. Hospitals, Hanover, N.H.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
VIRGINIA														
Charlottesville														
University of Virginia ²⁷⁷	J. Y. Gillenwater	24	840	8	38	4,426	2	2	2	2	0	8	5400-6900	O
Danville														
Memorial	R. R. Landes	351	434	14	60	3,600	1	1	1	0	0	3	9000-9000	F
Norfolk														
Norfolk General ¹⁹	P. C. Devine	34	1,129	22	28	984	1	1	1	0	0	3	10200-10800	O
Richmond														
Medical College of Virginia Affiliated Hospitals ¹⁸	G. R. Prout	.....	.....	.....	.....	.....	0	3	3	3	0	9	.....	.....
Medical College of Virginia-Hospital Division	G. R. Prout	35	1,054	23	44	3,059	.....	.....	.....	.....	.....	.....	5700-6900	P
Veterans Admin.	R. C. Bunts	42	1,265	25	52	1,149	.....	.....	.....	.....	.....	.....	5400-6900	P

APPROVED RESIDENCIES

31. UROLOGY - Continued

Chief of Service or Program Director	Average Daily Census	Admissions (Include Transfers)	Deaths		Outpatient Visits	Residencies Offered 1970-1971					Total All Years	Salary per Year Min.-Max.	Main-tenance P F O	
			Number	Necropsy Per cent		1st Year	2nd Year	3rd Year	4th Year	5th Year				
WASHINGTON														
Seattle														
University of Washington Affiliated Hospitals ³⁰⁴	J. S. Ansell	9	210	8	63	1,558	0	3	3	3	2	11	7500-10008	P
Harborview Medical Center		7	298	5	60	2,168							7500-10008	P
University Veterans Admin.		12	219	5	100								6000-9000	P
WEST VIRGINIA														
Charleston														
Memorial Hospital-Charleston General	D. R. Gilbert	25	838	11	54	357	1	1	1	0	0	3	6600-7500	F
Memorial Charleston General		9	343	4	25	0								
Morgantown														
West Virginia University Medical Center	D. F. Milam	20	583	13	62	2,227	1	1	1	1	0	4	7000-8500	P
WISCONSIN														
Madison														
University of Wisconsin Affiliated Hospitals	J. B. Wear, Jr.	22	957	7	57	3,049	2	2	2	2	0	8		
Madison General	J. B. Wear, Jr.	20	574	6	100	1,469							8200-9200	P
University Hospitals	J. B. Wear, Jr.	30	727	15	73									P
Veterans Admin.	P. O. Madsen													
Milwaukee														
Marquette Affiliated Hospitals	N. B. Hodgson	122	534	10	60	2,653	3	2	1	2	0	8	7200-9020	P
Milwaukee County General		28	432	18	72	7,184							7600-9400	P
Veterans Admin. Center (Wood)														

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NUMERICAL AND OTHER REFERENCES

The footnote references and other symbols listed below are intended to provide additional information on approved residencies, as listed in the preceding pages. The footnote number following the listing of a program may indicate the name of the hospital, or hospitals, to which residents are rotated. It is not intended to indicate the reverse relationship—hospitals from which residents are rotated to the listed residency program.

Program directors may request the listing of other hospitals by footnote reference if residents are rotated from the parent hospital to the footnoted hospital for periods of six months to a year on a full-time basis as an integral part of the program. Shorter assignments or part-time assignments are not indicated in this Directory. Longer full-time assignments may be more accurately indicated by indenting the name of the affiliated hospital under that of the parent hospital in the listing of the approved residency.

If a footnote reference in this list does not seem appropriate, the program director of the residency involved should request a change in the listing of his program, submitting an outline of the full-time rotations to the Department of Graduate Medical Education, American Medical Association. Change in the listing of an approved residency generally requires the approval of the appropriate residency review committee, or concurrent action of the specialty board involved and the Council on Medical Education.

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

† Indicates special training available beyond the period for which program is approved.

‡ Indicates discharges instead of admissions.

ACF (in lists of Orthopedic Surgery residencies):

- A. Adult Orthopedics.
- C. Children's Orthopedics.
- F. Fractures.

Maintenance Designations:

- F Full maintenance including board, room, and laundry or their equivalent without deduction from the stated salary.
- P Partial maintenance, including instances in which board, room, and laundry are furnished but for which deductions for one or more of these items are made from the stated salary.
- FP Full maintenance furnished to some residents, such as single residents; may also include additional benefits (including additional salary) for those, such as married residents, receiving partial maintenance.
- O Resident receives salary only.
- ... No information furnished as to degree of maintenance provided.

1. Appointments restricted to men only.
2. U. S. Citizenship required.
3. Appointments not available to graduates of foreign medical schools.
4. All clinical and laboratory services and educational programs are supervised by Mount Sinai Hospital, New York City.
5. Coordinated program in anatomic and clinical pathology with Boston Hospital for Women, Children's Hospital Medical Center, New England Deaconess Hospital, Peter Bent Brigham Hospital, and other departments of Harvard Medical School.
6. May include one year of training at Cook County Hospital, Chicago, by special arrangement.
7. May include one year of surgical research at Louisiana State University School of Medicine.
8. Includes fellowships.
9. Includes six months at one of the following: City of Chicago Municipal Tuberculosis Sanitarium or Cook County Hospital, Chicago, Ill.
10. Approved for affiliate training as a part of a fully approved plastic surgery residency program of two or three years duration.
11. Co-ordinated three year program; Peter Bent Brigham Hospital affords 18 months; Veterans Admin. Hospital (West Roxbury), Boston, 18 months. Residents should apply to either hospital.
12. Beekman-Downtown Hospital, St. John's Episcopal Hospital, New York City.
13. Residents will spend one year at Vanderbilt University Hospital, Nashville, Tennessee.
14. Co-ordinated three year program: St. Vincent Hospital and Medical Center affords two years, Maumee Valley Hospital, one year. Residents should apply to St. Vincent Hospital and Medical Center.
15. First year residents to spend six months at Rochester General Hospital, Northside Division and senior residents to spend six months at Genesee Hospital, Rochester, N. Y.
16. John Wesley County Hospital, Los Angeles; Santa Monica Hospital, Santa Monica, Calif.
17. Residents must complete entire program of three and one-half years.
18. Veterans Admin. Hospital, Grand Junction, Colo.
19. King's Daughters Children's Hospital, Norfolk, Va.
20. Credit limited to six months training.
21. State Hospital Number 2, St. Joseph, Mo.
22. Sutter Community Hospitals, Sacramento, Calif.
23. The academic year will be completed at an institution approved for training in Public Health.
24. University of Texas M.D. Anderson Hospital and Tumor Institute, Houston, Texas.
25. One year of clinical investigation available.
26. The University teaching service at Veterans Administration Hospital consists of only ninety-six beds; in addition, residents rotate to Columbia or Lutheran Hospitals for three months during their second or third year. Residents should apply to Milwaukee County General Hospital.
27. Orange County Medical Center, Orange, Calif.
28. Hartford Hospital, Hartford, Conn.; Newington Children's Hospital, Newington, Conn.; James Lawrence Kernan Hospital for Crippled Children, St. Paul, Minn.
29. The laboratory is affiliated with the Department of Pathology, Harvard Medical School.
30. Grady Memorial Hospital, Atlanta, Ga.
31. Deborah Hospital, Browns Mills, N. J.
32. Peoria State Hospital, Peoria, Ill.
33. St. Christopher's Hospital for Children, Philadelphia, Pa.
34. Methodist Hospital of Central Illinois and St. Francis Hospital Divisions, Peoria, Ill.; University of Kansas Medical Center, Kansas City, Kansas.
35. Six months rotation in the first year at National Jewish Hospital, Denver.
36. Veterans Admin. Hospital, Livermore, Calif.; Samuel Merritt Hospital, Oakland, Calif.
37. Jewish Hospital of St. Louis, St. Louis, Mo.
38. Charles T. Miller Hospital, St. Paul, Minn.
39. Columbia Hospital, Lutheran Hospital of Milwaukee, Milwaukee Children's Hospital, Milwaukee, Wis.
40. Postmortem part of pathologic anatomy.
41. St. Mary's Hospital, Grand Rapids, Mich.
42. Approved for one year of training in surgical pathology part of anatomic pathology.
43. Medical College of Virginia—Hospital Division, Richmond, Va.
44. Applicants for residency positions should apply to the Department of Internal Medicine of the State University of Iowa College of Medicine.
45. Includes one year of training at University Hospitals, Iowa City.
46. Includes one year affiliated training at Georgetown University Hospital, Washington, D. C.
47. Approval includes one year to be spent at Cleveland Metropolitan General Hospital, Cleveland, Ohio.
48. West Jersey Hospital, Camden, N. J.
49. Mercy Hospital, Durango, Colo.
50. Nebraska Psychiatric Institute, Omaha.
51. Hospital offers a year or more of additional training in the specialty beyond the basic three years required to fulfill the residency requirement of the Board.
52. Harper Hospital, Detroit.
53. First year of training provided at City of Memphis Hospitals, Memphis, Tenn.
54. St. Luke's Hospital, Cleveland, Ohio.
55. Approved as a third year of training following two years of residency in a fully approved three year program.
56. John A. Andrew Memorial Hospital, Tuskegee Institute, Ala.
57. Watts Hospital, Durham, N. C.
58. Program offers a year or more of additional training for those residents who wish to qualify for certification under Plan 1 of the American Board of Anesthesiology. This listing does not necessarily indicate that this additional training is approved or disapproved. Applicants should correspond directly with the Chief of the service.
59. Santa Fe Memorial Hospital, Veterans Admin. Hospital, Temple, Tex.
60. Institute for the Crippled and Disabled, St. Barnabas Hospital for Chronic Diseases, Veterans Admin. Hospital (Manhattan), New York City, New York State Rehabilitation Hospital, West Haverstraw, N. Y.
61. Armed Forces Institute of Pathology, Children's Hospital of the District of Columbia, Washington, D. C.
62. Episcopal Hospital, St. Christopher's Hospital for Children, Philadelphia, Pa.
63. Purpose of program is the training of individuals entering careers in public health research. The second year of the residency provides full tuition for attendance at a school of public health for work leading to the M.P.H. degree.
64. Cincinnati General Hospital, Cincinnati, Ohio.
65. Duke University Medical Center, Durham, N. C.

66. Orange County Medical Center, Orange, Calif.
67. Children's Mercy Hospital, St. Luke's Hospital, Kansas City, Mo.
68. Resident is required to serve four years in the program in order to obtain credit for three years of training in Urology.
69. An optional third year of training is offered at Memorial Hospital for Cancer and Allied Diseases, New York City.
70. St. John's Mercy Hospital, St. Louis, Mo.
71. University Hospitals, Madison, Wis.
72. One year of program to be spent at Washington University and Barnes Hospital Group, St. Louis, Mo.
73. Milwaukee Children's Hospital, Milwaukee, Wis.
74. University of Kansas Medical Center, Kansas City, Kans.
75. Henrietta Eggleston Hospital for Children, Atlanta, Ga.
77. Children's Hospital, Veterans Admin. Hospital, Washington, D.C.
78. Riverside General Hospital, Riverside, Calif.; San Bernardino County General Hospital, San Bernardino, Calif.
80. Detroit General Hospital, Herman Kiefer Hospital, Detroit.
81. Residents must complete five years of training to receive Board Credit for four years of training.
82. Ohio State University Hospitals, Columbus, Ohio; Veterans Admin. Center, Dayton, Ohio.
83. Ellis Fischel State Cancer Hospital, Columbia, Mo.; Children's Mercy Hospital, Kansas City, Mo.
84. Mississippi State Hospital, Whitfield, Miss.
85. Applicants for residency positions should apply to the Department of Neurology of the State University of Iowa College of Medicine.
86. Applicants for residency positions should apply to the Department of Surgery of the State University of Iowa College of Medicine.
87. Three months rotation to Children's Hospital and six months rotation to Colorado General Hospital, Denver. Residents must complete entire program of thirty-nine months in order to obtain credit for three years of training.
88. Children's Hospital of Buffalo, Veterans Admin. Hospital, Buffalo, N. Y.
89. Riverside General Hospital, Riverside, Calif.
90. Boston City Hospital, Boston; Newton-Wellesley Hospital, Newton Lower Falls, Mass.
91. St. Vincent Charity Hospital, Cleveland.
92. Scenic General Hospital, Modesto, Calif.
93. Approved for one year of specialized training in community psychiatry, to be taken as a third year of training following completion of two years of residency in a fully approved three year program.
94. Eastern Pennsylvania Psychiatric Institute, Philadelphia, Pa.
95. Henry R. Landis State Hospital, Philadelphia, Pa.
96. Pittsburgh Hospital, Pittsburgh, Pa.
97. In order to fulfill the requirement of the American Board of Surgery for a year of senior responsibility, residents should complete the entire five year program.
98. University of Alabama Medical Center, Birmingham, Ala.
99. Crippled Children's Hospital, Phoenix, Ariz.
100. Residents must complete entire program of forty-eight months.
101. Veterans Admin. Hospital, Alexandria, La.
102. Rancho Los Amigos Hospital, Downey, Calif.
103. Samuel Merritt Hospital, Oakland, Calif.
104. Glendale Adventist Hospital, Glendale, Calif.
105. Gaylord Hospital, Wallingford, Conn.
106. Veterans Admin. Hospital, Livermore, Calif.; Mercy Hospital, Sacramento, Calif.; Kaiser Foundation Hospital, San Francisco, Calif.
107. University of Colorado Medical Center, Denver, Colo.
108. Memorial Hospital, Worcester, Mass.
109. Armed Forces Institute of Pathology, Washington, D. C.; Children's Hospital Medical Center, Boston; Pondville Hospital, Norfolk, Mass.
110. Veterans Admin. Hospital, Gainesville, Fla.
111. Wayne County General Hospital, Eloise, Mich.
112. Children's Hospital of Los Angeles, U.C.L.A. Hospital, Los Angeles.
113. Children's Hospital of Los Angeles, U.C.L.A. Hospital, Los Angeles; St. John's Hospital, Santa Monica, Calif.
114. Los Angeles County-U.S.C. Medical Center, U.C.L.A. Hospital, Los Angeles; Los Angeles County Harbor General Hospital, Torrance, Calif.
115. Los Angeles County-U.S.C. Medical Center, U.C.L.A. Hospital, Los Angeles.
116. Queen of Angels Hospital, Los Angeles.
117. U.C.L.A. Hospital, Los Angeles.
118. Taborian Hospital, Mound Bayou, Miss.
119. Highland General Hospital, Oakland, Calif.
120. Highland General Hospital, Oakland, Calif.; H. C. Moffitt-University of California Hospitals, San Francisco
121. Highland General Hospital, Oakland, Calif.; Harkness Community Hospital and Medical Center, St. Mary's Hospital, San Francisco.
122. Olive View Hospital, Olive View, Calif.
123. Kaiser Foundation Hospital, Walnut Creek, Calif.
124. Stanford Convalescent Home, Palo Alto, Calif.
125. Sacramento Medical Center, Sacramento, Calif.
126. Veterans Admin. Hospital, Palo Alto; Santa Clara Valley Medical Center, San Jose, Calif.
127. University Hospital of San Diego County, San Diego, Calif.
128. H. C. Moffitt-University of California Hospitals, San Francisco.
129. Santa Rosa Medical Center, San Antonio, Tex.
130. Pacific Medical Center-Presbyterian Hospital, San Francisco.
131. St. Luke's Hospital, San Francisco, Calif.
132. George Washington University Hospital, Washington, D.C.
133. Santa Clara Valley Medical Center, San Jose, Calif.
134. Los Angeles County Harbor General Hospital, Torrance, Calif.
135. Children's Hospital, Denver.
136. Children's Hospital, Presbyterian Medical Center, Denver, Colo.
137. St. Luke's Hospital, Denver.
138. U. S. Army Hospital, Fort Carson, Colo.
139. Veterans Admin. Hospital, Grand Junction, Colo.; Weld County General Hospital, Greeley, Colo.
140. University of Connecticut Hospital-McCook Division, Hartford, Conn.
141. Yale-New Haven Medical Center, New Haven, Conn.
142. Yale-New Haven Hospital, New Haven, Conn.; Newington Children's Hospital, Newington, Conn.; Southbury Training School, Southbury, Conn.
143. University of Connecticut Hospital-McCook Division, New Haven, Conn.; Newington Children's Hospital, Newington, Conn.
144. Veterans Admin. Hospital, Wilmington, Del.; Lankenau Hospital, Pennsylvania Hospital, Philadelphia General Hospital, Philadelphia, Pa.
145. Boston Floating Hospital, Boston, Mass.
146. Cleveland Metropolitan General Hospital, Cleveland, Ohio.
147. Children's Hospital Medical Center of Northern California, Naval Hospital, Oakland, Calif.
148. Children's Hospital, Washington, D.C.
149. District of Columbia General Hospital, Washington, D.C.
150. Veterans Admin. Hospital, Washington, D.C.
151. Walter Reed General Hospital, Washington, D.C.; U. S. Naval Hospital, Bethesda, Maryland.
152. Veterans Admin. Hospital, Bay Pines, Fla.
153. Springfield Hospital, Springfield, Mass.
154. Mound Park Hospital, St. Petersburg, Fla.
155. Variety Children's Hospital, Miami, Fla.
156. Scripps Clinic and Research Foundation, La Jolla, Calif.
157. Eugene Talmadge Memorial Hospital, Augusta, Ga.
158. Georgia Warm Springs Foundation, Warm Springs, Ga.; University Hospital (Institute of Physical Medicine and Rehabilitation), Veterans Admin. Hospital (Bronx), New York City.
159. Kapiolani Maternity and Gynecological Hospital, Honolulu, Hawaii.
160. Chicago State Hospital, Chicago.
162. Children's Memorial Hospital, Chicago.
163. Children's Memorial Hospital, Columbus Hospital, Chicago.
164. Children's Memorial Hospital, Henrotin Hospital, Chicago; Community Memorial General Hospital, La Grange, Ill.
165. Massachusetts General Hospital, Boston, Mass.
166. Cook County Hospital, Chicago.
167. Cook County Hospital, Mount Sinai Hospital Medical Center of Chicago, Chicago.
169. City of Chicago Municipal Tuberculosis Sanitarium, Chicago.
170. Illinois Eye and Ear Infirmary, Chicago.
172. Mount Sinai Hospital Medical Center of Chicago, University of Illinois Research and Educational Hospitals, Chicago.
173. Northwestern University Medical Center, Chicago.
174. Passavant Memorial Hospital, Chicago.
175. University of Illinois Research and Educational Hospitals, Chicago.
177. Silver Cross Hospital, Joliet, Ill.
178. Kankakee State Hospital, Kankakee, Ill.; Manteno State Hospital, Manteno, Ill.
179. Veterans Admin. Hospital, Indianapolis.
180. Broadlawns Polk County Hospital, Des Moines, Ia.
181. Iowa Methodist Hospital, Mercy Hospital, Des Moines, Ia.
183. Rancho Los Amigos Hospital, Downey, Calif.; Pacific Medical Center-Presbyterian Hospital, San Francisco, Calif.; Queen's Hospital, Tripler General Hospital, Honolulu, Hawaii.
184. Kosair Crippled Children Hospital, Louisville, Ky.; Primary Children's Hospital, Shriners Hospital for Crippled Children, Salt Lake City, Utah.
185. Lafayette Charity Hospital, Lafayette, La.; Lake Charles Charity Hospital, Lake Charles, La.
186. E. A. Conway Memorial Hospital, Monroe, La.
187. Lafayette Charity Hospital, Lafayette, La.
188. Charity Hospital of Louisiana, New Orleans.
189. Charity Hospital of Louisiana (Tulane University Division), New Orleans.
190. Baltimore City Hospitals, Baltimore, Md.
191. Baltimore City Hospitals, Children's Hospital, Baltimore, Md.
192. Baltimore City Hospitals, Veterans Admin. Hospital, Baltimore, Md.
193. United Hospitals of Newark-Hospital for Crippled Children, Newark, N. J.; Shriners Hospital for Crippled Children, Philadelphia, Pa.
194. Boston State Hospital, Boston; Cambridge Hospital, Cambridge, Mass.; Pondville Hospital, Norfolk, Mass.
197. University Hospital, Baltimore, Md.
200. New England Baptist Hospital, Boston.
201. Boston Hospital for Women, Children's Hospital Medical Center, Boston.
202. Children's Hospital Medical Center, Boston.
203. Children's Hospital Medical Center, New England Medical Center Hospitals, Boston, Mass.; Providence Lying-in Hospital, Providence, R. I.
204. Children's Hospital Medical Center, Boston; Burbank Hospital, Fitchburg, Mass.
205. Children's Hospital Medical Center, Peter Bent Brigham Hospital, Massachusetts General Hospital, Boston.
206. Lahey Clinic, Boston, Mass.
207. New England Medical Center Hospitals, Boston, Mass.
208. Veterans Admin. Hospital (West Roxbury), Boston; Cambridge City Hospital, Cambridge, Mass.
209. Hunterdon Medical Center, Flemington, N.J.; Hospital for Joint Diseases and Medical Center, New York City.
210. Illinois Eye and Ear Infirmary, Veterans Admin. Hospital (West Side), Chicago.
211. West Virginia University Medical Center, Morgantown, W. Va.
212. University Hospital, Ann Arbor, Mich.
213. Jefferson Medical College Hospital, Philadelphia, Pa.
214. Detroit General Hospital, Detroit.
215. University of Minnesota Hospital, Minneapolis, Minn.
216. Hennepin County General Hospital, Minneapolis, Minn.
217. Goldwater Memorial Hospital, Veterans Admin. Hospital (Manhattan), New York City.
218. Roswell Park Memorial Institute, Buffalo, N.Y.; Genesee Hospital, Rochester, N.Y.
219. Veterans Admin. Hospital, Minneapolis.
220. Swedish Hospital Medical Center, Seattle, Wash.
221. Madigan General Hospital, Swedish Hospital Medical Center, Seattle, Wash.
222. Ellis Fischel State Cancer Hospital, Columbia, Mo.
223. Children's Mercy Hospital, Kansas City, Mo.
224. Barnes Hospital Group, St. Louis.
225. St. Louis City Hospital, St. Louis.
226. St. Louis University Group of Hospitals, St. Louis.
227. Veterans Admin. Hospital, East Orange, N.J.

228. Hackensack Hospital, Hackensack, N.J.; Babies Hospital, Newark, N.J.
229. Margaret Hague Maternity Hospital, Jersey City, N.J.
231. Orange Memorial Hospital, Orange, N.J.
232. Cooper Hospital, Camden, N.J.
233. Carrie Tingley Crippled Children's Hospital, Truth or Consequences, N.M.
234. Albany Medical Center Hospital, Albany, N.Y.
236. Buffalo General Hospital, Children's Hospital of Buffalo, Edward J. Meyer Memorial Hospital, Buffalo, N.Y.
237. Roswell Park Memorial Institute, Buffalo, N.Y.
239. Meadowbrook Hospital, East Meadow, N.Y.
240. Kings Park State Hospital, Kings Park, N.Y.; St. Barnabas Hospital for Chronic Diseases, New York City.
241. Veterans Admin. Hospital, Montrose, N.Y.; Bellevue Hospital Center, New York City.
242. Long Island Jewish Hospital, New Hyde Park, N.Y.
243. Long Island Jewish Hospital, New Hyde Park, N.Y.; Long Island College Hospital, New York City.
244. St. Christopher's Hospital for Children, Philadelphia, Pa.
245. Bellevue Hospital Center, New York City.
247. Bronx Municipal Hospital Center, New York City.
248. Brooklyn Eye and Ear Hospital, Long Island College Hospital, New York City.
249. Hahnemann Medical College and Hospital, Philadelphia, Pa.
250. Flower and Fifth Avenue Hospitals, New York City.
251. Maimonides Medical Center, New York City.
252. Francis Delafield Hospital, New York City.
253. Mount Sinai Hospital, New York City.
254. Francis Delafield Hospital, Presbyterian Hospital, New York City.
255. Harlem Hospital Center, New York City.
256. City Hospital Center at Elmhurst, Jewish Hospital and Medical Center of Brooklyn, Veterans Admin. Hospital (Manhattan), New York City.
257. Kings County Hospital Center, New York City.
258. Henrietta Eggleston Hospital for Children, Atlanta, Ga.
259. Methodist Hospital of Brooklyn, New York City.
260. Long Island College Hospital, New York City.
261. Memorial Hospital for Cancer and Allied Diseases, New York City.
262. Metropolitan Hospital, New York City.
263. Metropolitan Hospital, Montefiore Hospital and Medical Center, New York City.
264. Montefiore Hospital and Medical Center, New York City.
265. Montefiore Hospital and Medical Center, Morrisania City Hospital, New York City.
266. New York University Medical Center, New York City.
267. Presbyterian Hospital, New York City.
268. Presbyterian (Babies) Hospital, New York City.
269. Queen's Hospital Center (Jamaica), New York City.
271. New York Medical College-Metropolitan Hospital Center, New York City.
272. Genesee Hospital, Highland Hospital of Rochester, Rochester, N. Y.
273. St. Agnes Hospital, Philadelphia, Pa.
274. Children's Hospital of Akron, Akron, Ohio.
275. Hahnemann Medical College and Hospital, St. Christopher's Hospital for Children, Philadelphia, Pa.
277. Longview State Hospital, Cincinnati.
278. Veterans Admin. Hospital, Salem, Va.
279. Mount Sinai Hospital of Cleveland, Cleveland.
280. Cleveland State Hospital, Cleveland.
281. Lutheran Hospital, Cleveland.
282. University Hospitals of Cleveland, Cleveland.
283. Veterans Admin. Hospital, Cleveland.
284. Children's Hospital, Columbus, Ohio.
285. Children's Hospital, Columbus, Ohio; St. Elizabeth Hospital, Dayton, Ohio.
286. Ohio State University Hospitals, Columbus, Ohio.
287. Ohio State University Hospitals, Columbus, Ohio, or Miami Valley Hospital, Dayton, Ohio.
288. University of Oklahoma Hospitals, Oklahoma City, Okla.; Vanderbilt University Hospital, Nashville, Tenn.
289. Children's Hospital of Pittsburgh, Mercy Hospital, Pittsburgh, Pa.
290. Medical College Hospital, Charleston, S. C.; Veterans Admin. Hospital, Columbia, S. C.
291. Oregon State Hospital, Salem, Oregon.
292. Children's Hospital of Philadelphia, Philadelphia.
293. Graduate Hospital of the University of Pennsylvania, Philadelphia.
294. Jefferson Medical College Hospital, Philadelphia.
295. Philadelphia General Hospital, Philadelphia.
296. Wills Eye Hospital and Research Institute, Philadelphia.
297. Children's Hospital of Pittsburgh, Pittsburgh.
298. C. Howard Marcy State Hospital, Pittsburgh.
299. Municipal Hospital Dr. Rafael Lopez Nussa, San Juan, P.R.
300. University District Hospital, San Juan, P.R.
301. Rhode Island Hospital, Providence, R.I.
302. City of Memphis Hospitals, Memphis, Tenn.
303. University of Tennessee Affiliated Hospitals, Memphis, Tenn.
304. U. S. Public Health Service Hospital, Virginia Mason Hospital, Seattle, Wash.
305. Children's Medical Center, Dallas, Tex.; John Peter Smith Hospital, Fort Worth, Tex.
306. Children's Medical Center, Parkland Memorial Hospital, Dallas, Tex.
307. Children's Medical Center, Dallas, Tex.
308. Ben Taub General Hospital, St. Joseph Hospital, Shriners Hospital for Crippled Children, Veterans Admin. Hospital, Houston, Tex.
309. St. Joseph Hospital, Houston, Tex.
310. Veterans Admin. Hospital, Dallas, Tex.
311. University of Texas M.D. Anderson Hospital and Tumor Institute, Houston, Tex.
312. Veterans Admin. Center, Temple, Tex.
313. Hospital of the University of Pennsylvania, Philadelphia, Pa.
314. U.S. Public Health Service Hospital, Seattle, Wash.
315. Children's Orthopedic Hospital and Medical Center, Seattle, Wash.
316. Children's Orthopedic Hospital and Medical Center, Swedish Hospital Medical Center, Seattle, Wash.
317. Southern Nevada Memorial Hospital, Las Vegas, Nev.
318. Firland Sanatorium, Seattle, Wash.
319. Children's Hospital Medical Center of Northern California, Oakland, Calif.; Veterans Admin. Hospital, San Francisco.
320. Raimier State School, U.S. Public Health Service Hospital, Seattle, Wash.
321. Milwaukee County General Hospital, Milwaukee, Wis.
322. Baptist Memorial Hospital, Memphis, Tenn.
323. Full five years must be completed before the resident is eligible for Board examination.
324. Children's Hospital Medical Center of Northern California, Highland General Hospital, Naval Hospital, Oakland, Calif.; Pacific Medical Center-Presbyterian Hospital, San Francisco.
325. Lynn Hospital, Lynn, Mass.; Salem Hospital, Salem, Mass.; Middlesex County Sanatorium, Waltham, Mass.
326. Mount Wilson State Hospital, Mount Wilson, Md.; Peninsula General Hospital, Salisbury, Md.
327. Roanoke Memorial Hospitals, Roanoke, Va.; Veterans Admin. Hospital, Williamsburg, Va.
328. Chairman of the Department of Pathology at the Medical College of Alabama controls the content of the program.

Essentials of Approved Residencies*

INTRODUCTION

Residencies in the clinical divisions of medicine, surgery, and other special fields provide advanced training in preparation for the practice of a specialty. Approval for residency training in the clinical specialties is limited to programs conducted in general or special hospitals. However, the term residency training is also applied to certain non-clinical programs in graduate medical education which may be conducted in organized medical facilities outside of a hospital.

It is desirable, for the purpose of clarification, to differentiate between two terms commonly used in referring to higher medical education. Graduate training, as used in these Essentials, refers to the various recognized plans of training which lead to qualification in a specialty. Postgraduate training in contrast, refers to formally organized shorter courses, offered by medical schools, hospitals, clinics and medical organizations which provide advanced instruction in a limited field, primarily designed for physicians in practice. Residencies in the following branches of medicine are approved by the Council.

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| 1. Anesthesiology | 16. Physical Medicine and Rehabilitation |
| 2. Colon and Rectal Surgery | 17. Plastic Surgery |
| 3. Dermatology | 18. Preventive Medicine |
| 4. Family Practice | General Preventive Medicine |
| 5. General Practice | Aerospace Medicine |
| 6. General Surgery | Occupational Medicine |
| 7. Internal Medicine | Public Health |
| 8. Neurological Surgery | 19. Psychiatry and Neurology |
| 9. Neurology | Child Psychiatry ² |
| 10. Obstetrics and Gynecology | 20. Radiology |
| 11. Ophthalmology | Diagnostic Radiology |
| 12. Orthopedic Surgery | Therapeutic Radiology |
| 13. Otolaryngology | 21. Thoracic Surgery ³ |
| 14. Pathology | 22. Urology |
| 15. Pediatrics | |
| Allergy ¹ | |
| Cardiology ¹ | |

It is recognized that while some hospitals may be unable to meet the educational standards for graduate training in the specialties, as set forth in the Essentials, they may be able to offer experience of value to young physicians. These hospitals may well consider the appointment of paid house physicians to assist in conducting the professional work of the hospital. Experience of this type does not ordinarily carry credit towards certification in the specialties or towards qualification for membership in special societies.

*Previous versions of this publication were given the caption "Approved Residencies and Fellowships." Because of the multiple meanings of Fellowship, this part of the caption has been deleted. There is no accompanying intent to change the Council's relationship to programs identified by the sponsoring institution under this term.

1. Candidates may be certified by either the American Board of Internal Medicine or by the American Board of Pediatrics: applicants must fulfill the certification requirements of the board concerned before they are eligible for examination in the subspecialty.

2. In most instances, candidates must be certified in psychiatry by the American Board of Psychiatry and Neurology before they are eligible for certification in the subspecialty.

3. Candidates must fulfill the certification requirements of the American Board of Surgery before they are eligible for examination by the Board of Thoracic Surgery.

I. GENERAL REQUIREMENTS

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

This implies that the hospital must be properly organized, staffed, and equipped and that its activities are conducted primarily for the welfare of the patient. While the 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.

I. STAFF

The teaching staff should be composed of physicians and other health professionals qualified on the basis of educational background and professional accomplishment, oriented to the requirements and responsibilities of the teaching appointment, and motivated to assign acceptable priority to teaching duties. A well organized and well qualified staff is one of the most important requisites in a hospital assuming responsibility for residency training. It may well be the determining factor in the development and approval of a graduate training program. There should be an educational committee of the staff which is responsible for the organization of the residency program, for the super-

vision and direction of the residency program, and for correlating the activities of the resident staff in various departments of the hospital. The committee might well include the pathologist, the radiologist, and other department heads who, because of the inherent relationship of the departmental work will be called on to assist in the training program.

The particular specialties in which residents are being trained should be represented in the staff by well qualified, experienced, and proficient physicians, whether or not they hold membership in special societies and colleges or are certified in their specialty. Adequate organization of the medical staff presupposes careful selection of the head of the department and of the chiefs of the various services. In addition to their qualifications in the specialty, they should have high professional standing, and possess the attributes of the teacher. Being responsible for the training of residents, they should be chosen on the basis of ability, aptitude, and interest.

Members of the attending staff should be assigned by the department head to specific responsibility as far as the work of the services is concerned. The service of each attending physician should include an adequate number of patients and extend over a sufficient period to elicit his full interest and attention while on service. On the other hand the service should not be so large as to be a burden to the attending staff and thus result in reduced attention to the educational program. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

The staff must hold an adequate number of regularly scheduled clinical pathological conferences and other staff conferences, in addition to meetings of the staff at which the histories, clinical observations, laboratory studies, and pathology of selected cases are reviewed. Scientific meetings at which papers are presented by members of the staff or guest speakers are considered commendable but do not serve to meet the requirements of these scheduled conferences. In addition to meetings of the staff as a whole, it is expected that departmental conferences will be conducted in which residents should take an active part, so that the quality of the service given by that department to its patients may be recurrently evaluated. Other educational activities requiring the full support and cooperation of the staff are described under Training Program, and Applied Basic Sciences (Section 1-7, 1-9) and under Special Requirements (Section VI).

2. DEPARTMENT OF RADIOLOGY

The department of radiology should be under the direction of a qualified radiologist proficient in the various functions of his specialty. He must cooperate fully in the training of all hospital residents and supervise any direct contact which they may have with the work of the department. This supervision, if not full time, necessitates at least daily visits to the hospital during which the radiologist is expected to be available for consultation with the resident staff in addition to supervising the work of the department.

The department should contain modern roentgenographic, roentgenoscopic, and where indicated, therapeutic equipment and radium adequate for the needs of the hospital. The department should be properly organized to carry out its functions in an effective manner. It should keep adequately indexed records, including cross indices, to assure efficient operation and to facilitate investigative work. These requirements are essential in institutions offering residency programs in any field.

3. DEPARTMENT OF PATHOLOGY

The department of pathology should be under the direction of a qualified pathologist who shall be prepared to cooperate fully in the training of all hospital residents and supervise any direct contact they may have with the labora-

tory. There should be continuous supervision of the laboratory by the pathologist who, preferably, should have no responsibilities outside the hospital that would prevent his being available for consultation and for guidance of the resident's work.

The department should provide adequate space and equipment for the resident's use in addition to that required for the proper functioning of the service. Apparatus, reagents, and materials necessary for the operation of a modern clinical and pathological laboratory should be available. The department should be organized to provide a high quality of service for the clinical departments and to permit of its active participation in the educational program. An efficient system of records including cross indices should be maintained, to assure proper functioning of the laboratory and to facilitate investigative work. This department should assume much of the responsibility for the clinical pathological conferences and other educational activities of the staff.

The facilities of the autopsy room should be ample enough to permit participation by the resident staff. Thoroughness in postmortem examination should be emphasized. Complete necropsy records should be kept on file and each should contain a summary of the clinical record and detailed description of both the gross and the microscopic observations. Residents of all departments should attend postmortem examinations unless other important duties prevent. They may, with value, participate in the performance of necropsies, including the preparation of the protocol, and in the review of microscopic findings on materials derived from their own and other services.

It is expected that hospitals assuming responsibility for resident training will maintain a high autopsy rate. It is felt that the autopsy rate is a reliable gauge of the staff's interest in scientific advancement. (A description of the special requirements for an approved residency in pathology is given in Section VI).

4. MEDICAL LIBRARY

Institutions offering approved residencies should maintain an adequate medical library containing carefully selected, authoritative medical textbooks and monographs of the latest edition of the *Index Medicus*, and current medical journals in the various branches of medicine and surgery in which training is being conducted.

The medical library should be in the charge of a qualified person who should act not only as custodian of its contents, but also arrange for the necessary cataloguing and indexing which will facilitate reference work by the resident and attending staff. A permanent committee of the medical staff should be responsible for the organization and development of this department.

The medical library should be readily accessible to the resident staff, located if practicable, within the main building of the hospital. Its size may depend to some extent on the availability and the use which can be made of other library facilities in nearby institutions. Every hospital conducting graduate training must have, however, a basic collection of medical texts and journals available for ready reference, whether or not accessory facilities are available.

5. MEDICAL RECORDS DEPARTMENT

The record department should be adequately supervised, preferably by a qualified medical record librarian. An efficient record system should be maintained, including alphabetical and diagnostic patient indices. Operative reports, roentgenological, and pathological records should be properly classified, permitting a ready reference. The employment of the Standard Nomenclature of Diseases and Operations is recommended for all medical records, although Current Medical Terminology may provide an additional useful tool in the management and utilization of clinical records. For coding or indexing, either the Standard Nomenclature of Diseases and

Operations (SNDO) or the International Classification of Diseases, Adapted for Indexing Hospital Records by Diseases and Operations (ICDA) may be used.

Clinical records must be 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 their use for teaching purposes. While responsibility for the preparation of parts of the record, such as the admission work-up, may be delegated to the intern or resident assigned to the case, the ultimate responsibility for the completed record lies with the staff member in charge.

There should be a records committee of the staff which will meet periodically with the record librarian to review the clinical charts and report their findings. This committee may be empowered to make recommendations concerning the disciplinary measures necessary to assure the maintenance of adequate clinical records on a current basis. Satisfactory records can be maintained only through the continuous and cooperative efforts of the staff, the medical records department, and the hospital administration.

6. SELECTION OF RESIDENTS

The development of a satisfactory program requires, first of all, a careful selection of applicants for appointment to the resident staff. The hospital administration and medical staff, through appropriate review of credentials, should ascertain that the personal and medical qualifications of applicants selected for residency positions are satisfactory. There should be confidence that the residents appointed have the high standards of integrity, motivation, industry, resourcefulness, health, and basic medical knowledge necessary to take full advantage of the further educational experience offered. This should include assignment of carefully graded and progressive responsibility for patient care. The qualifications of the resident staff should leave no doubt as to their competence to accept this assignment, since the primary obligation of the hospital must be for the patients' welfare.

For those applicants who have had their prior medical training in the United States or Canada, evaluation of qualifications is usually not difficult. Personality characteristics can be assessed through interview, letters of recommendation, and communication with the hospital where internship was served, and the dean's office of the medical school. The medical school accreditation and internship review programs of the Council on Medical Education of the American Medical Association renders reasonable assurance in regard to medical qualifications which can be augmented through communication with the hospital and school concerned. Such candidates for appointment should be graduates of approved schools and should have served an internship of at least one year in an approved hospital. (See pertinent sections under Special Requirements.)

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 3930 Chestnut St., Philadelphia, Pa., has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for residency positions acquire reasonable assurance in regard to their medical quali-

fications through utilization of the program of the Educational Council. Before appointment of such a candidate to a residency position, the hospital should assure itself that he has had the equivalent of a year's approved internship. If the foreign graduate has served an approved internship in this country and has already been certified by the Educational Council, there is nothing to be gained by repeating the process.

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

1. Have a full and unrestricted state license to practice, or
2. Have secured a standard certificate from ECFMG.
3. In the case of United States citizens, have successfully passed the complete licensure examination in any state or other licensing jurisdiction in which the law or regulations provide that a full and unrestricted license to practice medicine in that state or jurisdiction will be issued to the physician after satisfactory completion of his internship or residency in that state, without further examination.

After July 1, 1961, the Council will recommend to the Internship and Residency Review Committees the disapproval of those training programs whose rosters contain graduates of foreign medical schools who do not satisfy requirement 1, 2 or 3 above.

Even though a foreign medical graduate may possess a full and unrestricted state license, ECFMG certification may be necessary if he expects to be licensed in another state by reciprocity or endorsement; furthermore, such certification may be necessary as a requirement for qualification for specialty certification by the majority of American specialty boards.]

Graduates of schools of osteopathy who hold only the D.O. degree are eligible for appointment to residencies only in those specialties for which the corresponding specialty board has established conditions under which the D.O. will be acceptable to the Board for examination for certification. (Most, but not all, specialty boards have an established policy under which they will accept former Doctors of Osteopathy who now hold an M.D. degree from the University of California College of Medicine, Irvine.)

7. TRAINING PROGRAM

Duration.—Graduate training in the various branches of medicine should be of sufficient duration and educational content to enable the resident on completion of his training, to begin the practice of his specialty in a scientific manner. With the exception of a few specialties, *e.g.*, pediatrics, a fully organized, comprehensive program should include three or more years of formal residency training. Not all hospitals, however, are able to develop programs of this type. A given approved residency may not provide complete training in a specialty field but if properly organized can make a substantial contribution to the resident's advanced training. It is desirable that hospitals, which cannot, for one reason or another, develop a fully approved program, integrate their training plan with that of other approved hospitals to assure the resident of the opportunity of completing his training, during which he is given progressively graded responsibility.

Part-Time Residencies for Women.—A special problem arises in the case of female physicians who have obligations, especially those to dependent children, which prevent them from engaging in full-time residency activities. Uncompromising adherence to the traditional residency schedule may prevent these women from ever completing residency training.

Appointment of qualified female physicians to part-time residencies is encouraged, provided the responsible program director is able to arrange a program which meets the educational needs of the trainee, and provided its total extent results in the sum of clinical experience and responsibilities acquired by the resident on a normal schedule.

Such a part-time plan must be fair to the other residents and fully compatible with the hospital's training program and responsibilities in the care of patients.

If a program director wishes to arrange to accept female physicians for part-time residency duties, he must justify to the appropriate Residency Review Committee the manner in which the program will be arranged so as to provide the equivalent of full residency experience. He must also verify for the resident agreement by the appropriate specialty board that the projected part-time residency will qualify her for examination, upon completion of the residency.

Supervision.—The educational effectiveness of a residency depends largely on the quality of its supervision and organization. The responsibility for these important functions lies with the department heads and a representative committee of the medical staff. Heads of departments should be responsible for their own services, the committee assuming a larger role in directing and correlating the various aspects of the educational program. The department head should have qualifications and breadth of experience which will enable him to carry out an effective training program. Those members of the attending staff who assist in supervising the resident's work should also have had acceptable training in the specialty and should demonstrate an interest and ability in teaching. In some hospitals, where the number of men on the staff who have had advanced training in the specialty is limited, it may be desirable to assign responsibility for the supervision of the training program to physicians recognized in their field, on a consulting basis. In such instance, it is expected that the consultant assuming this responsibility will devote sufficient time to the residency program to assure the close and continuing supervision of all phases of the resident's work.

Resident Responsibility.—Aside from the daily contact with patients and the attending staff, and participation in the organized educational program, the assumption of responsibility is a most important aspect of residency training. Accordingly, as ability is demonstrated, an increasing amount of reliance should be placed in the judgment of residents in diagnosis and in treatment, as well as in the teaching of interns and medical students. In surgery and the surgical specialties, the resident should be given ample opportunity to perform major surgical procedures under supervision, particularly in the later stages of his training, in order that he may acquire surgical skill and judgment.

Methods of Instruction.—It is important that methods of instruction be employed in the training program which are best suited to the special field. Emphasis should be placed on personal instruction at the bedside, in the operating room and in the delivery room, on related laboratory studies, teaching rounds, departmental conferences or seminars, clinical-pathological conferences, demonstrations and lectures.

Clinical-pathological conferences should be held preferably each week for the general staff, or, in larger hospitals it may be advisable to arrange separate meetings for each of several departments in order that all of the available material may be presented properly. The program should include the demonstration of pathological material from the operating room and from autopsies. The amount of material to be reviewed will usually require a weekly meeting and permit the more extensive use of the fresh and frozen specimens which are preferred to fixed specimens for demonstration and study. Details of the program and its manner of presentation may vary but the following procedure represents the plan followed in many hospitals:

- a. Presentation of abstract reports of selected cases.
- b. Demonstration of gross and microscopic pathology.
- c. Correlation of clinical and pathological findings.
- d. Comparison of reports with the literature.
- e. Summary of findings and conclusions.

The success of the clinical-pathological conference lies

chiefly in the ability of the pathologist to teach and to interpret pathological lesions in terms of clinical manifestations of the disease.

A record of all conferences of the medical staff should be kept by every hospital for both current and future reference.

Journal Club.—Familiarity with and critical analysis of pertinent medical literature is an important feature of medical training. The journal club or seminar is an excellent means of stimulating interest in scientific literature. In smaller hospitals, it may be conducted as a joint activity of several departments. Particularly in larger hospitals where the number of residents justify, separate meetings of this type for each service is considered advantageous. There are several methods of conducting a successful journal club. Each member of the resident staff can be requested to make a comprehensive review of the important articles contained in one or more current medical journals, reporting regularly at these meetings. The plan may be supplemented by assignment of a specific subject or disease entity to one or more of the participants for a complete review of the related past and current literature. Other plans for stimulating study of this nature may be arranged in conjunction with medical staff conferences, or through clinical research pertaining to problems under discussion, or in connection with patients under treatment in the hospital. A successful journal club will prove stimulating not only to the resident staff, but to the attending staff as well.

Resident Assignments. Hospital Service.—The resident staff should be assigned to a sufficient number and variety of hospital patients to assure a broad training and experience. However, hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program. The completeness of the preliminary study of all patients, necessary in arriving at a correct diagnosis, should be emphasized. The variety of the pathological conditions encountered are also of primary importance.

Outpatient Department.—The importance of the outpatient department and its role in the training of the resident staff should be emphasized. Here there is opportunity for acquiring further knowledge and experience, particularly in differential diagnosis and follow-up observation. Study of end results in patients operated upon is of primary importance. The resident staff should have a definite assignment to the scheduled clinics. They should be required either to attend all clinics of the hospital service to which they are assigned or, to devote full or part time to a series of clinics during a certain period of their training. The former plan is considered more satisfactory because it provides a longer contact with the same patients, including the periods before and after hospitalization. Other activities should not be allowed to conflict with the work of the resident staff in the outpatient department.

The major responsibilities of carrying on outpatient department work should not be given over entirely to the resident staff. The educational value of work in the outpatient department is largely dependent on the amount of interest displayed by heads of departments and high ranking members of the attending staff. In any acceptable plan of graduate training, they should be in regular attendance at the diagnostic and follow-up clinics for supervision and instruction of the assigned personnel working under their direction.

Emergency Service.—All hospitals are called on to care for a certain number of patients who present themselves for treatment in case of accidents or other emergencies. The service may vary from a few patients seen in emergency in the outpatient department to the extensive and well organized accident wards which care for traumatic cases in connection with the ambulance services of large hospitals. Regardless of the size of the service, advantage should be taken of this opportunity for the resident staff to obtain experience in the care of these types of cases. Being available

in the hospital at all times, they may be called on to take the initiative in making differential diagnosis, rendering first aid treatment, and assuming the major responsibility for the immediate care of a variety of traumatic conditions. They must also decide when patients should be admitted to the hospital. Under proper supervision of the attending staff, assignment to the emergency service is a valuable experience for the residents.

Operating Room Assignment.—In surgery and the surgical specialties, work in the operating room constitutes an important part of the resident's responsibility. During the course of his training, the resident should be given sufficient operating responsibility to acquire surgical skill and judgment. This experience should be progressively graded to the end that, on completion of his training, the resident is able to assume individual responsibility for major surgical procedures. A more detailed discussion of this phase of the resident's training is found under the appropriate sections of the specialties concerned.

Teaching and Investigation.—Residents should be assigned to teaching responsibilities as their experience increases. The stimulating teacher-student relationship should be part of the resident's experience, not only as a student of the attending physician, but as a teacher of interns and nurses and, in hospitals affiliated with medical schools, of junior and senior medical students.

When the facilities of an institution permit, and when the residents are competent and interested, they should be encouraged to engage in investigative work. Such investigation may take the form of research in the hospital laboratories or wards, comprehensive summaries of medical literature, or the preparation of statistical analyses based on clinical case records. The interests of the various members of the resident staff should be carefully considered when arranging assignments to this activity, inasmuch as ability and desire to do this type of work differ widely. Intelligent direction and supervision should be provided in selecting the project to be undertaken and in its development. It is realized that only an occasional individual will make contributions or discoveries of lasting value to the medical profession. However, those who undertake and pursue a research problem receive a stimulus which can be obtained in no other way. An understanding of the methods and problems involved in research leads to a better interpretation of the great mass of current scientific literature which must be constantly reviewed by the progressive physician or surgeon.

When feasible each member of the resident staff, either individually or in collaboration with other members of the department, should be encouraged to prepare a formal paper suitable for publication.

It is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and amount of experience obtained.

8. COLLABORATING AND AFFILIATING PROGRAMS

Some hospitals that have excellent facilities and clinical material for the greater part of an approved training program may be deficient in some particular phase of the work that can be well provided in another hospital of graduate training caliber. In such instances the hospital which has the greater part of the required clinical material and facilities may become the parent institution and collaborate with the second institution to provide a well rounded and complete program of training in a given specialty.

In other instances, especially on university connected services, the chief of an approved service may elect to augment the opportunity afforded his trainees for clinical ex-

perience 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. Therefore, acceptable residency programs must provide for training in the applied basic medical sciences. Such training does not necessitate formal course work, specific assigned laboratory exercises, or affiliation of the residency hospital with a medical school; it should be distinctly of an applied nature, closely integrated with the clinical experience of the resident.

Any resident seeking competence or certification in a specialty must be able to apply at least the following basic sciences to his special field of medicine: anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology.

Undergraduate education in an approved medical school provides a background for an understanding of these sciences. In a graduate training program, therefore, training in basic sciences should stress reviews of their clinical application and not constitute primarily a review of undergraduate work.

Anatomy.—Anatomy at the residency level may be taught, reviewed or learned from the living body, on the operating or examining table, or from the fresh tissues in the pathological laboratory. More important in anatomical instruction of residents than an available anatomical laboratory is the attitude and enthusiasm of the hospital staff in availing themselves of opportunities to teach and learn applied gross and microscopic anatomy from clinical and pathological material. Opportunities for anatomical dissection, when available, may be utilized for supplementary training.

Bacteriology.—Hospital laboratories should have adequate facilities and personnel qualified to carry out diagnostic bacteriological studies, and those in the allied fields of parasitology, mycology, immunology, and serology. The resident staff should make use of the educational opportunity provided through the study of bacteriological material from the hospital services, correlating the laboratory study with its clinical application. Members of the resident staff who exhibit a particular interest in this field might well be assigned to the department for additional investigative work.

Biochemistry.—The hospital biochemistry laboratory should provide the resident with opportunities to broaden his knowledge of biochemistry as related to such clinical problems as he may encounter in his specialty; for example, water balance, acid-base equilibrium, glucose tolerance, and blood or urine levels of significant metabolic, nutritional, or therapeutic element. Such applied basic science work in biochemistry is far more valuable than a formal review course in the field.

Pathology.—In a well conducted department of pathology of an approved hospital there is opportunity for correlating much basic medical science material with problems of clinical medicine. Applied gross and microscopic anatomy may be

effectively learned from necropsy and surgical specimens. The clinical-pathological conference should and can be one of the most effective devices for correlation of the basic sciences with clinical medicine.

Pharmacology.—Since the principles of pharmacology are involved in every therapeutic administration of chemical substances to patients, the wards of the residency hospitals provide very suitable opportunities for the resident to apply and expand the knowledge of pharmacology previously gained in medical school.

Physiology.—Historically, one of the most fruitful fields of investigation into the normal functions of the body has been the study of abnormality of function to which the resident in clinical medicine is constantly exposed. Clinical medicine affords a rich field for the study of physiology and a potent stimulus to the resident to apply the basic principles of this science. Much of the equipment and special apparatus employed in clinical studies of the patient are likewise used in physiology, so that clinical studies provide ample opportunity and stimulation for the resident to supplement his knowledge of physiology with applications of the science to clinical problems. Encouragement and opportunity for an enlarged understanding of body function in health and disease should be part of the experience of the resident in any of the specialties in the course of his clinical work.

10. HOSPITAL-RESIDENT AGREEMENT

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

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

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

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

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

A breach of the agreement by either a hospital or a resi-

dent is not condoned by the Council.

Whenever complaint of such a breach is made, it is the policy of the Council to ask each of the parties involved to submit an explanatory statement. Such statements become a part of the physician's and hospital's records, and are made available upon request to authorized agencies.

NOTE: Certain sections of this document have been renumbered, and "Special Requirements" is now Section VI.

II. PERSONAL RECORD

It is considered desirable that a personal record of the resident be maintained by the department responsible for his training. This should include a record of his assignments, results of examinations, personal evaluation by attending staff members who intimately supervised his work, and such detailed information as may be necessary in rating the resident's total accomplishment at the end of his training. The close personal contact which exists between department heads and the resident staff is usually sufficient of itself to make possible an accurate evaluation of the resident's judgment and professional progress. All records relating to the resident's work in the hospitals should be preserved and should be made available to examining boards and other responsible agencies if requested.

III. MISCELLANEOUS

Intern-Resident Relationships.—Those hospitals training both residents and interns should recognize their obligation to both groups and should plan their programs so that both interns and residents have opportunities for training and experience. The residents should participate in the teaching of the interns and in the supervision of their activities. Residents should not, however, act so as to diminish the contact of the interns with the attending men or assume the supervisory or disciplinary functions of the staff.

IV. RECORDING OF CREDIT

The successful completion of a residency is recorded in the biographic files of physicians maintained by the American Medical Association. It is important, therefore, that all institutions approved for residencies in specialties make an annual report to the Council on Medical Education of the American Medical Association. Periods of service in institutions approved by the Council for residencies in specialties are given full credit in the biographic files without further inquiry. Services in unapproved institutions are recorded as unclassified assignments.

There is an extensive interchange of information and close collaboration between the Council on Medical Education, the various American Boards responsible for the examination and 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 Approval of Examining Boards in Medical Specialties.")

- American Board of Anesthesiology
David M. Little, Jr., M.D., Secretary-Treasurer
100 Constitution Plaza, Hartford, Conn., 06103
- American Board of Colon and Rectal Surgery
Patrick H. Hanley, M.D., Secretary
1514 Jefferson Highway, New Orleans, Louisiana 70121
- American Board of Dermatology
Clarence S. Livingood, M.D., Executive Secretary
Henry Ford Hospital, Detroit, Mich., 48202
- American Board of Family Practice
Nicholas J. Pisacano, M.D., Secretary
University of Kentucky Medical Center
Lexington, Kentucky 40506
- American Board of Internal Medicine
Palmer H. Fitcher, M.D., Executive Director
3930 Chestnut St., Philadelphia, Pennsylvania, 19104
- American Board of Neurological Surgery
Guy L. Odom, M.D., Secretary-Treasurer
Duke University Medical Center, Durham, N.C., 27706
- American Board of Obstetrics and Gynecology
Clyde L. Randall, M.D., Secretary-Treasurer
100 Meadow Road, Buffalo, New York, 14216
- American Board of Ophthalmology
Francis H. Adler, M.D., Secretary-Treasurer
8870 Towanda St., Philadelphia, Pa., 19118
- American Board of Orthopaedic Surgery
Paul R. Lipscomb, M.D., Secretary
430 N. Michigan Ave., Chicago, Ill., 60611
- American Board of Otolaryngology
Dean M. Lierle, M.D., Secretary-Treasurer
University Hospitals, Iowa City, Iowa, 52240
- American Board of Pathology
A. James French, M.D., Secretary-Treasurer
Office of Board, Suite 1820
610 N. Florida Ave., Tampa, Fla., 33602
- American Board of Pediatrics
F. Howell Wright, M.D., Executive Secretary
6 Bryn Mawr Ave., Bryn Mawr, Pa., 19010
- American Board of Physical Medicine and Rehabilitation
Earl C. Elkins, M.D., Secretary-Treasurer
200 First St., S.W., Rochester, Minn., 55901
- American Board of Plastic Surgery
George F. Crikelair, M.D., Secretary-Treasurer
4647 Pershing Ave., St. Louis, Mo., 63108
- American Board of Preventive Medicine
Harold V. Ellingson, M.D., Secretary-Treasurer
410 W. 10th Ave., Columbus, Ohio, 43210
- American Board of Psychiatry and Neurology
David A. Boyd, Jr., M.D., Executive Secretary-Treasurer
Box 1157, Rochester, Minn., 55901
- American Board of Radiology
C. Allen Good, M.D., Secretary
Kahler Hotel Bldg., Rochester, Minn. 55901
- American Board of Surgery
Robt. M. Moore, M.D., Secretary-Treasurer
1617 John F. Kennedy Blvd., Philadelphia, Pa. 19103
- American Board of Urology
James H. McDonald, M.D., Secretary-Treasurer
Apt. 1C, Glover Landing, Brackett Place
Marblehead, Mass., 01945
- Board of Thoracic Surgery
Rollin A. Daniel, Jr., M.D., Secretary-Treasurer
1151 Taylor Ave., Detroit, Mich. 48202
- Certain of the boards certify physicians in subspecialties,

as follows: Internal Medicine, in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases; Pediatrics, in allergy and cardiology; Psychiatry and Neurology, in child psychiatry. Candidates for certification in these special fields must first fulfill the general certification requirements of the American board concerned, including the examinations.

Physicians who take hospital residencies and who anticipate certification by an American board should communicate with the secretary of the board at the outset of the residency training to be fully conversant with all the requirements.

V. ADMISSION TO THE APPROVED LIST

Procedures for considering an institution for approval of a residency for training in a recognized specialty are as follows:

The institution should make application to the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610.

The Council provides application blanks and arranges to conduct a survey of the institution to determine whether the residency fully complies with the standards set forth in these "Essentials."

For one specialty, the Council prepares a report on its survey findings and conclusions which is submitted to the specialty board concerned for its recommendations. Approval is granted by the Council when it is satisfied that the training provided is entirely satisfactory and also acceptable for the purpose of preparation for examination by a specialty board.

For all other specialties, individual Review Committees representing the Council, the specialty boards, and certain other national organizations collaborate in reviewing programs and authorizing their listing in the Directory of Approved Internships and Residencies published annually by the Council on Medical Education of the American Medical Association.

Recognition may be withdrawn whenever the training program no longer conforms to these "Essentials" or when the positions remain vacant for a period of two or more years.

VI. SPECIAL REQUIREMENTS

The following regulations pertaining to individual specialties describe the special training in addition to the foregoing, required for competence in the practice of the various specialties of medicine and for admission to the examinations of the American boards in those specialties.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

1. Special Requirements for Residency Training in Anesthesiology

Objectives.—An approved three-year training program in anesthesiology is expected to provide instruction and experience of such a nature and in such an atmosphere that the physician so engaged will be prepared and inclined to employ his knowledge and talents as a physician in the field of anesthesiology. It is essential that the physician who desires to be qualified in anesthesiology be thoroughly familiar not only with applied anatomy, physiology, pharmacology and biochemistry, but also with the patient in health and disease. Only by acquisition of such knowledge can he be expected not only to predict the influence of anesthesia and surgery upon the patient and adjust for it, but also to interpret and treat, as well, the unanticipated changes that occur. Although technical proficiency in the management of anesthesia is essential, a director of a program warranting sustained approval should strive to teach more than the development of technical skill.

It is not the intent to dictate the teaching methods em-

ployed in accomplishing the objectives outlined. It is recognized that there are many approaches to the development of a qualified anesthesiologist and these *Essentials* set forth only certain minimum standards.

General Considerations for an Approved Three-Year Program.—After July 1, 1973, the Residency Review Committee for Anesthesiology will approve only those programs adjudged to have the educational resources to provide three years of training in this specialty. Institutions presently offering two years of training and wishing to qualify for the three-year program should expand the scope of education to include a more thorough preparation in the pertinent basic sciences and related fields of general medicine which are mentioned in succeeding paragraphs than is possible in two-year programs presently being offered. Requests for three-year approval which do not conform to this purpose will not be favorably considered.

Institutions presently approved for two years which wish to qualify for three-year approval should supply a prospectus for a three-year program with the application. The educational experience permitted by the added year need not, and perhaps should not, comprise the third chronologic year of the program. Those portions of the program designed to increase the scope of training beyond the usual clinical anesthesia experience should be described in some detail, specifying time allotment, place, names of instructors, and such other information as may be of importance in assessing the training value of the program.

Programs approved for three years of training may continue to offer the minimum two years of clinical training in accordance with the requirements set forth by the American Board of Anesthesiology. After July 1, 1969, no applications will be accepted for consideration of a new program, reactivation of a program or for reapproval of a disapproved program which cannot meet the standards to offer three years of training even though it intends to offer *only* two years of training. Applications for new programs should supply a prospectus for an added third year above the two-year minimum requirements set forth by the American Board of Anesthesiology.

The Residency Review Committee anticipates the transition from two-year approval to a three-year approval of programs to commence by 1970. Only programs approved according to this plan will be listed after July 1, 1973.

General Considerations for a Program Approved for One Year of Specialized Clinical Training.—Certain hospitals have unusual facilities and clinical material for specialized training in anesthesiology after residents have completed at least two years of approved clinical training in another program in anesthesiology: such hospitals are eligible for approval for one year of specialized clinical training. To qualify for this category of approved training, a hospital must demonstrate that it offers an educational experience which is substantially different from, and not generally available in, the first two years of clinical training. The requirements outlined under "General Considerations for an Approved Three-Year Program" apply also to programs offering one year of specialized training.

Staff.—The most important element in the staffing of a training program is the genuine interest of the staff in instruction of residents in all the aspects of the field of anesthesiology. The need and desire to teach must be the primary motive for the development of a training program. Those programs in which the evidence points toward the acquisition of residents primarily to satisfy the needs of the clinical work load will be seriously questioned as will those programs in which the number and variety of patients available to the resident are limited. The staff should be of sufficient number so that any resident may expect direct supervision at any time. The ratio of staff to residents is subject to so many variables that a fixed number cannot be assigned. Ordinarily, a program in which there is only one functioning

staff person as far as the training program is concerned will not be approved.

The staff should ideally be composed of physicians with different interests and capabilities. Included should be those who are interested in and proficient in clinical management of anesthesia, the basic sciences, general medicine, and research.

The director should be capable of administering the program and given the power to do so. His position as director should be determined on the basis of his interest and facility as a teacher and not primarily upon the basis of his seniority or control of private practice.

Clinical Material.—Through the parent hospital and/or the affiliated hospital, a sufficient variety of anesthetic problems should be available to the resident to provide the basis for instruction and experience in anesthetic management of patients undergoing thoracic, pediatric, obstetrical and neurosurgical procedures, as well as in problems arising from all other types of surgical cases.

No fixed total number of anesthetics is required, nor is any fixed number required in any category. It is the responsibility of the director to adjust the instruction and experience of each resident according to his needs. Each resident should keep a record of the number and types of anesthetic procedures he has performed.

It is essential that during the period of residency training the resident be instructed and given experience in all accepted methods of anesthesia. The resident should not be exposed only to limited types of anesthetic procedures regardless of the standard practices in the community.

In addition to clinical material of a surgical nature, the program should provide instruction and experience in related fields, such as diagnostic and therapeutic nerve blocks, problems in resuscitation and airway management, problems in sedation, and in the technic of bronchoscopy. The resident should be acquainted also with basic factors associated with the use of blood and blood substitutes. It is assumed that in the development of practice as a physician in the field of anesthesia the resident will be expected to participate in the care of the patient outside of the operating room. This means that the resident will be expected to have instruction and experience in the pre-anesthetic preparation and evaluation of the patient, as well as in the postanesthetic and postoperative care of the patient. Because of the obvious value of personal identification of doctor with patient, the practices of delegating pre-anesthetic visits and pre-anesthetic medication and of visiting only those patients with complications in the postoperative period is discouraged.

The resident should participate directly in the management of anesthesia in those cases available to him for instruction and experience. Instruction and experience gained from observation only is of minimal value. Furthermore, use of a resident as an instructor for junior colleagues should not be a substitute for adequate senior staff.

Didactic Program.—The manner in which the resident is taught is the prerogative of the director and his staff. However, it is anticipated that regularly scheduled and held teaching sessions are necessary. These sessions should have well established priority to the extent that residents may be freed of clinical service responsibilities, with minimal exceptions, in order to attend.

The resident should have access to a library in which material pertinent to anesthesia is available.

The resident should be given time in which to acquire the large body of knowledge necessary to the practice of high grade anesthesia. This means that suitable balance between clinical service responsibilities and time for reading teaching sessions, and discussions with the staff must be established. The resident should be encouraged to spend an appreciable amount of time in these endeavors and also be directed in the most efficient use of this time.

Since anesthesiology is considered a field of medicine, the

resident training program should provide instruction in the following general areas:

a. *The Basic Sciences (physiology, pharmacology, anatomy, biochemistry).* The instruction should not be based only on its relationship to a limited technical practice of anesthesia; instruction should be broadened to provide the opportunity for a thorough understanding of the processes of respiration, circulation, kidney function, liver function, etc. The instruction in anatomy, for example, should not be restricted to that associated with nerve block procedures. Likewise, instruction in pharmacology should not be limited to a recounting of the properties of the various drugs, but extended, for example, to include an understanding of the mechanisms by which the drugs produce their effects.

b. *General Medicine.* The instruction in this area should emphasize the importance of acquaintance with the fundamental aspects of various disorders of the patients. The resident should know how these disorders affect the patient and what impact therapy may have in order to adjust appropriately his management of anesthesia. He should receive instruction in the interpretation of electrocardiograms and electroencephalograms. He should become an expert consultant in the fields of respiration, drug depression, shock and pain relief.

c. *Technic.* Instruction should be provided in such areas as fire and explosion hazards, the physics and mechanics of equipment employed, and in the field of inhalation therapy.

d. In communities in which didactic programs are combined, the staff of the sponsoring hospital should actively and consistently participate in the combined didactic effort.

Research.—A program in which research is an active effort is considered to provide the sort of environment conducive to the learning process of the resident.

Records.—An adequate anesthetic record form should be kept for each patient. This record should be executed during the administration of the anesthetic, or other procedure, and thereafter should be available for future reference and study. In any circumstances in which there is participation in the care of a patient, appropriate notes should be entered in the patient's hospital record. As indicated earlier, each resident is required to keep a record of all procedures in which he has participated. The director of the program must validate this record.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

2. Special Requirements for Residency Training in Colon and Rectal Surgery

The scope of training in colon and rectal surgery should include experience with and responsibility for patients with disease and abnormalities of the anus, rectum, and colon. An adequate number and variety of patients should be available. Under ordinary circumstances, a general hospital, to support a residency, should have annual admissions to the department of colon and rectal surgery of at least 200, including a minimum of 50 patients with disease of the large bowel.

The program should be under the direction of a well-qualified colon and rectal surgeon, preferably one who is certified by the American Board of Colon and Rectal Surgery. Those members of the attending staff who assist in supervising the resident's work should have had acceptable training in the specialty, should demonstrate an interest and ability in teaching, and should enjoy high professional standing. In some hospitals, where the number of men on the staff who have had advanced training in colon and rectal surgery is limited, it may be desirable to assign responsibility for the supervision of the training program

to recognized specialists on a consulting basis. In such instances, it is expected that the consultant will devote sufficient time to the residency program to assure its effectiveness. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

Through appropriate arrangements with other services, the resident should have access to the records of all cases of colon and rectal surgery in the hospital. He should be held responsible for all histories, physical examinations, ordering of laboratory and roentgen-ray studies, preoperative orders, a preoperative summary for the operative record, assisting at time of operation, postoperative orders, dictation of operative records of operations performed by him, progress notes, and postoperative dressings and care. He should make daily rounds with the head of the department as well as his own individual rounds. He shall assist in the outpatient department. He should participate in the consultations with other departments so as to supplement the volume of work on his service. He should assist in the organized educational program such as the teaching of interns, students, and nurses. He shall prepare material for and assist at clinics and demonstrations on colon and rectal surgery.

Attendance should be required at all autopsies, clinicopathologic conferences, hospital staff meetings, departmental meetings, general surgical ward rounds, follow-up clinics, and surgical or medical clinics pertaining to colon and rectal surgery. The resident should spend sufficient time in the department of anesthesia to become familiar with anesthetic procedures such as local infiltration, sacral block, caudal block, and spinal block.

Increased responsibilities should be delegated to the resident as his ability is demonstrated and he shall be given opportunity to perform minor and major surgical procedures under supervision in order that he may develop surgical judgment and increase his surgical skill. He should keep a personal file of all cases on which he was the first assistant or the responsible surgeon.

The importance of complete studies of all patients must be emphasized. The head of the department must provide personal instruction and conduct teaching rounds, departmental conferences, and seminars.

There should be frequent informal discussions and demonstrations of technics.

Research activities in the fields of experimental medicine, experimental surgery, and the basic sciences should be encouraged.

It is recommended that comprehensive summaries of medical literature, or statistical analyses based on clinical case records, or a thesis should be prepared by a resident before he completes his service. Careful direction and supervision of this study should be provided by a member of the staff.

Radiological Training shall include the demonstration of current x-ray films for correlation with the pathological, physiological, or clinical subjects, as well as study by the resident, in conjunction with the roentgenologist, of all x-ray films on patients for which he is responsible and observation and discussion of radiologic therapy if available.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

3. Special Requirements for Residency Training in Dermatology

The practice of dermatology and syphilology is concerned largely with ambulatory patients, so that it is essential that an active outpatient service be available to furnish sufficient

clinical material in the various divisions of the specialty. It is also desirable that hospital facilities be available and that residents be given an opportunity to observe the dermatologic manifestations of the acute contagious diseases. There should be a well organized course of instruction involving lecturers, seminars, clinical demonstrations and laboratory assignments, especially in histopathology, parasitology, mycology, and immunology. To facilitate clinical and laboratory teaching it is essential that the department have ready access to an adequate supply of classified anatomic and pathologic material including histologic and lantern slides for demonstrations. Projection apparatus should be available and also facilities for clinical photography.

Applied Basic Science Instruction.—The residency should include organized study in the various applied basic sciences: as related to clinical dermatology, especially in bacteriology, immunology, mycology, parasitology, serology, biochemistry, embryology, histology, pathology, pharmacology, and physiology, as well as physics as related to therapy by physical agents. See Section 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

4. Special Requirements for Residency Training in Family Practice

Residencies in family practice should be specifically designed to meet the needs of graduates intending to become family physicians. The family physician is defined as one who: 1) serves as the physician of first contact with the patient and provides a means of entry into the health care system; 2) evaluates the patient's total health needs, provides personal medical care within one or more fields of medicine, and refers the patient when indicated to appropriate sources of care while preserving the continuity of his care; 3) develops a responsibility for the patient's comprehensive and continuous health care and when needed acts as a coordinator of the patient's health services; and 4) accepts responsibility for the patient's total health care, including the use of consultants, within the context of his environment, including the community and the family or comparable social unit. In short, family physicians must be prepared to fill a unique and specific functional role in the delivery of modern comprehensive health services.

DURATION OF TRAINING.—The duration of the program should usually be a total of three years following graduation from medical school.

Family practice residency programs should provide for experience and responsibility for each resident in those areas of medicine which will be of importance to him in his future practice.

As stated in the general requirements, it is not essential, or even desirable, that all hospital residencies adopt exactly the same program, nor that they offer a rigidly uniform sequence of experience. It is essential, however, that all programs for graduate training in family practice be able to meet the fundamental requirements for an approved program and the hospitals involved must individually or collaboratively attain comparable quality results in the training.

It is necessary that the family practice resident retain his identity as such throughout his graduate training period. He will need to learn appropriate skills, techniques and procedures of certain other specialties, as well as those of family practice. Such instruction should be under the supervision of qualified specialists in those fields. The resident's program should be planned so that he can discharge his

continuing responsibilities to a selected group of patients under the supervision of experienced family physicians.

If the resident plans to practice another specialty in depth in addition to family practice, he should obtain appropriate additional training beyond that provided in the family practice residency.

The spectrum of knowledge and skills involved in the field of family practice will, as in other disciplines, usually exceed in scope those possessed by any individual physician.

CONTENT.—The following covers the general content of family practice, and, as such, should be available to the resident although certain portions may be optional, depending upon the knowledge and skill obtained by the resident in medical school, his interests, and the character of his anticipated practice.

Family Medicine.—The family practice unit should consist of a clinical service, the content of which is determined by the needs of a representative population of patients rather than the particular skills of the physician. The patient composition of the family practice service should be such that continuity of care is a reasonable probability for most patients and continuity of experience by the resident will result.

This service should include not only patients of all income levels in the acute general hospital but also ambulatory patients, patients at home, and patients in institutions such as nursing homes. This should also include emergency care of patients. Residents assigned to the family practice service may spend a period of time outside the family medicine facility as necessary to meet the needs of his patients. Furthermore, when deemed desirable by the program director the resident may be assigned to other institutions or settings to acquire additional types of experience. This approach should help to focus attention upon the ambulatory patient, the diseases of high prevalence, patients with long-term illness and those with problems of adjustment, anxiety, depression and other emotional stresses. It should also facilitate emphasis upon preventive medicine, health maintenance, rehabilitation counseling and the use of all relevant community resources.

Internal Medicine.—Internal Medicine by nature of its integrative functions is recognized as a major foundation for programs in family practice. The resident should receive regular instruction and gain experience that will permit him to develop judgment in assessing the condition of the patient, in the use and interpretation of laboratory procedures and in applying the principles of differential diagnosis, as well as proper therapeutic management of the patient. Emphasis should be placed upon the history and cause of disease and should provide the resident an opportunity to become familiar with the major causes of disease and the principles of rational therapy.

Pediatrics.—There is much overlap and reinforcement between internal medicine and pediatrics, but the special contributions of pediatrics relate to the problems of the newborn, to congenital malformation, to growth and development through adolescence, to nutrition, mental retardation and the behavioral and emotional problems of children and their management. Modern pediatrics includes a large component of preventive medicine and emphasizes care of the ambulatory patient and the patient at home. Pediatrics should offer opportunity for learning the diagnosis and care of infectious diseases. It should also provide study of the position of the child in the social systems of family, school and community.

Psychiatry.—This discipline is one of the necessary bases for a family practice program. The resident should learn how to diagnose and manage most psychosomatic and emotional problems. He should become competent to deal with the common tensions, anxieties and depressions that initiate or complicate a substantial proportion of the problems with which the family physician will be faced. The resident should

learn to recognize the neuroses and psychoses and to provide for the aftercare which many patients require following discharge from a mental institution.

In the family practice unit, most of the pertinent knowledge and skill can best be acquired through a program in which psychiatry is integrated with medicine, pediatrics, and other disciplines. In addition, experience on a specialized psychiatry service with responsibility for the care of serious illness under supervision may be desirable. This will enable the resident to recognize major psychoses and to deal with the psychiatric emergencies which constitute a major problem for family physicians.

Obstetrics and Gynecology.—The resident should be provided the instruction necessary to understand the biological and psychological impact of pregnancy, delivery and care of the newborn, upon a woman and her family. He should acquire skill in the provision of antepartum and postpartum care and the normal delivery process. He should also have an understanding of the complications of pregnancy and their management. He should become adept at managing the problems of medical and office gynecology. Marriage counseling and sex education are important areas of responsibility for the family physician and the training program should afford an opportunity for the development of skills in these areas.

Surgery.—The resident should acquire competence in recognizing surgical emergencies and when appropriate referring them for necessary specialized care, an ability to evaluate conditions that require elective surgical management, an understanding of the kinds of surgical treatment that might be employed and the problems that may result from surgical procedures and their management. He should have sufficient knowledge of these procedures to give proper advice, explanation, and emotional support to his patients. He should be trained in basic surgical principles by recognized surgical specialists and acquire from them the technical proficiency required to manage those limited surgical procedures a first contact (family) physician may be called upon to perform. If he expects to include major surgery as a part of his regular practice, he should obtain additional training.

Community Medicine.—Community medicine is one of the unique components of family practice. Through proper instruction, the resident should be provided with an understanding of the principles of epidemiology and environmental health, familiarity with the health resources of a community and community organization for health. He should appreciate the roles and the interrelationships of persons in the various professional and technical disciplines which provide health services.

Community medicine should provide the resident with an approach to the evaluation of the health problems and needs of a community and to the improvement of resources to meet community needs more adequately. The experience should assist the resident to understand the role of private enterprise, voluntary organizations and government in modern health care. The social and behavioral sciences should be used to provide the resident with an understanding of the research tools and methodologies which will be of use to the family physician in discharging his integrative functions.

Electives.—It is desirable that a training program in family practice provide the resident with experience in other specialties such as anesthesiology, radiology, dermatology, ENT, ophthalmology, urology, orthopedics, et cetera. This may be acquired through electives, included directly in the curriculum, or obtained through proper utilization of consultations.

Research.—The participation of the resident in an active research program should be encouraged. Generally this should be concurrent with other assignments, provided the responsibilities of the resident are adjusted during such assignments to permit reasonable time for research activity.

Investigative work is permissible as an integral part of the three-year program, provided the research topic relates to problems involving the delivery of health care or is otherwise of special relevance to family practice. Assignments to other types of research activities, if they are desired by the resident, should be in addition to, rather than in lieu of, clinical instruction.

CATEGORIES OF PROGRAMS.—There is a wide variety of circumstances under which the family physician will function, both geographically and in his association with other physicians. His educational program is to be designed in conformity with the general principles set forth in the following basic program. Flexibility is necessary and the program may be adjusted according to his predicted needs and should be carried out under the guidance and control of his program director.

Though it need not be followed in a rigid or restricted manner, the suggested basic program will normally consist of two parts:

- A. The resident's base of practice will be in a model family practice unit, where he will usually spend a portion of each day. Over the three-year period a major portion of his training will be devoted to this aspect of the field.
- B. In addition, education and supervised training in the following disciplines should be available during the three-year period: medicine, pediatrics, surgery, obstetrics-gynecology, psychiatry, community medicine, and electives; examples of these programs might be:

PROGRAM I

Medicine	33%
Pediatrics	16%
Surgery	16%
Obstetrics-Gynecology	16%
Psychiatry	8%
Community Medicine & Electives.....	11%

PROGRAM II

Medicine	50%
Pediatrics	16%
Psychiatry	16%
Community Medicine & Electives.....	18%

PROGRAM III

Medicine	33%
Pediatrics	16%
Psychiatry	16%
Community Medicine & administrative services, including health service administration, & electives.....	35%

These are only examples both as to content and percentages. Many other variations are possible and will be given consideration for approval by the Residency Review Committee, provided they comply with the intent and concept of Paragraphs A and B above. It is intended that all the disciplines mentioned in Paragraph B should be covered either in the family practice model or in the various specialty departments listed in that paragraph.

Since a residency program in family practice requires cooperation and assistance from other specialty services, the program director will need to work out in advance the assignments and responsibilities of the various services.

For those residents desirous of additional skills in one or more particular fields, the hospital is encouraged to provide advanced training beyond the third year.

The provisions of the General Requirements (Section 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American Board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

5. Special Requirements for Residency Training in General Practice

Residencies in general practice should be specifically designed to meet the needs of 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, not less than fifty per cent of the time should be devoted to general medicine: i.e., internal medicine, the medical specialties, psychiatry, and pediatrics (including contagious diseases). The remainder of the time may be devoted to training in surgery, obstetrics, and gynecology. The surgical fields to be covered ordinarily should include general surgery, the surgery of trauma, fractures, and operative gynecology. Any service offered should be of sufficient duration to afford a significant learning experience. Short, episodic exposures are considered undesirable unless organized in close coordination with longer assignments in other disciplines.

Time devoted to general surgery and the surgical specialties should emphasize diagnosis, preoperative and postoperative care, minor surgery, and emergency care but should also offer an increasing opportunity to assist with and perform common emergency and elective operative procedures. It should be recognized that there is limited educational value in this type of residency in assisting with highly specialized surgical procedures of an advanced nature. There should be a reasonable balance between the time allocated to assignment in the operating room and other aspects of patient care.

Out-Patient Experience.—An important consideration in evaluating a residency program in general practice is the availability of adequate experience in the total care of ambulatory patients. This experience should occupy at least 25 per cent of the resident's time and should run concurrently with the inpatient services. The following statement is taken from the "Essentials of an Approved Internship," Section X, paragraph 8, "Special Requirements for Teaching with Ambulatory Patients," "Although experience with ambulatory patients is an essential part of all graduate programs, it need not be scheduled necessarily during the first year if it is provided by the hospital later as a part of a total integrated program." Thus, paragraph 8 of the above Essentials will apply in evaluating this aspect of the residency program in general practice.

General Requirements.—Hospitals requesting approval for residencies in general practice must comply with the general provisions for training described in Section 1 of these "Essentials" including the principle expressed in paragraph 2, subsection 1—Staff. General practitioners on the staff should participate in the teaching program whenever qualified.

These hospitals should have at least 2,500 annual admissions and maintain a minimum autopsy rate of 25 per cent.

For those residents desirous of developing additional skill in one or more particular fields, the hospital is encouraged to provide advanced training beyond the second year.

Regular conferences and seminars, conducted by competent teachers, and adequate laboratory facilities are absolute requisites to an adequate residency program. See sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

As stated in the general requirements, it is not essential or even desirable that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able

to meet the fundamental essential requirements for an approved program, and either alone or in collaboration should attain comparable results in the quality of training and of experience obtained.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

6. Special Requirements for Residency Training in General Surgery

A. Duration of Training.—Residencies in general surgery which are designed to meet the requirements of the Council on Medical Education, the American College of Surgeons, and the American Board of Surgery, should include, 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 special-

ties most commonly included. However, other surgical specialties (except perhaps ophthalmology) may be considered in making the selection.

At least two years of the training program should be spent specifically in the department of general surgery. Assignments for experience in special fields of surgery must, therefore, be limited in number and the selection should be made for each hospital on the basis of including those specialty departments which can contribute most effectively to the training of the general surgeon.

C. Application of Basic Medical Sciences in Surgical Training.—The application of the basic medical sciences should be stressed in relation to the clinical work of the residents throughout the whole training program. Frequent departmental conferences for a detailed discussion of problem cases on the surgical service are important for this, as are also the clinicopathology conferences. The residents should study and discuss with the pathologist all tissues removed at operation, and likewise all autopsy material from patients on their respective services. It is desirable, and in most programs it is possible, to have the resident assigned for a period of services in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is feasible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomical problems by performing regional dissections should, if possible, be provided.

Research work offers an important opportunity for stressing the application of the basic sciences in clinical problems. Reasonable facilities for research work by the residents should be provided, together with stimulating guidance and supervision.

D. Surgical Staff.—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. The members of the staff should have a real interest in teaching and must be willing to give the time and effort required by the educational program.

The staff must be organized, and the chief of the service must be responsible for the quality of work done in the department, and the supervision of the resident training program. Continuity of this responsibility and supervision of the residents is highly desirable. Therefore, the appointment or election of the chief of service should not be considered as honorary, and should be of such duration as to insure this continuity.

E. Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reflect these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a surgical residency, should have annual admissions to the surgical division numbering approximately 300 to 500.

For a surgical residency, the hospital should be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the residents of the third and fourth years. The residency program should be organized so that residents will hold positions of increasing responsibility for the care and management of patients with surgical conditions and have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility but under circumstances providing adequate opportunity for consultation and advice.

Valuable experience may be obtained from efficient 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

10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

7. Special Requirements for Residency Training in Internal Medicine

Residencies in internal medicine should be organized on a broad basis to include instruction in the various specialties which combine to form internal medicine. Accordingly, the program should not be limited entirely to internal medicine and its subdivisions but might well include a reasonable amount of training in psychiatry, neurology, dermatology, and pediatrics, even though they are organized as independent residencies.

In institutions offering residencies in internal medicine and its special fields, emphasis should be placed on the educational features of the program and residents should receive regular instruction from members of the staff in all diagnostic and therapeutic methods. Particular emphasis should be placed on the study of etiology, pathogenesis, symptoms, and the course of the various diseases so that the residents may develop skill and accuracy in diagnosis as well as a mature judgment and resourcefulness in therapy.

Under the supervision of qualified members of the staff, the residents should assume individual responsibility in actual case management. They should also be required to correlate clinical studies not only with post-mortem pathology, but also with the other allied basic science fields, review medical literature and take an active part in regular teaching rounds, departmental seminars, and clinical-pathologic conferences.

Requirements.—For approval, a residency in internal medicine should have an adequate number and variety of annual admissions to the Department of Medicine.

Allied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, biophysics, pathology, pharmacology, physiology, and other areas are especially desirable and should be closely correlated with clinical experience. See Section 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by the American Board of Internal Medicine should communicate with the Secretary of the Board. Those who wish certification by a subspecialty board in medicine must first qualify in internal medicine and should then apply to the Secretary of the subspecialty board, through the office of the American Board of Internal Medicine.

8. Special Requirements for Residency Training in Neurological Surgery

Institutions offering residencies in neurological surgery must provide ample facilities for a well rounded training in this field. The clinical material must be sufficient to provide adequate experience to the trainee. The minimal requirement is 200 major procedures, including at least 25 verified intracranial neoplasms, for each resident completing his training each year. Close contact must be maintained between the staff neurosurgeons and the resident staff. It is essential that the resident participate actively in the diagnostic study, operative treatment, and postoperative care of patients. The period of training consists of four years and must be preceded by at least one year of approved internship, preferably in surgery, although a rotating internship is acceptable. If the neurosurgical training is begun after a rotating internship, additional training of at least six months in surgery must be arranged by the chief of the neurosurgical service.

The residency period must be chiefly clinical and not

didactic, and there must be concurrent instruction in neurology and the basic sciences, particularly as they relate to neurosurgery. To qualify for the full four years of approval, a residency must provide broad experience in neurosurgery.

The residency program should be adequate to insure competence and skill. Under supervision the resident should be given the responsibility for the diagnostic studies and some of the operations, especially in his final year.

Quantitative Requirements.—An acceptable service for residency training in this field must have sufficient hospital patients to provide a minimum of 200 major neurosurgical procedures annually. Included in these must be at least 25 surgically verified intracranial tumors.

Applied Basic Science Instruction.—Organized basic science work as applied to neurological surgery is especially desirable in neuroanatomy, neuropathology, neurophysiology, neuroradiology and neuroophthalmology. This should be closely correlated with clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

9. Special Requirements for Residency Training in Neurology (See Psychiatry and Neurology)

10. Special Requirements for Residency Training in Obstetrics and Gynecology

Residency programs in obstetrics and gynecology are not designed primarily to provide hospital service, but should constitute an educational opportunity in the area of diseases peculiar to women. The principles enunciated under General Requirements are of utmost importance, and a thorough study of these is not only imperative for the director of the residency training, but is also urged for all who participate in resident teaching. Any additional statements made here for purposes of amplification will parallel those found in the General Requirements.

Facilities and Patient Load.—Good residency training can be given in large or in small hospitals. The size of the hospital is not the criterion as much as the quality of the care and the supervision given. Overloading a service with too many appointees is to be avoided. In general a residency training program should have approximately 300 obstetrical admittances and 100 gynecological admittances per resident per year, these cases to include only those admitted to the obstetrics-gynecology service.

It is recognized that obstetrical and gynecological units are subject to special regulations. To provide an approved program, an obstetrical and gynecological unit should meet any local requirements for licensing. Separate operating rooms are desirable but not required, an adequate access to the operating room facilities both for regularly scheduled cases and emergencies being more important. Hospitals should be cognizant of the recommendations of the American Academy of Pediatrics as to Standards and Recommendations for Hospital Care of Newborn Infants.

The question is often asked as to the exact number of major gynecologic and obstetric procedures each resident should have performed. It must be stated that no amount of assisting is a substitute for primary surgical experience. One of the basic principles of training is that it should be progressive in the experience and the responsibility given the trainee. A full residency program in obstetrics and gynecology must give sufficient independent operating experience to make the trainee competent and safe. The variety and magnitude of operations, and the quality of the surgery are more important than the actual number.

It is equally important for each resident to have adequate

training in medical gynecology and antepartum and postpartum care. An outpatient facility capable of providing such experience is an essential part of an approvable program, and must provide instruction in the management of the problems of the ambulatory gynecological and obstetrical patient.

Staff.—It is desirable that the Chief of Service of the Department be certified by the American Board of Obstetrics and Gynecology, in the interests of the proper teaching of the specialty of obstetrics and gynecology. In the absence of such certification, the Residency Review Committee may approve programs when the chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

There should be definite assignments of the responsibilities for resident training, preferably by the chief of the service or his designated representative (such as a departmental program director). To assure continuity of teaching effort and departmental policy the chief of service should hold office for at least three years.

In instances where the services of obstetrics and gynecology are separate in any given hospital, the chief of such service seeking approval, and at least one of his subordinates, must be certified or otherwise qualified as outlined above. If obstetrics and gynecology are separate services, combined approval can be granted only if arrangements are made for rotation of residents between the two services with graded and progressive responsibility.

Approval cannot be granted for residency training in gynecology if the service is a subdivision or subservice of general surgery, unless the subdivision of gynecology is headed and staffed by a chief and at least one other man certified by the American Board of Obstetrics and Gynecology or otherwise qualified as specialists in this field as specified above.

Program.—All programs must strive to strike a balance between the training acquired through patient care on the one hand, and the purely educational activities of the department on the other. In addition to the meetings listed, such conferences as a Neonatal CPC to consider the perinatal mortality and a Maternal Morbidity Survey are recommended. Basic sciences training should emphasize the relation of anatomy, pathology, biochemistry, and bacteriology to the application of surgical principles which are fundamental in all branches of surgery. Particularly for this specialty there should be training in infertility, endocrinology, oncology, irradiation therapy, psychosomatic medicine, and the non-operative methods of diagnosis and treatment. A resident must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, wound healing, etc.

After July 1, 1962, the Residency Review Committee for Obstetrics and Gynecology will not approve residencies of less than three years' duration providing training in this specialty. While training in general surgery, internal medicine, and urology is desirable, such training should not be a part of the three years' required clinical program in obstetrics and gynecology. A minimum of 18 months in obstetrics and 18 months in gynecology is required. Likewise, formal courses in the basic sciences which separate the resident from clinical training should not be included in the three-year minimal clinical training program.

As stated in the General Requirements, however, it is not essential that all residencies adopt exactly the same program or a rigidly uniform sequence of experience. In addition, programs may be arranged for more than three years provided the above requirement is not diluted. The additional time may be allocated, for example, to training in general surgery, urology or basic sciences and the sequence of these in the training program adjusted to the individual hospital or institution. When such programs are arranged the trainee must complete the entire residency to meet the training requirement of the Board.

The principle of the "parallel" (or "non-pyramidal") residency assignment is the policy of the Residency Review Committee for Obstetrics and Gynecology in reviewing programs for approval. However, non-parallel programs will not necessarily be disapproved on this basis alone.

Affiliation.—Exchange of residents between approved programs within the specialty is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal required three years of clinical training equally divided between obstetrics and gynecology.

Assignment of residents to unapproved institutions is not acceptable unless the work of such services is carefully supervised by the chief of the approved program in which the resident is enrolled. Such an arrangement should be attested in the hospital information supplied to the Committee.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

11. Special Requirements for Residency Training in Ophthalmology

Duration of training.—Residencies in ophthalmology which are designed to meet the requirements of the Council on Medical Education, and the American Board of Ophthalmology, should include, after one year of internship, three years of progressive training in the specialty. Part of one of these years may be spent in a basic science course in ophthalmology. If this course is of less than one year's duration it should be supplemented by additional training to make up a full 12 months; that is, courses of eight or nine months' duration must be supplemented by additional clinical or other training to make up a full year.

Residencies of five years' duration, which include training in both otolaryngology and ophthalmology, may be approved provided at least 36 months' training is in ophthalmology.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training program be organized by the parent hospital with responsibility for progressive training of the residents. Collaborative programs may be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program. For example, specialized hospitals which do not admit patients for medical and neurological diseases might well provide temporary service in a general hospital.

Scope of Training.—Residencies in ophthalmology should offer a broad training and should preferably include some experience in closely related fields of medicine and surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available including commonly used special apparatus. Adequate library facilities should be available and residents should be urged to use the library frequently. An informal journal club is suggested as a stimulus to use of library facilities. The training should include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of ophthalmology. Cases should be presented and discussed during ward rounds at least twice a week. Residents should have daily contact with at least one staff man.

Instruction in surgical technique should be sufficient to enable residents to undertake operative work under supervision, especially toward the end of the residency program. Presentation of cases by the resident to the attending 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 ner-

vous system, also in microbiology, biochemistry, embryology, pathology, optics, pharmacology, and physiology. These studies should be closely correlated with the clinical experience. The resident should be assigned for a period of service in pathology and bacteriology. It is important that frequent departmental conferences are held for detailed discussion of problem cases. Clinical pathological conferences should be so conducted that the residents are able to study and discuss with the pathologist and the staff all tissues removed at operations, and all autopsy material, from patients on their services.

Surgical anatomy should be demonstrated by the attending surgeons in discussing surgical cases with the resident. Opportunity for the residents to work out special anatomical problems, by performing regional dissections should, if possible, be provided. Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the resident should be provided, together with stimulating guidance and supervision during the latter part of his training.

Staff.—The staff should be composed of highly qualified teachers who have skill and judgment. They should be properly organized with the designated head or chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment but should be held by the ophthalmologist best fitted for this responsibility. The members of the staff should have a sincere interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Clinical Material.—The hospital must be able to provide a satisfactory number and variety of patients. Statistical data alone cannot reveal these considerations adequately. During the residency program an adequate operative responsibility must be provided the resident staff. Such experience is essential to give the progressive experience, both as assistant and operator, necessary for the development of surgical judgment and skill by the resident. The residency program should be so organized that the resident will hold positions of increasing responsibility for the care and management of patients. The residents shall have sufficient operative experience under supervision to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility. The residents must be held responsible for the recording of complete and adequate case records for both in-patients and outpatients. These case records should be reviewed and utilized by the attending ophthalmologist whenever consultations are required by the resident.

An approved residency in ophthalmology should include a well organized and supervised active outpatient service supervised daily by an attending ophthalmologist.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

12. 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 Section I-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

13. Special Requirements for Residency Training in Otolaryngology

Duration of Training.—Prior to July 1, 1960, residencies in otolaryngology, which are designed to meet the requirements of the Council on Medical Education of the American Medical Association, the American College of Surgeons, and the American Board of Otolaryngology, should include, after one year of internship, three years of progressive training in the specialty. One of these years may be spent in an approved residency in general surgery or medicine, or an additional year of rotating internship.

After July 1, 1960, residencies will be of four years' duration, of which three must be progressive training in the specialty. The four years must include one year in an approved residency in general surgery, preferably before the special training. It is emphasized that the above are minimal requirements for certification and as a foundation for further development in the broad field of otolaryngology.

Scope of Training.—Residencies in otolaryngology should offer a broad training and should preferably include some experience in closely related fields of surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available, including all special apparatus. The clinical material should be sufficient in variety and amount to provide adequate training in the various divisions of the specialty.

Adequate experience in bronchoscopy, 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 resi-

dents. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

Application of Basic Medical Sciences.—There should be training in the applied anatomy of the ear, nose, throat, neck, chest, and esophagus, including the related nervous system. Applied microbiology, biochemistry, embryology, pathology, pharmacology and physiology should be included and should be closely correlated with the clinical experience. Frequent departmental conferences for a detailed discussion of problem cases are important, as are also the clinicopathological conferences. The residents should study and discuss with the pathologist all tissues removed at operation and all autopsy material from patients on their services. It is desirable to have the residents assigned for a period of service in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is possible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomic problems by performing regional dissections should, if possible, be provided.

Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the residents should be provided, together with stimulating guidance and supervision.

Staff.—It is desirable that the chief of service of the department be certified by the American Board of Otolaryngology, in the interests of the proper teaching of the specialty of otolaryngology. In the absence of such certification, the Residency Review Committee may approve programs when the Chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

Surgical Staff.—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. It should be properly organized and harmonious, with the designated head of chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment, but should be held by the surgeon best fitted for this responsibility. The members of the staff should have a real interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Approval cannot be granted for residency training in otolaryngology if the service is a subdivision or subservice of general surgery unless the subdivision of otolaryngology is headed and staffed by a chief and at least one other man certified by the American Board of Otolaryngology or otherwise qualified as specialists in this field as specified above.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reveal these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a residency in otolaryngology, should have annual admissions numbering approximately 300 to 500 patients to that service. The hospital must be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the resident. The residency program should be organized so that the residents will hold positions of increasing responsibility for the care and management of patients. The residents will have sufficient operative experience to acquire surgical skills and judgment through the performance of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

An approved residency in otolaryngology should include a well-organized and well-supervised, active outpatient service.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

14. Special Requirements for Residency Training in 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, in exfoliative cytology, and in cytogenetics 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 medical microbiology, immunohematology-blood banking, medical chemistry, medical parasitology, hematology, endocrinology, medical microscopy, and the application of the physical and biological sciences in the diagnosis, prognosis, and treatment of diseases.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and his associates and assistants, the supervision of work of the trainee, the quality of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of medical and non-medical personnel in relation to the volume of work.

In general, the qualitative standards will determine whether a laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of training.

It is expected that the director of the program be a fully qualified specialist in the branches of the specialty for which training is approved, and that he provide adequate supervision of the hospital laboratory. Adequate supervision is

not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program. In special instances, the equivalent of full time direction by two or more qualified persons will be accepted, and one person need not spend the entire working day in the laboratory. Similarly, in special instances, two or more hospitals will be approved as a unit with a single, full-time director of laboratories if it is apparent that a satisfactory training program can be conducted.

It is expected that the number of medical technologists and their qualifications will be proportional to the volume of work in the laboratory.

Sufficient laboratory and office space, as well as equipment, should be provided to enable the department to function efficiently. There should be facilities in all hospitals for tests usually performed in clinical pathology, for the study of surgical and cytologic specimens, and for the performance of necropsies. In larger hospitals the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of patients.

Institutions with a necropsy 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 trainee must be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of the material and the size of the staff justifies. A clinicopathological conference should be held at least every two weeks.

In institutions offering training in both anatomic and clinical pathology, the program should be so arranged as to assure even division of the residents' training and experience in anatomic and clinical pathology. Ordinarily, this can best be achieved by a series of exclusive, or nearly exclusive, assignments to the various departments of the laboratory.

Quantitative Requirements.—In the field of anatomic pathology there should be sufficient volume and variety of necropsy, surgical and cytological material (except in special programs) to insure adequate education, training, and experience in this branch of the specialty. There are no absolute criteria but special scrutiny will be given to a hospital in which an adequate volume and variety of the various types of anatomic material does not exist.

In the field of clinical pathology there should be a reasonable diversification of tests and in each category there should be sufficient volume to provide training and experience. There are no absolute criteria but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.

Approval is granted for residency training in pathology in the following categories.

Category APCP-4. In both anatomic and clinical pathology for a total of four years.

Category APCP-2. In both anatomic and clinical pathology for a total of two years.

Category AP-3. In anatomic pathology only for three or more years.

Category AP-1. In anatomic pathology only for one year.

Category CP-3. In clinical pathology only for three or more years.

Category CP-1. In clinical pathology only for one year.

Category SP. Special pathology only, usually for one year. This designation includes forensic pathology, neuropathology research only, and such other special programs as may be approved.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

15. Special Requirements for Residency Training in Pediatrics

Clinical training should be obtained in general medical pediatrics, nutritional disorders, care of new-born infants, preventive pediatrics, and outpatient clinics in the various departments of medical pediatrics. Correlative studies are recommended especially in contagious diseases, in clinics for well babies, the mentally deficient and in those with neurological disorders or who present problems in behavior. In the wards and in the clinics the residents should be permitted to assume individual responsibility in diagnostic and therapeutic procedures and case management. They should actively participate in teaching rounds, clinicopathological conferences, departmental seminars, and all other functions designed to improve the quality of the clinical and educational service. Although the training need not be continuous or in the same institution, it is desirable that the educational program be systematized in the form of residencies of one to three years' duration.

Quantitative Requirements.—The resident staff should be assigned a sufficient number and variety of hospital patients to assure a broad training and experience. The number of patients considered adequate varies with the number of residents, length of patient stay, and other factors. Hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program.

Applied Basic Science Instruction.—Sufficient time should be devoted to studies in applied basic sciences, especially in embryology, growth and development, nutrition and other fields in physiology bearing upon pediatrics. This work should be closely correlated with clinical experience. See Section I-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Allergy. (See also Requirements for Internal Medicine.)—The objective of intensive training in allergy is to fit the physician for the highest type of practice, teaching, and research in this specialty. An allergy residency should be at least one year, though preferably two years, of full-time work. Residents in allergy should be given a thorough training in the fundamentals of human and animal sensitization through clinical study and laboratory experiments. There should be daily conferences or consultations with the staff. Reading of current articles and reviews of special topics should be assigned. Residents should be given responsibility for diagnosis and management of various diseases of allergy and for the teaching of interns, medical students, and nurses, as capability has been demonstrated. Problems in clinical or laboratory allergy should be utilized to develop an interest in research.

If the allergy service is a separate department, it should have interdepartmental associations so arranged as to give residents of the allergy unit continuing contact with the pediatric (or general medical) services through ward rounds, clinicopathological conferences, staff meetings, and so forth. The service should admit 200 to 300 ambulatory patients yearly and have facilities for hospitalizing bed patients, in addition to cases seen in consultation with other services. It should have adequate laboratory facilities for those special

chemical-immunological, pathological and bacteriological procedures required in its field. The training of residents in allergy should be arranged to fit into the established programs of the American Boards of Pediatrics or Internal Medicine. Candidates for positions offering specialized training in allergy should previously have fulfilled the basic requirements of the parent board before undertaking study in the special field.

Certification in allergy is granted only to those who have previously fulfilled all the requirements for certification in pediatrics or internal medicine, including the examination.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Pediatric Cardiology.—Residencies in pediatric cardiology should be closely associated with approved residency training programs in pediatrics, thereby assuring availability of all facilities and personnel necessary for the complete care of the infant and child. Thorough understanding of human growth and development and the response of the young patient to environmental factors, both intrinsic and extrinsic, is a fundamental prerequisite for the proper management of infants and children with cardiovascular problems. The purpose of a residency in pediatric cardiology is to equip the trainee to manage children with problems of a cardiovascular nature, whether congenital or acquired, in relation to the patient's rehabilitation and with emphasis on the adaptation of the whole individual rather than the specific disease process or the body system involved.

Duration of Training.—Two years of training in an approved pediatric cardiology training center are required to meet the minimal standards of the Sub-Board of Cardiology of the American Board of Pediatrics. Training need not be confined to a single approved center, although it is essential that the resident who splits his training between two approved residencies in pediatric cardiology receive progressive education, experience and responsibilities in the specialty rather than two years as a beginner with virtual duplication of instruction at an elementary level.

Scope of Training.—Residencies in pediatric cardiology should offer broad and inclusive training in the specialty. This should include fundamentals of clinical diagnosis with special emphasis on auscultation and physical examination and the role of roentgenology and roentgenoscopy, electrocardiography, vectorcardiography, phonocardiography and other laboratory tests used in diagnosis and management. Thorough understanding of embryology and anatomy of the normal heart and vascular system as well as the deviations from normal that may occur should be mastered. Knowledge of normal and abnormal cardiovascular physiology should be required. Experience and instruction in technics of and understanding of the limitations of cardiac catheterization and selective angiocardiography are necessary. Experience with pre and post-operative care of patients having cardiac surgery, both by closed and open methods, in close cooperation with the cardiovascular surgical staff is required. Opportunity for long-term follow-up observation of post-operative patients must be afforded the trainee. Study of rheumatic fever and other infections and metabolic conditions resulting in abnormalities in cardiovascular function should be combined with experience in management of patients in sufficient numbers to demonstrate the typical and atypical features of each.

Basic Medical Sciences.—The resident should be assigned for a period of service in pathology with instruction by a qualified pathologist. Specimens demonstrating the various types of congenital cardiovascular anomalies should be classified and readily available for study. Conferences involv-

ing current pathologic material should be held regularly and closely correlated with clinical experience; such conferences should include clinicians, surgeons, physiologists, roentgenologists and pathologists. Thorough training in cardiovascular physiology is essential and participation by the resident in cardiac catheterization procedures is necessary. Such experience should be intimately related to clinical diagnosis and management. Regularly scheduled conferences involving clinicians, surgeons, roentgenologists and cardiovascular physiologists should be an integral part of the residency teaching program. Residency programs should provide ample opportunities for basic research, and participation in a specific laboratory or clinical research project should be encouraged.

Staff.—Highly qualified teachers should be available in pediatric cardiology as well as in roentgenology, pathology and physiology. The chief of service should be certified by the Sub-Board of Cardiology of the American Board of Pediatrics or, lacking such certification, should be of recognized ability and possess high professional standing in the specialty. The educational value of a residency depends largely on the quality and extent of supervision of the residents by teachers who are not only fully qualified but who are interested in teaching and willing to devote adequate time to this endeavor.

Clinical Material and Facilities.—A satisfactory number of patients must be available to provide the resident with a wide variety of cardiovascular problems in children. While there is no need to perform special tests such as cardiac catheterization or angiocardiography on all patients with cardiac problems there should be a sufficient number of diagnostic problems to justify such procedures in an adequate number of patients per year, thus reflecting a reasonably large case load, in-patient and out-patient, during the course of a year. A minimum number of cardiac operations in children is required to provide depth of experience in pre and post-operative management needed by a properly trained resident in pediatric cardiology. If these minimal numbers of special procedures and operations are reached or exceeded, the total number of clinical cases should be adequate for proper instruction of a resident.

Equipment, staff and availability of ancillary services such as good nursing care, properly staffed post-operative units, social service facilities, etc., should conform to the recommendations of the Council of Rheumatic Fever and Congenital Heart Disease of the American Heart Association in "Standards for Centers Caring for Patients with Congenital Cardiac Defects," published in *Circulation*, Vol. XXI, April, 1960.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

16. 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 ser-

vice, with a qualified head of the department and associates, as well as trained personnel in the various paramedical areas. The department should operate as a service department to the broad fields of medicine and surgery. Sufficient space and equipment must be provided to carry out a comprehensive program of training. In order to provide complete training, it is necessary to have beds assigned. The number of beds on the Physical Medicine and Rehabilitation Service should be adequate to make training of this type meaningful.

Quantitative Requirements.—To supply an adequate amount and variety of teaching material, there should be a minimum of 500 admission and 7,500 patient visits annually.

The trainee should have the opportunity to learn to become proficient in prescribing and supervising all types of physical therapy, occupational therapy, and rehabilitative procedures for outpatients as well as patients on the hospital services. There should be an experience in evaluation and care of patients having conditions or disabilities such as may be seen in all phases of medical practice. There should be the opportunity for learning to co-operate with and utilize the services of other medical specialists and paramedical personnel.

Applied Basic Science Instruction.—Training in the allied basic sciences should be closely correlated with the clinical experience. Training in these subjects should be on a graduate level and include functional anatomy and kinesiology; physics, including radiation physics related to the field, electronics and instrumentation; physiology as applied to the various physical agents, particularly; and pathology.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

17. Special Requirements for Residency Training in Plastic Surgery

Duration of Training.—Residency training programs which are designed to meet the requirements of the American Board of Plastic Surgery, the American College of Surgeons, and the Council on Medical Education of the American Medical Association must be of at least two years' duration, after completion of a minimum of one year in an approved internship and at least two years of training (three years beginning July 1, 1960) in a residency in general surgery in a program approved by the Conference Committee on Graduate Training in Surgery or by the Council on Medical Education of the American Medical Association.

Scope of Training.—Adequate training in plastic and reconstructive surgery should include experience in the various methods of excisional reparative surgery of the scalp, face, orbits, nose, oral cavity, neck, trunk, and extremities. The resident should obtain experience in the management of neoplasms of the head and neck, cosmetic surgery, facial trauma, surgery of hands, burns, and congenital abnormalities of the extremities and genitalia. This training must be graduated and progressive.

Applied Basic Sciences.—The study of anatomy, bacteriology, biochemistry, physiology, and pathology as related to plastic and reconstructive surgery should be closely related to clinical experience. Research offers an important opportunity for the application of the basic sciences to clinical problems. Reasonable facilities for clinical and animal research by the residents should be provided with stimulating guidance and supervision.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Where the program may be strengthened thereby, collaborative programs can be approved after affiliation of institutions with complementary clinical and research facilities.

Residents who plan to seek certification by the American Board of Plastic Surgery should communicate with the Secretary before beginning training in the specialty to be certain that the requirements as to training in general surgery have been met.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

18. Special Requirements for Residency Training in Preventive Medicine

Preventive medicine embraces a broad spectrum of professional activity in the present-day highly organized and complex structure of medical practice which has been differentiated into closely related yet discretely identified specialty areas. These are differentiated less by basic differences in professional competences or skills than by the environment in which the practice of preventive medicine is conducted or by the special requirements of the population groups being served. Each of these specialty areas is dependent upon a common core of fundamental scientific knowledge and the professional discipline of preventive medicine.

Residencies in preventive medicine are approved by the Council on Medical Education and the American Board of Preventive Medicine in General Preventive Medicine without designation of specialized field and in the three special affiliated fields of Aerospace Medicine, Occupational Medicine and Public Health. Residency programs in all of these fields ordinarily include an academic phase and an appropriate period of practical training. While the provisions of the section on "General Requirements" (Section I to 10) are not directly pertinent to residencies in preventive medicine, relating as they do more specifically to the clinical specialties, the principles underlying them do apply to programs in all fields of preventive medicine.

General Preventive Medicine

Residencies in preventive medicine should be organized on a broad basis to furnish instruction in the various special fields which combine to form the foundation of the total field of preventive medicine. Any given residency may place emphasis upon a special field, e.g., epidemiology. Residency training in preventive medicine may be offered by Schools of Public Health, organized Departments of Preventive Medicine in Medical Schools, other appropriate Graduate Schools in Universities, or other appropriate institutions or agencies in which an established component of their program is the graduate training of physicians. Institutions seeking approval of residency training in preventive medicine must provide evidence that the resident in training is assured of a supervised, comprehensive and progressively graded educational experience over a period of at least three years. One institution or agency, preferably one with a primary interest in graduate education, must assume overall responsibility for directing and supervising the preventive medicine residency training program. The residency program need not be encompassed within a single institution or agency, however, but may be constructed by formal programming and co-ordinated supervision of the educational and training experience of the residency by two or more institutions or agencies.

The educational and training experience of the residency training program should include two phases: one of academic study in which the candidate is enrolled as a graduate student, in residence; and a second phase in which the candidate secures field training and experience. These two phases may be carried out 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 caliber of supervisory professional staff members and their competence and interest in residency level training should be the determining factors in the assignment of residents to their charge.

The third year of the preventive medicine residency training program may be allotted to academic study, field training, clinical residency in a field closely related to preventive medicine, research, or a combination of such experiences.

Since research methods and scientific inquiry play so large a part in the practice of preventive medicine, special attention should be given to the development of research competence in the residency period. As a part of the three years of residency training, the resident should be required to undertake an independent and original investigation in a special field and to present the results of this research in a thesis acceptable to the responsible institution.

Facilities: The facilities of the training institution need not conform to any rigid pattern; educational institutions, research centers or operating agencies may qualify, provided the residency program is appropriately affiliated with and supervised by an approved and accredited academic institution. A plan of affiliation between two or more of these categories will be necessary in most instances. In every case, the combination must provide:

1. An educational environment capable of providing the breadth of instruction outlined above;
2. Laboratory space, supplies, and technical assistance for research by the resident;
3. A well-stocked, up-to-date medical library;
4. Facilities for field training of sufficient size and scope to provide experience in each of the major areas of preventive medicine and to exemplify good administrative organization. The staff members associated with residency programs should have demonstrable interest in and capacities for teaching, as well as high competence in their respective fields.

Personnel and Organization: The Director of the residency training program should be qualified in preventive medicine

and have established competence in teaching and graduate training. There should be at least one person on the training staff who has established competence and continuing experience in each of the major fields of instruction. The training staff members should be selected by the Director and should be directly responsible to him for their participation in the program. There should be specific commitments concerning the time to be contributed by each staff member and the content of training which he is to provide. There should be a Residency Advisory Committee composed of the Director and the heads of the departments primarily concerned with the training of the resident, and selected consultants. This Committee should concern itself with the development, content and improvement of the training program, the policies, procedures and conduct of the program inclusive of instructional techniques, and the periodic evaluation of all phases of the resident's training. It should report periodically, at least annually, to the head of the training institution.

Eligibility of Applicants: In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the qualification of each applicant for an appointment to an approved residency in general preventive medicine without designation of specialized field should be reviewed by an appropriate committee appointed by the training institution or agency. The committee should make special effort to evaluate each candidate's suitability for career training in preventive medicine on the basis of preliminary and medical education, including internship, professional motivation and career objectives.

Aerospace Medicine

A formal training program in Aerospace medicine should include academic training in the fundamental disciplines of preventive medicine and public health; it should also include training and experience in the basic and clinical sciences related to aerospace operations and ground support, and in administrative support of aerospace medicine programs. The formal training program should be of at least three years' duration. One year should be devoted to academic study in preventive medicine and public health, and two years to a residency in aerospace medicine. The residency should include an academic component and an applicatory component; the entire residency should normally be under sponsorship of a school of aerospace medicine, a medical school, a school of public health, or a graduate school. An approved government or civilian agency or institution may also serve as the agency responsible for residency training. It should normally be responsible for the maintenance of the health of a sufficiently large number of flying and ground support personnel to provide the residents with the broad experience in the various phases of the specialty. There should be a sufficient amount and variety of aeronautical equipment available to enable the resident to familiarize himself with its use. A well-staffed hospital to which aerospace-medicine problems are referred should be available. If not, such training should be provided through affiliation. Experience in the examination, care, and management of ambulatory patients should be provided through the facilities of an adequately staffed and well-equipped outpatient department. The agency should have access to an adequately equipped laboratory in which studies on problems relating to aircraft accidents and hazards of flight can be carried out. The applicatory component may be secured through affiliation with the sponsoring agency.

Academic Program—Public Health and Preventive Medicine.

Courses should normally be such as to satisfy requirements for the Master of Public Health Degree or its equivalent. These courses should normally cover the following fields:

1. Epidemiology: the study of disease and injury in human populations, the factors contributing to increase or spread, and means of control.
2. Public health administration or practice: organiza-

tion and administration of programs for promotion of health.

3. Evaluation and control of environmental hazards to health.
4. Statistical methods applicable to the study of disease or injury and the evaluation of control procedures.
5. Such other subjects as may be required for the Master of Public Health degree or equivalent and such desired elective subjects as may be applicable to aerospace medicine.

Residency.

The residency should provide training and experience in the principles of preventive medicine as applied to flying personnel, those engaged in ground support of flight or aerospace operations, the environments in which they work, and the protection of all concerned from the hazards which may be encountered. The residency should include an academic component which covers the following subjects:

1. Aviation physiology: responses of the body to changes in temperature, pressure, and oxygen concentration, and to acceleration, which may be encountered in flight.
2. Selection of aircrews: medical examination and selection of persons to be trained for flying or aerospace activities.
3. Maintenance of aircrews: recognition, prevention, and treatment of disorders related to flight; influence of specific disorders on fitness for flying; consideration of these problems from viewpoints of clinical specialties such as internal medicine, surgery, ophthalmology, otorhinolaryngology, and neuropsychiatry.
4. Flying safety, including accident prevention and medical support of accident investigation (aviation pathology).
5. Environmental hazards faced by flyers and ground support workers; devices, equipment, and procedures for protection of personnel concerned.
6. Aerial transportation of patients: contraindications for air travel by patients; medical problems in movement of patients by air.

The applicatory component of the residency should provide an opportunity for the planned and supervised application of the knowledge and concepts of preventive medicine and aerospace medicine gained in the academic phases of the program. The program should impose definite responsibilities upon the resident. The program may be in a civilian or military organization having responsibility for the health of a reasonable number of flying personnel and/or personnel concerned with ground support of aeronautical or aerospace operations. It should encompass experience in the following fields:

1. Clinical aerospace medicine: diagnosis, prevention, and treatment of disorders resulting from flight or ground support activities; evaluation of disorders having a bearing on capabilities or qualification for duties in aviation or ground support.
2. Administrative aerospace medicine: planning, administration, and supervision of a broad health program for flying and/or ground support personnel.

The entire residency training program should be under the supervision of a Director of Training who is certified in aerospace medicine, and a Residency Advisory Committee. The professional qualifications of the Director of Training should meet the standards required of the staff of institutions approved for residency training in other specialties (General Requirements, Section 1). The committee should be made up of persons of recognized capabilities in aerospace medicine and/or related medical fields. Should any portion of the program be arranged through affiliation, the resident should during such period be under the direct supervision of an individual certified in aerospace medicine and/or a related

clinical specialty. The supervisor in such a situation should be furnished a clearly defined statement of experience and responsibility required during the period of affiliation.

Eligibility of Applicants.

In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicant for an appointment to an approved residency in aerospace medicine should have completed at least one academic year of graduate study in preventive medicine, or training and study deemed by the American Board of Preventive Medicine to be substantially equivalent to such graduate study.

Occupational Medicine

Residencies in occupational medicine, as a specialized branch of preventive medicine, should include training in the principal divisions of preventive medicine and public health, such as administration, health education, epidemiology (control of communicable and degenerative diseases), accident prevention, and sanitation. The training should not neglect the broad problems of community health but should emphasize their relation to the industrial population as an important part of the general population and to occupational hazards and disease.

The training period comprises a period of specialized training of three years' duration, one year of which is carried out in supervised practice in an industrial medical organization. Ordinarily these programs should be conducted under the sponsorship of an educational institution. They may be organized in a school of medicine, a school of public health, or an associated graduate school, in which the facilities of a university as a whole are available for intramural instruction. Extramural training should be provided by an organization affiliated with the educational institution, and having a satisfactory medical service. The intramural and extramural phases may be carried on simultaneously or as separate periods.

I. Content of Intramural Training Program.

A. Basic Disciplines. The basic disciplines may vary in their content to some degree (and in their emphasis on matters of general importance in the field of preventive medicine and of special significance to the industrial physician) in accordance with the availability of facilities for instruction in various institutions of learning. Courses should be offered to include the following:

1. Preventive Medicine as it relates to community health generally, rather than to industrial health specifically, includes microbiology, control of communicable diseases and their transmission, and various aspects of administrative medicine.

2. Industrial health practice which concerns itself with the medical problems and practices of industry, as well as other activities of the industrial physician in his professional, advisory, and administrative relationship to industrial employees in all categories, to his immediate and more general professional associates, to the hygienic authorities, and to management.

3. Industrial hygiene, under which term is included all measures for the determination of the significant and extent of occupational stresses and hazards, and for the development and application of means of controlling such stresses and hazards, so as to promote and maintain industrial health.

4. Physiology and other basic sciences with particular reference to the manner in which the occupation and environment affect man.

5. Epidemiology and biostatistics and their application to the health problems of the industrial population.

B. Related Fields

1. Special fields of medicine such as mental health, rehabilitation, and gerontology.

2. Legal and insurance aspects of industrial medical practice.

3. History, structure, and functions of industry.

4. Social studies (human relations) including such subjects as personnel relations, industrial relations, labor relations, and public relations.

C. Clinical Training. Clinical training requires well-developed clinical facilities in a medical center in which a well-staffed outpatient dispensary, ample and well-staffed inpatient services, and a variety and a reasonable volume of patients and problems from industry are available for study. Organized and well-staffed clinics in industrial establishments, as well as many other organized medical services in the community, may be utilized. Clinical training should provide experience in at least the following areas:

1. Medical appraisal of abilities and disabilities in relation to the requirements of job, job placement, and adjustment of worker to job.

2. Management of occupational injury and diseases to include etiology, pathology, diagnosis, prognosis, therapy, rehabilitation, and prevention.

3. Medical appraisal of the individual with particular reference to qualitative standards and compensation for disability.

4. Rehabilitation. Adequate training in rehabilitation can best be provided in an institution in which there is a properly staffed department of rehabilitation. Well-developed services in medicine, surgery, and the medical and surgical specialties should be available. The efforts of these services and the department of rehabilitation should be co-ordinated in achieving the objective of the rehabilitative process, the return of the industrial casualty to a suitable and useful occupation.

D. Research. Investigation of the industrial environment and the response of individuals to it, studies of new materials and new sources of energy, and training in the significance of research are an essential part of professional instruction. The resident may be required to prepare a thesis worthy of publication on his own study.

II. Type and Contents of Training Industry.

A. General Type and Duration of Residency in Industry.

The resident must serve for a year, preferably in continuous service, in one or more industrial medical organizations approved for scope and quality of service.

B. Personnel and Facilities.

1. Personnel. An industrial medical organization which participates in the training of residents in occupational medicine should be under the direction of a competent physician having position and authority in the organization commensurate with his responsibilities, including that of assuming a high level of ethical conduct and practice within the medical department. All of the activities of the industry relating to the health of employees, industrial hygiene and sanitation, and the hygiene problems of the community as derived from the industry should lie clearly within the authority or area of consultation of the physician in charge.

The staff of the medical department, including nurses and technical assistants, should be adequate in numbers, competent to perform the work which is required of them, and should have such relationship to the chief of the medical staff and such functions in the performance of the work of the medical department as are in keeping with sound professional standards.

The local professional relationships of the medical staff should be such as to insure appropriate liaison with private physicians of the employees. The services of fully qualified consultants in specialized fields of medical and surgical practice should be utilized as necessary.

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. Adaptation and Utilization of Personnel and Facilities for Medical Instruction. In addition to the general adequacy of the medical personnel and facilities for the performance of their necessary duties, the conditions within the medical department and the industrial organization which it serves must be such as to provide time for the training of medical residents. The competence of the preceptors within industry and the affiliation of the personnel of the medical department with the institution responsible for professional instruction must be such as to insure the fulfillment of an educational function, rather than to provide a means of delegating the less exacting and less responsible work of the medical department to a subordinate in training.

Eligibility of Applicants.—In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicants for an appointment to an approved residency in occupational medicine should have completed one academic year in an accredited school of public health leading to a degree of Master of Public Health or have had equivalent training. In some cases, residency training may proceed the year of formal academic training.

The provisions of the section on General Requirements (Sections 1 to 9) must also be met for approval.

Board Requirements.—Candidates for examination in occupational medicine must meet the general requirements of the American Board of Preventive Medicine in that they complete a year of internship in an approved hospital and at least six additional years of training and experience in occupational medicine. One of these years must have been devoted to graduate study leading to a degree of Master of Public Health in an approved School of Public Health (or other similar training and study satisfactory to the Board). Another year must have been spent in graduate study in occupational medicine or in a closely related field acceptable to the Board. (Section I).

At least one of the remaining four years must have been spent in an approved occupational medicine program in one of more industrial medical organizations approved for scope

and quality of service. (Section II, 16.)

Public Health

Residencies in this field should include training in the principal divisions of public health, such as administration, health education, epidemiology (control of infections and degenerative diseases), maternal health, infant and child health, accident prevention, and sanitation. Approval for residency training in the specialty is ordinarily extended to training areas organized under a state plan, although recognition may be given to a local health department offering acceptable training in one or more of the major branches. An acceptable program should be for a period of one or more years' duration. If the training is limited to a single field of public health, the length of the training should be at least two years, one of which may be spent in residency training in an appropriate clinical specialty.

The health department in which training is given should be well-established and should serve an area large enough to offer comprehensive experience in the several aspects of community health. A program of sufficient scope and diversity is not likely to be provided in communities of less than 50,000 population.*

The department should be efficiently organized on a basis which will assure the provision of public health services of a superior quality as well as proper supervision of the residents' training. It should co-operate actively with other agencies, official and non-official, in the development and conduct of a community-wide health program.

The facilities of the health department, including office and laboratory space, should be adequate for the efficient functioning of the public health service. When the work of the resident involves considerable travel, adequate transportation should be provided. The department should maintain a basic collection of reference texts and periodicals in public health and associated fields, even if more complete library facilities are available outside the department.

An efficient system of records must be maintained. Since much of the resident's later responsibility is likely to be administrative in nature, it is essential that he has a thorough indoctrination in the preparation and maintenance of reports, registers, and other required records.

Residency training at the state and local level should be under the direction of a qualified physician trained in public health who has demonstrated his ability to administer a comprehensive public health program. His professional qualifications should meet the standards required of the staff of hospitals approved for residency training in other specialties (General Requirements, Section 1). His staff should include a sufficient number of well-trained personnel to provide adequate health service to the community and assistance in the training program. A state department of health responsible for the organization and conduct of a training plan should make available consultative service in the several basic and special public health fields.

The residency training should include planned observation of and active participation in the various public health programs operating within the community. It should include experience in the collection of vital statistics, control of communicable disease, promotion of child and adult health, regulation of the environment, and education of the public with respect to personal and community health. Training in these several fields should be such as to provide familiarity with the planning, development, and methods of operation of public health programs and the duties and techniques used by the members of the staffs of the responsible public health agencies.

Eligibility of Applicants. In addition to the qualifica-

*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.

tions required for applicants in the other specialties (General Requirements, Section 6), the applicant for appointment to an approved residency in public health should have completed one academic year, leading to a degree of Master of Public Health, in an accredited school of public health, or have had equivalent advanced training. In some cases, the year of residency may precede the year of formal academic training.

Board Requirements.—Candidates for examination in public health must meet the general requirements of the American Board of Preventive Medicine in that they complete a year of internship in an approved hospital and at least six additional years of training and experience in public health.

One of these years shall have been devoted to graduate study leading to a degree of Master of Public Health or its equivalent in an approved college or university (or equivalent training and study satisfactory to the Board) and at least two years of supervised field experience in public health practice in an approved residency. The remaining three years must have been limited to the practice of public health, preferably under the supervision of a well-qualified specialist in that field.

It is recognized that an individual may obtain suitable training in programs other than those of an official health department: among such are the federal services, industry, and certain voluntary agencies. The training of such persons will be adjudged on an individual basis.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

19. Special Requirements for Residency Training in Psychiatry and Neurology

Residencies in Psychiatry and Neurology are offered separately.

Training Programs.—Approved training in either specialty must include instruction in the basic and clinical sciences as applied to both specialties and clinical experience in both specialties. Training programs may be approved for one, two, or three years. The rare one-year program will be approved only on the basis of unique characteristics. It is not essential, or even desirable, that all training centers should adopt exactly the same program or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals requesting approval for graduate training be able to meet the general and special fundamental requirements described in this section for Psychiatry and Neurology.

General Requirements.—The principal purpose of training programs is the training of residents in the clinical experience of diagnosis, prognosis, and therapeutic management of patients. The prime consideration of a training program is that it will be a rich educational experience for the resident in training, and the service functions of the resident should be subordinate to this primary objective. Although such activities as hospital administration, ward management, the teaching of other hospital personnel, and investigation in clinical and basic science are significant and desirable parts of the residency program, they should not displace the chief objective of clinical competence in care of patients. Only programs of demonstrated quality and excellence will be given continuing full approval.

The program director is responsible for providing each resident with a well-organized and integrated educational program. Assisting him should be a staff sufficient in competence and number to provide proper supervision of the residents in all aspects of the professional education and

specialty training. The resident should receive regular instruction from members of the staff in theoretical knowledge and in practical experience in the specialty, its history and development, its relation to general medicine and its special diagnostic and therapeutic procedures. Emphasis should be placed on the study of etiology, pathogenesis, symptomatology, and course of the various diseases so that the residents may develop skill and accuracy in diagnosis, mature clinical judgment based on the understanding of the natural history of the diseases, and resourcefulness in therapy. The resident should be taught to comprehend the meanings of complaints, symptoms, and signs in terms of the anatomical, physiological, and psychological mechanisms, as well as in terms of the genetic, social, and cultural attributes of the individual patient.

The clinical material available to each resident must be of such a nature as to encompass a reasonably wide range of experience with respect to diversity of diagnostic categories of patients: their age, sex, cultural, and economic distribution. The load of patients for which each resident is responsible should be commensurate with his ability to study individual patients adequately. The clinical service must be so organized that the resident is in fact responsible for his patients. There should be a reasonable balance between the supervision and the amount of responsibility which the resident actually carries for his patients. This amount of responsibility should increase as the resident advances in his experience.

Clinical case conferences should be an integral part of the bedside clinical teaching. The resident should learn to present patients at the conferences in a precise and thoughtful manner, and he should participate actively in the discussion. It will often be valuable to include in these conferences other personnel who bear related responsibilities for the care of the patient under discussion. In these, as in all other teaching and training activities, close liaison should be maintained not only between the fields of psychiatry and neurology but also between these and other related medical and allied disciplines. Senior members of the staff should teach residents to observe thoughtfully, communicate the observed clearly, and record the observations so that the records will bespeak the observed rather than the observer.

It is essential that residents with a recent foreign background have sufficient command of grammatical English to insure accurate, unimpeded communication with patients and teachers.

The trainees should at all times be made aware that there are no short cuts to clinical therapeutic experience and no substitutes for hard individual thinking and study. The trainees' critical sense should be stimulated and independence of thought safeguarded. Intellectual coercion should be avoided lest training become mere indoctrination. The trainees should be led, through a wide range of information imparted to them, to choose between various theoretical systems, but the hardship of choice should be strictly theirs, for this is the prerequisite of a sound professional training.

Formal didactic instruction by means of prepared lectures, seminars, assigned reading, and laboratory work is desirable. However, staff meetings, round table conferences, journal clubs, and lectures by visitors, while commendable in themselves, are not satisfactory substitutes for an organized curriculum. The program should not be limited to a single, narrow point of view; rather, residents must become thoroughly acquainted with major developments in the etiology, pathogenesis, and therapy of the various disorders in this country and abroad.

Teaching by residents is essential in a training program. The senior residents should share with their supervisors the responsibility of instructing their juniors, the medical students, and other hospital personnel.

It is desirable to offer opportunities for clinical and basic science investigation to interested and talented residents, but the completion of a research project need not be required from each resident. In no case should research activities supersede the clinical training.

Training centers should provide residents adequate space and facilities for examination of patients, special diagnostic procedures, consultations, interviewing, seminars, and lectures. This space and the necessary equipment should be available in addition to space and equipment required for the hospital laboratories and the ward care and treatment of patients.

A library of basic reference books and of periodical literature should be available to the resident. There should be adequate coverage of the basic literature in psychiatry, neurology, and related fields with sufficiently wide representation of current periodicals and other publications. It is highly desirable that residents and training staff also have available to them the resources of the other libraries in the community and through participation in the American Library Association, General Interlibrary Loan Code.

Training in Psychiatry.—The residency in psychiatry must be so designed as to provide the resident with competence in general psychiatry. The resident must be acquainted with the major trends and movements in psychiatric thought, theory and practices. They should be instructed in the descriptive aspects and the psychodynamic interpretation of the symptomatology of mental disorders and, at the same time, be kept aware of the general medical and surgical aspects of the patient's problems. Knowledge of the sciences basic to human behavior, including anatomy, physiology, biochemistry, psychology, and the social sciences both from the normal and pathological standpoints, is essential to the understanding of disease processes. In all two-year training programs not offering the final year, all those clinical methods which are essential in reaching a diagnostic formulation, such as anamnesis, mental status, use of other diagnostic procedures, psychopathology, psychodynamics, and nosology, as well as theories of personality development, should be presented in the first year.

Although the Residency Review Committee for Psychiatry and Neurology, representing the American Board of Psychiatry and Neurology, Inc., and the Council on Medical Education is unalterably opposed to specifying rigidly either course content or course sequence, here follow some suggestions for directors of training programs:

- A. Organized instruction in the fundamentals of dynamics of the mental illnesses, psychopathology, interviewing techniques, and psychotherapy.
- B. Supervised experience in conducting individual psychotherapy and group therapy, and in the administration of the somatic or physiologic therapies and in ward management.
- C. Sufficient contact through consultation and associated conferences with the services other than their own, such as general medicine, neurology, surgery, and pediatrics, so that the residents may become cognizant of the content and operational framework of these other fields of clinical experience and learn to apply their special training relevantly and helpfully to these fields. Residents should be competent in and responsible for the medical examination and treatment of their patients.
- D. Organized instruction in medical neurology sufficient to gain competence in neurological history-taking, neurological examination, and the differential diagnosis and treatment of the more common affections of the nervous system. This requirement is particularly important because of the natural and frequent blend of the manifest psychiatric processes with the under-

lying, yet not always immediately obvious, neurological disorders.

- E. Sufficient experience in child psychiatry is essential for the resident in general psychiatry to acquire an understanding of the biology of human growth and development and of the maturational process in infancy and childhood as influenced by the family and by the sociocultural milieu of which the family is a part. This knowledge should be imparted through formal didactic instruction and through supervised clinical experience with children.
- F. Psychosomatic medicine is the term now commonly used to describe many disorders such as anorexia nervosa, peptic ulcer, ulcerative colitis, bronchial asthma, urticaria, eczema and many others in the causal mechanism of which the emotional psychological factors appear to play an important role. The body of information on these disorders and the methods useful for diagnosis and treatment in this field of clinical experience deserve a special place in the program and are to be distinguished from the psychiatric problems common to general medical and surgical practice described in paragraph C.
- G. The special data and methods now being developed under the name of social psychiatry deserve a place in the curriculum. Orientation to "community psychiatry," including the problems of proper provisions for mentally ill patients, public education, public relations, optimal use of social agencies, and proper relations with the courts, as well as some forensic psychiatry are important in psychiatric training.
- H. Active collaborative work with psychologists, social workers and all other allied personnel is required. Residents should have working familiarity with the more common psychological testing techniques and should learn to correlate them with the clinical data.
- I. Elective time in the schedule of resident training should be provided so that selected residents may have the opportunity to participate in research and to become interested and gain special experience in any of the areas mentioned above or to acquire additional experience in such areas as mental deficiency, congenital and early acquired encephalopathies, the epilepsies, alcoholism, drug addiction, forensic psychiatry, geriatrics, and the like.
- J. Instruction in such elements of physiology, anatomy, endocrinology, biochemistry, pharmacology, psychology, sociology, anthropology, and related disciplines as may be applicable to psychiatry is essential in the curriculum.
- K. Experience with Chronic Psychotic Patients: The resident should acquire competence in the management of patients under continuing long-term residential care in an inpatient setting. It is desired that the residents have experience with a wide variety of mental disorders, including those with schizophrenia, senility, and cerebral arteriosclerosis so that they may appreciate the natural course of these conditions.

Training in Neurology.—The primary objective of the training program is to train medical neurologists. This training should be based on supervised clinical work with both outpatients and inpatients and should include not only the specific diseases of the nervous system of various age groups, but also the neurological complications of medical and surgical conditions.

There should be organized instruction in anatomy, pathology, physiology, roentgenology, electrodiagnostic, and other clinical diagnostic techniques in relation to the human nervous system. The residents should be kept abreast with

the major developments in biochemistry, endocrinology, microbiology, pharmacology, and experimental psychology as applied to clinical neurology. A qualified resident should be provided with the opportunity for investigative activity.

The residents should have instruction and practical experience in a critical and orderly elucidation and recording of clinical histories, in the methods of clinical examination of the patients, and in the techniques and interpretations of various diagnostic procedures, including roentgenologic studies, electroencephalography, electromyography, psychological testing, biochemical methods, and ophthalmological and otological procedures specially pertinent to clinical neurology. They should learn to correlate the information derived from these techniques and from other laboratory tests with the clinical histories and with the data of bedside observation in the differential diagnosis and in the treatment of the affections of the nervous system. It should be emphasized that learning the elaborate instrumentation and technology of special laboratory procedures should not supersede or detract from the acquisition of the essential clinical experience in the observation of the patients.

In addition to the supervised experience with inpatients and outpatients on the neurology service, residents should participate in consultations and other appropriate liaison operations with the medical, surgical, 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.

Training in Child Neurology.—Training programs in Child Neurology should be conducted only in a setting where there are approved programs in Pediatrics and must be closely related to a full three-year program in Neurology. Training directors contemplating development of programs in Child Neurology should review carefully the "Essentials" for Pediatrics and for Neurology, especially as the latter relates to training in sciences basic to Neurology, including for these programs, psychology, the neurology of learning, genetics and embryology.

The required year of Pediatric residency should be designed to provide the candidate with a wide variety of experiences in the care of sick children, including those with mental retardation. Moreover, the program should encompass work in a newborn nursery and experience in problems dealing with growth and development of the normal child and adolescent.

The special training in Child Neurology should provide

for increasing responsibility on the part of the resident in the care of children suffering from neurological disease whether primary in the central or peripheral nervous system or related to other disease states. The opportunity for responsible care of such patients is requisite. The patients should be assigned to a Child Neurology service under the supervision of a director who is suitably trained and experienced to direct the work of the residents in patient care and in consultation on patients of other services.

Facilities must be such as to provide experience in electroencephalography, electromyography and neuroradiology as they apply to children. The resident should become skilled in the neurodiagnostic procedures conducted in children.

Although it is assumed that the resident will have gained some insight into the neurosurgical aspects of neurology in his general training, it is expected that the setting for training in Child Neurology will include a neurosurgical service. Similarly, the program director should provide the resident with an opportunity for developing an understanding of the psychiatric aspects of disease in children.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Child Psychiatry

There is a basic core of training necessary for competence in Child Psychiatry, no matter what the eventual area of practice, be it in community child guidance clinics, in university teaching centers, in research, public health, administration, private practice, etc. The basic essential of sound training is a practical, well-rounded learning experience in clinical Child Psychiatry. This training should take place in a medically-directed child psychiatry facility.

The training program should offer a well-balanced patient load, supervised treatment, and diagnostic and consultative work with children and their parents. The supervisors of training should be competent, experienced child psychiatrists. The clinical material with which the fellow-in-training has experience should provide not only a wide range of problems of varying types and degrees of severity but also diversification of age, social-economic status, and sex. Training should include experience in working collaboratively with psychiatric social workers and clinical psychologists. There should be provision for co-operative consultative work with medical facilities for children. There should be opportunity for consultative work with various community child-care agencies. During the training experience, there should be practical and didactic teaching. The areas covered should include the practice of Child Psychiatry with diagnosis and differential diagnosis, psychiatric treatment methods including psychotherapy and collaborative treatment, normal and pathological development, and the literature of the field.

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

There are a number of different patterns of psychiatric

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

The setting in which the training in Child Psychiatry takes place should maintain its own identity and not be so concealed in a larger institution that its training program becomes diffused and not subject to the direction of the child psychiatrist who heads it up. The necessity for basic direction of the clinical and training programs by the child psychiatrist is imperative, no matter what the administrative setting of the training facility is. The current patterns of Child Psychiatry activities and situations providing training would include community child guidance clinics, departments of psychiatry in medical schools, state hospital systems, psychiatric clinics for children which are part of school systems, inpatient treatment services, etc. Some specialized clinical facilities dealing only with preschool children or only with inpatients or with the psychiatric aspects of certain special disease problems, such as cerebral palsy, epilepsy, etc., would not provide an adequate full two-year training experience. Such facilities should attempt through affiliation to provide full, well-rounded training for their trainees.

The training facility should be under the direction of a qualified child psychiatrist and should include qualified and experienced chiefs of psychiatric social work and clinical psychology. There should be such additional Child Psychiatry supervisory and staff personnel as the clinical, teaching, and research needs of the training facility make necessary. There should also be an adequate number of nonprofessional personnel to take care of the clerical and other needs.

There are a number of essential clinical services which must be present in any adequate two-year training program. The referral sources and intake policy for patients should provide for a diversification of case material in regard to age, sex, type, and severity of the clinical problems including mental retardation. The available patient reservoir should provide a well-balanced case load of supervised treatment, diagnostic and consultative work for the trainee. This must always include outpatient clinical experience and work with families, as well as directly with children and adolescents. A well-balanced patient load must include such medical and psychiatric problems that require familiarity with psychobiological and pharmacological modalities of diagnosis and treatment. There must be intensive experience in working collaboratively with psychiatric social workers and clinical psychologists. For those trainees who have no pediatric background, opportunity for attendance at pediatric rounds, conferences, and in the outpatient service should be provided. For all trainees, there should be experience in consultative work with children and adolescents on pediatric and other children's medical services. There should be opportunities for cooperative consultative work with child care agencies in the community. There should also be opportunities for observational visits to nurseries and other community child care agencies.

There are additional desirable clinical services which should be available. The training program should provide opportunities for the trainee to utilize community health, welfare, and educational resources to meet the needs of his patients and their parents, should foster some supervised participation in constructive community mental health activities, and provide opportunities for giving talks to PTAs and other groups. Opportunities for the teaching of medical students, nurses, etc., are highly recommended. Wherever

possible, some experience in clinical child psychiatric investigation should be fostered, particularly during the second year of training.

There are certain minimal physical facilities essential to an adequate training program. There should be adequately equipped office space providing sufficient privacy for the diagnosis and treatment of children and their parents. Special space and equipment for general physical examinations should be present, or such examinations should be readily available in a nearby medical facility with which adequate liaison has been established. Training clinics should have a good professional library, including the basic text and periodicals, both historical and current, in the field of Child Psychiatry and related fields. There should be an adequate record system.

The core of the training experience lies in the quality of the supervision of the fellow's clinical work. The training supervisor should be competent, engaged in the practice of diagnosis and treatment of children and their parents. He should not only be professionally competent, but should understand the supervisory process. It is desirable in the two-year period that the fellow have experience with more than one supervisor. Each trainee should have at least two hours of supervision per week.

Practical teaching occurs through regular staff conferences and meetings together of the staff around clinical functions, such as intake, diagnosis, and treatment. Such conferences allow for some didactic teaching and facilitate interdisciplinary communication. The fellow-in-training should be required to attend such conferences. Didactic teaching in the training program can take place through seminars or in other ways. The areas to be covered should include the principles and practice of Child Psychiatry, diagnosis, psychotherapy, the collaborative treatment of the child and his family, the roles and specific contributions of the psychiatric social worker and clinical psychologist, the literature of the field, normal and deviant personality development, and special diagnostic and treatment techniques, etc. Since the areas of practice in Child Psychiatry are manifold, child psychiatric activities take place in a number of different settings and under a number of different administrative auspices. These include community child guidance clinics, university teaching centers, private practice, public health, state hospital systems (inpatient, outpatient clinics, and state-wide administration), consultative work with various types of special disease problems such as cerebral palsy, epilepsy, or pediatric services, and in the teaching of the principles of Child Psychiatry to non-psychiatric medical practitioners, in courts and school systems. It is a part of the obligation of the training center to make sure that a trainee who has already selected his area of activity in Child Psychiatry gets some teaching in the areas of administration, etc., which would be appropriate.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

20. Special Requirements for Residency Training in Radiology, Diagnostic Radiology, and Therapeutic Radiology Radiology

Residencies of three years' duration should provide training in all divisions of the specialty: diagnostic roentgenology, therapeutic radiology (including therapy by means of radium or one of its substitutes), and nuclear medicine.

The training should be systematic and progressive in character with gradual assignment of responsibility. It should also include an active participation in radiologic conferences, staff meetings and joint conferences with other departments.

During the three-year period of training, the resident will spend 24 months in diagnostic roentgenology and 12 months in therapeutic radiology. It is expected that during this time the resident will receive instruction in diagnostic and therapeutic nuclear medicine, in radiation physics, in health physics and protection, in radiation biology, in pathology, in the pertinent areas of electrical engineering, in special as well as the more common diagnostic roentgenologic procedures and in the use of all accepted modalities of radiation therapy.

The radiologic training in the organ systems should be on a plane that requires the resident to become conversant with physiology of the normal individual and the pathologic physiology of disease. This should include knowledge of the biological and pharmacological action of contrast media and other drugs used in radiologic procedures.

In view of the importance of pathology as a basis for radiologic diagnosis and therapy, stress should be placed on its study. Credit will be given for pathology up to a maximum of three months. The pathology may be taught concurrently throughout the three years or as a separate full-time assignment. Instruction in radiation physics and radiobiology may run concurrently with part or all of the training program.

The relationship of the radiology department to residencies in other fields is stated in Sections 1 and 2 of these Essentials.

Quantitative Requirements.—In residencies covering the entire field of radiology, it is desirable that there be a minimum of 20,000 roentgenographic examinations per year (which include a satisfactory spread of examinations in various systems) and a minimum of 1,500 radiotherapeutic procedures related to cancer (which include at least superficial and orthovoltage therapy). Experience with a variety of surface, intracavitary and interstitial treatments by means of radioactive substances must be provided. The caliber of the training program in a fairly wide field is of more importance than the exact number of examinations and treatments.

Applied Basic Science Instructions.—In the applied basic sciences, emphasis should be placed on instruction in pathological anatomy, physiology, radiation physics and radiobiology. Such work should be closely related with clinical experience.

Diagnostic Radiology

The residency in diagnostic radiology should provide advanced training in the diagnostic aspects of the field of radiology with the intent of producing a highly trained clinical specialist. The scientific environment in which the training occurs should be sufficiently broad to permit experience in the fields of research and teaching as it concerns diagnostic radiology.

Definition.—Diagnostic radiology is understood to encompass all aspects of roentgen diagnosis as well as diagnostic applications of nuclear medicine.

Duration of Training Period.—The minimal training period in diagnostic radiology shall be three years. It shall provide a program of graded study, experience and responsibility in all facets of roentgen diagnosis, clinical applications of diagnostic nuclear medicine and health physics and protection.

Institutional Requirements.—The institution offering a residency in diagnostic radiology should be of such size and composition as to be able to provide ample clinical material for training purposes. The program should provide adequate opportunity for the trainee to participate in and personally perform neuroradiologic, cardiovascular and other specialized roentgen diagnostic studies.

Departmental Requirements.—**STAFF.**—The attending staff has the responsibility to insure a system of graded experience commensurate with the level of training. Increasing resident responsibility in respect to patient care should be an important feature of the training period. While various functions of the resident training program may be delegated

to one or several members of the attending staff, the training program should be under the supervision of a full-time staff member who is recognized as a specialist in radiology or diagnostic radiology.

Education Requirements of the Residency:

(1) One full-time radiologist per each two residents in training would seem to provide adequate opportunity for teaching and supervision.

(2) The residency program should be so planned that residents receive adequate instruction and individual training in all of the diagnostic subspecialties, as well as health physics and protection, radiation therapy and pathology.

Formal instruction in physics and radiobiology, and experience in diagnostic nuclear medicine are required.

(3) It is important that appropriate emphasis be placed on the necessity for correlated teaching rounds or conferences. The number of such teaching rounds should include at least one weekly conference for each of the major clinical departments. In addition, there should be frequent intra-departmental teaching conferences.

(4) **Research.**—It is expected that the resident participate in the research opportunities of the department. This is perhaps best accomplished by the assignment of the resident for a specific period to the research facilities of the department.

(5) **Library Facilities.**—A departmental library is essential and must contain a sufficient variety of texts and journals to meet the needs of the various levels of resident training. There should also be easy access to a general library.

(6) **Teaching-Film Museum.**—A film museum indexed, coded and currently maintained with continuing follow-up should be available for resident use.

A well-balanced educational program at this level requires diversity of clinical material, continuous clinical teaching and an active investigative and research effort.

Therapeutic Radiology

Purpose of Residency in Therapeutic Radiology.—The practice of therapeutic radiology is, in major degree, the management of patients with malignant disease with special competence in the therapeutic use of ionizing radiation. The residency program in this specialty should be designed to give the residents:

(1) Experience in the actual use of all accepted common modalities of radiation therapy of the various types and locations of cancer.

(2) Knowledge of diagnostic radiology and the basic sciences related to radiation therapy and malignant disease.

(3) General knowledge of the techniques, methods and results of other forms of cancer managements so that he may be able to assess the merits of all methods of treatment of malignant disease.

Duration of Training Period.—The minimal training period in therapeutic radiology shall be three years.

General Requirements.—The caliber of all facets of the training program is of extreme importance. Guides to be used for approval of such a training program in therapeutic radiology follow:

(1) **INSTITUTIONAL REQUIREMENTS:** The institution offering the residency should have active programs in cancer surgery and cancer chemotherapy as well as in radiotherapy. The institution should have a tumor registry. The institution applying for approval will be expected to fulfill the requirements without recourse to establishing affiliated programs with other institutions.

(2) **DEPARTMENTAL REQUIREMENTS:**

(a) The training program should be under the supervision of a full-time radiologist who is recognized as a specialist in radiation therapy.

(b) The department should be staffed so that full-time supervision may be given to the resident. There should

be at least one staff radiotherapist per each three residents in training.

(c) A full-time radiological physicist must be available.

(d) Experience in all of the major modalities of radiotherapy must be provided. These include superficial, orthovoltage and supervoltage teletherapy, interstitial and intracavitary gamma-ray therapy and therapeutic nuclear medicine.

(e) Patient material should be of sufficient magnitude to provide a broad experience in the actual treatment and follow-up of the various types of cancer amenable to radiation therapy. Departments which specialize in the treatment of cancer in certain anatomic areas to the practical exclusion of other areas do not provide a well-rounded program for training in the entire field.

(f) The radiotherapist should be in control of his in-patient service and out-patient clinic.

(3) **ALLIED BASIC SCIENCES:** Allied basic sciences pertinent to the radiation therapy include radiation physics, radiation biology, pathology with emphasis on neoplasia, and medical statistics.

It is suggested that the resident be assigned for a six-month period to the department of Pathology on a full-time basis.

Radiation physics and radiation biology may be taught in the form of didactic lectures, seminars, and practical laboratory exercises.

(4) **ALLIED CLINICAL FIELDS:** Paramount allied clinical fields are diagnostic radiology, cancer surgery and cancer chemotherapy. The resident should become familiar with the methods, techniques and results in these fields. These may be done by regular attendance at tumor conferences, departmental conferences and/or by actual assignment.

(5) **RESEARCH:** The resident should participate in research opportunities either at the clinical level or in one of the allied basic sciences. At least one research project should be completed and certified to by the program director.

It should be emphasized that the above recommendations provide only minimal standards.

The American Board of Radiology certifies physicians in the entire field of radiology including nuclear medicine, diagnostic radiology and therapeutic radiology.

An applicant for the examination in any radiologic field must have completed, after an approved internship, a period of study of at least three years in a department approved for radiologic training, followed by one year of additional experience (practice, training or research) in radiology or allied sciences.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

21. Special Requirements for Residency Training in Thoracic Surgery

Thoracic surgery residencies should be so organized as to provide experience and tutelage in all aspects of surgical diseases of the thorax, thereby relating pathology, physiology and the basic sciences to clinical experience.

The thoracic surgical experience must encompass two years of graded responsibility in all aspects of the field. It should include twelve months of senior responsibility in thoracic and cardiovascular surgery.*

The educational program may take advantage of complementary services, laboratories, and institutions in order to provide adequate experience.

*Programs which do not provide two years of training, including twelve months of senior responsibility, will not be approved after July 1, 1970. No new applications for one year of training are now being accepted.

When affiliations occur between services or institutions where special emphasis is placed on particular segments of the specialty (cardiovascular, pulmonary, tuberculosis, etc.) services should be of sufficient duration so that proper benefits will be obtained from each training period. Simultaneous service at more than one geographically separate institution is usually not acceptable because continuity of experience is sacrificed.

The two years of training in thoracic surgery preferably should be consecutive. Similarly, the twelve months of senior responsibility preferably should be consecutive. However, a continuous residency program of five or more years, designed to give the resident a year of senior responsibility in general surgery and a year of senior responsibility in thoracic surgery may be approved by the Residency Review Committee for Thoracic Surgery, provided the other requirements are met.

A program in which the resident has simultaneous responsibility for thoracic and general surgery is a "mixed" program. The Residency Review Committee for Thoracic Surgery does not approve "mixed" programs. Candidates for examination whose training has been acquired in a "mixed" program should request a review of their experience on an individual basis by the Board of Thoracic Surgery.

Scope of Training.—The training must be so planned as to fulfill the following objectives:

- thorough understanding of the basic sciences as they apply to thoracic surgery;
- graded and progressive assumption of operative responsibility;
- assumption of relatively complete responsibility for the patient's care under proper supervision, and finally;
- residents in approved programs should have completed the training requirements for examination by the American Board of Surgery, or should have completed such requirements at the conclusion of a specified period of the training in thoracic surgery.

Clinical Material.—Since few hospitals are capable of providing uniform experience in all aspects of this field, affiliations are encouraged between diverse services. These areas of varying emphasis include: cardiovascular diseases, pulmonary diseases (tuberculosis), diseases of the mediastinum including the esophagus, and the chest wall, including diaphragm. Training in endoscopic techniques should be included.

Approved residencies should include no more than six months of intensified activity in research (animal surgery), cardiopulmonary laboratories or on medical (non-surgical) services.

Due consideration is given to the value of experience obtained in the care of private patients, particularly when combined with "ward" or service patients, but preceptorship training alone will not be approved.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

22. Special Requirements for Residency Training in Urology

Residency instruction in urology should be systematic and progressive in character to the end that adequate training may be obtained in diagnosis, therapy, cystoscopic examinations, pyelography, and operative procedures, all under the supervision of a well-qualified urologist. Such a progressive type of instruction predicates continuity of supervision by the Head or Chief of Service for a sufficient number of years, which ideally constitutes a length of service of three to five years or longer, to assure stability in the direction of the educational program. The position of Chief of Service should not

be an honorary appointment but should be held by the urologist best fitted for this responsibility. The urologic staff should be composed of urologists who are highly qualified in both surgical skill and judgment. It should be organized and harmonious, with the designated Head or Chief of Service responsible for the quality of work done in the department. The members of the staff should have a real interest in teaching and the welfare of the residents and must be willing to give the time and effort required by the educational program. Teaching rounds and departmental conferences are essential for systematic clinical instruction. As preliminary training for residencies in urology, the Residency Review Committee recommends one year of internship and one year of training at the graduate level in surgery, medicine, or a related basic science. It is acceptable that any formally integrated service may permit some variation on the one-year basic science, general surgery, and internal medicine requirement, provided it is completed prior to the senior year.

The department must provide adequate facilities for surgery and special urologic procedures. Training in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program.

The clinical material should be sufficient in amount and variety to fulfill the teaching needs of the service. Hospital patients should be supplemented by outpatient material in

cystoscopic and general urologic clinics.

Quantitative Requirements.—Ordinarily a minimum of 200 inpatients a year is necessary for acceptable residency training in urology.

Applied Basic Science Instruction.—Instruction in the applied basic sciences can readily be integrated with the clinical experience. This should be supplemented by conferences in embryology, anatomy, physiology, microbiology, endocrinology, radiology, and biochemistry. Particular emphasis should be placed on the study of pathology, and residents must be required to examine both grossly and microscopically all urologic specimens removed during their term of service. Such work should be closely correlated with the clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

SPECIAL NOTE: Certain sections of the "Essentials of Approved Residencies" have been renumbered, and now precede the section on "Special Requirements." These include: II. Personal Record; III. Miscellaneous; IV. Recording of credit.

Requirements for Certification

AMERICAN SPECIALTY BOARDS

The Council on Medical Education of the American Medical Association and the Advisory Board for Medical Specialties have now approved twenty examining and certifying boards 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, (2) to grant and issue certificates of qualification to candidates successful in demonstrating their proficiency, (3) to stimulate the development of adequate training facilities, and (4) to aid the Council on Medical Education of the American Medical Association in evaluating residencies, and (5) to advise physicians desiring certification as to the course of study and training to be pursued.

The boards are in no sense educational institutions, and the certificate of a board is not to be considered a degree. It does not confer on any person legal qualifications, privileges, nor a license to practice medicine or a specialty. The boards do not in any way interfere with or limit the professional activities of a licensed physician, nor do they desire to interfere in the regular or legitimate duties of any practitioners of medicine.

Three of the primary boards also certify candidates in subspecialties. Certification in the primary field is a prerequisite 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 in child psychiatry. The Board of Thoracic Surgery,

which was organized as an affiliate board of the American Board of Surgery, requires certification in surgery as a prerequisite to certification in thoracic surgery.

Six boards confer certificates in divisions of their specialty. These are listed in Table 2 for the American Board of Pathology, the American Board of Preventive Medicine, the American Board of Psychiatry and Neurology, the American Board of Radiology, and for those issued some years ago by the American Board of Obstetrics and Gynecology and by the American Board of Otolaryngology.

Table 1 has been assembled primarily as an aid to graduates of foreign medical schools, to indicate that each specialty board, under certain conditions, will accept the foreign graduate. The Table is incomplete, however, as the varying requirements of the board cannot be shown in detail.

Most of the American specialty boards publish at intervals booklets listing their officers and containing statements on the requirements for certification. This information is also included for each board in the Directory of Medical Specialists described below, and in a reprint, available upon request, covering pages 339-390 of the Directory of Approved Internships and Residencies, entitled "Requirements for Certification."

In the following pages of this Directory, information is published, with the consent of each board, on its requirements for certification, for the convenience of physicians planning to seek certification. Any specific inquiry, however, concerning certification by a specialty board should be addressed to the appropriate official whose name and address are listed in Table 4.

Table 2 provides information on the number of certificates issued during the year July 1, 1968, to June 30, 1969,

TABLE 1.—Summary of American Specialty Board Requirements

Specialty Board	Graduates of U.S., Canadian or Puerto Rican Medical Schools								Foreign Medical Graduates Special or Additional Requirements				All Graduates			
	Citizenship	Graduation from Approved Medical School	License to Practice	Approved Internship	Years of Residency or Other Formal Training	Years of Practice or Other Special Activities	Periods of Credit in Related Fields	Credit for Military Services	Alternate Plans for Training	Accepted under Certain Conditions	Board Accepts Screening by Nat. Bd. Med. Exam., ECFMG, or Other Method	Special Certificate or Statement Granted	Standard Certificate Granted	Application or Registration Fee	Total Fee	Stated Limitations (Years) on Applicant's Eligibility ⁶
Anesthesiology	x	x	x	x	2-3	4-1		x	x	x		x		75	175	7
Colon and Rectal Surgery	x	x	x	x	4-5		x		x	x		x		50	200	3
Dermatology	x	x	x	x	3	1	x		x	x	x	x		25	150	3
Family Practice (Approved February, 1969)																
Internal Medicine ¹	x	x			3		x		x	x		x		70	225	5
Neurological Surgery	x	x	x		4	2	x		x	x	x			25	200	3
Obstetrics and Gynecology	x	x	x		3	2			x					25	225	2
Ophthalmology	x	x	x		3	1		x	x	x		x		150	250	3
Orthopedic Surgery	x	x	x		4		x	x		x		x		25	225	3
Otolaryngology ²	x	x		x	4				x			x		125	255	3
Pathology	x	x			4	1	x	x	x					200	200	3
Pediatrics ³	x	x	x	x	2	2	x	x	x	x		x		175	175	
Physical Medicine and Rehabilitation	x	x	x	x	3	2	x		x	x		x		50	200	7
Plastic Surgery	x	x		x	5	2	x	x	x	x	x			75	225	3
Preventive Medicine	x	x	x	x	3	1	x		x	x		x		50	200	3
Psychiatry and Neurology ⁴	x	x	x	x	3-5	2-1	x		x	x	x			175	325	3
Radiology	x	x	x	x	3	1		x		x		x		200	200	
Surgery	x	x		x	3-4	2-0	x	x				x		50	225	3
Thoracic Surgery ⁵	x	x	x	x	2		x		x			x		25	175	3
Urology	x	x	x	x	4	2	x		x	x		x		100	200	

1. Also certifies in the subspecialties of Allergy, Cardiovascular Disease, Gastroenterology, and Pulmonary Disease.
2. Limited certification granted at the discretion of the Board.
3. Also certifies in subspecialties of Allergy and Cardiology.
4. Also certifies in subspecialty of Child Psychiatry.
5. Certification by American Board of Surgery prerequisite.
6. Applicant may be considered "Board eligible" only for number of years indicated; thereafter, new application must be submitted.

NOTE: In this table, those items are marked "X" on which the Board makes specific statement. In most instances, there are additional qualifying statements not indicated in this table. In all instances, refer for details to the board requirements which follow. While all boards may accept the foreign medical graduate under certain circumstances, they do not all specify that ECFMG certification is required. ALL FOREIGN GRADUATES WHO CONTEMPLATE SPECIALTY BOARD CERTIFICATION SHOULD CORRESPOND WITH THE APPROPRIATE BOARD AT THE EARLIEST POSSIBLE MOMENT.

TABLE 2.—Approved Examining Boards in Medical Specialties

Name of Board	Certificates Awarded		Active Certificates as of 12/30/67†			TOTALS
	7/1/68 through 6/30/69	Total to 6/30/69	U.S. Grads.	Canadian† Grads.	Foreign† Grads.	
American Board of Anesthesiology	273	4,735	3,478	143	600	4,221
American Board of Colon and Rectal Surgery	12	397	193	6	17	216
American Board of Dermatology	99	2,895	2,125	62	145	2,332
American Board of Family Practice (Approved, February, 1969)	—	—	—	—	—	—
American Board of Internal Medicine	874	20,212	16,336	219	501	17,056
American Board of Neurological Surgery	82	1,472	1,006	36	89	1,131
American Board of Obstetrics and Gynecology	736	10,901	8,439	184	404	9,027
American Board of Ophthalmology	146	7,117	4,935	131	272	5,338
American Board of Orthopaedic Surgery	433	6,093	4,726	137	195	5,058
American Board of Otolaryngology	161	6,564	3,323	115	221	3,659
American Board of Pathology	563	9,241	4,705	194	1,091	5,990
Anatomic Pathology	(126)	(4,064)	—	—	—	—
Anatomic Pathology and Medical Microbiology	(0)	(1)	—	—	—	—
Anatomic Pathology and Clinical Pathology	(282)	(3,013)	—	—	—	—
Anatomic Pathology and Neuropathology	(7)	(29)	—	—	—	—
Medical Chemistry	(0)	(24)	—	—	—	—
Medical Microbiology	(3)	(34)	—	—	—	—
Medical Microbiology and Medical Chemistry	(0)	(1)	—	—	—	—
Clinical Pathology	(120)	(1,778)	—	—	—	—
Forensic Pathology	(14)	(186)	—	—	—	—
Hematology	(3)	(27)	—	—	—	—
Neuropathology	(8)	(84)	—	—	—	—
American Board of Pediatrics	649	13,045	9,509	191	1,054	10,754
American Board of Physical Medicine and Rehabilitation	61	771	438	15	123	576
American Board of Plastic Surgery	53	907	520	12	28	560
American Board of Preventive Medicine	96	2,797	1,732	45	54	1,831
Aerospace Medicine	(25)	(560)	—	—	—	—
Occupational Medicine	(17)	(557)	—	—	—	—
Public Health	(32)	(1,600)	—	—	—	—
General Preventive Medicine	(22)	(80)	—	—	—	—
American Board of Psychiatry and Neurology	552	10,103	6,832	270	973	8,075
Psychiatry	(447)	(8,151)	—	—	—	—
Neurology	(103)	(956)	—	—	—	—
Psychiatry and Neurology	(2)	(996)	—	—	—	—
American Board of Radiology	486	10,606	7,063	157	620	7,840
Diagnostic Roentgenology	(2)	(932)	—	—	—	—
Diagnostic Radiology	(69)	(176)	—	—	—	—
Medical Nuclear Physics	(0)	(7)	—	—	—	—
Radiology Physics	(5)	(109)	—	—	—	—
Radiology	(382)	(7,981)	—	—	—	—
Radium Therapy	(0)	(8)	—	—	—	—
Roentgen Ray and Gamma Ray Physics	(0)	(26)	—	—	—	—
Roentgenology	(0)	(1,018)	—	—	—	—
Therapeutic Radiology	(28)	(344)	—	—	—	—
Therapeutic Roentgenology	(0)	(5)	—	—	—	—
American Board of Surgery	720	17,496	13,760	251	792	14,803
Board of Thoracic Surgery (Affiliate of the American Board of Surgery)	144	2,258	54	3	24	81
American Board of Urology	156	3,907	2,915	46	129	3,090
Totals	6,296	131,517	92,089	2,217	7,332	101,638
Certification in Subspecialties						
American Board of Internal Medicine						
Allergy	14	257	Special Certification:			
Cardiovascular Disease	68	1,025	(certificates issued prior to current reporting period):			
Gastroenterology	25	601	American Board of Obstetrics and Gynecology:			
Pulmonary Diseases	36	404	Obstetrics..... 24			
Total	143	2,287	Gynecology..... 15			
American Board of Pediatrics						
Allergy	18	259	Total..... 39			
Cardiology	28	268	American Board of Otolaryngology:			
Total	46	527	Endoscopy..... 4			
American Board of Psychiatry and Neurology						
Child Psychiatry	34	544				
American Board of Surgery						
Proctology	0	81*				
Total Subspecialty Certifications	223	3,439				

*Independent Board in 1949.

**Numbers in parentheses () are included in totals opposite name of Board.

†Does not include physicians permanently located outside the United States and Possessions.

and also the number of active certificates as of December 30, 1968. These figures show the number of certificates now in effect held by U.S. graduates, graduates of Canadian medical schools, and graduates of foreign medical schools. The figures do not include physicians now permanently located outside the United States and its possessions.

As of December 31, 1968, the records of the AMA Circulation and Records Department listed a total of 101,638 living physicians certified by one or more specialty boards;

the total of all physicians listed was 320,207, indicating that there were 218,569 living physicians listed as not certified by an approved specialty board.

In Table 2 the certification is indicated, for those certified by more than one board, under the specialty which the physician has designated as his primary specialty.

Table 3 shows that during the year July 1, 1968, through June 30, 1969, there were twenty boards in existence, although one, the American Board of Family Practice, did

not issue any certificates during this period; the active boards issued 6,296 certificates, bringing the total number of certificates issued at June 30, 1969, to 131,517 certi-

TABLE 3.—Annual Specialty Board Certification, 1949-1969.

Year (Ended June)	No. of Boards in Existence	Number of Certificates Issued	Cumulative Totals
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	60,444
1956 (June 30)	19	3,083	63,727
1957 (June 30)	19	5,424	69,151
1958 (June 30)	19	3,970	73,121
1959 (June 30)	19	4,306	77,427
1960 (June 30)	19	3,985	81,408
1961 (June 30)	19	4,234	85,642
1962 (June 30)	19	4,826	90,468
1963 (June 30)	19	5,376	95,844
1964 (June 30)	19	5,598	101,442
1965 (June 30)	19	5,386	106,827
1966 (June 30)	19	5,852	112,679
1967 (June 30)	19	5,987	118,666
1968 (June 30)	19	6,555**	125,221**
1969 (June 30)	20	6,296	131,517

* One board, the American Board of Proctology, did not certify any candidates during this period.

** Adjusted following previous report.

ates. In the subspecialties, 213 certificates were issued, for a total of 3,439 as of June 30, 1969.

The current, 13th edition of the Directory of Medical

Specialists, compiled by the Advisory Board for Medical Specialties and published by Marquis—Who's Who, Chicago, in 1968-69, contains biographical and educational information on each living specialist (including those retired from practice) who had been certified by an examining board approved by the American Medical Association. The Secretary of the Advisory Board for Medical Specialties is Louis A. Buie, Sr., M.D., Kahler Center, Suite J, Rochester, Minnesota 55901.

The Advisory Board for Medical Specialties serves approved American specialty boards in an advisory capacity and cooperates with other organizations that seek its advice concerning certification of medical specialists. In this manner, it serves to advance the standards of the medical profession and to provide assurance that only those physicians who possess appropriate qualifications will be certified by approved specialty boards. The Advisory Board is composed of two representatives selected by each of its member organizations.

The Advisory Board and the Council on Medical Education of the American Medical Association jointly issued in June 1963 a revision of the "Essentials for Approval of Examining Boards in Medical Specialties," which document was approved by the House of Delegates of the American Medical Association. It was published in the J.A.M.A. volume 194, pages 784-786, November 6, 1965. Copies of the "Essentials" may be obtained from the Secretary of the Advisory Board or from the Department of Graduate Medical Education, American Medical Association, Chicago, Illinois, 60610.

Table 4.—Names of Corresponding Officers of Approved Specialty Boards

Name of Board	Date Activated	Corresponding Officer	Address	Data Begin on Page
American Board of Anesthesiology	1937	David M. Little, Jr., M.D., Secretary-Treasurer	100 Constitution Plaza Hartford, Conn. 06103	342
American Board of Colon and Rectal Surgery	1949	Patrick H. Hanley, M.D., Secretary	1514 Jefferson Highway New Orleans, Louisiana 70121	343
American Board of Dermatology	1932	Clarence S. Livingood, M.D., Executive Secretary	Henry Ford Hospital Detroit, Mich. 48202	344
American Board of Family Practice (Approved February, 1969)	1969	Nicholas J. Pisacano, M.D., Secretary	University of Kentucky Medical Center Lexington, Ky. 40506	345
American Board of Internal Medicine	1936	Palmer H. Fitcher, M.D., Executive Director	3930 Chestnut Street Philadelphia, Pa. 19104	345
American Board of Neurological Surgery	1940	Guy L. Odom, M.D., Secretary-Treasurer	Duke University Medical Center Durham, N.C. 27706	352
American Board of Obstetrics and Gynecology	1930	Clyde L. Randall, M.D., Secretary-Treasurer	100 Meadow Road Buffalo, N.Y. 14216	354
American Board of Ophthalmology	1916	Francis H. Adler, M.D., Secretary-Treasurer	8870 Towanda St., Philadelphia, Pa. 19118	358
American Board of Orthopaedic Surgery	1934	Paul R. Lipsecomb, M.D., Secretary	430 N. Michigan Blvd., Room 800 Chicago, Ill. 60611	361
American Board of Otolaryngology	1924	Dean M. Lierle, M.D., Secretary-Treasurer	University Hospital Iowa City, Iowa 52240	364
American Board of Pathology	1936	A. James French, M.D., Secretary-Treasurer	Office of the Board, Suite 1820 610 N. Florida Ave., Tampa, Fla. 33602	366
American Board of Pediatrics	1933	F. Howell Wright, M.D., Executive-Secretary	6 Bryn Mawr Avenue Bryn Mawr, Pa. 19010	369
American Board of Physical Medicine and Rehabilitation	1947	Earl C. Elkins, M.D., Secretary-Treasurer	200 First Street, S.W. Rochester, Minn. 55901	374
American Board of Plastic Surgery	1937	George F. Crikelair, M.D., Secretary-Treasurer	4647 Pershing Avenue St. Louis, Mo. 63108	375
American Board of Preventive Medicine	1948	Harold V. Ellingson, M.D., Secretary-Treasurer	410 W. 10th Avenue Columbus, Ohio 43210	379
American Board of Psychiatry and Neurology	1934	David A. Boyd, Jr., M.D., Executive Secretary-Treasurer	Box 1157 Rochester, Minn. 55901	381
American Board of Radiology	1934	C. Allen Good, M.D., Secretary	Kahler Hotel Bldg. Rochester, Minn. 55901	385
American Board of Surgery	1937	Robert M. Moore, M.D., Secretary-Treasurer	1617 John F. Kennedy Blvd. Philadelphia, Pa. 19103	387
American Board of Urology	1935	James H. McDonald, M.D., Secretary-Treasurer	Apt. 1C, Glover Landing, Brackett Place Marblehead, Mass. 01945	390
Board of Thoracic Surgery	1949	Rollin A. Daniel, Jr., M.D., Secretary-Treasurer	1151 Taylor Avenue Detroit, Mich. 48202	389

AMERICAN BOARD OF ANESTHESIOLOGY

FORREST E. LEFFINGWELL, President, Pasadena, California

RICHARD H. BARRETT, Vice President, Hanover,

New Hampshire

JOHN ADRIANI, New Orleans

ALBERT M. BETCHER, New York City

JAMES E. ECKENHOFF, Chicago

ALBERT FAULCONER, Rochester, Minnesota

WILLIAM K. HAMILTON, San Francisco

ARTHUR S. KEATS, Houston, Texas

JAMES H. MATTHEWS, Minneapolis

ROBERT T. PATRICK, Davis, California

DAVID M. LITTLE, JR., Secretary-Treasurer, West Hartford,

Connecticut, Office of the Board, 100 Constitution Plaza,
Hartford, Connecticut 06103

METHOD OF MAKING APPLICATION

Application for admission to the examination may be made only after a physician has completed two years of approved training. Application must be made to the Secretary on a form prescribed by the Board, procured only on written request of the applicant. The application must be filed on or before January 10 prior to the date of examination. Eligibility rulings are made only by the entire Board on recommendation of the appropriate committees. This activity is not a function of the Secretary.

REQUIREMENTS

Each applicant, before he shall become eligible for certification as a Diplomate in Anesthesiology, must:

1. Have been graduated from a medical school approved by the Council on Medical Education of the American Medical Association, or have been screened by organizations acceptable to the Board (ECFMG or National Board of Medical Examiners); and

2. Establish in a manner satisfactory to the Board that (a) he is a physician duly licensed by law to practice medicine, (b) he has completed a satisfactory internship, (c) he is of high ethical and professional standing; and

3. Submit proof to the Board that he has acquired special training in Anesthesiology according to either of the two plans outlined in the succeeding paragraphs.

Plan 1

Under this plan the Board requires a residency in anesthesiology of not less than three years, at least two of which must be devoted to clinical training. The residency must be in an institution approved for three years of training by the Residency Review Committee acting for the Council on Medical Education of the American Medical Association and for the American Board of Anesthesiology, Inc.

In a three-year residency the Board will require one or two of the following equivalents for not more than one year of the total three-year training period.

- a) Research approved by the program director;
- b) Training in clinical anesthesia that is more advanced and developed than the usual experience gained during the course of approved two-year programs;
- c) Study in a basic science or a clinical discipline other than anesthesiology

In addition, there must be one year of practice acceptable to the Board following the three year period of residency training.

Plan 2

Under this plan the training requirement is a residency in anesthesiology of not less than two years, both of which must be devoted to clinical training. The residency must be in an institution approved for such training by the Residency Review Committee acting for the Council on Medical Education of the American Medical Association and for the American Board of Anesthesiology, Inc.

In addition, there must be four years of practice accept-

able to the Board following the period of residency training. Three years of practice time credit may be granted at the discretion of the Board for work outside the field of anesthesiology in the following categories, providing that such is achieved within five years of starting the residency in clinical anesthesiology;

- a) a year of scientific work, post-baccalaureate
- b) a year of approved residency training in any medical specialty accredited by the Advisory Board for Medical Specialties
- c) a Ph.D. in the field of science

Each applicant shall be classified for the purposes of examination, and shall be examined in such a manner and under such rules as the Board may prescribe. The Board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the Board shall be final.

EXAMINATIONS

1. Written Examination.—Eligible applicants may take this examination upon completion of either (a) two years of approved residency training plus one year of practice acceptable to the Board, or (b) three years of approved training including equivalent. Written examinations are held annually in approximately 18 locations throughout the United States on the second Friday in July. Written examinations cover the basic and applied aspects of anatomy, chemistry and physics, pharmacology, pathology, and physiology. A passing grade, as determined by the Board, is required.

2. Survey Examination.—The Board may require a survey in addition to the letters and annual reports which it currently requires.

3. Oral Examination.—After the appropriate period of practice acceptable to the Board the candidate's qualifications are reviewed and he may be declared eligible to appear for the oral examination. However, at least six months must elapse between the written and oral examination. Examinations are conducted semi-annually, in the spring and fall. Examiners consist of Directors of the Board, and Diplomates who assist as associate examiners. Oral examinations cover all phases of Anesthesiology, including the basic sciences and clinical applications.

Applicants are entitled to three opportunities at yearly intervals to take the written examination. This three-year period begins on the date an applicant is first declared eligible for the written examination.

Oral examinations are given at six-month intervals. An applicant is entitled to one oral examination each year for a three-year period.

In the event that a candidate fails an oral examination, at least 12 months must elapse before he may reappear for oral examination. The three-year period begins on the date an applicant is first declared eligible for the oral examination.

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 examination and eighty-five dollars (\$85) for each repeat in the oral examination, for those failing the April, 1968 and subsequent oral examinations. The Board may, however, at its discretion deny a candidate the privilege of re-examination.

If an applicant fails to pass either the written or oral examination within the allowed period, having taken one or more written or oral examinations, his application will be declared void.

The Board reserves the right to limit the number of candidates to be admitted to any examination.

FEE

The fee shall be one hundred seventy-five dollars (\$175). Seventy-five dollars (\$75) shall be paid upon filing the application, of which sum sixty dollars (\$60) 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 non-profit organization. The fees for examination and certification have been computed on a basis of cost of maintaining an administrative office and conducting examinations. The Board reserves the right to change the fee when necessary.

Proper forms for making application and other information may be obtained by writing to the Secretary, David M. Little, Jr., M.D., 100 Constitution Plaza, Hartford, Conn. 06103.

AMERICAN BOARD OF COLON AND RECTAL SURGERY

STUART T. ROSS, President, Garden City, New York
 ANDREW J. McADAMS, Vice-President, Pittsburgh
 HARRY E. BACON, Philadelphia
 J. EDWIN ALFORD, Buffalo, New York
 JAMES A. FERGUSON, Grand Rapids, Michigan
 DONALD M. GALLAGHER, San Francisco
 MATTHEW A. LARKIN, Miami, Florida
 C. JACK RAY, Chattanooga, Tennessee
 PATRICK H. HANLEY, Secretary, 1514 Jefferson Highway,
 New Orleans, Louisiana 70121

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 colon and rectal surgery, shall appear personally before the Board, and shall submit to the required examination.
4. He shall deliver to the Board upon request an official record of patients hospitalized by him during the year prior to the date of submission of the application.
5. He shall submit a bibliography of papers and books published by him.

PROFESSIONAL QUALIFICATIONS

1. He shall be a graduate of a medical school approved by the Council on Medical Education of the American Medical Association.
2. He shall possess a license to practice medicine in the country of his residence.
3. He shall have completed an internship, preferably of the general rotating type, of not less than 12 months in a hospital approved by the Council on Medical Education of the American Medical Association.

SPECIAL PROFESSIONAL QUALIFICATIONS

1. The candidate shall have completed three years of an approved general surgical residency and two years of an approved residency in colon and rectal surgery, or:
2. He shall have passed Part I of the examinations of the American Board of Surgery, and shall have completed one year of an approved residency in colon and rectal surgery.
3. Applicants who have passed the Part I examination of the American Board of Surgery, upon special application and subsequent approval by the American Board of Colon and Rectal Surgery, may be admitted to examination after completing two years of an approved preceptorship in colon and rectal surgery.

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.

Two letters of recommendation, one of which must be from his Chief of Colon and Rectal Surgery or his Chief of General Surgery, must be sent directly to the Secretary. The application shall be accompanied by two unmounted autographed recent photographs of the candidate, 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 colon and rectal surgery 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 colon and rectal surgery and includes roentgenologic interpretation. The examination is usually held in the fall of the year in one designated city of the United States. The candidate is not admitted to Part 3 examinations until he has completed the requirements of Part 2.

The oral portion of the examination is conducted by members of the Board or its designated examiners. An attempt is made to ascertain the candidate's knowledge of current proctologic literature, his knowledge of the basic sciences, and the extent of his clinical experience and other qualifications.

FEES

Application fee: A fee of fifty dollars (\$50) shall accompany the application.

Examination fee: A fee of two hundred dollars (\$200) is due and payable when the candidate is notified that he has been approved for examination.

Re-examination fee: A fee of \$75.00 is due and payable when the candidate is notified that he has been approved for re-examination.

Candidates for re-examination in Part 2 may be held responsible for payment of expenses incurred by the Board in conducting the re-examination.

No fee shall be returned to the candidate without Board approval.

All fees shall be made payable to the American Board of Colon and Rectal Surgery and shall be sent to the Secretary.

AMERICAN BOARD OF DERMATOLOGY

WALTER B. SHELLEY, President, Philadelphia
 RUDOLPH L. BAER, Vice-President, New York City
 HARRY L. ARNOLD, Honolulu, Hawaii
 ROBERT W. GOLTZ, Denver
 E. RICHARD HARRELL, Ann Arbor, Michigan
 JOHN R. HASERICK, Cleveland
 J. FREDERICK MULLINS, Galveston, Texas
 RAY O. NOOJIN, Birmingham, Alabama
 REES B. REES, San Francisco
 CLARENCE S. LIVINGOOD, Executive Secretary, American Board of Dermatology, Inc., Henry Ford Hospital, Detroit, Michigan 48202

REQUIREMENTS FOR REGULAR CERTIFICATION

Each applicant must satisfy the following requirements before he is eligible for the written and oral examinations, upon which certification depends.

A. General Qualifications

1. Good moral and ethical standing in the medical profession.

2. Graduation from an approved medical school in the United States of America or in Canada. Graduates from foreign medical schools are required to have the standard certificates of the Educational Council for Foreign Medical Graduates (E.C.F.M.G.) or the certificate of the National Board of Medical Examiners.

3. Satisfactory completion of an approved internship.

4. A State license to practice in the United States of America or License of the Medical Council of Canada issued following examination, or by endorsement of the certificate of the National Board of Medical Examiners, or by regular status in the Armed Forces of the United States or Canada.

B. Residency Training Requirements and Experience Qualifications

1. Formal training in clinical dermatology and related subjects of thirty-six months is required. This training must be obtained as a resident, fellow, or graduate student in a Dermatology Residency Training Program of an institution approved by the joint action of the Board and the Residency Review Committee of the American Medical Association. Candidates who take part of their training at an institution approved for less than three years, must spend at least twelve months of the thirty-six months training period full time in a program approved for three-year training. Up to one month of each year during the thirty-six months may be taken as vacation without cumulative privileges. Training must be completed within five years except where military service or other compelling circumstances intervene.

2. Preceptee training is available only as a part of the program in some three-year training centers. The Preceptorship in the private office of a staff member at a given three-year training center is the direct responsibility of the Director of the Training Program.

3. On recommendation of the Director of the dermatology residency program where the candidate had his training, training credit of six months *may* be allowed for candidates who have had at least one year of training in an approved residency program of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Pediatrics. The decision in regard to possible training credit under the above circumstances is not made by the Requirements Committee of the Board until

after the candidate has completed at least one year of training in dermatology.

4. After completion of training, at least an additional six months of experience in dermatology is required. This means that any candidate who completes his training on or before December 1st of the preceding year would be eligible to take the examinations in June of the following year.

5. All training must be completed in a manner satisfactory to the Board.

REQUIREMENTS FOR SPECIAL HOMETOWN CERTIFICATION

Graduates of foreign medical schools, not citizens of the United States of America or Canada, *who will return to their homeland* after completion of approved residency training in dermatology must satisfy the following requirements before they are eligible for the written and oral examination, upon which certification depends.

1. High moral and ethical standing in the medical profession.

2. Graduation from a Medical School listed in the World Directory of Medical Schools (World Health Organization).

3. Possession of the standard certificate from the Educational Council for Foreign Medical Graduates (E.C.F.M.G.).

4. Citizenship of the country to which the candidate is returning and possession of a valid license to practice medicine in that country.

5. Satisfactory completion of three full years of training in an institution or institutions approved by the Board and the AMA Residency Review Committee for graduate training in Dermatology, and passing the written and oral examinations given by the American Board of Dermatology.

DEFINITION OF BOARD ELIGIBILITY

A candidate is not "Board Eligible" until his application to take the examinations has been approved by the Board. Candidates are required to make such application within three years after they become qualified to do so and to take the examinations within one year after they become Board eligible. At the end of that time (5 years after completion of residency training), if the candidate has not taken the examinations, "Board Eligible" status is lost and additional training in an institution approved for three years of training is required before a candidate again becomes eligible for examination.

THE BOARD EXAMINATIONS

A. Preliminaries

Candidates who have completed their formal three-year training in Dermatology by December 1st of any given year are eligible to take the examinations the *following* year. Those candidates who are applying for the Special Homeland Certificate do not require one year of experience, and therefore are eligible to take the examinations at the end of three years of formal training.

Toward the end of three years of formal training, it is essential that the candidate request an Application for Certification form from the office of the Secretary of the Board. This completed form must be filed with the Secretary of the Board before March 1st of any given year in which the examination is to be given. The Application is then submitted to the Committee on Requirements with the letters of recommendation and the annual training reports from the Director of the candidate's Training Center. The members of the Requirements Committee appraise the qualifications of all candidates and decide as to their eligibility for examinations. Information regarding the exact time and place of the examinations is published twice a month in the Examinations and Licensure column of the Journal of the American Medical Association.

B. The Writtens

The written examination is held in various centers throughout the country each June. It is three hours in length and

is of the multiple choice, machine-scorable type. Every effort is made to avoid "tricky" or ambiguous questions. This examination is designed to test the candidate's knowledge of clinical dermatology, as well as his understanding of anatomy, physiology, bio-chemistry, pathology, microbiology, radiologic physics, pharmacology, genetics, hematology, immunology, cutaneous allergy, photobiology, physical allergy, venereology, and electron microscopy, as related to dermatology. Considerable emphasis is placed on extensive reading of the literature. Special attention is also directed toward internal medicine as it pertains to dermatologic problems.

Candidates unfamiliar with objective, multiple choice, machine-scorable type of examinations might find helpful the book "Multiple Choice Examinations in Medicine. A Guide for Examiner and Examinee" by J. P. Hubbard and W. V. Clemans, Lea & Febiger, Philadelphia, 1961.

C. Orals

The oral examinations are held each fall for those candidates who successfully pass the written exam. These are taken at one of the major training centers and consist of a half day oral and practical examination for each candidate. Here the candidate appears before each member of the Board for practical questioning concerning clinical problems. The candidate will be asked to examine and evaluate patients, interpret slides of clinical and histopathologic material, equipment, laboratory reports and actual cultures. The examination has heavy clinical weighting with one section on internal medicine. It also includes demonstration of competency in the fields of histopathology, allergy, microbiology and therapy, including physical treatment modalities and dermatologic surgery.

The decision of the Board is final as to whether the candidate passes, fails or is conditioned. Such decisions are based on the results of both the written and oral examinations, and the annual training reports from the Director of the candidate's Training Center.

RE-EXAMINATION

A candidate who fails the written examination or who fails or is conditioned in the oral examinations is automatically eligible the following year for a second examination without formal application, but with payment of a re-examination fee of \$50.00.

If a candidate fails to complete successfully all or part of the examinations on two occasions, "Board Eligible" status is lost, and he must present evidence of additional training and experience in an institution approved for three years of training, before being eligible for further examination. The candidate must then file a new Application and pay another fee of \$150.00. All candidates seeking re-examination must apply before the closing date of March 1st.

If a candidate who has failed or has been conditioned does not appear for re-examination before the expiration of three ensuing years, "Board Eligible" status is lost and additional training and experience in an institution approved for three years of training is required before a candidate again becomes eligible for examination. The candidate must then file a new application and pay another fee of \$150.00 before he can be re-examined.

GENERAL INFORMATION

All queries concerning training programs, requirements, etc., should be made in writing and directed to the Executive Secretary of the Board. In view of the nature and significance of the decisions made, group action is necessary and hence all communications between the Executive Secretary and the candidate must be in writing.

It is the responsibility of the candidate to make early contact with the Board by requesting a preliminary registration form. This is to be filed at the beginning of training by the trainee and returned with the registration fee of

\$25.00 to the office of the Executive Secretary of the Board. The filing of the preliminary registration form will establish the identity and status of the candidate and will begin his permanent file. This makes it possible to assess the preliminary training plan of the candidate, and to call his attention to deficiencies which should be corrected. In addition, an evaluation of progress in training is made possible by annual reports from the Director of the training center to the Board.

A list of Diplomates of the Board appears in the current Directory of Medical Specialists published by the A. N. Marquis Company of Chicago, Illinois.

Training programs in Dermatology are approved by the American Medical Association Dermatology Residency Review Committee.

In addition to its natural concern with training programs, the Board acts as an advisor to prospective residents and residents in training. Finally, it conducts both written and oral examinations for candidates, and it issues certificates to those who successfully meet the requirements listed.

AMERICAN BOARD OF FAMILY PRACTICE

- JOHN G. WALSH, President, Sacramento, Calif.
- JULIUS MICHAELSON, Vice President, Foley, Ala.
- NICHOLAS J. PISACANO, Secretary, Lexington, Ky.
- LESTER D. BIBLER, Indianapolis
- GEORGE E. BURKET, JR., Kingman, Kan.
- BEN EISEMAN, Denver
- RAYMOND FELDMAN, Denver
- ISSAC P. FROMAN, Washington, D.C.
- LAWRENCE L. HESTER, JR., Charleston, S.C.
- AMOS N. JOHNSON, Garland, N.C.
- HOWARD P. LEWIS, Portland, Ore.
- ARTHUR D. NELSON, Blue Bell, Pa.
- MALCOM E. PHELPS, Washington, D.C.
- VERNON E. WILSON, Columbia, Mo.
- F. HOWELL WRIGHT, Chicago

Address communications to Nicholas J. Pisacano, Secretary, University of Kentucky Medical Center, Lexington, Ky., 40506

The American Board of Family Practice was approved in February 1969 by the Liaison Committee for Specialty Boards, which is composed of representatives of the Council on Medical Education of the American Medical Association and of representatives of the Advisory Board for Medical Specialties.

The American Board of Family Practice is now formulating its requirements for certification. Announcement of such requirements and of its plans for certifying examinations will be made as soon as the information becomes available.

AMERICAN BOARD OF INTERNAL MEDICINE

- JACK D. MYERS, Chairman, Pittsburgh
- CRAIG W. BORDEN, Vice-Chairman, Chicago
- JOHN B. HICKAM, Secretary-Treasurer, Indianapolis
- JOHN C. BECK, Montreal, Quebec, Canada
- JOHN A. BENSON, JR., Portland, Oregon
- RICHARD V. EBERT, Minneapolis
- FRANKLIN H. EFSTEIN, New Haven, Conn.
- SAUL J. FARBER, New York City
- EDMUND B. FLINK, Morgantown, W.Va.
- JAMES F. HAMMARSTEN, Oklahoma City, Okla.
- WILLIAM J. HARRINGTON, Miami, Fla.
- EUGENE A. HILDRETH, Reading, Pa.
- J. WILLIS HURST, Atlanta, Ga.
- FRED KERN, JR., Denver
- JULIUS R. KREVANS, Baltimore
- DONALD E. OLSON, Portland, Ore.
- ROBERT G. PETERSDORF, Seattle
- C. THORPE RAY, New Orleans, La.
- ROBERT F. SCHILLING, Madison, Wisc.
- TRUMAN G. SCHNABEL, JR., Philadelphia
- MARVIN H. SLEISENGER, San Francisco

HAMILTON SOUTHWORTH, New York City
 GENE H. STOLLERMAN, Memphis, Tenn.
 JAMES V. WARREN, Columbus, Ohio
 LOUIS WEINSTEIN, Boston
 AUSTIN S. WEISBERGER, Cleveland
 PALMER H. FUTCHER, Executive Director, 3930 Chestnut
 Street, Philadelphia 19104

REQUIREMENTS FOR ADMISSION TO EXAMINATION AND
 CERTIFICATION 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 in the specialty of internal medicine.

Preparation must be based on years of continuous thoughtful study. Therefore, in outlining its requirements, the Board hopes to assist the candidate to select superior educational programs which will develop his competence in internal medicine.

The Board believes that all internists should have a sound fundamental knowledge of the biological sciences basic to internal medicine. 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 candidate's postdoctoral 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. *Each applicant for certification must satisfy the General and Professional Qualifications listed below:*

GENERAL QUALIFICATIONS

1. All candidates must present evidence of satisfactory moral and ethical standing in the medical profession and appreciate the importance of good interpersonal relationships in patient care.

PROFESSIONAL QUALIFICATIONS

1. Graduation from a medical school approved by the American Medical Association or the Canadian Medical Association at the date of graduation (See requirements for Graduates of Foreign Medical Schools).

2. Satisfactory completion of training and experience according to *Plans 1, 2, or C.*

GENERAL EXPLANATION OF REQUIREMENTS
 AND EXAMINATIONS

A certificate will be offered to candidates who (1) have completed a minimum of three years of postdoctoral education in general internal medicine or two years in general internal medicine and one year in full-time graduate medical education and (2) have passed the Qualifying Examination in Internal Medicine. The certificate is proposed as the qualifying agent for many physicians preparing themselves for the practice of internal medicine with the goal of serving as a general internist or primary physician. During the required third year of education the physician may acquire those special skills necessary for this type of practice. The Qualifying Examination may be undertaken after the candidate has completed a minimum of two years of postdoctoral education in the field of general internal medicine provided he is engaged in, or has completed, a third year of such education. This examination will be inaugurated in October, 1970.

A second certificate will be offered designating as Diplomates those having advanced competence in internal medicine who have passed the Qualifying Examination in Internal Medicine, have completed a minimum of four years of

postdoctoral education, and have passed an Advanced Examination. This Advanced Examination will be undertaken after the candidate has completed the stipulated four years of education. The candidate may elect whether he undertakes the Advanced Examination in the field of general internal medicine or in one of the subspecialty areas in relation to which he is appropriately trained. He will previously have selected training appropriate to the field in which he plans to be examined. The Advanced Examination in General Medicine will be offered in 1970. The new Advanced Examination in the Subspecialty Areas will not be offered until 1972. Candidates desiring examination in a subspecialty area prior to 1972 will, as in the past, be required to pass the Advanced (Oral) Examination in General Internal Medicine before becoming eligible for examination by a Subspecialty Board.

Minimum educational requirements: It is emphasized that the requirements presented below are offered as providing the *minimum postdoctoral educational background* which will prepare a well-trained medical graduate for the examinations of the Board. The background of many candidates may be such that these requirements will not suffice. All candidates are urged to discuss with the directors of their educational programs the details and the duration of the course of instruction which are indicated in order to prepare them, as individuals, for the examinations.

REQUIREMENTS FOR QUALIFYING EXAMINATION
 IN INTERNAL MEDICINE AND RELATED CERTIFICATION

Plan 1

Education: The three years of postdoctoral education, which must also provide the required minimum training in the broad field of internal medicine (see *Definitions* below), are as follows:

A straight medical internship; and

One year of residency in general internal medicine; and

A second year of residency in general internal medicine, or one year of full-time graduate education (fellowship or residency) in a field related to internal medicine (see *Definitions* below).

The internship and the residency must be programs approved by the Council on Medical Education of the American Medical Association or the Royal College of Physicians and Surgeons of Canada.

Examination: Candidates who on or before October 1 will have completed the internship and first year of residency are eligible, during their third year of prescribed postdoctoral education, to undertake the Qualifying Examination given in October. Requests for applications must be received in the office of the Board on or before April 1 of the year of the examination.

Certification: After successfully undertaking the Qualifying Examination, the candidate will receive a certificate, provided he has completed the second year of residency in general internal medicine or the year of other graduate medical education. Documentation of completion of such training must be provided by the program director of the most recent training.

Plan 2

Education: The four years of postdoctoral education, which must also provide the required minimum training in the broad field of internal medicine (see *Definitions* below), are as follows:

An approved internship providing less than eight months in internal medicine, or an internship in a hospital not approved for residency in internal medicine; and

Three years of approved residency in general internal medicine, or two years of residency in general internal medicine and one year of full-time graduate education in a field related to internal medicine (see *Definitions* below).

Examination: Candidates who on or before October 1 will have completed the internship and two years of residency are eligible, during their fourth year of prescribed postdoctoral education, to undertake the Qualifying Examination given in October. Requests for applications must be received in the office of the Board on or before April 1 of the year of the examination.

Certification: After successfully undertaking the Qualifying Examination, the candidate will receive a certificate, provided he has completed the training specified for Plan 2 under Education above. Documentation of completion of such training must be provided by the program director of the most recent training.

Plan C

Plan C has been devised to broaden the opportunity for graduate education in terms of the requirements of the Board. This plan is intended for accommodation of the unusual candidate who is in full-time academic medicine, but whose education may not have satisfied the requirements of other "Plans" of the Board.

Candidates may not elect Plan C. Specific recommendation that a candidate be qualified under this plan must be made by the Chairman of the Department of Medicine of an approved medical school in the United States or Canada. This recommendation must assure that a candidate has been educated for a minimum of four years after graduation from medical school, that during the period the candidate has had adequate direct responsibility for patient care in the broad field of internal medicine, and that he is qualified for admission to the examination. It may well be that the Head of the Department will require additional years of training beyond the minimum before recommending the candidate to the Board.

The candidate's curriculum vitae, including his bibliography and reprints, should be transmitted with the proposal. Each application will be considered individually by the Executive Committee of the Board. A candidate qualifying under the foregoing provisions who is successful in the Qualifying Examination in Internal Medicine may, if he so desires, apply for the Advanced Examination either in General Internal Medicine or a Subspecialty Field.

REQUIREMENTS FOR ADVANCED EXAMINATION AND RELATED CERTIFICATION

GENERAL INTERNAL MEDICINE

Plan 1

Educational and related requirements: The minimum requirements, involving four years of postdoctoral education, are:

- A straight medical internship; and
- Three years of residency in general internal medicine, or two years of residency and one year of full-time graduate education in a field related to internal medicine, or one year of residency and two years of full-time graduate education; and
- Success in the Qualifying Examination in Internal Medicine.

Examination: Candidates who have satisfied the above requirements are eligible to undertake the Advanced Examination in General Internal Medicine after completion of their training, at which time application may be submitted.

Certification: A certificate attesting that the physician is a Diplomate in the Specialty of Internal Medicine will be issued to the physician who has passed the Advanced Examination.

Plan 2

Educational and related requirements: The minimum requirements, involving four years of postdoctoral education, are:

- An approved internship providing less than eight months in general internal medicine, or an internship in a hospital not approved for residency in internal medicine; and

- Three years of residency in general internal medicine, or two years of residency and one year of full-time graduate education in a field related to internal medicine; and
- Success in the Qualifying Examination in Internal Medicine.

In the opinion of the Board, most candidates whose educational background includes an internship other than straight medical will be well served by subsequently undertaking three years of formal training in clinical internal medicine.

Examination: Candidates who have satisfied the above requirements are eligible to undertake the Advanced Examination in General Internal Medicine after completion of their training, at which time application may be submitted.

Certification: A certificate attesting that the physician is a Diplomate in the Specialty of Internal Medicine will be issued to the physician who has passed the Advanced Examination.

SUBSPECIALTY FIELD

Educational and related requirements: The minimum requirements are:

- Straight medical internship and one year of residency in general internal medicine, or two years of residency if internship was not straight medical (see requirements for admission to the Qualifying Examination in Internal Medicine, Plans 1 and 2, above); and

Two years of full-time graduate education in the subspecialty. This education must be completed in a hospital approved for three years of residency in internal medicine by the Residency Review Committee in Internal Medicine, under a physician competent and preferably certified in the subspecialty field. The Subspecialty Boards may recognize a period of education in another institution; however, the institution must have a recognized reputation for advanced educational programs in the Subspecialty and provide this in an academic atmosphere; and

Success in the Qualifying Examination in Internal Medicine.

(See General Explanation of Requirements and Examinations above for requirement of previous success in the Advanced (Oral) Examination in General Internal Medicine for subspecialty certification during the interim period 1970-1971).

Important note on minimum aspects of above requirements:

The Subspecialty Boards emphasize that the minimum requirements of two years' training in general internal medicine will be adequate for only a small minority of candidates. For the majority of candidates the Subspecialty Boards recommend an internship and two years of residency in internal medicine before entering subspecialty training. The reason for this additional training is to develop the skills necessary for optimum function as a consultant in any field of internal medicine. The evaluation of the adequacy of a candidate's education in internal medicine before entering subspecialty training is the responsibility of his program directors.

Examination: Candidates who have satisfied the above requirements are eligible to undertake the Advanced Examination in a Subspecialty Field after completion of their training, at which time application may be submitted. If the candidate's field is one represented by a Subspecialty Board, the examination will be conducted by that Board. If his field is one not so represented, he will undertake the Advanced Examination in General Internal Medicine, during the course of which he will be examined in depth in the area of his special interest.

Certification: A certificate attesting that the physician is a Diplomate in the appropriate subspecialty area will be issued to the physician who has passed the Advanced Examination of a Subspecialty Board. A certificate attesting that the physician is a Diplomate in Internal Medicine with particular competence in a given area will be issued to the physician examined in a field not represented by a Subspecialty Board.

Plan C

After passing the Qualifying Examination in Internal Medicine, candidates are eligible to apply for the Advanced Examination in either General Internal Medicine or in a Subspecialty Field.

REGULATIONS FOR TRANSITION FROM FORMER RULES TO THOSE PRESENTED IN THIS DOCUMENT

Qualifying Examination: Candidates establishing eligibility for the October 1970 Qualifying Examination in Internal Medicine under former Plans A1, A2, A3 (all of which involved a minimum of four years of postdoctoral education), and Plans B1 and C will be allowed three attempts to pass the examination, including any Written Examinations undertaken before 1970. Any candidate failing three examinations must present to the Board evidence of having completed one full year of formal residency or clinical fellowship training subsequent to the third failure before readmission to the Qualifying Examination of the Board. After reinstatement candidates are subject to the current regulations requiring one year of additional training after each failure.

All candidates entering their first year of residency training in internal medicine on July 1, 1970 or after are expected to meet the educational requirements and other regulations stipulated under Plans 1 and 2 of this document. Those initiating their residency training before that date may apply for the Qualifying Examinations of October 1970 and after under the regulations of this document; they will thereby become subject to all its provisions including those regarding re-examination. Alternatively, they may choose to arrange their examinations according to the previous paragraph.

Candidates who have passed a Written Examination in years preceding the Qualifying Examination of October 1970 and have not subsequently passed an Oral Examination will be given special consideration. They will be permitted one attempt at the Qualifying Examination and will be awarded the related certificate referred to above. This option is offered in consideration of the fact that the Qualifying Examination differs in its content from former Written Examinations. The option must be exercised via an examination undertaken in 1975 or before.

Advanced Examination in General Internal Medicine: Candidates who established eligibility for the Qualifying Examination in Internal Medicine, or previous Written Examinations, under former plans listed in the section above will, as in the past, be permitted three unsuccessful attempts at the Advanced Examination before becoming subject to the former requirement that they pass another Qualifying Examination in Internal Medicine before further Advanced Examinations. As an alternative, they may undertake another year of approved residency or full-time graduate education before readmission to further Advanced Examinations. Thereafter the rules current at that future date regarding the eligibility for further examination will apply.

Former Experience Requirement and Eligibility for Advanced (Oral) Examination in General Internal Medicine: Past regulations prohibited candidates who were successful in the Written Examinations of October 1969 and before from undertaking the Oral Examination until a minimum of five years had elapsed following completion of an internship. This ruling no longer obtains. Candidates successful in those Written Examinations may now apply for the Advanced (oral) Examination in General Internal Medicine, if they so desire, and will be accommodated as soon as the examination schedule of the Board permits.

Advanced Examination in Subspecialty Fields: Until 1972, those desiring certification by a Specialty Board will, as in the past, be examined only after they have passed the Advanced (oral) Examination in Internal Medicine. During the period 1969-71 the eligibility regulations for admission and re-examination current on January 1, 1969 will govern. Candidates desiring to defer examination by a Subspecialty Board until 1972 or after and who have passed the Qualifying

Examination in Internal Medicine offered in October 1970 or after will not be required to undertake the Advanced Examination in Internal Medicine. They will be examined directly by the appropriate Subspecialty Board in 1972 or after provided they have met the current educational requirements specified in this brochure, involving two years of full-time training in the subspecialty.

REQUIREMENTS FOR EXAMINATION BY BOTH THE AMERICAN BOARD OF PEDIATRICS AND THE AMERICAN BOARD OF INTERNAL MEDICINE

In 1967 these two Boards agreed that candidates are eligible for examination and subsequent certification by both Boards if they complete one of the following programs involving a minimum of four years of approved house officer training:

1. Straight pediatric internship, one year of pediatric residency and two years of residency in internal medicine; or
2. Straight medical internship, one year of residency in internal medicine, and two years of pediatric residency; or
3. Internship other than straight pediatric or straight medical, two years of pediatric residency, and two years of residency in internal medicine.

The times at which the candidate may take the examination of each Board will continue to be as described in the booklets of information published by the respective Boards. (For American Board of Internal Medicine, see sections on requirements for examinations above.) All candidates will undertake the Qualifying Examination in Internal Medicine; those successful will receive the related certificate when they have completed the related training and will be eligible for the Advanced Examination in General Internal Medicine after completion of the stipulated four to five years of house officer training.

EDUCATION UNDERGONE WHILE FULFILLING REQUIREMENT FOR OBLIGATED MILITARY SERVICE

Candidates cannot fulfill the educational requirements of the Board on the basis of training which simultaneously fulfills the candidates' requirement for obligated military service (see Definitions). An exception is made in the case of those physicians serving in an approved intern or residency training program in a hospital of the Armed Forces.

DEFINITIONS

(As applied to requirements of the Board)

- 1) *Required minimum training in the broad field of internal medicine* is defined as 24 months of general internal medicine with *primary patient responsibility*. Primary patient responsibility obtains when, during a period of training in internal medicine predominantly devoted to clinical experience, the applicant directs the total care of the majority of the patients (in-patients or out-patients) for whom he has responsibility, under supervision of the attending staff. Rotations through the medical subspecialties during the residency can contribute toward this requirement provided such rotations specifically involve primary patient responsibility. At the discretion of the director of a candidate's program, up to four months of the prescribed 24 month period of primary patient responsibility in internal medicine may be spent in other specialties related to medicine, provided that they involve primary patient responsibility as defined above.
- 2) *An approved internship* is defined as an internship of not less than one year approved by the Council on Medical Education of the American Medical Association.
- 3) *A straight medical internship* is an approved internship providing a minimum of eight months in internal medicine in a hospital approved for residency in internal medicine by the Council on Medical Education.
- 4) *An approved residency in internal medicine* is defined as

postgraduate training approved by the Residency Review Committee in Internal Medicine of the Council on Medical Education.

- 5) *Full-time graduate education* in a field related to internal medicine is education (usually fellowship) in an approved medical school or in a hospital approved for three years of residency in internal medicine by the Residency Review Committee in Internal Medicine. The Board may recognize a third year of training in other institutions; however, such institutions must have a nationally recognized reputation for advanced training programs and provide this in an academic atmosphere. 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, or
 - d) Twelve months of formal study in internal medicine in a postgraduate medical school in the United States or Canada, recognized by the national accreditation bodies.
- 6) *Obligated military service* is defined as service under the requirements of an Act of Congress governing the "Doctors Draft."

METHODS OF EXAMINATION

- 1) The Qualifying Examination in Internal Medicine is held simultaneously in different sections of the United States and Canada, and outside the continental limits of the United States where sufficient eligible candidates are located. Only one Qualifying Examination will be given each year. This examination begins on the morning of the third Monday in October and continues into the next day. The questions are framed in such manner as the Board elects. They are designed to test the candidate's clinical acumen and to an appropriate degree his knowledge of psychiatry, neurology, preventive medicine, community health and the basic sciences fundamental for internal medicine. The examination deals with the broad field and only one score is derived; there are no sub-scores available in subspecialty areas.
- 2) *The Advanced Examination in General Internal Medicine* is held each year at such times and places in the United States and Canada as the Board may designate. The Advanced Examination is given under the auspices of the Board with the assistance of such guest examiners as may be selected, and is conducted at the bedside of patients assigned each candidate.

The examination will test the candidate's ability to serve as a consultant to colleagues in family practice and to those in other specialties in relation to the problems of patients with disorders involving major organ systems. Candidates will be expected to present in a concise, orderly fashion pertinent facts in the history and diagnosis. Demonstration of important physical findings may be requested by the examiner. During this oral examination, questions will be asked concerning diagnostic and therapeutic procedures related to the problems under discussion. Conciseness and clarity of statement as well as evidence of clinical maturity will be searched for, in addition to factual knowledge. Furthermore, the candidate should be prepared to demonstrate his ability to interpret roentgenologic, pathologic, hematologic, electrocardiographic and other diagnostic material related to his patients.

Beginning in 1972 this examination will also be offered to candidates who have completed the minimum requirements for the Advanced Examination in a subspecialty field but whose area of competence is in areas which are not represented by a Subspecialty Board, such as Endocrinology, Hematology, Infectious Diseases, Nephrology, and Rheumatology. The candidate will be examined in depth in his area of special interest.

- 3) *The Advanced Examination in a Subspecialty Field* will

first be offered in 1972 and will be held at such times and places in the United States and Canada as may be designated by the following Subspecialty Boards:

- Subspecialty Board on Allergy
- Subspecialty Board on Cardiovascular Disease
- Subspecialty Board on Gastroenterology
- Subspecialty Board on Pulmonary Disease

There will be both written and oral components to this examination. The Advanced Examination will test in depth the ability of the candidate to serve as a consultant to other internists. Competence in general medicine as well as in the subspecialty area will be evaluated, involving the same specific functions detailed in Section 2 immediately above relating to the Advanced Examination in General Internal Medicine.

OTHER INFORMATION

GRADUATES OF FOREIGN MEDICAL SCHOOLS

- 1) Candidates in this classification not licensed to practice in a state, territory, province or possession of the United States or Canada, or who have not passed the examinations of the National Board of Medical Examiners, must pass the examination of the Educational Council for Foreign Medical Graduates and have received a permanent certificate. A photostatic copy of the certificate must accompany the application for admission to examination.
- 2) The educational requirements other than the requirement for graduation from a medical school approved by the American Medical Association or the Canadian Medical Association, are the same as those presented for other candidates. Twelve months of an approved residency in internal medicine may be substituted for the year of straight medical internship. In any case, the candidate and the director of his residency program should assure themselves that the candidate's education in the United States or Canada will meet the required minimum or training in the broad field of internal medicine (see *Definitions*) at the time the candidate makes application for the Written Examination in Internal Medicine.
- 3) Graduates of foreign medical schools may be proposed under Plan C.
- 4) Candidates who are accepted for the Qualifying Examination in Internal Medicine may take this examination in the United States or at designated examining centers in foreign countries.
- 5) All Advanced Examinations will be given in the United States and Canada.

RE-EXAMINATION

- 1) The interval between two written or two oral examinations will be not less than one year.
- 2) *Qualifying Examination in Internal Medicine:* If the Candidate fails the first examination he will be required to take an additional year of approved residency in general internal medicine or of full-time graduate education in a field related to internal medicine. A repeat examination may be taken during the course of or after this year of training. If the candidate passes the re-examination, he will be certified after completion of the year. If the candidate fails the second examination, he must give evidence of an additional year of full-time graduate education acceptable to the Board before taking a third examination.
- 3) *Advanced Examination, Internal Medicine:* Candidates failing three Advanced Examinations must take an additional year of approved residency or full-time graduate education which is acceptable to the Board before readmission to the Advanced Examination.
- 4) *Advanced Examination, Subspecialty Fields:* Candidates failing three Advanced Examinations must undertake an additional year of approved full-time graduate education which is acceptable to the Board before readmission to

the Advanced Examination.

5) The fees for re-examination are as follows:

Qualifying Examination in Internal Medicine	\$45.00
Advanced Examination, General Internal Medicine	\$155.00
Advanced Examination, Subspecialty Field	\$185.00

CANCELLATIONS

Candidates who cancel or fail to keep appointments for any of the examinations of the Board after assignments have been completed are subject to forfeiture of their fees and may also be required to wait 24 months before reassignment to another examination.

INACTIVE CANDIDATES

Any candidate whose record reveals inactivity (i.e. failure to take an examination, either Qualifying (Written or Advanced), for five years or more, will revert to the same status as a new applicant. However, his total past examination experience will continue to govern in relation to the stipulations presented under *Re-examinations* above. He must comply with all current regulations then in force for new candidates.

APPLICATION

Candidates for any examination must make their application on a prescribed form which may be obtained from the office of the Executive Director.

Qualifying Examination in Internal Medicine: The closing date for receipt of requests for admission to the Qualifying Examination in Internal Medicine is the Preceding April 1. The closing date for receipt of the completed application forms for both an initial and a repeat examination is May 1. The attention of those whose commitments at the time of the October examination are uncertain is invited to the section on Cancellations. The application must be accompanied by a recent signed photograph of the candidate and the registration and Qualifying Examination fee of seventy (\$70.00) dollars. Forty-five (\$45.00) dollars will be refunded if the application is disapproved; the balance defrays the cost of evaluating the application.

Advanced Examination: Candidates may apply for Advanced Examination after passing the Qualifying Examination and completing the required additional training. The examination fee to be included with the completed application form is:

General Internal Medicine	\$155.00
Subspecialty Field	\$185.00

Please address all correspondence to:

Executive Director
American Board of Internal Medicine
3930 Chestnut Street
Philadelphia, Pennsylvania 19104

CERTIFICATION IN SUBSPECIALTY OF ALLERGY

EUGENE A. HILDRETH, Chairman, Philadelphia
CARL E. ARBESMAN, Buffalo
K. FRANK AUSTEN, Boston
ELLIOTT MIDDLETON, JR., Upper Montclair, N.J.
PAUL M. SEEBOHM, Iowa City
THOMAS E. VAN METRE, JR., Baltimore

REQUIREMENTS

A. *PREREQUISITE*—The applicant must previously have been certified by the American Board of Internal Medicine before he is eligible to apply for the Subspecialty Board examination.

B. *TRAINING**—There are three acceptable schedules for training in Allergy.

Schedule 1: Two years' full-time training in a hospital approved for residency training in internal medicine, under the

supervision of a physician competent in allergy, preferably a certified allergist; the program must have active teaching in basic sciences related to allergy.

Schedule 2: One year's full-time residency or fellowship in allergy in a program as above, plus two additional years of similar training on a half-time basis. Private office practice is not an acceptable substitute for part-time training.

Schedule 3: Five years' part-time training and experience in an acceptable allergy program as above. Applicants intending to utilize part-time programs should obtain prior approval for their program from the Subspecialty Board. Other programs of training and experience may be accepted if, in the opinion of the members of the Board, they are equivalent to those outlined.

For admission to the certifying examination in Allergy, a candidate must have specialized knowledge and particular skills which entitle him to be consulted as an expert in this specialty. Expertness includes knowledge of all phases of science underlying the specialty, as well as proficiency in the clinical practice of allergy. The candidate must be prepared for examination in the aspects of anatomy, chemistry, microbiology, immunology, pathology, physiology and pharmacology relating to allergy and in the laboratory procedures pertinent to diagnosis and treatment of allergic disease. The candidate will at the same time be expected to have maintained his proficiency in general aspects of internal medicine, especially in those aspects bearing most closely on diseases of allergy.

C. *REFERENCES*—A candidate should give as references names of physicians who are familiar with his training and experience in the field of allergic diseases. Such information will allow the Board to give a fair appraisal of the candidate's qualifications.

D. *RE-EXAMINATION*—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before re-admission to examination.

E. The fee for registration is \$185.00.

CERTIFICATION IN SUBSPECIALTY OF CARDIOVASCULAR DISEASE

J. WILLIS HURST, Chairman, Atlanta, Georgia
HOWARD B. BURCHELL, Rochester, Minnesota
ERNEST CRAIGE, El Paso, Texas
NOBLE O. FOWLER, Cincinnati
ROBERT J. HALL, Washington, D.C.
HERBERT N. HULTGREN, Palo Alto, Calif.
HENRY D. MCINTOSH, Durham, N.C.
EDWARD S. ORGAIN, Durham, N.C.
FRANCIS F. ROSENBAUM, Milwaukee
CONGER WILLIAMS, Boston

REQUIREMENTS

A. *PREREQUISITE*—The applicant must previously have been certified by the American Board of Internal Medicine. One year must have elapsed following such certification before he is eligible to be admitted to the Subspecialty Board examination.

B. *TRAINING**—The candidate should have devoted at least one full year but preferably two years to post-graduate education in cardiovascular disease, under the guidance of a person known by the members of the Subspecialty Board to be experienced and sound in the field of cardiovascular disease. This period of training may be in several forms.

1. It may constitute one or more years spent in cardiovascular disease as a fellow or resident as part of or immediately

*Candidates initiating their residency training in internal medicine on July 1, 1970 or after will be required to undertake a minimum of two years of training in the subspecialty (see Requirements for Advanced Examination and Related Certification, above).

after completion of a residency in internal medicine; the total period of such training of the individual in internal medicine including one or more years in cardiovascular disease must be at least four years after completion of internship.

2. It may include a consecutive twelve month or longer period devoted to training in cardiovascular disease under the type of auspices noted above some years after completion of the period of training required for certification in internal medicine. The Board may waive these prerequisites only in exceptional circumstances.

Before admission to the certifying examination in cardiovascular disease, the candidate must possess certain specialized knowledge and have acquired particular skills which would entitle him to be known as a consultant in cardiovascular disease. He must have an intimate knowledge of the normal and pathological anatomy and normal and pathological physiology of the circulatory system; be adept in history taking and in the physical examination; be proficient in the interpretation of electrocardiograms and in cardiovascular roentgen diagnosis; and be familiar with special procedures and techniques used in the study of cardiovascular problems. Above all, he must be able to assimilate the information obtained from all of these sources in such a way as to lead logically to the correct diagnosis. He must also have a thorough knowledge of the pharmacology and therapeutic applications of drugs used in the treatment of cardiovascular diseases and an intelligent comprehension of the place of and indications for other forms of treatment including surgery. He must demonstrate an intimate familiarity with contemporary cardiovascular literature.

C. **REFERENCES**—The candidate should give as references the names of physicians sufficiently familiar with his training and experience in the field of cardiovascular disease as to be able to offer a valid appraisal of his qualifications as a specialist, based on the requirements listed above. In particular, it will be required that references be listed by the applicant and obtained by the Board from the physician(s) who were responsible for the specialty training of the applicant.

D. **RE-EXAMINATION**—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before re-admission to examination.

E. The fee for registration is \$185.00.

CERTIFICATION IN SUBSPECIALTY OF GASTROENTEROLOGY

FRED KERN, JR., Chairman, Denver
 JAMES A. CLIFTON, Iowa City
 WILLIAM T. FOULK, Rochester, Minn.
 HENRY D. JANOWITZ, New York City
 PHILIP KRAMER, Boston
 JOHN T. SESSIONS, JR., Chapel Hill, N.C.

REQUIREMENTS

A. **PREREQUISITE**—The applicant must previously have been certified by the American Board of Internal Medicine. Two years should have elapsed following such certification before he is eligible for admission to the Subspecialty Board examination. The Subspecialty Board may at its discretion shorten this interval under exceptional circumstances.

B. **TRAINING***—The candidate should have devoted at least one full year to post-graduate education in gastrointestinal disease, during which time his training program should preferably be under the supervision of a physician competent in the field of gastroenterology, preferably a certified gastroenterologist. Following this the candidate should participate actively for at least two years in a gastrointestinal service in connection with which a definite teaching program in gastroenterology is being conducted under the supervision of a qualified gastroenterologist. The applicant should demonstrate an interest in teaching his subspecialty.

In the absence of the post-graduate education required in the above paragraph the candidate may, at the discretion of the Subspecialty Board of Gastroenterology, be accepted for examination after five years of active participation in gastrointestinal service in connection with which a definite teaching program in gastroenterology is being conducted preferably under the supervision of a certified gastroenterologist. Details of attendance at conferences, clinics, postgraduate courses, etc., must be submitted by the applicant.

Before admission to the certifying examination in gastroenterology the candidate must possess certain specialized knowledge and have acquired particular skills which would entitle him to be consulted as an expert in this specialty. He must be prepared to demonstrate that his training has given him special ability in gastroenterology and adequate understanding of the basic sciences underlying this branch of internal medicine as well as proficiency in its clinical practice. He will be expected to demonstrate familiarity with the literature of gastroenterology and must submit proof of adequate supervised training in the recognized gastroenterological procedures and in gastrointestinal radiology (film interpretation).

The candidate must be able to assimilate information obtained from all these sources in such a way as to lead logically to the correct diagnosis and proper treatment. He must have a thorough knowledge of the pharmacologic and therapeutic application of drugs used in the treatment of gastrointestinal diseases and intelligent comprehension of the place and indications for other forms of treatment, especially surgery. He must have a working knowledge of physiology, pathology, microbiology, and biochemistry as it has practical application to disease of the digestive tract and liver.

C. **REFERENCES**—The candidate should give as references names of physicians who are familiar with his training and experience in the field of Gastroenterology and who would be able to offer a valid appraisal of his qualification as a specialist, based on the requirements listed above.

D. **RE-EXAMINATION**—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before re-admission to examination.

E. The fee for registration is \$185.00.

CERTIFICATION IN SUBSPECIALTY OF PULMONARY DISEASE

DONALD E. OLSON, Chairman, Portland
 DAVID W. CUGELL, Chicago
 ROBERT L. MAYOCK, Philadelphia
 JOHN F. MURRAY, Los Angeles
 ATTILIO RENZETTI, JR., Salt Lake City
 MORTON M. ZISKIND, New Orleans

REQUIREMENTS

A. **PREREQUISITE**—The applicant must previously have been certified by the American Board of Internal Medicine, before he is eligible to apply for admission to the Subspecialty Board examination.

B. **TRAINING***—There are three acceptable schedules for training in Pulmonary Disease:

1. Two years of full time training in a residency or fellowship program devoted to Pulmonary Disease under the supervision of a physician or group of physicians known to be experienced teachers and clinicians in the field of Pulmonary Disease. These years of training may be taken as part of the residency training requirements for Internal Medicine.

2. One year of full time training in a residency or fellowship program devoted to Pulmonary Disease under auspices similar to those noted above, and no less than another two years

*Candidates initiating their residency training in internal medicine on July 1, 1970 or after will be required to undertake a minimum of two years of training in the subspecialty (see Requirements for Advanced Examination and Related Certification, above).

of practice in Internal Medicine with Pulmonary Disease as the principal component of such practice.

3. Five years in the practice of Internal Medicine with Pulmonary Disease as the principal component of such practice, may sometimes be accepted by the Subspecialty Board in lieu of the programs with full time formal residency or fellowship training periods. It will, however, be the responsibility of the applicant to present evidence that his practice has been predominantly in the field of Pulmonary Disease, that he has had ample opportunity for acquiring a broad experience and education in all aspects of Pulmonary Disease and that he is qualified to function as a consultant in this area.

Before admission to the certifying examination in Pulmonary Disease, a candidate must possess certain specialized knowledge and have acquired particular skills which would entitle him to be consulted as an expert. He must have a thorough knowledge of the normal as well as the pathologic anatomy and physiology of the lung. He must be adept in physical examination of the patient, proficient in interpretation of Pulmonary function tests, proficient in interpretation of roentgenograms of thoracic conditions, and familiar with other special procedures and techniques used in the study of Pulmonary Diseases. The candidate must be able to demonstrate his ability to synthesize the information and data obtained about a patient so as to logically arrive at the correct evaluation of the patient's problem. He must also have a thorough knowledge of the therapeutic application of drugs used in the treatment of Pulmonary Diseases and an intelligent therapeutic application of drugs in the treatment of Pulmonary Diseases and an intelligent comprehension of the indications for other forms of therapy.

C. **REFERENCES**—The candidate should give as reference names of physicians who are familiar with his training and experience in the field of Pulmonary Disease, and who would be able to offer a valid appraisal of his qualifications as a specialist, based on the requirements listed above.

D. **RE-EXAMINATION**—1. The interval between examinations will be not less than one year. 2. A candidate who has failed three examinations of a Subspecialty Board must present satisfactory evidence of completion of further formal training before readmission to examination.

E. **FEE**—The fee for registration is \$185.00.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

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GENERAL QUALIFICATIONS

(1) Moral, ethical, professional standing and practice satisfactory to the members of the Board.

(2) Completion of a minimum prescribed period of formal training in approved centers in the United States or Canada as described below.

(3) Under exceptional circumstances (for example, in the case of a neurosurgeon practicing in a country other than the United States or Canada), the American Board of Neurological Surgery may use the In-Training Written Examination as a guide for permission to take the oral examination for regular certification.

(4) Properly qualified candidates who are permanent residents in and citizens of other countries and are legally qualified to practice medicine there, and who have received their training in neurological surgery in the United States or Canada may apply for certification by the American Board of Neurological Surgery. All graduates of foreign medical schools who are candidates for certification by the American Board of Neurological Surgery must have passed the examinations given by the Educational Council for Foreign Medical Graduates.

(5) A special certificate may be issued to foreign candidates (not American or Canadian citizens) who have received their training in neurological surgery in the United States or Canada and who are returning to their own country at the end of their training period. Examination for this Foreign Certificate may be taken without completion of the requirement of two years in the practice of neurological surgery. All foreign applicants, as the regular applicants, must have one year of general surgical training in an approved program of general surgery in the United States or Canada. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this Board.

(6) This special certificate shall be designated the Foreign Certificate of the American Board of Neurological Surgery. It will be forwarded to each foreign candidate who has passed the examination only when he has returned to his own country and forwarded to the Secretary-Treasurer evidence of license to practice in his own country. If the holder of a Foreign Certificate returns to or remains in the United States or Canada to practice, he must forfeit this Foreign Certificate and re-appear before the American Board of Neurological Surgery after two years of practice in the United States of America or Canada. The fee for re-examination is one hundred fifty dollars (\$150.).

PRELIMINARY PROFESSIONAL STANDING

(I)

(1) Graduation from a medical school which is acceptable to the American Board of Neurological Surgery, Incorporated.

(II)

(1) Completion of training in general surgery (internship or residency) of not less than one year in a hospital acceptable to the American Board of Neurological Surgery, or its equivalent in the opinion of the American Board of Neurological Surgery. No credit can be applied for rotating or medical internship.

Plus

(2) A period of graduate study of not less than four years, following completion of the training in general surgery in a hospital or recognized graduate school of medicine acceptable to the American Board of Neurological Surgery. Of this training period at least thirty months must be devoted to clinical neurological surgery and the remaining eighteen (18) months should be devoted to some aspect of the neurological sciences. The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is necessary that at least two years of this training in clinical neurological surgery be obtained in one institution. The American Board of Neurological Surgery will not ordinarily approve training in any hospital or graduate school of medicine for periods of less than six months.

Upon recommendation of the head of an approved neurosurgical training program and individual ratification by the Board, credit may be given retroactively for training if a candidate:

a) transfers from one approved neurosurgical training center to another by arrangement between the chiefs of the two programs; if this is impossible, the

Board is to arbitrate this arrangement and reach a final decision.

- b) before entering a training program has had in other approved centers substantially more than the prerequisite training in general surgery, medical neurology or in the basic neurological sciences.

These provisions in no way alter the basic minimum requirements of 4 years training in neurosurgery including 30 months of clinical neurosurgery of which 24 months must be in one institution.

The candidate must prepare himself to pass examinations given by the Board in neurological surgery, general surgery, medical neurology (including neuro-ophthalmology and electroencephalography), neuropathology, neuroanatomy, neurophysiology, and neuroradiology.

The Board does not accept training by preceptorship.

Credit for partial training in foreign or other non-approved centers may be granted by the Board on an individual basis when this training is carried out as an integral part of, and with, the advice and approval of, the director of the candidate's clinical neurosurgical program.

PRACTICE REQUIREMENTS

Following completion of graduate study, an additional period of not less than two years of satisfactory practice of neurological surgery is required prior to examination.

At the time of examination the candidate will be required to submit a typewritten chronological list of all hospital patients for whom he has been the responsible surgeon. Only those upon whom neurosurgical diagnostic or operative procedures have been carried out during the two years immediately preceding examination should be listed. Information must include:

1. Identifying hospital number and date of admission
2. Clinical diagnosis
3. Definitive diagnostic procedures, if performed
4. Operations, if performed
5. Result, including, when applicable, all complications and autopsy findings.

No minimum volume of diagnostic or operative procedures is required. The candidate should keep accurate records at all times so that this material be readily available when requested. The candidate should bring this list with him to the examination. He should not send it to the Secretary-Treasurer ahead of time. The Board will request reference letters from physicians who have known the candidate during this period of practice. The Board at its discretion may send representatives to call upon the candidate for a review of his practice.

APPLICATIONS

An application on the official application blank, in such form as may be adopted from time to time by the Board of Directors, must be in the hands of the Secretary-Treasurer of the Board not less than nine (9) months prior to the date the applicant wishes to present himself for examination. In most instances, therefore, a candidate should write to the Secretary-Treasurer for the official application blank after he has been in practice about one year.

The Secretary-Treasurer on receipt of an application shall forthwith make inquiries from the candidate's references and from such other persons as the Secretary-Treasurer may deem desirable, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary-Treasurer of its recommendation. The application shall then be acted upon by the members of the entire Board at a regular meeting and the applicant promptly notified of the Board's decision. If accepted, the candidate shall be scheduled for examination as soon as the schedule permits after completion of his training and practice requirements. He must take the examination within 3

years of the time he is eligible or re-apply as a new candidate. If he fails and wishes to repeat the examination he must do so within 3 years, but the Board requires a waiting period of 1 year to allow time for further preparation. An applicant who fails neurology or neurological surgery or any two (2) other subjects may apply for re-examination and, if he does so, will be required to take the entire examination. If a candidate has failed twice and wishes to re-apply, he must first withdraw from practice and take a minimum of six (6) months period of formal study which shall be consecutive and shall be carried out in an approved center for neurosurgical training. Foreign and other centers may be employed only by specific permission of the Board. He shall re-apply as soon as his study period has been completed and, if his credentials are in proper order, must take the examination within one (1) year. Failure of the total examination shall require a further six (6) months of formal training and re-application as before.

BOARD ELIGIBILITY

One becomes Board eligible after his training has been approved by the Credentials Committee. If he fails to take the examination within three (3) years, he is no longer Board eligible and must re-apply as a new candidate.

If he fails the examination and does not re-apply within three (3) years, he is no longer Board eligible.

PAYMENT OF FEES

The fee for Certification shall be two hundred dollars (\$200.). The candidate for examination on filing his application shall accompany it with an application fee of twenty-five dollars (\$25.). The application fee will not be returned even though the application for examination is denied. When notified by the Secretary-Treasurer that he is eligible for examination, he shall send the examination fee of one hundred seventy-five dollars (\$175.) to the Secretary-Treasurer at least two (2) weeks before the date of the examination.

A candidate who has failed in one (1) examination is eligible for re-examination in the subject, or subjects, in which he failed within three (3) years, on payment of a re-examination fee of one hundred fifty dollars (\$150.). If the holder of a Foreign Certificate returns to or remains in the United States of America or Canada to practice and re-appears before the American Board of Neurological Surgery after two (2) years of practice in the United States of America or Canada, he shall pay a re-examination fee of one hundred fifty dollars (\$150.).

If the candidate has failed twice and wishes to re-apply, his application must be submitted with an application fee of twenty-five dollars (\$25.) When notified by the Secretary-Treasurer that he is eligible for examination, he will send the examination fee of one hundred seventy-five dollars (\$175.) to the Secretary-Treasurer at least two (2) weeks before the date of examination. If the candidate should sustain a partial failure and is eligible for re-examination in the subject or subjects in which he failed within three (3) years, he must repeat that portion of the examination that he failed by the payment of re-examination fee of one hundred fifty dollars (\$150.).

REVOCATION OF CERTIFICATES

Any certificate issued by the Board shall be subject to revocation at any time the Board shall determine in its sole discretion that the candidate to whom the certificate was issued either was not properly qualified to receive it, or has since become disqualified.

DIPLOMATES

A complete list of diplomates of the American Board of Neurological Surgery appears in the Directory of Medical Specialists, published by Marquis' Who's Who, Inc., Chi-

cago, Illinois. The By-Laws of the American Board of Neurological Surgery are also set forth in this Directory. A list of new diplomates is published in the Journal of Neurosurgery, shortly after each examination.

APPROVED RESIDENCIES

Training programs in neurological surgery are passed upon by the Residency Review Committee for Neurological Surgery, consisting of three (3) representatives of the Council on Medical Education of the American Medical Association and three (3) representatives of the American Board of Neurological Surgery. Actions of this Committee are then subject to ratification by the full membership of the American Board of Neurological Surgery. Each training program is reconsidered by the Residency Review Committee every three (3) years. When the directorship of a training program changes, the new director should inform the American Board of Neurological Surgery and the Council on Medical Education of the AMA promptly of this change. The program will then be reviewed at this time rather than waiting until the usual three (3) years interval has been completed.

A Directory of Approved Internships and Residencies is available in most medical libraries or upon request from the American Medical Association Council on Medical Education, Chicago, Illinois.

Institutions offering residencies in neurological surgery must provide ample facilities for well-rounded training in this specialty. The clinical material must be sufficient to provide adequate experience for the trainee. The residency period must be chiefly clinical and not didactic, and there should be continuous concurrent instruction in the basic neurological sciences and medical neurology, particularly as they relate to neurosurgery. There must be training in the surgical performance of contrast studies and the indication for these studies, as well as the pre- and postoperative care of each patient subjected to the various procedures. The training must also include the evaluation of such contrast studies. The minimal requirement recognized for approval of a training service is two hundred (200) major surgical procedures, including at least twenty-five (25) surgically verified intracranial neoplasms, for each resident completing his training each year. Every director of an approved training program in neurological surgery is expected to provide or arrange for each of his trainees to receive the full four (4) years of training in his own or other approved programs.

From time to time written examinations on a country-wide basis, conducted with the aid of the National Board of Medical Examiners, may be given to trainees during the course of their formal training.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

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CLYDE L. RANDALL, Secretary-Treasurer, 100 Meadow Road, Buffalo, N.Y. 14216

THE WRITTEN EXAMINATION

The written examination, given in July of each year, consists of a 3-hour comprehensive written examination in obstetrics-gynecology and the related basic sciences. The examination is conducted by selected proctors at designated centers in the United States and Canada.

A passing grade is 75%.

For candidates who are in Military or other Governmental Service outside the United States or Canada, arrangements will be made, by the Board Office, for a senior officer to supervise the written examination of a candidate or candidates.

REQUIREMENTS

For a U.S. or Canadian citizen, the following are required:

1. The possession of the degree of Doctor of Medicine (or equivalent degree) from an institution of learning acceptable to the Council on Medical Education of the American Medical Association.

2. The completion of a *progressive* residency in obstetrics-gynecology of three or more years duration approved by the Residency Review Committee for Obstetrics and Gynecology or the Council of the Royal College of Physicians and Surgeons of Canada, an experience which must include the usual length of time as senior or chief resident in the program currently approved as a complete residency.

For a graduate of a foreign medical school, the following are required:

1. Possession of a permanent E.C.F.M.G. certificate or unlimited, permanent licensure to practice in at least one of the United States, one of its territories, or a province of Canada.

2. Completion of an approved residency as currently required of the graduates of U.S. and Canadian schools.

For a graduate of a foreign medical school who has not completed an approved residency in the United States or Canada, documentary evidence of the following are required:

1. An educational in-hospital experience which the Board considers comparable to that of an approved residency.

2. Verification of Citizenship or official Declaration of Intention to become a citizen of the United States or Canada.

3. Unlimited, permanent licensure to practice in at least one of the United States, one of its territories, or a province of Canada.

4. Eighteen months of practice limited to obstetrics-gynecology in the United States, one of its territories or a province of Canada.

Time Limitation to take the Written Examination:

Upon completion of an approved residency program (currently listed by the Council on Medical Education of the American Medical Association) a candidate becomes eligible to take the next scheduled Written Examination.

Since 1966 a candidate has been required to take the Written Examination at one of the next three regularly scheduled Written Examinations after fulfillment of the requirements.

Failure to write the examination within three years makes a candidate ineligible. An exception to this rule can only be made by action of the Board.

APPLICATION

Application forms for the written examination scheduled for late June of each year may be obtained from the office of the Board. The application, completed in all details, together with an application fee of \$25 must be received in the Board office on or before November 30th of the year preceding the examination. *Applications postmarked after*

November 30th will not be accepted for the next June examination, but will be considered for the succeeding examination, a year later.

Endorsement and verification of residency experience are requested by the Board (as a part of the application form) from (a) the Director or Superintendent of the hospital, and (b) the current Chief of the obstetric-gynecologic residency program indicating:

1. That the candidate is making satisfactory progress as a resident.
2. The anticipated date on which the candidate will complete his residency program.

Each application will be considered in accordance with the requirements effective in the year admission to the examination is requested. The Board will make a final decision concerning the applicant in the light of all circumstances affecting his eligibility.

If his application indicates fulfillment of the requirements by June 30th of the year of examination, the candidate will be notified of his eligibility and requested to remit the \$75 examination fee promptly. This examination fee is in addition to the \$25 application fee.

Before the date of the examination the candidate will receive an Admittance Slip. The lower half must be returned to the Board Office, 100 Meadow Road, Buffalo, N.Y. 14216, to verify the candidate's intent to write the examination.

ADMITTANCE TO THE
WRITTEN EXAMINATION

On the day and at the place of examination the candidate must present to the proctor the upper portion of the Admittance Slip, which must have been signed by the Administrator of the hospital, attesting to the candidate's satisfactory completion of his residency program.

REAPPLICATION

When the Credentials Committee has ruled that an applicant has not fulfilled the requirements and his application is not accepted, a reapplication will be considered subject to the requirements effective in the year of reapplication.

A candidate to take the written examination, *once notified that he is being scheduled*, will not be required to submit a new application (if re-examination proves to be necessary) in order to write the examination at a later date.

A candidate to take the written examination, *who has been notified that he has been scheduled but fails to write the examination*, forfeits the \$75.00 examination fee.

RE-EXAMINATIONS

A candidate notified of his failure to pass the written examination may, without reapplication, write it again by submitting a written request to the Board office provided, (1) the request is postmarked on or before November 30th preceding the next June examination, and (2) no more than two years have elapsed since the candidate previously failed. He must again pay the \$75.00 examination fee when notified that he is scheduled for re-examination.

A request for re-examination postmarked after November 30th will not be considered until the following year.

BOARD ELIGIBLE

This Board considers a candidate Board Eligible when:

1. He has passed the Written Examination, and
2. has unlimited permanent licensure and is limiting a professional practice to obstetrics-gynecology in one of the States or a Territory of the United States or a Province of Canada.

If a Board Eligible candidate fails to pass the Oral Examination within three years after the requirements to take it has been fulfilled, his eligibility is forfeited. He may

thereafter regain Board Eligible status only by again passing the Written Examination.

THE ORAL EXAMINATION

The oral examination is designed to test the general qualifications of the candidate as a specialist in obstetrics-gynecology, the extent of his experience and knowledge in clinical obstetrics-gynecology as well as in related basic sciences, and his familiarity with recent obstetric-gynecologic literature. The candidate is expected to recognize and discuss photographs illustrating the pathology of obstetric-gynecologic disease.

After examination, written reports are submitted and each candidate is then passed or failed by the vote of the Directors of the Board. After the decision is made that a candidate failed or passed the examination, no records are preserved that will permit later review of the candidate's oral examination. In the event of failure, a candidate may request re-examination at the next regularly scheduled oral examination but to do so *he must request in writing on or before February 28* preceding the next November examination. Each re-examination will be conducted by a different group of examiners who will not have knowledge of a candidate's previous failure.

Because of the time limitation regarding the oral examination, candidates are urged to apply for the oral examination as soon as they have passed the written examination and have fulfilled all other requirements. The three-year period in which the candidate must pass the oral examination begins when the requirements have been fulfilled.

REQUIREMENTS

For a citizen of the United States or Canada the following are required:

1. A passing grade in the written examination one or more calendar years preceding the date of application to take the oral examination.
2. Unlimited license to practice medicine in one of the states, a territory of the U.S., or a province of Canada.
3. Before application, not less than eighteen consecutive months of
 - (a) post-residency practice, limited to obstetrics-gynecology, or
 - (b) clinical or educational responsibility in an institutional setting, or
 - (c) responsibility for patient care in governmental service.

The Board may require detailed information regarding post-residency experience in governmental service or in an institutional setting that provides clinical or educational responsibility in obstetrics and gynecology.

4. The candidate's good ethical and professional character, standing and reputation must be established to the satisfaction of the Board. The Board will request comment by administrative officers of organizations and institutions in which the candidate is known. Endorsement and testimonials in support of a candidate's application will be regarded as information of lesser significance than that gained in answer to the confidential inquiries made by the Board.

For a foreign born candidate, not a citizen of the U.S. or Canada, the following are required:

1. A passing grade in the written examination one or more calendar years preceding the date of application to take the oral examination.
2. A notarized statement providing evidence of an official Declaration of Intention to become a citizen of the United States or Canada.
3. Documentary evidence of the date of unlimited licensure to practice medicine in at least one of the states or a territory of the U.S., or a province of Canada.
4. Fulfillment of the same post-residency time in practice limited to obstetrics-gynecology requirement, as well as the

REQUIREMENTS FOR CERTIFICATION

evidence of the candidate's good ethical and professional standing currently required of U.S. and Canadian citizens.

APPLICATION

Application forms may be obtained from the office of the Board. Applications to take the oral examination will be considered for the oral examination in November of the year of application if (1) the application is complete and (2) is postmarked between January 1st and February 28th (inclusive).

LISTS OF PATIENTS

Each application or reapplication to take the oral examination must be accompanied by (1) payment of the \$25 application fee (in U.S. currency) and (2) a verified duplicate typewritten list of all patients dismissed from the candidate's care in each hospital where he has practiced during the twelve months immediately preceding the month of application. The patients listed must be only those for whom the candidate assumed the major responsibility. Interpretation of "major responsibility" implies that the candidate has personally operated upon, attended the delivery or maintained control of the patient's management. For each hospital, a separate list of obstetric and gynecologic patients should be prepared across unbound sheets of white paper 8½ x 11 inches. Each list (not each page) must show verification by the Record Librarian or the Director of the Hospital.

The list of patients will be used as a basis for questions during the oral examination, and will not be returned to the candidate.

STATEMENT OF CLINICAL RESPONSIBILITY

A candidate in a full-time institutional position or in governmental service at the time of application to take the oral examination may be requested to submit a Statement of Clinical Responsibility in addition to his list of patients. This information must be reported in duplicate on the special form which can be obtained from the Board office.

POSTPONED ELIGIBILITY

When the Board notifies a candidate of his ineligibility and advises reapplication after one or two years, he must again pay the application fee and submit with his application between January 1 and February 28, a verified duplicate list of all patients dismissed from his care in each hospital where he has practiced during the twelve months preceding the month of reapplication to the oral examination.

RE-EXAMINATIONS

Once a candidate's application has been accepted and he has failed to pass the oral examination, his accepted application remains valid (without payment of additional application fee) during the three calendar years of his eligibility. A request for re-examination (1) must be postmarked between January 1 and February 28 (inclusive), and (2) accompanied by a duplicate list of all patients dismissed from the candidate's care in all hospitals during the 12 months immediately preceding the month in which re-examination is requested.

A new and current list of patients will be due with each request for re-examination.

WHEN CANDIDATE POSTPONES ORAL EXAMINATION

A candidate who fails to take the Oral Examination the year in which his application was accepted—

1. Forfeits the \$100.00 examination fee but need not submit a new application.
2. Must request by letter—between Jan. 1 and Feb. 28 (inclusive) to be scheduled to take the Oral Examination the following November.
3. Is required to submit in duplicate verified typewritten current lists of all patients dismissed from his care in each hospital during the twelve months immediately preceding his request to be scheduled to take the Oral Examination.

Letters of request and patient list postmarked after the last day of February will not be considered for the oral examination the following November.

TIME LIMITATION TO PASS ORAL EXAMINATION

A candidate who fails to pass the oral examination *within 3 years after the requirements have been fulfilled*, must write the Board office asking to be scheduled for the next written examination. (A new application may be necessary.)

Only by again passing the written examination can he regain eligibility to reapply for the oral examination.

FEES

The fees have been computed to cover the cost of examinations and administrative expense and will not be refunded. All fees must be paid in U.S. currency.

THE WRITTEN EXAMINATION

The application fee of \$25.00 must be enclosed with an application to take the written examination. The candidate will be notified when his application has been approved, at which time the \$75.00 examination fee will be due.

THE ORAL EXAMINATION

The application fee of \$25.00 must be enclosed with an application to take the oral examination. A candidate notified of his eligibility is required to pay the \$100.00 examination fee before he will be scheduled to take the oral examination.

The examination fee is due each time a candidate is notified of the date he can be scheduled to take the oral examination.

TYPES OF BOARD APPROVAL

CERTIFICATE

A Certificate will be issued to a non-citizen of the U.S. or Canada (1) who has completed an approved residency and passed the written examination, (2) if he is not licensed to practice in the U.S. or Canada; and (3) if he provides evidence that he is in practice in a foreign country. A Certificate attesting to the passing of the written examination does not of itself confer or purport to confer upon any person any degree, legal qualifications, or privileges.

DIPLOMA

A Diplomate of this Board is one who has received the Board's Diploma attesting that he has passed the oral examination.

Each Diploma granted or issued does not of itself confer or purport to confer upon the individual any degree or legal qualifications, privileges or license to practice obstetrics-gynecology; nor does the Board intend in any way to interfere with or limit the professional activities of any duly licensed physician who is not a Diplomate of the Board.

The privileges granted physicians in the practice of obstetrics-gynecology in any hospital are the prerogative of that hospital, not of this Board.

"BOARD CERTIFIED"

Only Diplomates of this Board are listed in the Directory of Medical Specialists* as "Certified," and are so designated in the American Medical Directory. The Board does not assume responsibility for the listing of certified Diplomates in the Directory of Medical Specialists. To be so listed the Diplomate must not fail to return the bibliographic form mailed to each specialist by the Marquis Company prior to the publication of each edition of the Directory.

REVOCATION OF DIPLOMA

Each candidate, when making application, signs an agreement regarding disqualification or revocation of his Diploma for cause. Revocation may occur whenever:

1. The physician shall not in fact have been eligible to receive the Diploma, irrespective of whether or not the facts

constituting such ineligibility were known to or could have been ascertained by this Board, its members, Directors, examiners, officers, or agents at or before the time of issuance of such Diploma.

2. Any rule governing examination for the Diploma shall have been violated by the physician but the fact of such violation shall not have been ascertained until after the issuance of his Diploma.

3. The physician shall violate the standards of the ethical practice of medicine then accepted by organized medicine in the locality in which he shall be practicing, and, without limitation of the foregoing, the forfeiture, revocation or suspension of his license to practice medicine, or the expulsion from, or suspension from the rights and privileges of membership in any County or District Society shall be evidence of a violation of such standards of ethical practice of medicine.

4. The physician shall fail to comply with or violate, or the issuance or receipt by him of such Diploma shall have been contrary to or in violation of, the Certificate of Incorporation, the By-Laws or the Rules and Regulations of this Board. Upon revocation of any Diploma by this Board as aforesaid, the holder hereof shall return his Diploma and all other evidence of qualification to the Secretary of the Board and his name shall be removed from the list of Diplomates.

RESIDENCY PROGRAMS

The contents of the Essentials of Approved Residencies and Fellowships as well as of the Guide for Residency Programs in Obstetrics and Gynecology, published by the Council on Medical Education of the American Medical Association, should be known by those who desire to conduct an approved program.

Application for approval of a residency program must be made on special forms obtainable from the Secretary of the Residency Review Committee for Obstetrics and Gynecology in the office of the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610. Following inspection of the proposed program by a representative of the Council, the application will be submitted to the Residency Review Committee for consideration and action.

The Residency Review Committee, sponsored jointly by the American Board of Obstetrics and Gynecology, the American College of Obstetricians and Gynecologists, and the Council on Medical Education of the American Medical Association, is composed of twelve Obstetrician-Gynecologists who have had experience in the organization and supervision of approved residency programs in obstetrics and gynecology. The sponsors have reviewed and approved the policies of the Committee and have delegated to it full authority to act.

To be approved, a residency program must be designed to provide an educational opportunity for the resident that is progressive both in experience and responsibility. All such programs must achieve a balance between academic activities and the clinical experiences acquired through the care of patients. The total number of residents in an approved program must not exceed the number indicated in the notice of current effective approval by the Residency Review Committee for Obstetrics and Gynecology unless such change has been agreed to and acknowledged by correspondence with the Residency Review Committee.

DIRECTOR OF PROGRAMS

There must be a single administrative head of obstetrics-gynecology responsible for all aspects of the residency program. This director and at least one additional member of the staff should be Diplomates of this Board. When obstetrics-gynecology are not a combined department, the chief of each division and at least one of his associates must be Diplomates

of this Board. If gynecology exists as a subdivision of general surgery the program will be approved only if the chief gynecologist and at least one other member of the subdivision meet the above requirements. When the divisions of obstetrics-gynecology are not combined in a given institution or when one or the other of the divisions is located in an affiliated institution, approval for residency training is contingent upon the direction of a single chief to assure integration of teaching and a satisfactory rotation of residents between obstetrics and gynecology.

CONTENT OF RESIDENCY PROGRAM

1. The American Board of Obstetrics and Gynecology require not less than 36 months of progressive residency experience in clinical obstetrics-gynecology.

2. In the final year the resident's experience must include the responsibilities of the chief or senior resident of the program for the usual time as the residency was approved by the Residency Review Committee for Obstetrics and Gynecology.

3. When the resident's internship experience has been gained in a hospital conducting an approved residency in obstetrics-gynecology, a four or more months assignment to the obstetrics and/or gynecologic service is time acceptable as a portion of the clinical experience required of the resident obstetrician-gynecologist. This accredited time during the internship will not be acceptable as a means of shortening the total post-internship time required in the residency experience, but will be acceptable as a provision enabling variation in the content of the individual resident's program, e.g. assignment to such allied services as anesthesia, radiation therapy, endocrinology, etc.

4. When residency experience is acquired in more than one residency, the application must be accompanied by verification of satisfactory performance in each residency program.

5. The Board recognizes that some residency programs, in order to add desirable experience in addition to the minimal requirements described in the preceding paragraphs, may extend beyond three years. It is emphasized that a residency longer than three years must provide progressive responsibility in both obstetrics and gynecology for each resident in the program.

6. If a program allows a resident who has completed its requirements to remain in an administrative or teaching capacity, his duties must not detract from the graduated responsibilities of the other residents in that program.

7. Education in the basic sciences should be integrated with clinical experience to emphasize the application of the several divisions of these fields to total care of the patient. Assignment to a basic science course which removes the candidate from daily contact with obstetrics-gynecology cannot be permitted within the required minimal time of clinical responsibility in an approved program.

8. An exchange of residents between approved programs of obstetrics-gynecology is acceptable but an exchange into other specialties cannot be permitted within a three-year residency program designed to fulfill only the minimum of required clinical experience in obstetrics-gynecology.

9. Assignment of residents to the clinical services of institutions not approved for residency training cannot be permitted unless (1) the work of such service is carefully supervised by the chief of the approved residency program to which the resident has been appointed, and (2) the arrangement has been described in the hospital information form supplied to the Residency Review Committee and the exchange or rotation was approved by the Committee at the time the program was considered.

10. Each resident is expected to keep a record of the number and type of obstetric and gynecologic procedures performed during his entire residency, so that he would be able, if requested to do so, to demonstrate the adequacy of

his operative experience as a resident.

11. A resident may not be considered to have properly fulfilled his educational opportunity if he maintains his own private practice. This statement is not to be construed as preventing the resident from assuming the responsible or major role in the management of patients assigned to him in his capacity as a resident.

RESPONSIBILITIES OF A CANDIDATE

It is the responsibility of the candidate to be informed in regard to the current requirements of the Board. The Board does not assume the responsibility of notifying a candidate of the impending loss of his eligibility to take an examination.

Any physician who formally obligates himself to enter a residency program approved by the Residency Review Committee, who later 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 eventually be required to provide an explanation that is satisfactory to this Board.

GOVERNMENTAL SERVICES

1. Residency Experience

An applicant on service in obstetrics-gynecology, under orders in a governmental hospital, may be credited with an approved residency experience only if that hospital is conducting a currently approved residency program in obstetrics-gynecology.

2. Time-in-Practice Requirement

- (a) If a candidate for the oral examination has been on continuous active duty in governmental service at least 18 months, provides a statement verifying the date of beginning active duty attached to the candidate's application, and the Board has received favorable reports of his activities, this experience may fulfill the time-in-practice requirement even though his professional responsibilities while in governmental service have not included the care of obstetric-gynecologic patients.
- (b) If a candidate for the oral examination has fulfilled a portion of the required 18 months in obstetric-gynecologic practice as a civilian before entering governmental service, the remainder of the time needed to fulfill his 18 month's requirement may be time in governmental service regardless of whether or not his assigned duties included the care of obstetric-gynecologic patients, provided: a statement verifying the date of beginning active duty is attached to the candidate's application, and the Board has received favorable reports of his professional activities while in service.

LOCATION OF PRACTICE

A candidate who has been in practice less than 18 months in one community may add time-in-practice in a second location, but under such circumstances, confidential inquiries by the Board will be initiated in each area in which the candidate has been in practice during his fulfillment of the 18 months time-in-practice requirement.

SINGLE CERTIFICATION

A physician otherwise qualified, who was graduated before January 1, 1939, whose required training was in obstetrics or gynecology alone, and who has confined his practice to obstetrics or gynecology for five years immediately prior to application, may be accepted for examination as a candidate for certification in either obstetrics or gynecology. Knowledge of both obstetrics and gynecology will be required during the examination and no candidate for such single certification will be accepted after 1969.

EMERGENCY CARE: LIMITATION OF PRACTICE

It is permissible for candidates and Diplomates of the American Board of Obstetrics and Gynecology to participate in emergency care. Physicians who assume responsibility for the care of male patients in their private or other practice, for operative or other care, cannot be regarded as specialists in obstetrics-gynecology, except when this is related to governmental services or emergency care.

TIME LIMITATIONS

The written examination must be taken at one of the next three regularly scheduled examinations after completion of an approved residency program.

The candidate who fails to pass the written examination must take it again within three years or risk the loss of his eligibility to take the written examination.

A candidate who passes the written examination and has fulfilled all other requirements for the oral examination is urged to apply to take the oral examination at the earliest opportunity. If a Board-eligible candidate does not pass the oral examination within three years after the requirements to take it have been fulfilled, his eligibility is forfeited. He may thereafter regain Board eligible status only by (1) writing the Board office asking to be scheduled to write the next examination (a new application may be necessary), and (2) by again passing the written examination.

AMERICAN BOARD OF OPHTHALMOLOGY

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REQUIREMENTS

All applicants must comply with current regulations of the Board.

Applicants must be of high moral, ethical and professional standing. In determining whether an applicant has such high moral and ethical standing, the Board and its committees shall apply the Principles of Medical Ethics of the American Medical Association as interpreted from time to time by the Judicial Council of the American Medical Association. An applicant's professional standing may be determined in part on the basis of the ophthalmic operations which he performed within the two years immediately preceding the filing of his application or during residency, which shall be summarized in the application.

Applicants must have graduated from a medical school in the United States of America or Canada which is acceptable to the Board. Schools approved by the American Medical Association's Council on Medical Education are acceptable. An applicant may have graduated from a medical school of some country other than the United States of America or Canada, but he will not be eligible for certification by the Board unless he is certified by the Educational Council for Foreign Medical Graduates, or, if a citizen of the United States, is licensed to practice medicine in one of the states of the United States or has passed the examination of the National Board of Medical Examiners.

Applicants must have a valid license to practice medicine

in a state of the United States or a province of Canada, or, in the case of a citizen of a country other than the United States or Canada, of the nation where he intends to practice unless a license to practice is not required by the law of such jurisdiction.

Applicants must have completed a satisfactory course of postgraduate studies including active clinical experience and didactic instruction. Individuals who have completed a minimum of thirty-six (36) months of residency and basic science courses in ophthalmology may apply for the written qualifying test after completion of twelve (12) additional months of institutional work or ophthalmic practice. Applicants must have completed a minimum total of forty-eight (48) months of ophthalmology *by the date of the written qualifying test*. Applicants with less than thirty-six (36) months of formal residency may take the qualifying written test after completion of sixty (60) months in ophthalmology solely or after seventy-two (72) months of combined ophthalmology and otolaryngology. Credit for completion of basic science courses may not exceed twelve (12) months.

SPECIAL OPHTHALMIC TRAINING

Specialized training leading to competence in ophthalmology may be obtained by graduate studies in the medical sciences, by research, and by residency training. A candidate is expected to be familiar with the fundamental sciences pertaining to ophthalmology and with their application in the diagnosis and treatment of ocular diseases and abnormalities. The following studies are considered fundamental to the adequate practice of ophthalmology:

1. Anatomy, histology, and embryology of the eye and ocular adnexa
2. Developmental abnormalities of the eye and ocular adnexa and their enzymatic, genetic and chromosomal basis
3. Biochemistry, nutrition, and metabolism of the eye
4. Physiology of the eye and ocular adnexa
5. Microbiology and immunology as related to ophthalmology.
6. Physical, physiologic, and geometric optics
7. Histopathology
8. Systemic diseases and their ocular manifestations
9. Pharmacology, toxicology and therapeutics
10. Neuro-ophthalmology
11. Principles of ophthalmic surgery

Special training in ophthalmology may be obtained in a variety of ways:

1. By study in a systematic course of the basic sciences related to ophthalmology.
2. By means of organized study of basic topics with appropriate laboratory aids during the period of residency training.
3. By research carried out in an established laboratory under the supervision of an experienced investigator, with the development of special skills in certain of the basic sciences. It must be recognized that investigation frequently involves a limited sphere of knowledge and that an applicant must make provision for instruction in areas of knowledge which is not encompassed by his research experience.
4. Individual courses in basic sciences are provided by various institutions and permit the candidate intensive instruction in special areas.
5. The Home Study Course in ophthalmology of the American Academy of Ophthalmology and Otolaryngology may be used to supplement other courses. It constitutes a valuable method of organizing and applying the results of one's reading.

CLINICAL EXPERIENCE

Clinical experience can be obtained only by means of

the examination, diagnosis, and care of many patients having a wide variety of ocular disorders. A residency, fellowship or traineeship in an approved hospital provides the most effective way of obtaining adequate clinical skill.

MILITARY SERVICE

Credit for military service is based upon individual consideration of the medical activities of the applicant by the Board, and full information concerning the type of assignment, the clinical experience and the supervision must be provided with the application.

APPLICATIONS

Applicants who wish to be examined by the Board shall complete, sign and file with the Secretary-Treasurer an application on the official form then in use by the Board, together with the supporting data required by the application. Applications may be obtained from the Secretary-Treasurer. *Applications must be postmarked no later than July 1st in order for the applicant to be considered for the written qualifying test to be conducted during the following calendar year.*

Applications shall be accompanied by a check payable to the Board for \$150 to cover the application fee. No application will be considered until the fee and all required supporting data, including letters of endorsement, have been received by the Secretary-Treasurer. Scientific books and papers published by the applicant should be listed in the application.

Applicants who meet all requirements are admitted to the written qualifying test if the application is approved by the Board.

Officers of the Board and members of the Board of Directors are not authorized to estimate the eligibility of applicants, who are requested not to discuss or write for opinions regarding the status of their applications. After an applicant has been advised by the Board that he has been accepted for examination, he shall promptly submit to the Secretary-Treasurer a photograph of himself, signed by him, which shall be used to identify him when he presents himself for examination.

SPECIAL REVIEW OF SURGICAL CASES

Applicants must submit with the application a numerical summary of all ophthalmic operations performed within the previous two years or during residency. This list must be typed on 8½" x 11" white bond paper and include the following information:

1. Summary giving the totals of each category of surgery indicating whether assistant or surgeon. For example, number of cataract extractions, number of glaucoma operations, number of retinal detachment procedures, etc.
2. The surgery should be confirmed by the appropriate authority within the hospital, or in the residency by the department or division Chairman.

FEES

The current fees of the Board are as follows:
 Application fee, \$150, payable with application
 Oral examination, \$100, payable on successful completion of the written qualifying test
 To repeat the written qualifying test, \$100
 To repeat the entire oral examination, \$100
 To repeat a single portion of the oral examination, \$35
 To repeat two or more portions of the oral examination, \$50

The application fee, oral examination fee and re-examination fees charged by the Board have been determined on the basis of the costs incurred by the Board in the examination of applicants and the administration of its business and may be modified from time to time by the

Board of Directors. The members of the Board serve without compensation except reimbursement of actual expenses.

TIME LIMIT

An applicant who fails to take the written qualifying test within twenty-four (24) months after notice has been sent to him that his application has been accepted will not thereafter be accepted for examination unless he submits a new application for approval by the Board and an additional application fee.

An applicant must complete successfully the written test and the entire oral examination within seventy-two (72) months after notice has been sent to him that his application has been accepted. Thereafter, he shall be required to submit a new application for approval by the Board and application fee, and pass another written qualifying test, before being admitted to the oral examination.

WRITTEN QUALIFYING TEST

Before being accepted for oral examination, each applicant must pass a written qualifying test. This is a multiple choice test usually consisting of 200 questions which may cover any topics of ophthalmology and are especially devoted to the following subjects:

1. Anatomy and histology
2. Embryology and developmental anomalies
3. Biochemistry, nutrition and metabolism
4. Physiology
5. Microbiology, Immunology, and external diseases
6. Optics and refraction
7. Medical ophthalmology (systemic diseases)
8. Ocular motility
9. Neuro-ophthalmology
10. Pharmacology, toxicology and therapeutics
11. Histopathology
12. Surgery

The test has been described in the Board's brochure entitled "Written Qualifying Test."

The written qualifying test is given simultaneously in a number of designated cities in January of each year. An applicant who passes the written qualifying test shall submit to the Secretary-Treasurer a check payable to the Board for \$100.00 to cover the fee for the oral examination and shall thereafter be eligible to take the oral examination. An applicant who fails the written qualifying test may apply for reexamination and will be permitted to repeat the examination if he presents evidence of acceptable additional training and pays the reexamination fee of \$100.00. If an applicant does not repeat the test within twenty-four (24) months after such failure, he will be required to submit a new application for approval by the Board and an additional application fee. *An applicant who fails the written qualifying test on two or more occasions may submit a new application for approval by the Board and an additional application fee but will be required to present evidence of acceptable additional training.*

BOARD ELIGIBILITY

The Board is often asked by hospitals and other groups whether a candidate is "Board Eligible." No candidate can consider himself board eligible until after he has successfully passed the Written Qualifying Test.

ORAL EXAMINATIONS

Oral examinations are usually held twice annually at a time and place determined by the Board and shall be announced in the Journal of the American Medical Association. The Board reserves the right to limit the number of candidates admitted to any scheduled examination and to designate the candidates to be examined. *The oral examination must be taken within twenty-four (24) months after notice has been sent to the applicant that he has passed the*

written qualifying test, or the applicant shall be required to submit a new application for approval by the Board and an additional application fee, and again pass the written qualifying test.

If an applicant fails to pass all subjects within three or fewer partial or complete examinations, he shall be required to submit a new application for approval by the Board and application fee, and pass another written qualifying test, before being admitted to the oral examination.

The oral examination is divided into the following Topics:

1. External diseases
2. Medical ophthalmology
3. Histopathology
4. Refraction
5. Ocular motility
6. Neuro-ophthalmology
7. Principles of ophthalmic surgery

1. EXTERNAL DISEASES OF THE EYE AND ADNEXA. Kodachrome pictures or slides of common conditions affecting the external eye and its adnexa are used as a basis for discussion. Candidates are expected to be familiar with the principles of instruments used in biomicroscopy and in gonioscopy. Methods of examination, diagnoses and treatment will be discussed.

2. MEDICAL OPHTHALMOLOGY. Candidates are expected to demonstrate a broad knowledge of systemic diseases with particular reference to their manifestations in the eye and adnexa. It is anticipated that candidates will be familiar with the advantages of the various types of ophthalmoscopes and with other methods of examining the ocular fundus. A series of illustrations and abnormalities of the ocular fundus will be used as a basis for discussion of various ocular and systemic diseases.

3. HISTOPATHOLOGY. Candidates are expected to be familiar with the general pathology as well as with the pathogenesis and pathophysiology of diseases of the eye. They should recognize normal histologic appearance and pathologic changes, and are expected to carry out microscopic examination of a series of sections of eyes with a variety of disorders. They should be familiar with various microorganisms causing ocular disease and the methods used to demonstrate them.

4. REFRACTION. Candidates are expected to demonstrate familiarity with the following:

- (a) The underlying optical principles of refraction and retinoscopy;
- (b) The various types of spectacle lenses and the effects of decentration, tilting, and the like;
- (c) The indications for various methods of examination;
- (d) Contact lenses, visual aids for low visual acuity, colored lenses, and various types of safety lenses.

5. OCULAR MOTILITY. Candidates should understand the anatomy and physiology of the neuromuscular mechanism for binocular vision. They should be able to discuss in detail the onset, course, and management of various types of comitant and non-comitant deviations. They are expected to discuss in detail abnormal sensory mechanisms and the methods of diagnosis and treatment.

6. NEURO-OPHTHALMOLOGY. Candidates are expected to be familiar with ophthalmic manifestations of various neurologic disorders. They are expected to know the anatomy and physiology of the central connections of the eye and their variation in disease. They should recognize the common abnormalities involving the orbit and related structures as demonstrated on roentgenographic examination. They should understand the diagnostic measures required to demonstrate various neurologic disorders and the manifestations of disease as demonstrated on the perimeter and tangent screen.

7. PRINCIPLES OF OPHTHALMIC SURGERY. Candidates should understand the principles of ophthalmic surgery in-

cluding the pathogenesis, course, and treatment of various surgical disorders of the eye. They should understand the use of radiant energy in the management of ocular disease. They are expected to be familiar with the management of trauma to the orbit and its soft tissues. They should be able to indicate the methods of diagnoses, the differential diagnoses, and the management of various ocular disorders. They should be familiar with the indications, the prognosis, the complications and their management, and the long-term results of various surgical procedures.

RE-EXAMINATION

An applicant who fails the written qualifying test may apply for re-examination and will be permitted to repeat the test if he presents evidence of acceptable additional training and pays the re-examination fee of \$100.00. If an applicant does not repeat the test within twenty-four (24) months after such failure, he will be required to submit a new application for approval by the Board and an additional application fee. An applicant who fails the written qualifying test on two or more occasions may submit a new application for approval by the Board and an additional application fee but will be required to present evidence of acceptable additional training.

An applicant who fails the entire oral examination may apply for re-examination and will be permitted to repeat the examination within twenty-four (24) months after such failure if he presents evidence of acceptable additional training and pays the re-examination fee of \$100.00. However, re-examination will not be permitted for a period of twelve (12) months following such failure, in order to allow time for such additional training.

An applicant who fails one or more topics in the oral examination, but not the entire examination, may apply for a re-examination limited to the subjects which he failed to pass. He shall present evidence of acceptable additional preparation and shall pay a re-examination fee of \$35.00 to repeat the examination on one topic or \$50.00 on two or more topics.

The Board, in its discretion, may deny candidates the privilege of re-examination with respect to either the written qualifying test or oral examinations, or with respect to parts of the latter on the ground of inadequate additional training or preparation, as the case may be.

RESULTS OF EXAMINATIONS

Within a reasonable time after completion of the written or oral examinations, the applicant shall be notified by the Secretary-Treasurer as to the results thereof. The decision of the Board as to the results of the written or oral examination shall be final and conclusive.

CERTIFICATION

An applicant who successfully passes both the written qualifying and oral examinations within the required time limitations hereinabove set forth, as determined by the Board in its sole discretion, shall be entitled to receive a certificate without further consideration of his qualifications by the Board. Physicians who have received the certificate are DIPLOMATÉS (not members) of the Board. The only members of the Board are the component societies, namely, the American Ophthalmological society. The American Academy of Ophthalmology and Otolaryngology, and the Section on Ophthalmology of the American Medical Association.

REVOCATION AND PROBATION

A certificate of the Board may be revoked or the certificate holder placed on probation, in accordance with the rules and regulations of the Board, on the following grounds:

- (a) If the certificate was issued contrary to or in violation of any rule or regulation of the Board.

- (b) If the certificate holder was not eligible to receive, or has since become ineligible to hold, the certificate,
- (c) If the certificate holder made any misstatement or material omission of fact to the Board in his application or otherwise,
- (d) If the certificate holder is convicted of a crime which involves moral turpitude,
- (e) If a license to practice medicine of the certificate holder is forfeited, revoked or suspended, or he is expelled from one of the societies which is a member of the Board, a county medical society, a state medical association, or the American Medical Association, or
- (f) If the certificate holder is guilty of unethical conduct or any other conduct which brings the specialty of ophthalmology into disrepute.

The American Board of Ophthalmology considers it unethical for physicians to divide fees, to pay commissions to any persons referring cases to them, and to accept commissions or rebates from opticians, druggists, or makers of appliances in any way connected with the medical care of patients.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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II. MINIMUM EDUCATIONAL REQUIREMENTS FOR BOARD CERTIFICATION

The American Board of Orthopaedic Surgery evaluates all candidates for their proficiency in Orthopaedic Surgery. The minimal educational requirements of the Board should not be interpreted as restricting programs to the minimal standards. Directors of programs may retain residents in the educational program as long as necessary beyond the minimum time of four years in order to achieve the necessary degree of competence in orthopaedic surgery. In order to establish satisfactory competence in the specialty of orthopaedic surgery it has been necessary to define the minimal educational requirements, which are as follows:

1. A candidate must be a graduate from a medical school of the United States or Canada approved by the Council on Medical Education of the American Medical Association, with the degree of Doctor of Medicine.
2. A candidate holding a degree of Doctor of Medicine from a foreign medical school, who has obtained the certificate of the Educational Council for Foreign Medical Graduates, may be acceptable to the Committee on Eligibility of the American Board of Orthopaedic Surgery. (Inquiries relative to the examination are to be sent to the Educational Council for Foreign Medical Graduates, 3930 Chestnut St., Philadelphia, Pa. 19104.)
3. Five years of post-doctoral educational experience including the following:
 - (a) A candidate must have completed a twelve-month internship approved at that time by the Council on Medical Education of the American Medical Association. In instances of foreign graduates who have obtained the regular certificate of the Educational Council for Foreign Medical Graduates, the institu-

tion in which the internship was served must be considered satisfactory by the Committee on Eligibility of the American Board of Orthopaedic Surgery.

- (b) Four years of orthopaedic surgery education are required following internship. Some approved programs may elect to schedule two or more subject areas concurrently. It is necessary that clearly defined education and training experiences be emphasized in the categories of adult orthopaedics, including removal of protruded intervertebral discs and other surgery of the spine, children's orthopaedics, fractures and trauma, surgery of the hand, and basic science.

- (c) Three of the required four years of orthopaedic surgery education are required to conform to the following relative distribution of subject areas, determined either on the basis of specific time of assignments or by proportion of experience in those cases where the concurrent or integrated plan is used.

Adult orthopaedics	(1/4) 9 months
Children's orthopaedics	(1/4) 9 months
Fractures and Trauma	(1/6) 6 months
Basic Science	(1/6) 6 months

The subject areas to be included are anatomy, pathology, microbiology, physiology, biochemistry, biomechanics, and other basic sciences related to the musculoskeletal system. This educational program should facilitate the study of what is known in these fields as they relate to orthopaedic surgery and, if possible, to provide opportunities for the trainee to apply these basic sciences to all phases of orthopaedic surgery.

Surgery of the Hand:

The 30 months of required time in Adult Orthopaedics, Children's Orthopaedics, Fractures/Trauma, and the elective period, must include a significant experience in surgery of the hand.

Elective (1/6) 6 months

The elective period may be fulfilled by additional assignments in areas previously described, or by surgery of the hand, prosthetics and orthotics, rheumatology, rehabilitation, neurology, or other areas related to orthopaedic surgery as approved by the Residency Training Committee of the Board.

- (d) The fourth year of additional residency education (which most frequently occurs between internship and the three stipulated years outlined in (c) above, but which may occur at any stage in the complete program) may be obtained from the following categories:

- (1) Assistant resident in general surgery.
- (2) Assistant in orthopaedic surgery in any of the subject areas described in (c) above.
- (3) Assistant resident in related medical and surgical areas, including neurological surgery, genitourinary surgery, plastic surgery and pediatric surgery.
- (4) Extra year of internship.

- (e) Work in military service. Credit is granted only after termination of military service and presentation of a Professional Training Record, letters from Chiefs of Services and a list of operations performed by the candidate. Credit may be granted on the basis of one month of credit for one month of training when obtained on approved programs. One month of credit may be granted for two months of training, not to exceed twelve months, when the candidate is assigned to unapproved hospital services if approved by the Committee on Eligibility. An Officers Professional Training Record, Form DD-408, may be obtained from the Office of the Surgeon General, Washington, D.C.

- (f) Research or study (one year) in laboratory or clinical research. This requires review of the documentation of the research problem by the Committee on Eligibility.

Note: The educational experience must be on programs approved by the Residency Review Committee for Orthopaedic Surgery. (See list of approved services in Directory of Approved Internships and Residencies). The Board also accepts training in Canada taken on services approved by the Royal College of Physicians and Surgeons of Canada for training in orthopaedic surgery.

III. REQUIREMENTS FOR EXAMINATION

In order to be eligible for the examination a candidate must meet the following requirements:

1. Completion of the minimal educational requirements as listed in Section II.

2. License to practice medicine in the United States or Canada, or full time service in the Federal government, which customarily does not require licensure. Special provisions detailed later in this section permit foreign graduates who are returning to their homelands to practice orthopaedic surgery to qualify in lieu of licensure in the United States or Canada.

3. Acceptable ethical and professional standards and satisfactory moral standing within the community. Such qualifications will be determined by the Committee on Eligibility after review of the application, letters of recommendation and other data pertaining to these matters.

4. A candidate must devote full time for one year to orthopaedic surgery in a manner which is consistent with local health needs of the community and hospital practice requirements.

5. A candidate is required to be actively engaged in practice, teaching or research in Orthopaedic Surgery for twelve months in one locality immediately prior to the examination. Representatives of the Board may visit a community in order to evaluate the work of a candidate.

6. A candidate in military service must have been assigned as an orthopaedic surgeon in a hospital setting for one full year to fulfill practice requirements, unless the Committee on Eligibility rules otherwise.

7. A candidate must be prepared to submit as a part of his application to the Committee on Eligibility, *if requested*, a list of all patients admitted to his care in the hospital or hospitals in which he has practiced prior to the filing of his application. Such a list shall include the name of the hospital, the hospital number for each patient, the patient's age, definitive diagnosis, the treatment, the end result and the period of time covered. The authenticity of the patient list shall be certified by the hospital administrator or record librarian. A candidate engaged in practice in a partnership or assigned full time in a private or governmental hospital must, *upon request*, submit a list of patients cared for primarily by the candidate. This list must also be certified by the hospital administrator or record librarian.

8. A candidate practicing in Canada is required to pass the qualifying examinations in orthopaedic surgery of the Royal College of Physicians and Surgeons of Canada before he can apply for the examination of the American Board of Orthopaedic Surgery, unless he has obtained three or more years of his approved orthopaedic surgery education in the United States.

9. A candidate originating in a country requiring other qualifying examinations shall be considered only after consultation between the American Board of Orthopaedic Surgery and the appropriate Orthopaedic Organizations in the country in which he has had his orthopaedic surgery education.

Note: The Committee on Eligibility shall be the sole arbiter on determining a candidate's acceptability. The Secretary may answer questions pertaining to Rules and Pro-

cedures. Notification of acceptance will be mailed to the candidate in advance of the examination.

Date and place of the examination is announced in the Journal of the American Medical Association and in the Journal of Bone and Joint Surgery and in the Bulletin of the American Academy of Orthopaedic Surgeons.

IV. PROCEDURE FOR APPLICATION

1. A completed application for examination must be received in the office of the American Board of Orthopaedic Surgery before July 1 of the year preceding the examination. The application must be accompanied by a non-refundable fee of \$25.00.

2. Once an application is accepted it shall remain in force for three years unless some gross error or intentional fraud is subsequently discovered in the application. The examination must be taken within three years following the completion of the educational program unless a reason which is acceptable to the Committee on Eligibility is established.

3. The decision of the Committee on Eligibility is mailed to the applicant at least 30 days in advance of the examination.

4. Upon notification of eligibility for the examination the candidate must submit a fee of \$225.00, which shall be forfeited if the candidate fails to appear for the examination or if he cancels after being scheduled.

V. SCOPE OF THE EXAMINATION

The examination shall be comprehensive in all aspects of orthopaedic surgery.

VI. RESULTS OF THE EXAMINATION

A. *Successful Candidates*

A candidate who has successfully passed the examination receives a Certificate indicating that he is certified to practice the specialty of Orthopaedic Surgery as of the date of issuance of the Certificate. The Certificates will be mailed to successful candidates as soon as feasible.

B. *Unsuccessful Candidates*

1. A candidate who fails will be required by the Board to repeat the examination.

2. A candidate who is required to repeat the examination will, upon request, be permitted to apply for re-examination. The Committee on Eligibility will consider candidates for re-examination upon receipt of a \$25.00 fee to reactivate the application. This fee must be received in the Board office before July first of the year preceding the examination. Upon receipt of notification of acceptance by the Committee on Eligibility for a repeat examination the candidate will submit to the Board a fee of \$225.00.

3. Each candidate's application must again be sanctioned by the Committee on Eligibility and a new application may be requested.

4. The applicant should not delay more than two years after his last unsuccessful attempt before applying for the privilege of taking subsequent examinations. Candidates who delay more than two years before re-applying for the certifying examination will be required to submit a new application.

C. *Unsuccessful Candidates After Three or More Examinations*

Subsequent examinations may be administered for candidates who have been unsuccessful on three or more previous occasions in such numbers as can be accommodated.

VII. FOREIGN GRADUATES

The following regulations apply to physicians who intend to practice in a country other than the United States or Canada.

1. Physicians who do not practice in the United States or Canada may be considered individually for examination,

and if successful, will be issued a Certificate.

2. Such a candidate must meet all of the requirements for the examination with the exception of those pertaining to practice.

3. The Committee on Eligibility may require the presentation of documents, either in original form or sworn and notarized translation, which substantiate a candidate's claims and allegations.

4. A candidate who has completed the required education and is returning immediately to his country to practice may, at the discretion of the American Board of Orthopaedic Surgery, be accepted for the next scheduled examination.

5. Each candidate must make a sworn statement that his application for a Certificate is based upon his intention, without mental reservation, to return to practice in a specified foreign country. He will also pledge that should he return to practice in the United States or Canada under visa, exchange, immigration quota, or by any other means, he will surrender his Certificate and agree to have his name removed from the list of Diplomates until he has met the practice requirements of the American Board of Orthopaedic Surgery. A contract incorporating these points is available from the Board office.

6. Application and examination fees are the same as those required from candidates from the United States and Canada and are payable in the currency of the United States of America.

7. Examinations are the same as those given to candidates from the United States and Canada.

VIII. CERTIFICATION BY THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY

1. The American Board of Orthopaedic Surgery awards a Certificate to a candidate who successfully passes the certifying examination, confines his practice to orthopaedic surgery and is acceptable on the basis of his moral and ethical standing. This portion of the Board's responsibility is discharged by issuing a Certificate to an individual found qualified as of the date of certification. A Certificate may be revoked because of intentional and substantive misrepresentation to the Board respecting the candidate's education and other requirements for eligibility.

2. In signing his application the candidate agrees to the revocation of his Certificate upon request by the Board on grounds of his violation of standards of ethical practice and/or any cause resulting in forfeiture of his license to practice.

3. Before the revocation of a Certificate is carried out the Diplomate will be informed of the basis of such action and will be afforded a hearing following procedures as formulated by the American Board of Orthopaedic Surgery.

4. Should the circumstances which were considered in justification for revocation or surrender of the Diplomate's Certificate be corrected, the Board may subsequently reinstate the Certificate after appropriate review of the individual's qualifications and performance, using the same standards as for other candidates for certification.

IX. MILITARY SERVICE

Medical officers who have elected service in the military forces as their life career apply for certification on the same basis as physicians in civilian practice. The practice requirement may be met by hospital assignments in which their duties are limited to the practice of orthopaedic surgery.

X. APPROVED ORTHOPAEDIC SURGERY RESIDENCIES

1. Education in orthopaedic surgery in the United States must be obtained in institutions approved for resident training in orthopaedic surgery by the Residency Review Committee. The Committee consists of representatives of the

American Board of Orthopaedic Surgery and the Council on Medical Education of the American Medical Association. A list of approved institutions is published annually in the Directory of Approved Internships and Residencies, and is obtainable from the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

2. Credit for time spent in institutional residency education will be granted only for the period the institutions are on the approved list. (Credit may be given from the start of the resident education period if the institution becomes approved during the time the candidate is in training.)

3. A candidate engaged in residency education in an institution which becomes disapproved in whole or in part will receive education credit for the entire period during which his contract is in force.

4. The term "fellow" is considered synonymous with "resident" and is recognized by the Board only if the position occupied and the work performed by the former are in all respects equal to those of the latter. The total number of residents and fellows engaged in resident education for credit must not exceed the number approved by the Residency Review Committee for a given program.

5. Institutions approved for residency education in orthopaedic surgery by the Residency Review Committee may utilize the training facilities of institutions not individually approved for residency education, provided the resident spends at least half of the minimum time required in each category of education in institutions approved by the Committee for that type of training.

Note: The Residency Review Committee will periodically inspect and approve every hospital used for education by a given program regardless of the length of time of such services. Hospitals giving six months or more of education may be listed in the Directory of Approved Internships and Residencies.

XI. REQUIREMENTS OF INSTITUTIONS OFFERING ORTHOPAEDIC TRAINING

1. Institutions approved for full programs and including all parts of the education requirements may integrate all parts so that they may be given concurrently. The Chief of the program or the supervising committee is entirely responsible for comprehensive education in all aspects of the specialty for each resident.

2. Individual hospitals approved for portions of a total program are expected to confine their education primarily to the categories approved by the Residency Review Committee.

3. The institutions which offer orthopaedic surgery education are responsible for providing educational setting and physical facilities which are in keeping with the objectives of the minimal requirements as outlined in Section II.

4. The Board considers that active participation in patient care is an essential feature in teaching the objectives outlined in the minimal educational requirements by the Board.

5. The educational program shall provide adequate staff and facilities to carry out basic science education as outlined in Section II.

6. Candidates in residency education may not engage in private practice.

Note: The Board looks with disfavor upon candidates who have completed their residency requirements by education for short periods of time in several approved institutions, even though all the requirements are satisfied.

XII. PROCEDURE FOR OBTAINING APPROVAL OF INSTITUTIONS FOR RESIDENCY EDUCATION IN ORTHOPAEDIC SURGERY

The Residency Review Committee for Orthopaedic Surgery is composed of four representatives from each of the

two sponsoring organizations, namely, The American Board of Orthopaedic Surgery and the Council on Medical Education of the American Medical Association. The Committee is assigned the responsibility for evaluating and approving residency education programs in relation to their education value and technical content. Programs which are approved by this Committee are listed in the Directory of Approved Internships and Residencies published by the American Medical Association.

1. Necessary application forms are obtainable from the Secretary of the Residency Review Committee for Orthopaedic Surgery at the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

2. The completed forms are returned to the Secretary of the Residency Review Committee for Orthopaedic Surgery at the above address. An inspection of the proposed program will be carried out by a representative of the Council. The report and related data will be directed to the Residency Review Committee for action. The Secretary of the Committee will then convey the decision of the Residency Review Committee to the petitioning hospital. The Residency Review Committee meets twice yearly, usually in April and October.

3. Programs tentatively approved are also inspected as soon as feasible by a Diplomate of the American Board of Orthopaedic Surgery. His report is submitted to the Residency Review Committee for further evaluation of education program.

4. Hospitals seeking extension of approved education services or the reinstatement of approval of services following withdrawal of same will follow the same procedures outlined above.

5. The number of residents assigned to any education program must be approved by the Residency Review Committee.

AMERICAN BOARD OF OTOLARYNGOLOGY

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DEAN M. LIERLE, Executive Secretary-Treasurer, University Hospital, Iowa City, Iowa 52240

GENERAL REQUIREMENTS

The following qualifications are requirements for examination by the American Board of Otolaryngology. The applicant:

1. Shall possess high moral, ethical and professional qualifications.

2. Shall be a graduate of a medical school approved by the Council on Medical Education of the American Medical Association or by the Canadian Medical Association.

3. Shall have completed at least a one-year internship

which has been approved by the Council on Medical Education of the American Medical Association or the Canadian Medical Association.

4. Must have satisfactorily completed four years of residency training in addition to the internship in a manner acceptable to the head of that residency program. This training must include one year in general surgery and three years in otolaryngology, both in approved programs. The year of general surgical residency should be taken before the residency in otolaryngology. However, it may be taken between the first and second years or second and third years of the residency in otolaryngology, but not following completion of the residency.

a. After July 1, 1973, two years of surgery will be required. One year of straight internship in surgery may be taken for one of the years of surgery.

5. Who has received some or all premedical and/or medical training in a country other than the U.S. or Canada, and has had a year's training in surgery and three years residency training in otolaryngology in approved institutions in the United States or Canada, is eligible for examination provided he meets all other requirements of the Board. After July 1, 1973, two years of surgery will be required. One year of straight internship in surgery may be taken for one of the years of surgery.

6. Who has received medical and/or residency training other than in the United States or Canada will be considered on an individual basis.

7. Trained by the preceptorship method will not be eligible for examination after July 1, 1969. No applicant who has not fulfilled the minimal intern and residency requirements as outlined above will be accepted for examination after July 1, 1972.

8. Who does not meet these stated requirements will not be accepted for Board examination unless special circumstances indicate review by the Board.

APPLICATION FOR EXAMINATION

There is no required time interval between completion of the residency program and making application for examination.

1. An applicant for examination shall complete and submit the application forms supplied by the Executive Secretary-Treasurer of the Board. The application shall include authenticated records of the following: medical education, internships, residencies and other postgraduate studies, hospital and outpatient department appointments, teaching positions, memberships in medical societies, personal publications, and any additional information that the candidate feels might be of value in processing this application.

2. The application must include a letter from the director of the residency program attesting to the satisfactory completion of the residency program or any part thereof.

3. Additional information may be requested by the Board from the following:

- a. Local medical society
- b. Board certified otolaryngologists from the geographical area in which the applicant practices
- c. The director of the applicant's training program
- d. Hospital chiefs of staff

4. The application shall be signed by two diplomates of the American Board of Otolaryngology. It shall be accompanied by (a) two 4" x 3½" unmounted, dated photographs taken within six months of the date of application, signed by the applicant on the front; (b) letters of recommendation from two additional diplomates of the American Board of Otolaryngology and a third from a non-medical citizen of the community; (c) a list of operations assisted in and performed by the resident during the period of training in both surgery and otolaryngology; (d) official verification of the above medical education and training; (e) the application fee.

5. The completed application with the surgical list (ex-

cept for residents who are completing their training) shall be mailed to the Executive Secretary-Treasurer at least nine months prior to the requested date of examination; residents completing training should send their surgical list not earlier than one month prior to completion of the residency. The applicant's examination date will be assigned after the completed application has been received by the Executive Secretary-Treasurer and acted upon by the Credentials Committee of the Board.

6. An accepted application designates the candidate as "Board Eligible" and remains active for three years from the date of the mailing of the notification of acceptance by the Secretary-Treasurer of the Board. If, at the termination of this period of time, a candidate has failed to appear for examination, the application is no longer considered valid and the application fee and "Board Eligible" status are forfeited. The application may be reactivated only upon payment of an additional renewal of application fee. If the applicant again fails to appear for examination within three years following such reactivation of the application, he will no longer be considered as "Board Eligible" and no further consideration will be given to any subsequent application submitted without substantiated evidence of additional acceptable training.

7. The Board reserves the right to reject any application.

FEES FOR EXAMINATION

Effective September 1, 1969 the fee for examination will be \$280. Of this sum \$140 must accompany the application and is not refundable. No application will be processed until this amount is received by the Secretary-Treasurer of the Board. The remaining \$140 must be remitted to the Secretary-Treasurer immediately upon notification of acceptance for examination. Once the applicant has agreed in writing to the date of the examination offered by the Board, no part of this \$140 is refundable.

The order in which candidates are accepted for examination is at the discretion of the Board.

EXAMINATION PROCEDURE

The date and location of the examinations are determined by the Board. Advance notices of the date and location of the examinations are published in the Journal of the American Medical Association and journals devoted to the specialty of otolaryngology. When possible, examinations are held at a time convenient to the date of the annual meetings of the American Academy of Ophthalmology and Otolaryngology, or meetings of other national otolaryngology societies. They are usually conducted orally, and consist of three parts: general medical knowledge and that of the basic sciences as they relate to the specialty, clinical examinations, and an evaluation of otorhinolaryngic pathology.

The examinations seek to determine the candidate's knowledge, skill and understanding in the following categories:

1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, immunology, allergy and neurology relevant to the head and neck; the air and food passages; the communication sciences, including a working knowledge of audiology and speech; the endocrine disorders as they relate to otolaryngology.

2. The recognition and management of congenital anomalies, abnormal function, trauma and disease in the regions and systems enumerated in paragraph 1.

3. The recognition and medical management of diseases and abnormality of function of the ears, upper and lower respiratory tract and food passages.

4. The recognition, technique and surgical management of congenital, inflammatory, neoplastic and traumatic states, including among others:

- a. Temporal bone surgery.
- b. Paranasal sinus and septum surgery.
- c. Maxillofacial plastic and reconstructive surgery of the

- head and neck including rhinoplasty and otoplasty.
- d. Surgery of the salivary glands.
 - e. Head and neck oncologic surgery.
 - f. Head and neck reconstructive surgery particularly as it relates to the restoration of function in congenital anomalies, following extensive surgery and complications of head and neck trauma.
 - g. Peroral endoscopy, both diagnostic and therapeutic.
 - h. Surgery of the lymphatic tissues of the pharynx.
 - i. Pre- and post-operative care.
5. Diagnoses and diagnostic methods including related laboratory procedures.
6. Diagnostic and therapeutic radiology, including the interpretation of radiographs of the nose, accessory sinuses, salivary glands, temporal bone, skull, neck, larynx, lungs and esophagus.
7. Knowledge of the current literature especially pertaining to the areas mentioned in paragraph 1.
8. Knowledge of the habilitation and rehabilitation techniques and procedures pertaining to otolaryngology.

RE-EXAMINATION APPLICATION

A candidate who fails the examination may be permitted to take a subsequent examination after a lapse of eleven months. Eligibility for re-examination expires forty-eight months from the date of notification of first failure. A request for re-examination must be approved by the Board. An additional fee of \$280.00, no part of which is refundable, must be paid when the candidate is notified of acceptance. A request for re-examination must be mailed to the Secretary-Treasurer at least nine months prior to the time for re-examination.

A candidate who fails a second examination may apply for a third. A new application must then be filed. The applicant is advised to submit evidence of further study and professional progress with this application. The fee for the third examination is \$280.00; \$140.00, no part of which is refundable, must accompany the application, and no application will be processed until this amount is received by the Secretary-Treasurer of the Board. The balance of the fee, \$140.00, will be due upon notification of acceptance for the examinations under the same conditions stipulated under fees for the first examination.

A candidate who has failed a fourth examination will be required to serve a year of approved training in otolaryngology before he may be considered for re-examination. The fee and the manner of payment will be the same as for the first examination.

CERTIFICATION BY THE BOARD

A certificate is granted by the American Board of Otolaryngology to a candidate who has met all the requirements and has satisfactorily passed its examinations.

REVOCATION OF CERTIFICATES

Certificates issued by the American Board of Otolaryngology are subject to the provisions of the articles of incorporation, the by-laws, and official action of the Board in regular or special session. Each certification is subject to revocation if: (a) the issuance of such certificate were contrary to any provision of the articles of incorporation or by-laws; (b) the physician so certified were ineligible to receive such certificate, irrespective of whether or not the facts were known to, or could have been ascertained by, the Board at the time of the issuance of such certificate; (c) the physician so certified had made any misstatement of fact contrary to Board regulations in his application for such certificate, whether intentional or not intentional, or in any other statement or representation to the Board or its authorized representative; (d) the physician, so certified, should violate the standards of the ethical practice of medicine or should be convicted by a court of competent jurisdiction of

a felony or misdemeanor involving in the opinion of the Board, moral turpitude in connection with his/her practice of medicine; or (e) the physician so certified should have his/her license to practice medicine revoked or should be disciplined or censured as a physician by any court or any other body having proper jurisdiction and authority.

APPLICANT'S AGREEMENT

Applicants are required to sign the following agreement:

I hereby apply to the American Board of Otolaryngology for examination for certification in accordance with the rules, regulations and policies, and herewith enclose the fee of \$140.00 for processing this application, none of which is refundable. I shall pay the remaining \$140.00 of the total fee of \$280.00 if and when accepted for examination and agree that this \$140.00 is not refundable. I agree that prior to or subsequent to my examination, the Board may investigate my standing as a physician including my reputation for complying with the ethical standards of the profession. Furthermore, if the Board refuses to grant a certificate, such a refusal may not and shall not be questioned by me in any court of law or equity, or any other tribunal.

AMERICAN BOARD OF PATHOLOGY

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OFFICE OF THE AMERICAN BOARD OF PATHOLOGY

Suite 1820, Exchange National Bank Building, 610 North Florida Avenue, Tampa, Florida 33602

GENERAL REQUIREMENTS

1. The candidate must possess moral and ethical standing in the medical profession.
2. The candidate must hold a license to practice medicine in the country in which he plans to reside.
3. The candidate must devote professional time principally and primarily to pathology.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States approved by the Council on Medical Education of the American Medical Association, graduation from an osteopathic college of medicine, or graduation from medical schools acceptable to the Board in other countries.
2. Certification by the Educational Council for Foreign Medical Graduates of graduates from foreign medical schools in accordance with the policy followed by the American Medical Association.

SPECIAL TRAINING AND EXPERIENCE

1. The Board admits candidates to examinations who are otherwise eligible and who have had either of two following types of training and experience:
 - (a) After five years, if four of the five years have been in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board.
 - (b) After 11 years if none of the training and experience has been in institutions so approved.

2. The specific requirements for those acceptable after five years are as follows:

(a) *Anatomic and Clinical Pathology:*

(1) Four years of supervised study and training in an institution approved for residency training in anatomic and clinical pathology by the Council on Medical Education of the American Medical Association, or by the Board. It is immaterial whether the trainee holds the title of intern, resident, fellow, trainee, or assistant, etc.

The four years of training are divided equally as follows: two years of anatomic pathology and two years of clinical pathology.

The American Board of Pathology sometimes grants credit for time spent in pathology other than in a residency training program as follows:

A. Training in a department of pathology of an approved school of medicine or in a hospital officially affiliated with an approved medical school. Such training must be after the second year of undergraduate study. The maximum credit which may be granted is 12 months.

B. A fellowship or instructorship in a preclinical department of a medical school if, in the opinion of the Board, the experience was applicable to the practice of pathology. The maximum credit which may be granted is 12 months.

C. Candidates holding a master's degree or a doctor's degree in a special discipline of pathology may obtain credit for not more than 12 months toward this work, regardless of whether it was received before or after the medical degree. The evaluation of time credits will depend on how much of pathology was covered in the graduate work.

Such credits are evaluated on an individual basis. To avoid misunderstanding, trainees desiring credit for undergraduate study or graduate degrees should communicate with the Office of the Secretary of The American Board of Pathology early in the training period.

Research with a direct application to the practice of anatomic and clinical pathology may be accepted for credit not to exceed one-third of the time requirement. The Board encourages research and believes that all candidates should carry on investigation, teaching and the publication of scientific papers during their training.

(2) One additional year, which may be a rotating or straight clinical internship, or further training in pathology, or the independent practice of anatomic and clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the Board.

(b) *Anatomic pathology only:*

(1) Four years of supervised study and training in an institution approved for residency training in anatomic pathology by the Council on Medical Education of the American Medical Association, or by the Board. Candidates may substitute not to exceed 12 months of a straight or rotating clinical internship, or a fellowship or instructorship in any of the preclinical departments of a medical school, for one of the four years. In addition, training in a pathology department of an approved medical school after the second year of undergraduate study may be credited as outlined under 2-(a)-(1).

(2) One additional year, which may be a continuation of the preceding or independent practice of anatomic pathology in a hospital approved by the American Medical Association, or other institutions acceptable to the Board.

(c) *Clinical pathology only:*

(1) Four years of supervised study and training in an institution approved for residency training in clinical pathology. Candidates may substitute not to exceed 12 months of a clinical internship, a fellowship or instructorship in a preclinical department of a medical school for one of the four years. The credit for undergraduate training or a master's or doctor's degree also applies, as outlined in 2-(a)-(1).

(2) One additional year, which may be a continuation of the preceding or independent practice of clinical pathology in a hospital approved by the American Medical Association, or other institutions acceptable to the Board.

(d) *Medical Chemistry, Medical Microbiology, Hematology, Neuropathology, and Forensic Pathology:*

The Board admits candidates to examination in special fields of pathology who are otherwise eligible and who have had one of the following types of training:

(1) For qualification in medical chemistry, medical microbiology, or hematology, applicants already holding a certificate of the Board in anatomic and clinical pathology, or the certificate in clinical pathology only, one additional year of supervised training in the special field of choice in an institution approved by the Council on Medical Education of the American Medical Association, or by the Board, or one additional year of full-time experience or its equivalent, (in the special fields of medical chemistry, medical microbiology, or hematology) under circumstances satisfactory to the Board.

For qualification in neuropathology, applicants already holding the certificate of the Board in anatomic and clinical pathology, or the certificate in anatomic pathology only, two years of supervised training in neuropathology in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. One of the two years may be substituted for the fifth year toward regular certification. The Board admits to examination in anatomic pathology and neuropathology candidates with approved training consisting of two years in anatomic pathology and two years in neuropathology with adequate experience in diagnostic neuropathology, plus a fifth year (internship, practice, or further training). The Board also admits to examination candidates with one year of approved internship, one year of approved training in anatomic pathology, two years of approved training in neuropathology with adequate experience in diagnostic neuropathology, and a fifth year which may be spent in an approved residency or research related to neurological science, approved training in neuropathology, or practice of neuropathology. The Board will also consider for examination candidates with 11 years of practice of neuropathology under circumstances acceptable to the Board.

For qualification in forensic pathology, applicants already holding a certificate in anatomic and clinical pathology or in anatomic pathology only, or, in special instances, in clinical pathology only—one year of supervised training in forensic pathology in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board. The Board will accept the combination of approved training in anatomic, clinical and forensic pathology after five years on the basis of two years in anatomic pathology, two years in clinical pathology, and one year in forensic pathology. For details, write the Secretary of the Board.

(2) Applicants not holding a certificate in pathology from the Board—five years of training in the special field of their choice, provided four of the five years have been in institutions approved for training in special fields of pathology by the Council on Medical Education of the American Medical Association, or by the Board. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship, or a fellowship or instructorship in any of the preclinical departments of a medical school, for one of the four years. The fifth year may be a continuation of supervised training or may be independent practice of the specialty in a hospital approved by the American Medical Association, or in other institutions acceptable to the Board.

(3) The requirements for those acceptable under the so-called "11 year rule" of the Board are: The practice of pathology under circumstances acceptable to the Board for a period of not less than 11 years. At the election of the

candidate, a period not to exceed one year of straight or rotating clinical internship may be substituted for one of the 11 years. For the candidate in this category who has had some special study and training in anatomic or clinical pathology acceptable under paragraphs 2-(a), (b), (c) or (d), double time credit will be allowed. Thus, if a candidate had two years of acceptable supervised study and training, only seven years of practice would be required.

If a candidate has become certified in anatomic pathology, the rule for eligibility by experience is as follows: Six years of full-time experience in the practice of clinical pathology under circumstances acceptable to the Board after the date of certification in anatomic pathology. The same requirements would apply for eligibility in anatomic pathology after certification in clinical pathology.

(4) Certification without examination.

(a) As of January 1, 1966, the Board no longer certifies without examination.

CREDIT FOR MILITARY SERVICES

Training or experience, or both, of reserve officers in the military services is evaluated on an individual basis. Credit depends upon the assignment the applicant has had, e.g., in a military institution approved for training in pathology by the Council on Medical Education of the American Medical Association as compared with an assignment to an unapproved location. For evaluation of credit for military service, write to the Secretary of the Board.

BOARD ELIGIBLE

For the purposes of the American Board of Pathology "Board Eligible" for examination is to be defined as applicable to a pathologist, a) who has sent in a formal application, including fee, to the American Board of Pathology, b) whose application has been evaluated by the Board and found to meet the requirements for examination by the American Board of Pathology, and c) who has received a formal statement in writing to that effect from the Board.

Further policies pertaining to this are that the status of being "Board Eligible" for examination is valid for three years only, after which a new application, with additional fee, re-evaluation and new statement for examination are required.

APPLICATION BLANK AND FEE

Application must be made on the special form that may be obtained 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 two hundred dollars (\$200). If the candidate fails in the examination, admission to a second examination is permitted after six months. The applicant must pay an additional fee of two hundred dollars (\$200) before a second examination will be given.

The application fee of two hundred dollars (\$200) 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 or withdraws an application, \$50 of the examination fee is not returnable. The application fee is not returnable after the candidate has officially been accepted for examination and notified to report for examination.

Candidates who fail to appear for examination and have not notified the Office of the Secretary of the American Board of Pathology at least one month prior to the date of the examination will be subject to forfeiture of the examination fee.

EXAMINATIONS

Examinations will be held at the discretion of the Board. The examinations are to be based on the broad principles of pathology with emphasis on diagnosis, interpretation and technique. The applicant may apply for certification in anatomic and clinical pathology, in anatomic pathology only, in clinical pathology only, or in a special field.

After February 1, 1967, a candidate who is eligible for examination in anatomic and clinical pathology, having fulfilled the minimum requirements of 24 months of approved training in anatomic pathology and 24 months of approved training in clinical pathology, will receive certificates only after both parts (anatomic pathology and clinical pathology) of the examination have been passed. The two parts may be taken at one session or at separate sessions of the American Board of Pathology within a three-year time limit of "Board Eligibility."

A candidate who has fulfilled the requirements for anatomic pathology only, or clinical pathology only (i.e., internship, plus three years approved training and an additional year of further training, practice or research in pathology) will receive the certificate immediately after passing the total examination in anatomic pathology or clinical pathology.

CRITERIA FOR APPROVAL OF INSTITUTIONS FOR TRAINING IN PATHOLOGY

In Section C-2-a, C-2-b, and C-2-c of the *General Requirements*, it is stated that candidates must have certain periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education of the American Medical Association, certifies hospitals in the United States as satisfactory for this supervised study and training. Lists of these hospitals are published in the *Directory of Approved Internships and Residencies of the American Medical Association each year*.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and to the associates and assistants, the supervision of work of the trainee, 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 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 most hospitals, it is expected that the medical staff of the Department of Pathology will include clinical pathologists to implement the subspecialties represented in clinical pathology.

2. Medical Technologists:

There are no absolute criteria, but it is expected that the number of medical technologists will be proportional to the volume of laboratory work and that, insofar as possible, the medical technologists will hold the certificate of the Registry of Medical Technologists of the American Society of Clinical Pathologists.

3. Floor space of Laboratory:

The Board recognizes the complexity and diversity of tests performed in a modern pathology laboratory. To insure optimal working conditions, adequate space should be provided for personnel and equipment. The Board does not specify the exact amount of space in a given laboratory. However, programs in general hospitals with a ratio of less than 20 sq. ft. per hospital bed will be scrutinized closely.

4. Equipment for the Laboratory:

The variety and completeness of laboratory tests performed depend on the size of the hospital. In all hospitals there should be facilities for the more common tests in clinical pathology, for study of surgical specimens, and for performance of necropsies. In larger hospitals, the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patient.

5. Percentage of necropsies:

No institution with a necropsy rate of less than 25 per cent will be approved, and those institutions with a rate between 25 and 40 per cent will be given special scrutiny.

6. Examination of surgical specimens:

All surgical specimens should be sent to the laboratory for gross examination, and microscopic examinations should be made unless there are general or special reasons not to do so, e.g., teeth, metallic or other foreign bodies, etc.

7. Indices:

There should be indices according to the names of the patients and the diagnosis of all surgical and necropsy material. Indices of selected diagnoses of tests in clinical pathology are equally valuable for teaching and research.

8. Museum:

There should be available gross pathologic specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.

9. Library:

A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.

10. Educational program:

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of material and the size of the staff justifies. A clinicopathological conference must be held at least every two weeks.

11. Volume of laboratory work:

In the field of anatomic pathology there should be sufficient volume and variety of necropsy, surgical and cytological material (except in special programs) to insure adequate education, training and experience in this branch of the specialty. There are no absolute criteria but special scrutiny will be given to a hospital in which an adequate volume and variety of the various types of pathologic material do not exist.

In the field of clinical pathology there should be a reasonable diversification of tests and in each category there should

be sufficient volume to provide training and experience. There are no absolute criteria but special scrutiny will be given to a hospital in which there is not a reasonable diversity and variety of clinicopathologic specimens.

Approval is granted for residency training in pathology in the following categories:

CATEGORY APCP-4. In both anatomic and clinical pathology, for a total of four years.

CATEGORY APCP-2. In both anatomic and clinical pathology, one year in each, for a total of two years.

CATEGORY AP-3. In anatomic pathology only, for three or more years.

CATEGORY AP-1. In anatomic pathology only, for one year.

CATEGORY CP-3. In clinical pathology only, for three or more years.

CATEGORY CP-1. In clinical pathology only, for one year.

CATEGORY SP. Special pathology only, usually for one year. This designation includes forensic pathology, neuropathology, research only, and such other special programs as may be approved.

AMERICAN BOARD OF PEDIATRICS

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- PHILIP S. BARBA, Assoc. Exec. Secretary, 6 Bryn Mawr Ave., Bryn Mawr, Pa., 19010

REQUIREMENTS FOR ADMISSION TO EXAMINATION
GRADUATES OF MEDICAL SCHOOLS IN THE UNITED STATES

All candidates for examination for certification must meet the following requirements:

- I. Graduation from an approved medical school.
- II. 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.
- III. One year of rotating, pediatric, or other internship in an approved hospital.
- IV. Two years of specialized residency-type training in an approved pediatric center. However, the Board strongly recommends that if the internship is other than a straight pediatric internship, a full three years of hospital training in pediatrics be secured.
- V. In addition to the three years of internship and residency, two years are required in the practice of pediatrics or its equivalent.
- VI. Thus, the examination may be taken five years after graduation from medical school.

VII. RESIDENCY TRAINING: The Board offers the following guidelines for minimum satisfaction of the training requirements stated in III and IV above.

A. At least one of the years of full-time pediatric residency must be served at the second-year level of responsibility. Two first-year programs are not regarded as adequate.

B. When the first year of training is a general pediatric internship, only one year of general pediatric residency is required, but the third year of in-hospital training must be met in one of the following ways:

*To avoid misunderstanding, the Board urges any candidate whose training is not clearly covered in these regulations to communicate with the office of the Executive Secretary. Whenever possible, this should be done before entering upon the appointment in question.

1. A third year of general in-patient or out-patient residency or a chief residency. Such programs should provide experience in community pediatrics, behavioral and school problems, and the continuing care of children with chronic disease and handicapping illness.

2. Through certain recognized sub-specialty training programs, if at least half the time is spent in the clinical care of sick children. Two years spent in such a program will be accepted as equivalent to a year of clinical residency.

3. In the case of fellowship programs which are primarily laboratory or non-clinical experiences the Board will not allow more than three months credit toward the third year. Candidates may interrupt their clinical training at any point providing they eventually return and complete the requirements.

4. Predominantly clinical programs of training in fields such as neonatology, adolescent medicine, handicapped children, community pediatrics, etc. may be accepted as a third year level of training, *but only when the individual program has received prior approval by the Credentials Committee of the Board.*

The Board will be guided in its judgement of such programs by the evidence of broad concern and experience with clinical and community problems and by the evidence presented that problems of continuity of care, health manpower and cooperative efforts among medical and allied health disciplines are given adequate attention.

Program Directors have a heavy responsibility to insure that residents receive a thorough grounding in general pediatrics before admitting them to such special courses. They also bear the responsibility of making sure that any special program is acceptable to the Board. A written protocol describing the program and listing the faculty should be submitted to the Board and receive approval before enrolling residents.

5. Some candidates interested in *family practice* or *adolescence* may wish to qualify for certification in both Pediatrics and Internal Medicine. The formal training can be accomplished by one of the following programs:

1. Year 1 Straight pediatric internship
Year 2 Pediatric residency
Year 3 Residency in Internal Medicine
Year 4 Residency in Internal Medicine
2. Year 1 Straight medical internship
Year 2 Residency in Internal Medicine
Year 3 Pediatric residency
Year 4 Pediatric residency
3. Year 1 Internship other than straight pediatric or straight medical
Year 2 Pediatric residency
Year 3 Pediatric residency
Year 4 Residency in Internal Medicine
Year 5 Residency in Internal Medicine

Programs 1 and 2 require a full 24 months in pediatrics and 24 months in medicine. A candidate taking an 8 and 4 months internship must compensate for the months by an elective 4 months taken from the other discipline. For example, an 8 months pediatric and 4 months medical internship would require a 4 months pediatric elective taken during the medical residency or an additional 4 months service in a pediatric subspecialty.

Training directors should coordinate the residencies in the two fields in such a way that time will be saved due to the over-lapping of the programs that can be allocated for experience in the problems of behavior, school and family life, as noted in section VII. The examinations will be carried out in the usual manner by the individual Boards.

SUMMARY

- A. Year 1 Rotating or other than pediatric internship
Year 2 Pediatric residency
Year 3 Pediatric residency
3rd year of pediatric residency recommended, but not required. (Section IV)
- B. Year 1 Straight internship in pediatrics
Year 2 Pediatric residency
Year 3 Pediatric residency (Section VII-A-1 or A-4)
- C. Year 1 Straight pediatric internship
Year 2 Pediatric residency
Year 3 Subspecialty fellowship
Year 4 Subspecialty fellowship (Section VII-A-2 or A-5)

VIII. GRADUATE SCHOOL COURSES: It is a fundamental concept of the American Board of Pediatrics that a residency training program should provide for properly organized progressive responsibility for the care of sick children. The Board believes further that this purpose can best be accomplished through continuity of clinical experience under supervision of attending physicians who are themselves responsible for the care of the children on that service. The substitution of a formal course in a graduate or postgraduate school which does not carry the essential ingredient of responsibility for patient care is, in the opinion of the Board, inconsistent with this principle. Accordingly, the Board will accept such courses as part of an approved residency program in pediatrics only in exceptional cases authorized by the Board.

IX. PRACTICE REQUIREMENTS: Graduate school courses, research residencies and teaching fellowships are, of course, entirely acceptable in satisfaction of practice or further study requirements. Portions of such residencies not applicable for residency training credit may thus be carried over for practice credit.

Preceptorships may not be accepted for credit toward the residency requirement, but are accepted toward practice requirements.

X. CREDIT FOR MILITARY SERVICE: Credit for one year of the practice requirement is allowed for medical military service regardless of assignment. Credit in excess of one year may be granted if the medical officer is engaged in full-time pediatrics, or may be prorated if a considerable proportion of time is spent in pediatrics, provided he has completed his residency training. It must be noted further, that the maximum credit that any candidate may receive toward the practice requirement for work done *prior* to completion of residency training is 18 months.

Military hospital assignment will not be accepted in lieu of approved residency training unless the candidate is definitely assigned as a resident to a military hospital approved for residency training in pediatrics.

XI. CANDIDATES NOT MEETING REQUIREMENTS: Exceptionally, a physician may have worked in a pediatric field for many years, yet be deficient in the formal prerequisites for examination. If such a man presents evidence of outstanding competence and wishes to take the examination, he may apply for permission to do so. The Credentials Committee will review his record and decide whether or not he should be given permission to take the examination.

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

GRADUATES OF MEDICAL SCHOOLS IN CANADA

Graduates of approved medical schools in Canada and those who have received their internship and residency training in pediatrics in hospitals approved by the Royal College of Physicians and Surgeons of Canada will be eligible for examination under the same regulations that apply to those trained in the United States.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

Citizens of the United States: Candidates who are graduates of medical schools other than those in the United States and Canada will be processed for eligibility for examination for certification if they meet all the following requirements:

1. They hold the standard certificate of the Educational Council for Foreign Medical Graduates.
2. They hold a license to practice in the United States.
3. They meet the internship, residency training, and practice or further study requirements of the Board as detailed above.

Citizens of Other Countries: Properly qualified candidates who are permanent residents in and citizens of other countries, are licensed to practice there, and have fulfilled the internship and residency training requirements listed above in the United States or Canada, may apply for examination for certification by the American Board of Pediatrics.

All such candidates must hold the standard certificate of the Educational Council for Foreign Medical Graduates before being admitted to the Board examinations.

Foreign candidates who are returning to their own country at the end of their training period may be examined prior to completion of two full years in the *practice* of pediatrics.

The certificate of this Board will be issued to candidates who have passed successfully the examinations of this Board after they have completed a period of practice or further study in their own country which, when added to similar experience in the United States or Canada, makes a total of two years of the practice of pediatrics.

INFORMATION CONCERNING EXAMINATIONS

The examinations for certification are given in two sections: Part I is written; Part II is an oral examination.

PART I—WRITTEN

Written examinations are objective in type and are given once each year, simultaneously at a number of places scattered throughout the country, and at a few locations abroad. Candidates must pass the written examination before admission to the oral examination will be authorized.

Candidates may apply for admission to written examination six months before the completion of their second year of pediatric training. However, all candidates must complete their core pediatric training by July 1st in order to be eligible to take the written examination on the preceding May 15th. In cases where this regulation would impose a hardship, the Board will consider appeals. They must apply prior to January 31st of the year in which they wish to take the written examination which will be given in May of each year. Results in each of five areas of examination will be reported to them as soon as possible after grading has been completed. It is hoped that by taking the examination earlier in this program of training, the individual candidate will be able to discover his areas of weakness and take appropriate measures to correct any such deficiencies before appearing for the final oral examination. The written examination may be retaken without an additional fee for the purpose of improving the grade at any time up to five years after the original trial.

In order to provide candidates with a knowledge of specific areas of strength or weakness in their training, the American Board of Pediatrics made the following changes in the

written examination to be offered in May of each year.

1. The length of the examination will be increased from three hours to six hours, i.e., two three hour sessions with a luncheon break between. Questions of the morning session must be completed and turned in before the luncheon break; a second set of questions will be issued for the afternoon portion of the examinations.

2. Candidates' examinations will be graded on the full performance, but will also be scored in the following subdivisions of pediatric knowledge, including diagnosis and treatment:

I. The Newborn

To include prenatal care and obstetric practices as they relate to the offspring; embryology, physiology and pathology of the fetus and newborn; infant feeding; vitamin requirements and deficiencies, infections and metabolic disorders peculiar to the new born; anomalies and other disorders which require attention in early life.

II. Metabolic Disorders

Principles of fluid and electrolyte balance and management; inborn and acquired errors of metabolism; molecular and chemical disorders; endocrinology; renal and genitourinary disease; malabsorption syndromes.

III. Growth and Development

General genetic theory; physical, mental and behavioral development; neurology, psychology and psychiatry; school problems; adolescence; family medicine, mental retardation; perceptual handicaps.

IV. Infectious Diseases

Bacterial, viral, fungal and protozoal disease; infectious and inflammatory disease of uncertain origin; "auto-immune" diseases; principles of immunity; immunization; public health measures; allergy; mechanical respiratory problems; dermatology.

V. Other Pediatric Areas

Cardiology; hematology; pathology; coagulation defects; surgery and orthopedics; anaesthesia; emergencies; burns, poisonings and drugs; nutrition of the older child; obesity.

CLOSING DATE FOR RECEIPT OF APPLICATIONS FOR THE 1970 WRITTEN EXAMINATION IN JUNE IS THE PRECEDING MARCH 15, 1969.

PART II—ORAL

Oral examinations are held five or six times each year at centers offering suitable facilities, in locations determined by proximity to the largest number of eligible candidates. As far as possible, candidates are given a choice of locations, taking into account date application is filed, date of eligibility, and proximity to the examination site.

American candidates must wait until the conclusion of their full five years of training and/or practice. Foreign candidates who are returning to their own country at the end of their training period may be examined prior to completion of the final two years of practice or further study in pediatrics, but the certificate of the Board will not be issued to them until they (1) pass the oral examination and (2) complete the same 5-year period of training as required of American candidates.

APPLICATION

Applications must be made on special blanks, which will be furnished by the Executive Secretary after a preliminary survey of the applicant's training. Applications may be submitted as outlined under PART I—WRITTEN.

LETTERS OF RECOMMENDATION

Letters from two competent pediatricians recommending each applicant must be sent to the Executive Secretary of the Board. These letters should not accompany the application but should be sent directly to the Executive Secretary. One letter must be from the Chief of Service in the hospital

in which the candidate has received at least one year of training.

FEES

The application fee is \$175.00. The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third *oral* examinations is \$100.00.

Fees are subject to change at any time and are non-refundable.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Written re-examinations may be taken one and two years later without additional charge. After a third failure, the situation will be reviewed by the Board to decide subsequent procedure.

Applicants who fail an oral examination become eligible for a second examination after one year. A third oral examination will not be permitted until the candidate has taken and passed another written examination. To become eligible for a fourth examination, a candidate must complete a plan of preparation for the same that is declared acceptable in advance by the Credentials Committee of the Board.

POSTPONEMENTS OF EXAMINATIONS

After acceptance of his application a candidate is expected to take the next written examination offered. Such examinations are given annually at a time and place to be announced by notice mailed to eligible candidates. Only under exceptional circumstances and upon written request may the candidate postpone his examination. If the candidate fails to appear for examination by the third opportunity after the acceptance of his application, the fee will be forfeited and a new application must be filed if he wishes to be admitted to the examination.

After failure in *either* Part I (written) or Part II (oral) of the examinations, a candidate must appear for reexamination within three years, unless such time is extended upon written request by the candidate for such period as the Board, in its sole discretion, deems advisable.

In case of failure to appear for re-examination within the periods specified above, a candidate will be placed on an "Inactive Status" for a period of five years, during which time he will no longer be notified of examination places and dates. At any time during this five-year period he may, however, upon written request to the Board, be reinstated as an active candidate. If he fails to take advantage of this opportunity he will be dropped from the rolls and if he wishes reinstatement, must file a new application and pay the full fee.

All reinstated candidates must present themselves for examination within a period determined by the Board. Failure to appear for examination within such period, unless excused by the Board, will result in loss of eligibility. In order to again be reinstated, a candidate must submit a new application and a new fee.

PURPOSE OF EXAMINATIONS

The purpose of these examinations is to determine the applicant's competency to practice pediatrics of high quality. Emphasis is therefore placed on practical aspects but since good practice is founded on sound scientific knowledge, the candidate must be prepared to demonstrate that he can utilize basic data.

Clinical and abstract aspects of growth and development are fundamental parts of pediatric training, and about one-fourth of the oral examination is devoted to this phase. Diagnosis and treatment of disease fill another quarter, and the remainder of the examination is devoted to study and discussion of "clinical cases."

CERTIFICATION BY THE BOARD

A certificate is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examination.

CERTIFICATION IN SUBSPECIALTY OF PEDIATRIC ALLERGY

WILLIAM A. HOWARD, Chairman, Washington, D. C.
REBECCA H. BUCKLEY, Durham
OSCAR L. FRICK, San Francisco
WALTER R. KESSLER, New York
HERBERT C. MANSMANN, Philadelphia
ABE MATHESON, Chicago

The American Board of Pediatrics has established certification in allergy as a subspecialty of pediatrics.

All candidates must hold a certificate in pediatrics before being admitted to examination in allergy. The candidate may embark on his training in pediatric allergy after two years resident training in pediatrics following a rotating internship. In the case of the straight pediatric intern, the first year of pediatric allergy training may be concurrent with the required third year of hospital training in pediatrics provided that the subspecialty training continues for two or more years, and that at least half the time spent is in clinical allergy experience with children.

Each application is individually considered and must be accepted by the Sub-Board of Pediatric Allergy.

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 Sub-Board. Ample notice will be sent to candidates.

FEES

The application fee for certification in allergy is one hundred, seventy-five dollars (\$175.00).

The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is one hundred dollars (\$100.00) each.

LETTERS OF RECOMMENDATION

Letters from two competent pediatric allergists 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.

REQUIREMENTS

1) Certification by the American Board of Pediatrics. Training in Allergy may be carried out prior to such certification.

2) Two years of full-time training in an approved allergy training program and its associated hospital. At least half of such training must be in pediatric allergy. Three types of training programs have been approved:

- (a) Pediatric
- (b) Adult
- (c) Mixed

Two years in training programs of type (a) or (c), or one year in each, or one year in (a) and one year in (b) is acceptable. One year in (b) and the other in (c) is not acceptable.

In place of (2) the candidate may take:

3) One year full-time training in an approved allergy training program plus two years part-time training at least once a week for not less than 200 hours each year in an

approved part-time allergy training program and hospital. At least half of the total experience must be in pediatric allergy. Thus, training which consists only in a combination of (b) and (c) as defined above does not qualify. THIS PROVISION IS BEING WITHDRAWN. CANDIDATES MUST HAVE STARTED THIS PROGRAM PRIOR TO JULY 1, 1971.

OR

4) Five years, part-time at least once a week for not less than 200 hours each year, in an approved pediatric or mixed allergy training program. THIS PROVISION IS BEING WITHDRAWN. CANDIDATES MUST HAVE STARTED THIS PROGRAM PRIOR TO JANUARY 1963 AND HAVE COMPLETED IT BY JANUARY 1973.

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 in an approved training program or in a combination of the two.

PRECEPTORSHIP: Preceptorship alone is not acceptable, but part of a full-time training program (50 per cent or less) may include supervised training in the private office of a qualified allergist, provided such an arrangement is part of an approved training program 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 20 per cent of required part-time training hours may be so credited each year. As listed above, part-time training must be completed by January 1973.

Candidates should be prepared for written and oral examinations in the theory and practice of allergy. This will include immunology, atopy, allergy of infection, experimental hypersensitivity, the clinical manifestations of allergic disease, especially as they appear in infants and children, and also allergic factors that may be present in other diseases. They must be prepared to discuss diagnostic procedures and methods of treatment, and the pharmacology of drugs and physiology of respiration as they relate to allergic diseases. In controversial matters, they should be familiar with arguments on both sides of such questions.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate may be admitted to oral examination. Written re-examinations may be taken one and two years later. After a third failure, the situation will be reviewed by the Sub-Board to decide subsequent procedure.

Applicants who fail an oral examination become eligible for a second examination after one year. After a second failure, candidates must take and pass another written examination. Failure of two oral examinations and a subsequent written examination would require review of the situation by the Sub-Board of Pediatric Allergy.

Candidates will be notified only that they have passed or failed the written examination. The written examination score will, however, be utilized in rendering a final decision with regard to passing Part II.

Candidates who fail after taking Part II will not be required to retake Part I but may be advised to do so in order that they may have an opportunity to improve a low score.

TRAINING PROGRAMS

The candidates should consult the Directory of Approved Internships and Residencies, published by the American Medical Association each Fall, for listing of hospitals ap-

proved for residency training in allergy.

PART-TIME TRAINING

All hospitals approved for full-time training in pediatric allergy are also approved for part-time training. In addition, clinics of the following hospitals have been approved for part-time training: D. C. General Hospital, Washington, D. C., R. B. Scott; Jackson Memorial Hospital, Miami, Fla., M. Marks; Children's Memorial Hospital, Chicago, G. Lanoff; Charity Hospital, New Orleans, V. J. Derbes; Bronx Municipal Hospital, New York City, H. Rapaport; Long Island Jewish Hospital, New Hyde Park, N. Y., E. Pearlman; Metropolitan Hospital, New York Medical College, New York City, S. Untracht; New York Hospital, New York City, P. DeGara; Children's Memorial Hospital, University of Oklahoma, Oklahoma City, L. Burroughs; University of Oregon Medical School Hospital, Portland, A. Wert; Jefferson Medical College Hospital, Philadelphia, H. Leopold; Vanderbilt University Hospital, Nashville, J. Overall.

APPLICATIONS

Application forms will be forwarded in duplicate on request to the Executive Secretary of the American Board of Pediatrics, Six Bryn Mawr Avenue, Bryn Mawr, Pennsylvania 19010.

CERTIFICATION BY THE BOARD

A certificate is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examinations.

CERTIFICATION IN SUBSPECIALTY OF PEDIATRIC CARDIOLOGY

- SIDNEY BLUMENTHAL, Chairman, New York
- PAUL R. LURIE, Los Angeles
- DAN G. MCNAMARA, Houston, Texas
- WILLIAM J. RASHKIND, Philadelphia
- ABRAHAM M. RUDOLPH, San Francisco
- NORMAN S. TALNER, New Haven, Conn.

The American Board of Pediatrics has established certification in cardiology as a subspecialty of pediatrics.

All candidates must hold a certificate in pediatrics before submitting an application for examination in cardiology. The candidate may embark on his training in pediatric cardiology after two years resident training in pediatrics following a rotating internship. In the case of the straight pediatric intern, the first year of the pediatric cardiology fellowship may be concurrent with the required third year of hospital training in pediatrics provided that the subspecialty continues for two or more years and that at least half the work is clinical work with children.

Each cardiology application is individually considered and must be accepted by the Sub-Board.

INFORMATION CONCERNING EXAMINATIONS

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 Sub-Board. Ample notice will be sent to candidates.

FEES

The application fee for certification in cardiology is one hundred seventy-five dollars (\$175.00).

The full fee must be remitted with the application. No additional fee is required for second and third written examinations. The fee for second and third oral examinations is one hundred dollars (\$100.00) each.

Fees are subject to change at any time.

LETTERS OF RECOMMENDATION

Letters from two competent pediatric cardiologists recom-

mending 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.

REQUIREMENTS

- 1) Certification by the American Board of Pediatrics.
- 2) Complete two years full-time training in an approved training program in pediatric cardiology.
- 3) Special cases not meeting the above requirements in full may be considered for examination only by unanimous agreement of the Sub-Board of Pediatric Cardiology and the American Board of Pediatrics.

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 Sub-Board to decide subsequent procedure.

Applicants who fail an oral examination are required to take and pass the written examination of the following year. After a second failure, examination will again be permitted after one year and successful completion of another written examination. To become eligible for a fourth examination, a candidate must complete a plan of preparation for the same that is declared acceptable in advance by the Credentials Committee of the Sub-Board.

Candidates will be notified only that they have passed or failed the written examination. The written examination score will, however, be utilized in rendering a final decision with regard to passing Part II.

TRAINING PROGRAMS

Approximately 50 approved training programs in pediatric cardiology exist. Candidates should consult the Directory of Approved Internships and Residencies, published by the American Medical Association each Fall, for listing of hospitals approved for residency training in pediatric cardiology.

APPLICATIONS

Application forms will be forwarded in duplicate on request to the Executive Secretary of the American Board of Pediatrics, Six Bryn Mawr Ave., Bryn Mawr, Pennsylvania 19010.

CERTIFICATION BY THE BOARD

A certificate is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examinations.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

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 DONALD L. ROSE, Kansas City, Kan.
 EARL C. ELKINS, Secretary-Treasurer, 200 First St., S.W., Rochester, Minn.

GENERAL QUALIFICATIONS

1. High moral and ethical standings in the medical profession.
2. Graduation from a medical school approved by the Council on Medical Education of the American Medical

Association, or graduation from a school which, in the opinion of the Board, offers medical education equivalent to an approved school (a foreign graduate must successfully complete the examination of the Educational Council for Foreign Medical Graduates before he will be considered eligible for either examination unless he holds a license to practice in the United States or Canada.)

3. A legal license to practice medicine in one or more of the states of the United States, its territories or the District of Columbia, or one or more of the provinces of Canada. (The foregoing requirement is waived in the case of a foreign medical graduate who has completed three years of approved residency training in this country and who is returning to his native country to practice.)

4. Completion of an internship in a hospital approved by the Council on Medical Education, or of training which, in the opinion of the Board, is comparable or equivalent to such an approved internship.

5. Three years of training in a residency approved by the Residency Review Committee for Physical Medicine and Rehabilitation, representatives of the Council on Medical Education and the American Board of Physical Medicine and Rehabilitation.

Graduates of recognized schools of osteopathy are eligible for residency training in physical medicine and rehabilitation, provided that they have successfully completed an AMA-approved internship or the equivalent at the discretion of the Board. In addition they must have a license equivalent to license for an M.D. or one that is unrestricted. Credit will not be given for an AOA residency, and credit for past practice in the Armed Forces is evaluated on an individual basis at the discretion of the Board.

6. Two years of full-time practice in the specialty of physical medicine and rehabilitation after completion of eligibility of the first part of the Board. In selected cases, full-time practice in physical medicine and rehabilitation may be substituted in whole or in part, for "5" above. In those cases, two years of full-time practice in the specialty is considered the equivalent of one year of approved training.

Up to one year of credit may be given for (a) one or more years of approved training in other recognized and approved specialties, or (b) four or more years of general practice, and would count toward "5" above. (Provision (b) applies only to physicians who began approved training in physical medicine and rehabilitation on or after July 1, 1961. The allowing of credit to foreign physicians, under this provision, will be considered on an individual basis by the Board.)

EXAMINATION

The examination for certification by the American Board of Physical Medicine and Rehabilitation is given in two parts. Part I is written; Part II, oral. Part I alone may be taken after the completion of six units of credit (three years of residency training or six years of full-time practice in the specialty, or a combination of both; see paragraph "5"). Part II may be taken after an additional two units of credit are obtained (two years of full-time practice in physical medicine and rehabilitation; see paragraph "6" above). Parts I and II combined may be taken only after a total of eight units of credit have been obtained, by means indicated above.

The written and oral examinations will cover certain aspects of the basic sciences as well as clinical physical medicine and rehabilitation. The basic sciences will include:

1. ANATOMY, including kinesiology and functional anatomy.
2. PHYSICS, including radiation physics related to the field, electronics and instrumentation.
3. PHYSIOLOGY, including physiology of movement and physiologic effect of the various physical agents and path-

ologic physiology of the various conditions treated by physical medicine and rehabilitation.

4. PATHOLOGY.

5. Other fundamental sciences. The applicant will be examined concerning his knowledge of such subjects as biochemistry and bacteriology as related to physical medicine and rehabilitation.

The clinical aspects will include:

1. Those diseases and conditions that come within the field of physical medicine and rehabilitation. These include arthritis and the various rheumatic diseases, neuromuscular diseases such as poliomyelitis, cerebral palsy, paraplegia, musculoskeletal diseases including the large group of traumatic and orthopedic conditions.

2. The clinical usage of such physical agents as heat, water, electricity, ultraviolet radiation, massage and exercise, rehabilitation techniques.

3. A knowledge of the role of associated personnel within the field of physical medicine and rehabilitation, such as the physical therapist, occupational therapist, clinical psychologist, social service worker, vocational guidance counselor, and the ability to coordinate the services of such personnel.

4. An understanding of the basic principles of physical medicine and rehabilitation, and the ability to prescribe specific treatment to be executed by technical and other allied personnel.

The Board shall administer the examination once a year at its discretion, generally the last part of June or the early part of July. Those qualifying for Part I or II of the examination must have finished their years of formal training by August 31 of the year of the examination and such training must be authenticated by appropriate authorities.

APPLICATION

An application form may be obtained by writing to the Secretary of the Board. The completed application shall contain a record of the candidate's premedical and medical training as well as of internship, graduate study, hospital or dispensary staff appointments, teaching positions, length of time practice has been limited to physical medicine and rehabilitation, medical papers published, names of three well-known physicians to whom the Board may write for professional and character reference.

A fee of \$150 shall accompany the application if the candidate is applying for Part II only, \$275 if applying for Parts I and II. (In case of rejection of application, evaluation fee of \$25 will be retained and examination fee will be refunded. If the candidate is declared eligible for examination, the fees are not refundable. If, for any reason, a candidate does not take the examination after having been declared eligible, fees paid may remain on deposit for a period up to three years. After that period of time, the deposit becomes the property of the Board and the candidate must reapply for re-evaluation and examination.)

The fee for re-examination in Part I alone or Part II alone is \$150; for both parts, \$275.

The Board is a non-profit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. The Board reserves the right to change the fee when necessary.

ELIGIBILITY AND RE-EXAMINATION

Designation of eligibility of all applicants for Board accreditation by the American Board of Physical Medicine and Rehabilitation is a privilege of the Board and is contingent upon the following conditions:

1) filing by the applicant of educational credentials and

application for examination with the Secretary of the Board,

2) payment of a fee for the examination, and

3) transmission of a letter of confirmation of eligibility from the Secretary of the Board to the candidate.

Upon establishment of such eligibility, the candidate will then be notified of an examination date and place for Part I or II, or both as may be the case. A candidate for Part I who fails to pass the initial examination may then reapply for re-examination the following year, and thus re-establish eligibility for such examination. If the candidate is unsuccessful in passing Part I on this second effort, he (or she) will be required to enroll in a one-year full-time approved program of additional Physical Medicine and Rehabilitation specialty training before eligibility for a third re-examination the following year may be allowed. Failure to pass a third Part I examination permanently excludes the candidate from any further designation of eligibility by the Board for examination or accreditation.

Eligibility for Part II of the examination must be similarly confirmed by the Board after successful completion of Part I and after

1) filing application and educational credentials,

2) payment of the examination fee, and

3) after receipt of notification of acceptance of eligibility from the Secretary of the Board.

The candidate will then be notified of an appointment time for Part II of the examination. If the result is failure, the candidate must reapply for eligibility for re-examination the following year and again a third year if still unsuccessful. If, after three unsuccessful oral Part II examinations, eligibility for a fourth and final Part II examination may be re-established only after completion of an additional one year of full-time training in Physical Medicine and Rehabilitation. Failure to pass successfully the fourth Part II examination excludes the candidate from any further privilege for examination. In no case shall successful completion of Parts I and II of the examination exceed a period of seven (7) years. Failure to appear for an annual examination once eligibility is established for either Parts I or II shall result in forfeiture of the fee deposited, and shall be considered as a failure to pass the examination for that year. Only under extraordinary circumstances and for reasons justifiable in the judgment of the Board shall the Board vary from this policy in the granting of extensions.

This policy becomes effective June 1, 1967.

CERTIFICATE

A certificate granted by this Board does not of itself confer any degree or legal qualifications, privileges, or license to practice physical medicine and rehabilitation. The Board does not limit or interfere with the professional activity of any duly licensed physician. The chief aim of the Board is to standardize qualification for specialists in physical medicine and rehabilitation and to certify as specialists those who voluntarily appear before the Board for such recognition and certification, according to its regulations and requirements.

A certificate is issued when the candidate has successfully completed the written and oral examination.

LIMITED CERTIFICATE

A foreign medical graduate who has completed three years of approved residency training in this country and who is returning to his native country to practice, may be granted limited certification upon passing Part I of the Board examination. Such a certificate will show that the candidate has completed approved training in physical medicine and rehabilitation and has passed the Board written examination in basic and clinical sciences.

AMERICAN BOARD OF PLASTIC SURGERY

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GENERAL REQUIREMENTS

1. Moral and ethical standing in the profession satisfactory to the Board.

The Board, believing that the practice of "fee splitting" is pernicious, leading as it does to traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Those whose activities are limited to the practice of plastic surgery.

3. This Board will accept as candidates for examination for the standard domestic certificate only those who are full citizens of the United States of America or Canada.

PROFESSIONAL REQUIREMENTS

The Board considers the requirements outlined below to be minimal in attaining its purposes and encourages candidates to take advantage of broadening experience in other fields. Candidates must fulfill the requirements that are in force at the time of their examination and/or certification.

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education of the American Medical Association, or graduation from a foreign school considered acceptable by the Board.

The American Board of Plastic Surgery will accept the certificate of the Educational Council for Foreign Medical Graduates as evidence that the holder thereof is possessed of medical knowledge comparable to that expected of graduates of approved medical schools in the United States or Canada.

2. Completion of an internship of not less than one year in a hospital approved by the same Council.

3. Three years of training in general surgery beyond the intern year, as a resident or an assistant resident, in a hospital approved by the Conference Committee on Graduate Education in General Surgery. Of the required three years of approved training in general surgery, a minimum of 24 months must be in clinical general surgery, which may include the usual rotation of one or more of the following: orthopedic, urological, neurological, thoracic, gynecological, and other divisions of surgery as well as general surgery. The Board may give credit up to one year towards this three-year requirement to those who have had extensive approved qualifying training in disciplines other than general surgery, e.g., orthopedic, urological, otolaryngological, gynecological, etc., each case to be evaluated by the Board on its own merits. The training in general surgery of those candidates who have been certified by the American Board of Surgery fulfills the requirements of this Board for general surgery.

4. Training in general plastic surgery, including maxillo-facial surgery, for an additional period of not less than two years in a residency approved by the Residency Review Committee for Plastic Surgery (composed of 3 representatives from the Council on Medical Education of the American Medical Association, 3 from the American College of Surgeons, and 3 from the American Board of Plastic Surgery), or in a preceptorship approved by the American Board of Plastic Surgery. To be accredited, training in plastic surgery must be obtained in the United States or Canada. In fulfilling this requirement there is a limit of one year's credit given for all work done in governmental plastic surgery residencies (Army, Navy, V.A., etc.) regardless of the time put in by trainees in such residencies. It is required that all such trainees take one additional year of approved training in plastic surgery in civilian residency or preceptorship.

Residencies approved by the Tripartite Residency Review Committee for Plastic Surgery as two-year programs of training in plastic surgery are recognized as the minimum training required in plastic surgery. If a hospital wishes to be approved for a three-year program of training in plastic surgery, then candidates accepting training in such programs must complete the entire three years in order to receive full credit, so as to have at least one year of senior responsibility. One of the three years will be credited as the first of the required two years of practice in plastic surgery.

5. During these years of training following the internship year, a candidate must hold positions of increasing responsibility for the care and management of patients with surgical conditions. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility. He must have sufficient operative experience to acquire surgical skill and judgment through the performances of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

6. An additional period of not less than two years of practice in plastic surgery. If a candidate elects to spend one or two additional years in approved training in plastic surgery, one year of such training will be credited toward the required two years of private practice if it can be demonstrated that the candidate held a position of increasing responsibility. It is imperative that one year be in actual private practice in such instances.

The Board gives credit only for training in plastic surgery received in the United States or Canada but may, at its 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—atomy, pathology, physiology, biochemistry, and bacteriology—to the application of surgical principles which are fundamental in all branches of surgery, and especially to plastic surgery. In addition, the candidate must understand and be trained in the following subjects: the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, etc.

The Board reserves the privilege of requesting lists of operations done solely by the candidate for one or more years, or of requesting special and extra examinations, written or oral and practical, and of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

Eligibility rulings or an evaluation of a candidate's qualifications or training cannot be made by the secretary or by any one member of the Board. Official evaluations of qualifications are made only by the Committee on Credentials and Requirements or by the entire Board where necessary after a review of the candidate's formal application for such rulings to make the rounds of the Committee.

In 1960, the Board began to issue special Foreign Certificates (nonresident certification) to qualified foreigners, not citizens of the United States of America or Canada, who have completed two full years or more of approved training in plastic surgery in the United States and who have passed the regular examinations of the Board, and who will return to their homeland to practice. Candidates who finish their training in plastic surgery after Jan. 1, 1961, will be required to have the certificate of the ECFMG. All candidates must possess a valid license to practice medicine in their home country. Requirements for the Foreign Certificate (nonresident certification) may be obtained from the office of the Board.

TRAINING FACILITIES

Residencies.—The American Board of Plastic Surgery does not assume the responsibility for independent inspection and approval of the residency programs in plastic surgery, but recognizes those residencies in plastic surgery approved by the Residency Review Committee for Plastic Surgery. This Committee is a tripartite body composed of representatives from the Council on Medical Education of the American Medical Association, from the American College of Surgeons, and from the American Board of Plastic Surgery, the secretary of the Committee being a member of the Council on Medical Education of the American Medical Association.

Any Diplomate of the Board desiring approval of a residency program of training under his supervision should apply, or have his hospital administrator apply, to the Residency Review Committee for Plastic Surgery c/o Council on Medical Education of the American Medical Association, 535 N. Dearborn Street, Chicago 60610. He will be sent a regular application blank to be filled out and returned to that Committee. The Committee will appoint inspectors to go to the hospital to inspect the program. The question of approval will then be considered at the next semiannual meeting of the Residency Review Committee and the applicant informed of the result. It usually takes a period of six to twelve months to process an application.

A list of approved residencies in plastic surgery is 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 of the American Medical Association and is distributed by the offices of the surgeons general to their personnel. It is highly important that prospective applicants obtain a copy of this form and that it be submitted with their credentials for evaluation by the Board.

CASE REPORTS

After evaluation of the candidate's training and upon approval by the Board of his application for examination and certification, the candidate will be required to submit twelve major case reports indicative of his independent work in the field of plastic surgery. Do not submit more than twelve. Case reports should be submitted within one year from the time of completion of the two-year private practice period; otherwise a new application should be filed. The case reports shall conform to conditions which the Board may from time to time specify. All case reports become the property of the Board, but may be returned on request.

To be accepted, case reports must be assembled according to the following instruction; if instructions are not followed they will be returned for proper preparation.

The case reports should be assembled during the two-year

private practice period, and may be submitted at any time near the completion of the practice period. They should be submitted not later than the deadline date of November 1, preceding the annual May examinations. All case reports must be from period after completion of residency training.

Upon official notification of approval of case reports, the candidate is eligible to take the examinations of the Board (at completion of the required two-year practice period).

Case reports furnish the Board with documentary evidence of the candidate's abilities, so the material should be prepared and presented with the same painstaking and exacting attitude that one would display in writing a thesis. The group must include a variety of material from the entire body rather than a number of cases of one type, and must carry the candidate's personal deductions, conclusions and comments, and must be sufficiently detailed to demonstrate that the conclusions drawn indicate a grasp of the subject and that the results justify the procedure.

Case reports are graded in each of the following four categories. The passing grade on the case reports is 75%.

1. **Completeness of work-up.** A well organized scientific presentation, including history, physical examination, pertinent laboratory reports, pathological specimens and reports, x-ray findings and follow-up management.

2. **Photographs, illustrations and schematic drawings.**

3. **Originality** of approach to plastic surgery problems, **judgment** exercised, and **knowledge** displayed of the literature as demonstrated at the end of each case report.

4. **Excellence** of surgical technique as evidenced by final result.

The diversified nature of the twelve case reports is evidence of the candidate's training in the representative areas of general plastic surgery. The case reports must include cases from seven of the eight following categories. Even though every type of case in this list cannot be included, the candidate should submit the case reports, appending a note explaining any deficiency.

1. Cleft lip and/or cleft palate.
2. Traumatic defects requiring reconstructive surgery:
 - (a) Face and neck.
 - (b) Body and extremities.
3. Acute burns.
4. Facial bone fractures (excepting nasal fractures).
5. Aesthetic operations.
6. Malignancies or conditions prone to malignancies:
 - (a) Of the face.
 - (b) Of the body and extremities.
7. Plastic surgery of the hand.
8. Congenital anomalies:

Examples: Syndactylism, congenital absence (partial or total) of external ear, hypospadias, thyroglossal duct cysts, extensive nevi, congenital bands, etc.

If the case reports and lists of operations are approved, the candidate will receive subsequent information regarding taking the examinations. The Board at its discretion may request certification of case reports by the hospital where the operations were performed. The following form should accompany the case reports: "I hereby certify that the planning and essential surgical procedures described herein were carried out by me as an independent operator."

Every candidate's final acceptability for examination is based not only on the evaluation of his training qualifications but on his professional ability as a plastic surgeon, his ethical standing in the community, and the strict limitation of his work to plastic surgery.

A candidate should remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his ability.

In instances where a candidate submits case reports that do not meet the standards of the Board, he will be required to submit additional case reports or an entirely new set of

12 within a period of one year. If this second series of new case reports again does not meet the standards of the Board, the candidate may be required to take additional training (of length and type specified by the Board) before he will be allowed to submit any further case reports.

After a candidate has been notified that he has fulfilled the preliminary requirements and that his case reports have been approved, he will be required to take the qualifying examination within a period of three years.

After approval of the case reports, and prior to the examination, the candidate may be visited at his place of practice by a member or members of the Board to observe him operate and to examine a number of his preoperative and postoperative cases.

The qualifying examinations are given yearly, usually in May, immediately preceding, during, or following the annual meeting of the American Association of Plastic Surgeons. Candidates are required to go to the designated center for the qualifying examination, which will last two days. These centers will be in the city in which the meeting of this organization is held if the proper clinic and hospital facilities are available, otherwise in some nearby city where such material is available.

The written examination will consume half of the first day and will consist of questions of the "Multiple Choice" type. The subjects of the written examination are: (1) Theory and Practice of Plastic Surgery; (2) Applied Anatomy, Applied Physiology; (3) Pathology, Bacteriology, Micro-pathology, Clinical Laboratory Methods, Pharmacology; (4) Reaction of Tissue to Injury, Surgical Accidents, Anesthesia. The afternoon of the first day and all of the second day will be taken up by oral examination. A general oral examination pertaining to plastic surgery will be given and an oral examination in anatomy, using cadavers, may be given. Microscopic slides of the average pathological tissue falling within the province of the plastic surgeon will be shown on a screen and the candidate requested to make the diagnosis.

GRADES

To be considered as passing, a candidate must receive a grade of not less than 65% in any one part of the examination, and a combined average grade of not less than 75% on the entire written and oral examination. This applies also to complete re-examinations. If only one part is re-examined, the grade must be 75%.

CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examinations of the Board, a certificate attesting his qualifications in plastic surgery will be issued to him by the Board, signed by its officers and having the seal of the Board affixed thereto. It shall be the prerogative of the Board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the Board regarding the certification of any candidate shall be final.

FOREIGN CERTIFICATION

In 1960 the Board began to issue special Foreign Certificates (non-resident certification) to qualified foreigners, not citizens of the United States of America or Canada, who have completed two full years or more of approved training in plastic surgery in the United States or Canada and who have passed the regular examinations of the Board, and who will return to their homeland to practice.

Candidates for the special foreign certificates must have three years of training in general surgery before beginning training in plastic surgery. The training in general surgery may be foreign training. Letters should be sent to the Board from the chiefs under whom the training was obtained, describing the quality and quantity of such training in general surgery, and attesting to the training.

Such foreign certificates will not be valid in the United States or Canada. Such candidates must possess the standard certificate from the Educational Council for Foreign Medical Graduates or a license to practice in any state in the U.S. and must possess a valid license to practice medicine in their home country.

Important:

Before beginning the training in plastic surgery, the prospective candidate should have an evaluation of his training to date made by this Board. Application forms for this purpose are obtainable from the Office of the Board, and a Booklet giving the requirements for the foreign certificate is also available from the Board Office.

FEES

The fee for application and examination is two hundred twenty-five dollars (\$225). Of this sum seventy-five dollars (\$75) must accompany the application, and the remaining one hundred fifty dollars (\$150) must be paid when the candidate is notified of acceptance for examination. There will be no refunds. This fee may be increased at the discretion of the Board. The Board is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. Because of the limited number of surgeons certified by this Board it is necessary for a limited time to request a voluntary annual contribution from Diplomates after the first year's certification to help defray expenses.

AMERICAN BOARD OF PREVENTIVE MEDICINE

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ELIGIBILITY REQUIREMENTS FOR EXAMINATION

Each applicant for a Certificate in Public Health, Aviation Medicine, Occupational Medicine, or General Preventive Medicine is required to meet certain eligibility requirements and to pass an examination. Such eligibility requirements are set forth in the By-laws of the Board. For the information of applicants such requirements are briefly outlined below; but for a full statement thereof reference must be made to the By-laws, as from time to time in force, by which alone such requirements are governed:

GENERAL REQUIREMENTS

1. Good moral character and high ethical and professional standing;
2. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association, or from a school of osteopathic medicine which was at the time approved by the American Osteopathic Association, or from a foreign school satisfactory to the Board;
3. A hospital internship of at least one year approved by the Council on Medical Education of the American Medical

Association, or a foreign hospital internship satisfactory to the Board; or has had service or training deemed by the Board to be equivalent to such internship; and

4. Authority to practice medicine in a State, Territory, Commonwealth or possession of the United States or in a Province of Canada.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. Successful completion (after internship) of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. *Residency (after internship) of at least two years of field experience in general public health practice, which included planned instruction, observation, and active participation in a comprehensive, organized, public health program approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board; one year of such period in both instances may be an approved clinical residency in a field directly related to public health;
3. A period (after internship) of not less than one year, in addition to 1 and 2 above, of special training in, or teaching or practice of, public health;
4. The candidate must have been engaged in the practice of, or training for, public health for at least two of the five years preceding application.
5. Limitation of practice to full-time teaching, research, or practice of public health as a Specialty.

SPECIAL REQUIREMENTS IN AEROSPACE MEDICINE

1. Successful completion (after internship) of at least one academic year of graduate study in preventive medicine in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. *Residency (after internship) of not less than two years, in addition to 1 above, which shall have provided planned instruction in the principles of aerospace medicine, and supervised participation in a comprehensive program of aviation medicine approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; one year of such requirement may be satisfied by one or more years of training in an approved residency in a clinical specialty deemed by the Board to be directly related to aerospace medical practice.
3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training or research in, or the teaching or practice of, aerospace medicine.
4. The candidate must have been engaged in the practice of, or training for, aerospace medicine for two of the five years preceding application.
5. Limitation of practice to full-time teaching or research in, or practice of, aerospace medicine.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE

1. Successful completion (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

*A statement of the essentials of approved residencies as well as a listing of approved residency programs and complete information regarding the American Board of Preventive Medicine, Inc., may be found in the Directory of Approved Internships and Residencies, published annually by the American Medical Association. Copies may be obtained from the Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

of these schools, all of which must be acceptable for such graduate training by the joint Residency Review Committee for Preventive Medicine of the Council on Medical Education of the American Medical Association and the American Board of Preventive Medicine; or training or study deemed by the Board to be substantially equivalent to such graduate study.

2. *Residency (after internship) of not less than one year, in addition to 1 above, of supervised experience in occupational medical practice in an industrial or medical organization approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board; one year of such requirement may be satisfied by one or more years of training in an approved residency in a clinical specialty deemed by the Board to be directly related to occupational medical practice.

3. A period (after internship) of not less than three years, in addition to 1 and 2 above, or special training in, or teaching or practice of, occupational medicine;

4. The candidate must have been engaged in the practice of, or training for, occupational medicine for two of the five years preceding application.

5. Limitation of practice to full-time teaching, research, or practice of occupational medicine.

SPECIAL REQUIREMENTS IN GENERAL PREVENTIVE MEDICINE

1. Successful completion (after internship) of at least one academic year of graduate education in residence at a medical school with a program of training in preventive medicine recommended by the joint Residency Review Committee for Preventive Medicine and approved by the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine, or at a school of public health accredited for the purpose of such study by the American Public Health Association, or in Canada, an equivalent academic program approved by the Board; and

2. Residency (after internship) of at least two years of instruction, observation and supervised experience in a comprehensive organized Preventive Medicine Residency Training Program approved for this type of residency training by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board. One year of the residency experience may be in a clinical residency approved by the American Medical Association's Council on Medical Education, or an equivalent Canadian residency, in a field directly related to preventive medicine;

3. A period (after internship) of not less than one year (in addition to 1 and 2 above) of special training or research in, or teaching or practice in, some area (or areas) of preventive medicine;

4. The candidate must have been engaged in the practice of, or training for, preventive medicine for two of the five years preceding application.

5. Limitation of practice to full-time teaching, practice or research in preventive medicine as a specialty.

APPLICATIONS FOR EXAMINATION AND RE-EXAMINATION

Each application for examination must be made on the prescribed form (which may be obtained from the Secretary

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of the American Board of Preventive Medicine) and must be filed with the Secretary by November 30 in order for eligibility to be established for the examination in the spring of the next year. It must be accompanied by the required documentation, application fee, and one recent, clear, unmounted, autographed photograph of the applicant which should be attached to the application.

No member of the Board is authorized to give an opinion as to the eligibility of candidates. The determination of eligibility will be made only by the Board, after receiving full application information. Each candidate must comply with Board regulations in effect at the time the examination is taken and also those in effect at the time the Certificate (if any) is issued, regardless of when his original application was filed.

Properly qualified applicants may take Parts I and II of the examination together following the four years of graduate education, residency and additional specialized experience, or may elect to take Part I of the examination after completion of the graduate study and the required residency training. In either situation, an applicant will not be admitted to examination until he has completed satisfactorily all requirements of graduate study and residency.

Following successful completion of Part I of the examination an applicant may become eligible to take Part II of the examination, provided he or she has continued full time in his or her field of concentration and has submitted evidence of completion of at least one year of further special training or research, teaching or practice acceptable to the Board, in addition to the academic and residency training required for Part I. Ordinarily, the filing of a letter of application with the Board will fulfill the requirement for such evidence. Re-application must be made not later than November 30 of the year prior to taking Part II of the examination the following spring.

An applicant declared ineligible for admission to examination may refile or reopen his application on the basis of new or additional information within two years of the filing date of his original application, without payment of an additional application fee.

An applicant declared eligible for admission to examination but who fails to submit to examination within three years of the date of the first examination for which he or she is declared eligible, except as specified above, is required to file a new application, and to pay a new application fee.

Candidates failing the examination, may, upon timely application and payment of appropriate fee, be admitted to re-examination within a three-year period.

Candidates failing three examinations will not be admitted to subsequent examinations unless the Board so directs.

MULTIPLE CERTIFICATION

A person who has been certified in one affiliated specialty (e.g. Public Health), may apply for certification in another affiliated specialty (e.g. Occupational Medicine); however, the applicant must meet in full the special requirements for each of the affiliated specialties in which he desires to be examined.

In determining whether the applicant meets such requirements, no period of training or experience, other than the year of formal graduate study, will be taken into account if the same period shall have been taken into account in determining his eligibility for another affiliated specialty.

FEES*

Application fee\$50
Must be submitted with application; is not refundable.

*This fee schedule went into effect on July 1, 1969. Applications received prior to July 1, 1969 were processed under the previous fee schedule providing payments were received prior to January 1, 1970. The previous schedule was as follows: application fee \$35, examination fee \$130, certification fee \$10, re-examination fee \$50, and examination fee for additional affiliated specialties \$65.

Examination fee	\$200
Fee for each Part of examination is one-half of total examination fee and is payable when applicant is notified of acceptance for examination.	
Re-examination fees:	
Each part taken	\$100
Examination fees for additional affiliated	
Specialties: Each specialty	\$100

EXAMINATIONS

Examinations will be held from time to time and in various places depending upon need as indicated by applications received. Examinations in some instances will be held in connection with the annual meetings of the nominating organizations and also may be held at other times and at other places so located geographically as to minimize travel for the applicants.

The examination consist of two parts:

Part I is a comprehensive written examination designed to test the knowledge of the applicant in the basic principles of preventive medicine. Part II is a comprehensive written examination or, in the case of candidates being examined in General Preventive Medicine, a comprehensive oral examination designed to test the knowledge of the applicant in the special field in which he requests certification.

An oral interview or practical examination is also required of candidates being examined in Public Health, Aviation Medicine, or Occupational Medicine which usually will be held at the completion of Part II of the examination. An endeavor will be made to adapt the details of the oral interview or practical examination to each candidate's experience and practice.

Candidates for certification in a second or third affiliated specialty will be required to pass only that portion of the written and/or oral examination relating specifically to such field, i.e. Part II only.

The examiners will submit a report upon each candidate to the assembled Board, by which the result of the examination will be determined finally.

CERTIFICATION

Upon satisfactory completion of the examination and proof to the satisfaction of the Board that the applicant is eligible for certification, a Certificate will be issued to the effect that the applicant has been found to be possessed of special knowledge in the field specified in his application. The Certificate will be signed by officers of the Board and will have its seal affixed. Each Certificate remains the property of the Board, but the person to whom it is issued is entitled to its possession unless and until it is revoked. Any Certificate issued by the Board may be revoked if evidence, satisfactory to the Board, is presented that the applicant was not eligible to receive it at the time of application or issuance, or that he misstated, misrepresented, or concealed any pertinent fact, or that his license to practice medicine has been suspended or revoked, or that he has ceased to be engaged in the teaching, research, or practice of the specialty in which he has been certified. The issuance of a Certificate to any person does not constitute such person a member of the Board.

CERTIFICATION OF FOREIGN MEDICAL GRADUATES

The Board may issue special certificates to graduates of foreign medical colleges indicating the possession of special knowledge in Preventive Medicine, or a field thereof. Such certificates are issued only to individuals who have had full residency training in Preventive Medicine in the United States or Canada but who are not authorized to practice medicine in the United States or Canada.

To be eligible for such certification, the individuals must make application for special certification and must establish to the satisfaction of the Board that (1) he has been gradu-

ated with the degree of Doctor of Medicine, or a degree determined by the Board to be equivalent, from a medical school not located in the United States or Canada; (2) he has satisfactorily passed the qualifying examination given by the Educational Council for Foreign Medical Graduates; and (3) he has had, in the United States or Canada, not less than six (6) years of training and experience in Preventive Medicine or a field thereof, which included (a) at least one year of study in a School of Public Health, or a school determined by the Board to offer equivalent training and (b) at least three (3) years of Residency Training or supervised field experience in Preventive Medicine or a field thereof, except that the requirement of one year of such training and experience may be satisfied by a clinical Residency judged by the Board to be directly related to Preventive Medicine or a field thereof; and that (4) it is his intention, without mental reservation, to engage in practice in a specified country other than the United States or Canada within one year after completion of training. Should he at any time thereafter engage in teaching or practice in the United States or Canada, he will deposit his special certificate with the Boards.

The application procedures, the examinations, and the fees are the same as those required of all others seeking certification by this Board.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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APPLICATION FOR CERTIFICATION

An application, in order to be considered for Part I of the examination, which is given about May 1 of each year, must be in the hands of the Secretary of the Board *no later than the preceding October 31*. A proper application form may be obtained from the Executive Secretary-Treasurer. Application may be made for certification in psychiatry or in neurology. 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 Executive Secretary-Treasurer of the Board, upon receipt of an application, will make inquiries from those whom the candidate submits as references and from such other persons as the Executive Secretary-Treasurer may deem desirable and will verify the candidate's record from the biographical records of applicants of the American Medical Association. Determinations of applicants' eligibility will be made in accordance with the rules and regulations of the Board in effect from time to time.

FORM OF CERTIFICATION

The Board currently issues four types of certificates. The first is a certificate with respect to psychiatry, the second is a certificate with respect to neurology, the third is a certificate with respect to child psychiatry and the fourth is a certificate with respect to child neurology. If an appli-

cant is certified with respect to both psychiatry and neurology, or with respect to both child psychiatry and child neurology, two certificates shall be issued to such applicant, one in psychiatry and the other in neurology. Each certificate shall be in such form as may be specified from time to time by the Board.

REQUIREMENTS FOR APPLICANTS

Each applicant for a certificate must establish that:

- (a) He is a physician duly licensed to practice medicine in a state of the United States or province of Canada.
- (b) He is of high moral, ethical and professional standing.
- (c) He is a graduate of a medical school in the United States or Canada which has been approved by the Council on Medical Education of the American Medical Association.
- (d) He has satisfactorily completed a year's internship in general medicine, general surgery, pediatrics or a rotating service approved by the Council of Medical Education of the American Medical Association.
- (e) He has satisfactorily completed the Board's specialized training and experience requirements in psychiatry or neurology, or both, as set forth below.

SPECIALIZED TRAINING AND EXPERIENCE

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 in the specialty in which certification is sought satisfactorily completed in approved training programs, 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 programs, plus one year of experience. The training for those who seek certification both in psychiatry and neurology may be subdivided into two and one-half years each in psychiatry and neurology or three years in one subject and two years in the other. The required years of experience should be spent in clinical practice with major responsibility for the care of patients.

All applicants who began training on or after July 1, 1956, must show that at least 24 months of their training were 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. All applicants who began training on or after July 1, 1964, must show that at least 24 months of their training were secured in a single training program approved for two or three years of training credit.

The training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology; psychopathology, psychotherapy, and the physiological and pharmacological therapies, including a basic knowledge of the form, function and pertinent pathology of the nervous system. The training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts, and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training

in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This should be combined with study of the basic neurological sciences, neuroanatomy, neurophysiology, neuropathology, neurochemistry, neuropharmacology, and 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 either neurology or psychiatry, after being certified in the other, must submit evidence satisfactory to the Board of an additional two years of post-graduate training in an approved training program in the supplementary specialty.

Thus, no candidate is eligible for examination by the Board until he has completed at least five years of special training and experience in neurology or in psychiatry for a single certificate, or at least six years of special training and experience in neurology and psychiatry for certification in both neurology and psychiatry.

Experience credit will not be given for work performed before the applicant has had at least one year of accredited training in psychiatry or neurology except that an applicant may substitute two or more consecutive years spent in formal accredited training in any one of the medical or surgical specialties for one year of experience in psychiatry or neurology. This training may have been acquired prior to the training in psychiatry or neurology.

Since the emphasis of the Board examination is in the clinical aspects of psychiatry and neurology, the candidate is advised to obtain adequate clinical experience during the two years following his training. Under certain circumstances, experience credit will be given for investigative work in any of the basic sciences. Documentation of these two years must be submitted.

The lists of training programs approved by this Board and by the Council on Medical Education of the American Medical Association may be found in the current issue of the Directory of Approved Internships and Residencies.

CERTIFICATE IN NEUROLOGY

WITH SPECIAL COMPETENCE IN CHILD NEUROLOGY

The American Board of Psychiatry and Neurology believes that the proper preparation for the practice of Child Neurology requires that the practitioner be a competent neurologist who has had additional training in Pediatrics and Child Neurology. To qualify for the new certificate, a different type of preparation and certifying examination has been formulated. The same diploma will be used, the only difference being that instead of certifying competence in "Neurology," it will certify competence in "Neurology with Special Competence in Child Neurology." It is expected that such a diplomate will be a general neurologist, but with special knowledge of neurological disorders of children.

The following are the requirements for eligibility for admission to examination for certification in Neurology with Special Competence in Child Neurology.

A. GENERAL QUALIFICATIONS

The applicant must comply with the Board's requirements as to being duly licensed to practice medicine, being of high moral, ethical and professional character, being a graduate of an acceptable medical school, and having completed one year's approved internship. Straight Pediatric internship is not an absolute requirement but is strongly urged.

B. SPECIAL QUALIFICATIONS

1. One year of general Pediatric residency.
2. Two years of general Neurological residency.
3. Either of the following:
 - (a) Two years of Neurological residency devoted to Child Neurology; or
 - (b) One year of Neurological residency devoted to Child Neurology plus two years of experience in Child Neurology.
4. During the period of Neurological residency, the candidate must have satisfactory training in the sciences basic to Neurology and in Psychiatry and Neurological Surgery as outlined in the "Essentials of Approved Residencies" as they apply to Neurology.

C. EXAMINATION

Successful completion of the Part I (written) examination is required before admission to the oral examination.

Just as the training for this certificate would differ from the regular pattern, so would the examination. In the regular neurological certifying examination, the candidate examines and discusses the neurological problems presented by two adults and one child. For the new certificate the candidate would be required to pass all other parts of the regular examination but would instead examine two children and one adult patient.

EXAMINATIONS

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. Part II (the practical examination) will include the examination of patients under the supervision of the examiner. The manner of examining patients, and the reasoning and deductions therefrom, will constitute an important part of the examination. Oral and practical examinations will be given in the basic sciences with special regard to their clinical implications. The examination for certification in psychiatry will differ from the examination for certification in neurology. Written examinations (Part I) will be given.

The neurologist should have acquired skill to conduct a diagnostic psychiatric interview, to summarize his findings, and formulate a diagnostic statement. He should be acquainted with other diagnostic procedures used in psychiatry, when they are useful, and their limitations (psychologic tests, narcosynthesis). He should have a reasonable knowledge of general psychopathology and a sufficient awareness of psychodynamic forces to make it possible for him to manage the emotional problems of a patient with a neurological illness. His information of psychiatry should include as well knowledge of the major forms of psychiatric therapy, their indications and contraindications. The neurologist must be aware as well as of such medico-legal issues as competency and responsibility. Formal provision should be made in

neurologic training programs so that the trainee may acquire the knowledge and skills described before.

REGULATIONS REGARDING EXAMINATIONS

After March 1, 1967, all candidates seeking eligibility for the oral examination in Psychiatry or Neurology first must successfully complete Part I (written) which will be a multiple-choice type of examination.

The written examination will be given once a year, about May 1, on a regional basis throughout the United States and Canada as well as in selected sites outside the continental limits of the United States. Every effort will be made to accommodate candidates in their locale, but the candidate may not select the site of his examination, and no transfer to another area can be made during the three-month period preceding the written examination.

Approximately six weeks after the written examination, candidates will be notified by the Executive Office of the Board, Inc. whether they passed or failed.

Candidates who have passed the written examination will be assigned to Part II (oral) and may not select either the site or the date. It is the candidate's privilege to decline the assigned examination and request consideration for a later date, but there is no guarantee that another date or location will be more satisfactory to the candidate.

The candidate who successfully completes his written examination but does not appear for his oral examination within a three-year period loses his eligibility. Should he wish to appear for the oral examination at a later date, he must reapply, pay another application fee, reestablish his eligibility, pay examination fees and successfully complete another written examination.

Applications for candidates declared eligible but who do not elect to take Part I of the examination remain valid for three years from the date they are received in the Executive Office. The candidate who does not appear for examination during this three-year period forfeits his application and written examination fees. When he reapplies, he must pay another application and written examination fee.

The candidate who passes Part I (written) but fails Part II (oral) has a second opportunity for another oral examination within one year after his first unsuccessful attempt and payment of another Part II examination fee. Should he fail the second time, he must wait two years and take additional training before reapplying, pay the necessary fees and repeat the written examination.

Candidates who do not appear for their assigned written examination forfeit the \$50.00 fee and are required to pay an additional written examination fee should they request scheduling for the written examination at a later date.

A candidate who fails his first written examination may on payment of \$50.00 take his second written examination the following year or the year thereafter. Two failures will necessitate reapplication with a new fee and reevaluation by the Credentials Committee.

Physicians who will achieve eligibility (three years of residency followed by two years of experience) no later than June 30 may submit their formal application before the preceding October 31 and request consideration for the May written examination.

PAYMENT OF FEES
(Effective July 1, 1969)

The candidate upon filing his application shall accompany it with a fee of \$175.00. If the applicant is found not eligible, the written examination fee of \$50.00 will be returned to him. The application fee of \$125.00 is not refundable. When the candidate has successfully completed his written examination, the Executive Office will notify him that he has been accepted for the oral and practical examination. The candidate must then send to the Executive Office an additional examination fee of \$150.00. A candidate who has

been certified in either psychiatry or neurology and who has been admitted to the supplementary examination for the other certificate must pay an additional fee of \$150.00.

A candidate who has failed the written examination may request permission to repeat the written examination. Such requests must be accompanied by a written examination fee of \$50.00 which must be received in the Executive Office no later than October 31 prior to the scheduled date of the examination.

A candidate who has failed in one oral examination is eligible for re-examination within one year upon payment of a re-examination fee of \$150.00. After the year has elapsed, he must submit a new application and pay new application and examination fees. If he fails the re-examination, he may, after two years have elapsed, submit a new application and \$175.00 fee, present evidence of further training, and pay an examination fee of \$150.00, repeating both the written and oral examinations.

A candidate who fails in one or two subjects conditions the oral examination and is eligible for re-examination in those subjects within one year upon payment of a re-examination fee of \$100.00. After the year has elapsed, he must submit a new application, pay new application and examination fees and repeat both the written and the entire oral examinations. If he fails the re-examination, he may apply again for the complete examination after two years upon submission of evidence of further training and upon payment of a fee of \$175.00. If declared eligible by the Credentials Committee, he will be required to complete successfully the written examination before being admitted to the oral examination, at which time he must pay a new examination fee of \$150.00.

Any candidate who finds himself unable to attend the examination to which he has been admitted and does not notify the Secretary at least three months before the date of the examination will forfeit his examination fee. Any candidate who fails to appear for examination within a period of three years following the date of application shall be required to submit a new application and pay the applicable fees and re-establish his eligibility.

COMMENT ON TRAINING WHICH FULFILLS THE
SPECIALIZED REQUIREMENTS FOR ELIGIBILITY
FOR EXAMINATION IN CHILD PSYCHIATRY

Certification in General Psychiatry is a prerequisite for eligibility for examination for Certification in Child Psychiatry, which requires a minimum of four years of approved residency training credit, two of which should be in general psychiatry and two in child psychiatry, and two additional years of experience in child psychiatry. If already certified in general psychiatry, the trainee will need two additional years in an approved child psychiatric residency training program if he has not had training in a program which has been concurrently approved by the Committee on Certification in Child Psychiatry.

One year of the training credit toward the general psychiatric residency training requirements may simultaneously be used as one of the years of training in child psychiatry, provided the program is approved by the Board and its Committee on Certification in Child Psychiatry in both areas. Training in child psychiatry taken during the regular residency training period in an approved general program will count only toward training credit in general psychiatry, unless the program is concurrently approved by the Committee on Certification in Child Psychiatry of this Board.

(Institutions identified with an asterisk in this *Directory* hold dual approvals: 1) for one year of training in child psychiatry offered as an affiliated year in a program in general psychiatry; 2) for two years of training in child psychiatry offered independently.)

APPLICATION FOR CERTIFICATION IN CHILD PSYCHIATRY

An application on official forms, in order to be considered at any meeting of the Committee, must be in the office of the Executive Secretary of the Board no later than May 1 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 Executive Secretary of the Board, upon receipt of an application, shall forthwith make inquiries from those to whom the candidates refers and from such other persons as the Executive 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 applicant is accepted for examination. After examination, the certification of a candidate shall be approved by a majority of the members of the Committee on Certification in Child Psychiatry at any meeting held for such certification.

GENERAL REQUIREMENTS FOR APPLICANTS

Each applicant for certification in Child Psychiatry must establish that:

- (a) He is a physician possessing an unlimited license for the practice of medicine in some state of the United States or province of Canada.
- (b) He is of acceptable ethical and professional standing.
- (c) He is a Diplomate in Psychiatry of the American Board of Psychiatry and Neurology, Inc.
- (d) He has satisfactorily completed the required training and experience in Child Psychiatry as a specialty.

TRAINING AND EXPERIENCE REQUIREMENTS

Applicants must be Diplomates in Psychiatry of the American Board of Psychiatry and Neurology, Inc. All candidates beginning their specialized training in Child Psychiatry after June 30, 1965, must have two years of training in child psychiatric centers approved by the Committee on Certification in Child Psychiatry in conjunction with the Residency Review Committee for Psychiatry and Neurology.

If the candidate has completed one year of specialized training in Child Psychiatry as part of his requirements for three years of training in basic psychiatry, such year may be acceptable, at the discretion of the Committee on Certification in Child Psychiatry, as one year of training toward certification in Child Psychiatry.

Candidates who have had at least one year of approved pediatric training at RESIDENCY level after July 1, 1960, may, at the discretion of the director of the training program in Child Psychiatry, be granted up to six months' credit toward Child Psychiatry training requirements. This agreement should be validated in the form of a letter from the director of the training program to the Child Psychiatry trainee and a copy should be attached to the application for examination in Child Psychiatry. This letter should specify the following:

- (1) The exact dates of the pediatric training for which Child Psychiatry training credit is being granted and the pediatric residency program in which this training was obtained;
- (2) The exact number of months of credit being granted toward Child Psychiatry training.

Thus the following patterns of specialized training in Child Psychiatry are acceptable:

- (1) Two years of training in basic psychiatry plus two years of training in Child Psychiatry;
- (2) Two years of training in basic psychiatry plus at least 18 months of training in Child Psychiatry plus up to (but not more than) six months of Child Psy-

chiatry training credit for one year of pediatric training at RESIDENCY level, the total minimum amount of Child Psychiatry training being TWO FULL YEARS.

It is advisable that any trainee or potential trainee in Child Psychiatry who contemplates a training program at variance with one of the above training patterns submit his proposed training sequence to the Secretary of the Board before he begins his Child Psychiatry training, or as early as possible thereafter, for an advisory opinion of the Committee on Certification in Child Psychiatry as to whether his proposed training is likely to meet minimum requirements for admission to examination.

The applicant should obtain from his training director(s) a statement certifying his satisfactory completion of the training requirements during the period for which training credit was granted.

Experience in Child Psychiatry following completion of training is no longer a requirement for admission to examination in Child Psychiatry.

The Committee may require, at its discretion, as part of the qualifications of eligibility for examination for Certification in Child Psychiatry, the publications of the applicant and/or a series of case reports of children treated by the applicant.

APPLICATION AND FEES

Applicants shall make application on official forms. Such applications must be accompanied by an application fee of \$75.00. This fee is not refundable.

Those applicants accepted for examination will be notified and scheduled for examination. The examination fee of \$100.00 is payable when such payment is requested by the Executive Secretary of the Board. If a written examination is required, an additional examination fee of \$25.00 will be required.

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 the submission. After this period, the applicant must submit a new application and pay a new application fee to receive further consideration.

EXAMINATIONS

Examinations will be held whenever there are a sufficient number of candidates. These will be oral and/or written examinations and will include examination in all areas relating to normal personality development and pathological deviations. It will cover any area of developmental disturbance, including mental retardation, etiological mechanisms and therapeutic measures and planning. Knowledge of the history and literature of Child Psychiatry will constitute a part of the examination. The utilization of psychological testing, contributions of collaborative personnel and types of social planning will constitute a part of the examination. An important part of the examination will be the candidate's ability to reason from the material presented to him and to organize a practical program of therapy and management from these data.

Should the candidate not be successful in the initial examination, he may be re-examined within one year after payment of a \$100.00 re-examination fee. If he does not appear for re-examination within one year, the application lapses, and he may receive further consideration only after submitting a new application and a new application fee of \$75.00.

A candidate who fails not more than two of the six examination hours may receive a "conditional result." His re-examination will consist of one hour of examination in each of the subjects failed in the initial attempt and must

be taken within a one-year period.

Should the candidate not be successful in re-examination, he must wait for two years before submitting a new application. During these two years, he must remain in the full-time practice of Child Psychiatry as defined above and undertake such further preparation which will correct the deficiencies which he should have noted in his two previous examinations.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the Secretary of the Board at least three (3) months before the date of examination will forfeit his examination fee. Any candidate who has been declared eligible for examination and who fails to appear for examination within a period of three (3) years from the date of submission of application shall be required to submit a new application and pay the attendant fee.

AMERICAN BOARD OF RADIOLOGY

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CERTIFICATES

A certificate will be issued to each candidate who has fulfilled the requirements of the Board and has passed his examination.

A certificate granted by this Board does not of itself confer, or purport to confer, any degree, or legal qualifications, privileges, or license to practice radiology. Certificates of the Board shall be issued upon one of six forms:

1. A certificate to the effect that the applicant has been found qualified to practice Radiology in all of its branches, or
2. A certificate to the effect that the applicant has been found qualified to practice Radiology in one of the following categories: (a) Diagnostic Radiology; (b) Therapeutic Radiology.
3. A certificate to the effect that the applicant has been found qualified to practice Radiological Physics in all of its branches.
4. A certificate to the effect that the applicant has been found qualified to practice Radiological Physics in one of the following categories: (a) Roentgen-Ray and Gamma-Ray Physics; (b) Medical Nuclear Physics.

DEFINITIONS

For the purposes of this Board, the following definitions are adopted:

1. *Radiology* is that branch of medicine which deals with the diagnostic and therapeutic application of certain forms of radiant energy such as roentgen rays, gamma rays, and radionuclides.
2. *Diagnostic Radiology* is that branch of radiology which deals with the diagnostic application of roentgen rays and radionuclides.
3. *Therapeutic Radiology* is that branch of radiology which deals with the therapeutic application of roentgen

rays, gamma rays, and radionuclides.

4. *Radiological Physics* is that branch of physics which deals with the medical application of roentgen rays, electron beams, radionuclides, nuclear reactions and particle accelerators.

5. *Roentgen-Ray and Gamma-Ray Physics* is that branch of radiological physics which deals with roentgen rays, electron beams, and discrete radioactive sources.

6. *Medical Nuclear Physics* is that branch of radiological physics which deals with radionuclides, other than discrete sources included in (5) above, nuclear reactions and particle accelerators.

GENERAL REQUIREMENTS FOR CERTIFICATE IN FIELD OF RADIOLOGY

Each applicant for admission to an examination of this Board must present evidence that he has fulfilled the following requirements.

A. General Qualifications:

1. Satisfactory moral and ethical standing in the profession.

2. A license to practice medicine in the state or country in which he resides, or of which he is a citizen. Osteopathic physicians must have a license to practice medicine that is identical with and equivalent to the full and unrestricted licenses granted graduates of approved schools of medicine in the United States.

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 to the field of Radiology.

4. Assurance that he is a citizen of the United States or Canada, or a citizen of another country.

B. General Professional Education:

1. Graduation from a medical school recognized by the Council on Medical Education of the American Medical Association or from a school of Osteopathy. If the applicant is a native born citizen of the United States or one of its possessions and is a graduate of a medical school outside the United States or Canada, he must be a Diplomate of the National Board of Medical Examiners or be screened with approval by an agency designated by the Executive Committee. If the applicant is a citizen of a country other than the United States or Canada and a graduate of a foreign medical school, he may be required to be screened with approval by an agency designated by the Executive Committee.

2. Completion of an internship of not less than one year in a hospital approved by the same Council or a foreign hospital experience acceptable to the Executive Committee.

C. Special Training:

1. After completion of the internship there shall be a period of special training in a department of radiology recognized and approved by the American Board of Radiology and the Council on Medical Education of the American Medical Association as competent to provide a satisfactory training in radiology or one of its branches. This period of special training shall be as the Board of Trustees of the American Board of Radiology by resolution or motion shall determine from time to time.

RADIOLOGY

1. Candidates must have had three years' formal residency training in an approved department of Radiology, plus an additional year of either further training or practice.

2. The three-year training period must include training in Pathology. This can either be co-ordinated throughout the entire three years or it can be taken separately in a Department of Pathology. Maximum credit for training in Pathology, however, is three months.

3. Candidates must receive training in Nuclear Medicine. Time spent in Nuclear Medicine may be credited either to

Diagnosis or Therapy in accordance with the wishes of the program director. Credit, however, may not exceed three months.

4. During the three-year training period in Radiology a minimum equivalent of twelve months must be spent in Therapeutic Radiology.

DIAGNOSTIC RADIOLOGY

Candidates must have had three years' formal residency training in Diagnostic Radiology in an approved department of Radiology, plus an additional year of either further training or practice. The three-year training period must include training in Pathology and training in Nuclear Medicine. It may include a maximum of three months' training in Therapeutic Radiology.

Presently all candidates applying for examination in Diagnosis will be examined in Diagnostic Radiology, which includes diagnostic Nuclear Medicine. They may expect also to be examined in Physics.

THERAPEUTIC RADIOLOGY

Candidates must have had three years' formal residency training in Therapeutic Radiology in an approved department of Radiology, plus an additional year of either further training or practice. The three-year training period must include training in Pathology and training in Nuclear Medicine. It may include a maximum of three months' training in Diagnostic Radiology. Candidates applying for Therapeutic Radiology alone must show evidence of personal experience in the use of intracavitary and interstitial radium or equivalent sources, as well as proficiency in roentgen and other teletherapy modalities.

CREDIT FOR MILITARY SERVICE

Candidates engaged in full-time radiological work while in service may substitute one year of their military experience for the additional year of either further training or practice if their formal training was *interrupted* by military service, or if it came immediately *before* or *upon completion* of the training.

FOREIGN CANDIDATES

Citizens of foreign countries who have had previous training outside of the United States or Canada are required to take at least two years' formal residency training in an approved department of Radiology in this country or Canada in order to qualify for admittance to our examination, except in those individual cases where the Board of Trustees rules otherwise or the Executive Committee is requested to act in its stead.

APPLICATION AND FEE

Application for examination must be made in duplicate on forms which may be obtained from the Secretary. These forms shall be forwarded with the required data, three unmounted autographed photographs, and the application fee of two hundred dollars (\$200) by the deadline established for filing. The deadline for filing for either the written or the oral examination in any given year is September 30 of the preceding year. In the event of withdrawal of an application sixty dollars (\$60) is retained for processing. A candidate who does not accept an appointment within three years after becoming eligible, except for a reason acceptable to the Board, will be required to submit another application and application fee.

WRITTEN EXAMINATION:

Written examinations are given during the latter part of June.

Passage of the written examination is a prerequisite to taking the oral examination.

Those candidates who have received credit for time in

the service or because of previous training or experience may take the written examination the year prior to fulfilling the training requirements.

ORAL EXAMINATION:

Oral examinations are usually conducted in June and December.

Candidates must have completed their training requirements no later than June 30 or December 31 to be eligible for the oral examination given in June or December, respectively. The deadline for completion of training for an examination scheduled at a time other than June or December will be determined by the Executive Committee.

Appointments are offered to candidates in the following order of priority:

1. American citizens.
2. Foreign candidates who intend to return to the country of their citizenship.
3. Foreign candidates who show evidence that they intend to become American or Canadian citizens.

The examination consists of film interpretation, problems regarding the clinical applications of roentgen rays, gamma rays, and radionuclides, and questions in pathology, physiology, radiobiology, and radiological physics. The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

AMERICAN BOARD OF SURGERY

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**REQUIREMENTS FOR ADMISSION TO EXAMINATION
 GENERAL QUALIFICATIONS**

An ethical standing in the profession and a moral status in the community which are satisfactory to the Board.
 Engagement in the practice of surgery.

PRELIMINARY TRAINING

Graduation from an approved medical school in the United States or Canada or from a medical school acceptable to the Board in another country.

Completion of an internship (straight or rotating) of not less than one year in a hospital approved by the Council on Medical Education of the American Medical Association or its equivalent in the opinion of the Board.

SPECIAL TRAINING

The American Board of Surgery is guided by the evaluation of residency training programs made by the Conference Committee on Graduate Education in Surgery and does not

itself conduct such surveys.

The Board interprets the term "general surgery" in a comprehensive manner. Candidates are expected to have detailed knowledge of surgery of the gastrointestinal tract and other abdominal conditions, of the breast, and of the head and neck. In addition, candidates are expected to possess an understanding of the basic principles applied to the management of musculoskeletal trauma and head injuries, and of the more common problems in cardiothoracic, vascular, gynecologic, neurologic, orthopedic, pediatric, plastic, and urologic surgery.

BASIC SCIENCES

It is fundamental to the concept of an approved residency in general surgery that the program provide for properly organized, integrated, and progressively graded clinical training in this specialty. This presupposes a continuity of clinical experience under the supervision of the surgical staff of the hospital or hospitals in which such training is conducted. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences at approved graduate schools of medicine, the Board will not accept these courses as part of a three- or four-year residency program in lieu of clinical experience. Furthermore, the integration of basic sciences, particularly pathology, with clinical training is considered superior to formal courses in these subjects.

SENIOR YEAR

The most important single factor in the development of a surgeon is the opportunity under guidance and supervision to grow by progressive and succeeding stages to the stature of complete responsibility for the surgical care of patients. Major operative experience and senior responsibility are an essential part of surgical education and training. For this reason the Board cannot accept for examination candidates who have not had such experience in general surgery, regardless of the number of years in training.

Since a majority of residency training programs do not provide a sufficient accretion of operative experience and personal responsibility until the completion of the senior or final year, *the Board requires that the candidate have had this senior year in order to become eligible for examination.*

TYPES OF PROGRAMS

The training requirements for examination may be fulfilled in 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. To provide opportunity for experimentation in surgical education, training programs at variance with these requirements will be considered upon request by Program Directors to the Board and to the Conference Committee on Graduate Education in Surgery (535 North Dearborn Street, Chicago, Illinois 60610).

The Board considers residency training to be a full-time endeavor.

The Board may, at its discretion, require that a member of the Board, or other designated Diplomate, observe and report upon the clinical performance of the candidate before considering his eligibility for examination or certification.

The Board requires a candidate to submit a list of the operative procedures performed by him during his training period.

GROUP I PROGRAM

Satisfactory completion of a graded residency in general surgery of at least four years' duration, including the senior year, in an institution or institutions acceptable to the Board and approved for four or more years of training by the Conference Committee on Graduate Education in Surgery

is required. The Board believes that optimum surgical training usually requires that a resident remain in the same program for at least the final two years of his clinical training.

An approved four-year residency may include a research project or an assignment to a basic science department such as pathology, physiology, or anatomy, provided this is an integral part of the program. The program must include at least three years of clinical surgery.

The Board accepts training of not more than one year's duration in "affiliate hospitals" as part of its basic formal educational requirements. Such "affiliate hospital" training must have been part of the graded residency program of an institution approved for four or more years by the Conference Committee. *The senior year must have been spent in the parent institution holding the approval of the 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 Credentials Committee of the Board. The Committee can recommend acceptance of the candidate for examination in Group I or Group II, provided the evidence indicates the candidate has had adequate operative experience and clinical responsibility as certified by the Chief of Service.

Residency credit will be granted for surgical internship to a candidate who has completed a prior year of acceptable internship when the surgical internship is part of a graded program approved for four or more years by the Conference Committee.

GROUP II PROGRAM

Satisfactory completion of a graded residency in general surgery of at least three years' duration, including the senior year, in an institution or institutions acceptable to the Board and approved for at least three years of training by the Conference Committee on Graduate Education in Surgery is the basic requirement.* The Board believes that for optimum surgical training at least the final two of these three residency years should be spent in the same program.

Residency credit will not be granted for separate periods of time devoted exclusively to research or a preclinical discipline although the day-to-day integration of these disciplines with clinical surgery is highly desirable. The program must have included three years of clinical surgery and *the final year must have been spent in the capacity of senior or chief resident in general surgery.*

Satisfactory completion of *two additional years* of training beyond the three years of residency to complete a total of five is necessary to meet the requirements for examination. *At least one of these two additional years must embrace patient responsibility and major operative work performed by the candidate under acceptable supervision.* The two years may include:

(a) Practice of surgery under acceptable supervision (preceptorship). By "acceptable supervision" is meant an arrangement, approved by the Board in advance, with a preceptor acceptable to the Board who informs the Board in writing of his willingness to assume responsibility for the candidate's further training. Before the candidate's eligibility for examination can be considered, he will be required to submit to the Board a list of the operative procedures performed by him during the period of supervised practice, and the preceptor will be requested to vouch for the candidate's

integrity, surgical judgment, and technical skill. The acceptance of supervised practice in fulfillment of part of the Board's requirements will be contingent upon the candidate's having had adequate clinical opportunities to fortify residency training and considerable responsibility in the care of patients, including the performance of major operative procedures under supervision.

(b) A formal course in surgery and the basic sciences in an approved graduate school of medicine on a full-time basis. Training credit in excess of twelve months will not be granted in this category.

Credit not to exceed six months may be granted for the study of a single basic science such as pathology, physiology, or anatomy.

Credit may be granted for a maximum of twelve months spent in full-time research under a responsible investigator who is acceptable to the Board. A candidate may not claim credit for both graduate study and research years.

(c) Further acceptable surgical residency or fellowship training, either in general surgery or in a recognized surgical specialty.

N.B.: Credit as outlined above under (a), (b), and (c) will be applicable only toward the two years of training which Group II candidates must complete in addition to three years of approved residency in general surgery. It will not be considered as basic residency credit.

MILITARY CREDIT

Credit not to exceed one year may be granted to those candidates who have served in military hospitals other than those approved for residency training, provided that the candidate has had a satisfactory surgical assignment with adequate and diversified clinical material and provided further that his work in surgery was carried out under the supervision of a surgeon acceptable to the Board. For Group II candidates any such credit will be considered preceptorship credit.

CREDENTIALS COMMITTEE

The Credentials Committee of the Board, which ordinarily meets each January and June, is prepared to give individual consideration to applicants whose training in general appears adequate although it may not meet all of the requirements specified above. It is recognized that some flexibility and well-considered experimentation are essential to progress in surgical education.

APPLICATIONS

Prospective candidates for examination by the Board should carefully read the Board's requirements as set forth in the Board's *Booklet of Information*. If after becoming familiar with the requirements, a candidate needs advice about his training, or believes he has completed the requirements, he should submit a brief chronological outline of his training, including precise dates, using the Evaluation Form which will be furnished on request.

Candidates must communicate with the Board at least three months before completing their training requirements (and in no instance later than June 1st), if they wish to receive Application for Examination forms for the Part I examination in December of the same year.

Candidates not graduated from an approved medical school in the United States or Canada must submit the Evaluation Form not later than March 1 of the year in which examination is desired.

Application for Examination forms are not forwarded until candidates are within several months of completing their training requirements and appear to have met all other requirements of the Board.

Applications must be returned by Aug. 1 if consideration is desired for examination in Part I in December of the same year.

Candidates completing their training requirements after

*The Conference Committee has announced that approval of three-year (Type II) residencies will be withdrawn June 30, 1972. The American Board of Surgery will grant no credit for time spent in such residencies after that date.

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 II examination until they have made a passing grade in Part I.

A candidate who has been notified of eligibility to take the Part I or the Part II examination and who does not exercise this option within three years shall apply for re-evaluation of his eligibility for examination.

THE FOUNDERS GROUP

The Founders Group, to which were admitted those who had already amply demonstrated their fitness as trained specialists in surgery, was closed in January, 1940.

EXAMINATION

The qualifying examination is divided into Part I (written) and Part II (oral). In both of these a knowledge of the practical application of the sciences fundamental to surgery is required.

PART I

The examination is given simultaneously in as many centers throughout the United States as the Board may determine suitable for the purpose and sometimes by special arrangement in certain centers abroad. It is held once annually on the first Wednesday of December.

The Part I examination is of the objective, multiple-choice type. 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 American Board of Surgery with the technical assistance of the National Board of Medical Examiners.

PART II

Examinations usually are held in ten different centers in the United States each year, September through May or June. These examinations are conducted by members of the American Board of Surgery and selected Diplomates acting as guest examiners.

The Part II examination is oral and practical and requires the candidate's presence for one day. Candidates are examined in clinical surgery, including diagnosis, management of patients, and the application of anatomy, pathology, physiology, biochemistry, and bacteriology to surgical problems. In pathology, emphasis is placed on an understanding of disease processes and their clinical implications. The identification of microscopic lesions and the interpretation of roentgenograms also may be included.

REEXAMINATION

Candidates who fail Part I or Part II are required to wait one year before they can be eligible for reexamination.

Should a candidate fail a reexamination in Part I or in Part II, the Credentials Committee will consider an appeal for the privilege of further examination after the lapse of two years, provided he has demonstrated initiative in furthering his professional development. The Board, however, on the basis of its judgment, may deny a candidate the privilege of further examination.

FEEES

The fee for examination is two hundred twenty-five dollars (\$225), payable as follows: fifty dollars (\$50) for

registration, seventy-five dollars (\$75) for Part I and one hundred dollars (\$100) for Part II.

The fee for re-examination in Part I is seventy-five dollars (\$75); for re-examination in Part II, one hundred dollars (\$100).

Each fee for examination or reexamination includes a processing charge which is not refunded in case of withdrawal (\$10.00 for Part I; \$15.00 for Part II).

All fees are subject to change.

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 and the Associate 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. Rollin A. Daniel, Jr., 1151 Taylor Ave., Detroit, Mich., 48202. This board is an affiliate of the American Board of Surgery.

BOARD OF THORACIC SURGERY

(An Affiliate of the American Board of Surgery)

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ROLLIN A. DANIEL, JR., Secretary-Treasurer, Nashville, Tenn.

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MISS LOUISE SPER, Executive Assistant, 1151 Taylor Ave., Detroit, Michigan 48202

REQUIREMENTS FOR EXAMINATION

1. Certification by the American Board of Surgery.
2. Adequate training in thoracic and cardiovascular surgery.

Definition of what constitutes adequate training.

Candidates who have satisfactorily completed two years of training in a program approved by the tripartite Residency Review Committee for Thoracic Surgery are eligible for examination by the Board of Thoracic Surgery.

Candidates trained in thoracic and cardiovascular surgery in programs not approved by the Residency Review Committee for Thoracic Surgery must have their qualifications reviewed by the Credentials Committee of the Board of Thoracic Surgery on an individual basis. Requests for such evaluation should be directed to the Secretary, Rollin A. Daniel, Jr., M.D., 1151 Taylor Avenue, Detroit, Michigan 48202.

Preceptorships alone are not considered to provide adequate training.

Even though emphasis on one or another facet of thoracic surgery, (pulmonary, cardiovascular, esophageal, thoracic trauma, etc.) may have characterized the candidate's training experience, he is nevertheless held accountable for knowledge concerning all phases of the field. Not more than one year of training credit is to be allowed for experience that is confined to any one such segment.

Since few hospitals are capable of providing adequate experience in all facets of thoracic surgery, affiliation between diverse institutions is recommended. By preference the

twenty-four months of training should be consecutive, and rotation through affiliated institutions or services should be appropriately spaced for proper benefit from each. It is also required that the candidate be familiar with the basic sciences as they relate to thoracic surgery. His moral and ethical standards must be acceptable.

TWELVE-MONTH SENIOR RESIDENCY REQUIREMENT

The Board of Thoracic Surgery has adopted a provision that every candidate for certification must have satisfactorily completed 12 months of senior responsibility in thoracic and cardiovascular surgery, which preferably should be continuous. The Chief of the Thoracic Service will be required to sign a statement to that effect as a part of the application of the Board of Thoracic Surgery. These policies apply to all candidates who began their senior resident responsibilities on or after January 1, 1969 and will be strictly enforced beginning January 1, 1970.

FOREIGN TRAINED CANDIDATES

In exceptional instances and after individual evaluation, the Credentials Committee of the Board may grant some credit for training in thoracic surgery acquired on services outside of the United States.

APPLICATIONS

Prospective candidates desiring to apply for examination should consider whether they are able to meet the minimum requirements of the Board. They should then submit a letter to the secretary's office, outlining briefly their training and experience in thoracic surgery. An application form will not be sent unless evidence is submitted in the letter indicating that the prospective applicant appears to meet the minimum requirements.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training but also upon information available to the Board concerning their professional ability as Thoracic Surgeons and their ethical standing.

EXAMINATIONS

The qualifying examinations are divided into two parts. Part I is written, and Part II is an oral examination in clinical surgery, X-ray interpretation and pathology.

Part I. This examination will be given simultaneously at least once a year in as many centers throughout the country as the Board may determine suitable for this purpose.

Candidates examined by the American Board of Surgery in Part I (written examination) on or after October 26, 1955, who are certified by the American Board of Surgery will be required to take only the Part II examination of the Board of Thoracic Surgery.

Candidates examined by the American Board of Surgery in Part I prior to October 26, 1955 will be required to take Part I (written examination) of the Board of Thoracic Surgery before taking its oral examination.

Part II. In order to be eligible for Part II a candidate must have successfully completed Part I if required to take this preliminary examination. Examinations in Part II are held near the time and place of the annual meetings of the American Association for Thoracic Surgery and the American College of Surgeons.

It is the policy of the Board of Thoracic Surgery to examine candidates in Part II only upon the completion of their thoracic surgery residency unless circumstances require their returning to a foreign country, departure as a medical missionary, etc.

Dates of written and oral examinations are regularly published in the Examination and Licensure column of the Journal of the American Medical Association, the Journal of Thoracic and Cardiovascular Surgery, and the Annals of Thoracic Surgery.

RE-EXAMINATIONS

Those individuals who fail Part I or Part II are required to wait for a period of one year before they are eligible again to take the part which they have failed. Those who fail twice in Part I or Part II will be required to wait for a period of two years. In addition they will be required to submit evidence of additional study and preparation prior to admission for re-examination. A candidate must give at least 60 days' notice requesting reconsideration for examination. The Board may at its discretion deny the candidates the privilege of further re-examination.

Candidates declared eligible but who fail to exercise the examination privilege within three years of the date of filing the application will be required to file a new and current application and pay a new examination fee. Furthermore, a candidate who has failed in an examination (Part I or Part II) and who does not apply for re-examination within three years shall be required to make a new application and pay a new examination fee.

FEES

For the special examination in thoracic surgery and the issuing of a certificate, the fee is \$175.00. Twenty-five dollars of this fee is to accompany the application and will be considered as a registration fee. It is non-returnable to the applicant in case he is disapproved for examination.

The fee for re-examination is \$50.00.

CERTIFICATE

After a candidate has met the requirements for eligibility and passed the examination, a certificate attesting to his qualifications in thoracic surgery will be issued by the Board.

AMERICAN BOARD OF UROLOGY

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 WILLIAM NILES WISHARD, JR., Indianapolis
 Communications should be addressed to the Secretary-Treasurer, or to
 MRS. RUBY L. GRIGGS, Executive Secretary, Apt. 1C, Glover Landing, Brackett Place, Marblehead, Massachusetts 01945

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 \$100.00 of the examination fee.

B. The applicant must have graduated from a medical school of the United States or Canada recognized by The Council on Medical Education of The American Medical Association and must have completed an internship of not less than one year in a hospital approved by this Council.

Requirements of graduates of foreign medical schools shall conform to and be similar to the requirements as demanded of the applicants for the accepted medical schools in the United States and Canada. Such applications will be considered by the full Board on individual merits.

Graduates of foreign medical schools are required to acquire the standard certificate issued by the Educational Council for Foreign Medical Graduates or to be licensed by examination to practice in this country.

C. The applicant must establish in a manner satisfactory to this Board that he is a physician duly licensed by law to practice medicine and that he is of high ethical and

professional standing.

D. The applicant must establish that he has received special graduate training as follows:

1. An approved internship of at least one year.
2. One year in the basic sciences or clinical studies basic to Urology; or one year residency in general surgery or internal medicine, on an approved service.
3. An approved graduated three-year residency in Urology, leading to competence in all its phases; the last year as senior resident.

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.

G. After January 1, 1969, except in unusual instances and at the discretion of the Board, applicants will be required to make application within five years of completion of the training required by the Board. After a five year period, additional training may be required. Applicants will be required to submit case reports within three years of the date of formal application.

FEE

The examination fee is \$200.00. (This fee will be increased when and if the expense of the examinations and other activities of the Board demand.) One hundred dollars should accompany the application. One hundred dollars should be paid when the application has been processed. Neither fee is returnable. The cost of the preparation and mailing of the certificate will be charged to the candidate.

Applications for certification shall be examined by the Credentials Committee and reviewed by the Board. When additional data are required to complete the application, these will be requested by the Secretary.

If a candidate fails, he will be permitted a second examination after one year or within three years, but he must give sixty days' notice of his intention to appear for re-examination. A NEW group of case reports will be required, which do not duplicate previous submissions made to the Board. When an applicant has failed twice he may file a new application after two years and shall pay a second full fee.

A candidate who has been failed twice in any part of the examinations may be required to have additional training in accordance with recommendations from the full Board before he may be permitted further examination. A candidate who has been conditioned in one or more parts of the examination will be charged a fee of \$25.00 for each re-examination.

REQUIREMENTS FOR CERTIFICATION

The requirements for certification include:

A. Evidence of Hospital Practice

1. A list of all major and minor hospital cases during the most recent two year post-residency period. These lists should include the name of the hospital, identification of the patient, date of admission and designation of the specific surgical procedure. This index must be verified by the various hospital administrators.

2. Photostatic copies of one or more of the full hospital record of any of the above may likely be requested. The candidate is expected to furnish this within one month of the request.

3. Detailed presentations of ten representative (not necessarily consecutive) major urological cases chosen from the above list. At the conclusion of each, a discussion of inter-

esting, unusual and instructive features is expected. The inclusion of one or more photographs of principal roentgenograms is advisable. Also, a specific formulation of the indications for operation in each case, and a final appraisal of the result is required.

4. Preparation of Case Reports

The Board is fully cognizant that all operative results are not always perfect, so the candidate need not be fearful reporting undesirable results or deaths. In the latter instance, a necropsy report is desirable to complete the clinical picture.

Preparation of case reports by candidates for examination by The American Board of Urology, Inc., is requested in order to give the Board a view of the competence of the candidate in his daily practice and to acquaint the examiner with the candidate's abilities in diagnosis and treatment of patients having undergone a *variety* of major urological surgical procedures.

It is essential that the greatest possible variety of major surgical urological disorders be presented. The Board is interested in the candidate's abilities throughout the entire scope of Urology (male, female and children) rather than the candidate's interest or abilities in a small segment of urological practice. The case reports may deal with post-residency, private or ward patients under the candidate's charge and upon whom he has personally operated.

These reports must reveal the candidate's competence, not only in the presentation of facts, but also to portray the candidate's ability to think, to express himself in clear well written English and specify to the examiner the patient's problem, the reasons for and the interpretation of the various diagnostic procedures, the decision for the particular surgical procedure and the final patient result. Furthermore, there should be included a six (6) month posthospital follow-up, and in its absence, a statement as to the inability (in rare instances) of the candidate to follow the patient for this length of time. In short, the candidate must present the material, adequately dated, in such a way that the examiner need not rely on his own imagination to complete or supplement any of the details in the candidate's case reports.

Having selected a variety of major urological surgical procedures the candidate's next problem is preparation of the reports. The reports must be done personally and the final typewritten material *proofread and a statement included to verify this fact*. Particular attention should be given to the use of descriptively clear, grammatically correct English including punctuation, spelling, paragraphing, dating and careful numbering of pages.

If the records are not bound the case reports should be stapled individually bearing the numbers 1 through 10 so that the examiner can easily identify each in grading the set.

Carbon copies of the entire group are to be brought to the Oral-clinical Examination.

Each case report should begin with the following headings:

- a. Identification of the patient
- b. Age, sex, occupation, race and marital status
- c. Name of hospital, city, state and referring physician
- d. Date of hospital admission
- e. Preoperative diagnosis
- f. Operative procedure and date
- g. Final diagnosis
- h. Complications
- i. Final result
- j. Date of hospital discharge

The body of the record should contain the following:

- a. History
 - (1) Chief Complaint

This is to be stated as subjective symptom and not an objective or laboratory observation.

- (2) Present Illness

This is to be presented, fully dated, as a historical record of the patient's complaints and their development.

- (3) Past Personal History

An account of the patient's previous illnesses, operative procedures, injuries, venereal infections, allergic manifestations and a review of symptoms. Such information as marital status, menstrual history, personal habits should be included.

(4) Family History

Facts relevant directly or indirectly to the present illness should be recorded.

b. Physical Examination

The physical examination should be presented in significant detail under proper headings paragraphed for ease of reading. At its beginning the patient's blood pressure, temperature and pulse is to be stated.

c. Laboratory Data

Clinical laboratory data must be reported in detail and not recorded as "normal". It is to be reported under proper headings; i.e., blood count, urinalysis, blood chemistries, x-ray, renal function studies, etc.

Urographic and angiographic studies are to present the interpretation of the candidate and not a copy of the radiologist's report.

d. Preoperative Hospital Period

This should be presented in detail with significant dates and the several diagnostic procedures described including their indications. Again this should be presented under appropriate headings, i.e., laboratory data, cystoscopic examinations, excretory urograms, etc. Any omission of indicated laboratory or x-ray data because of economic reasons or lack of available facilities should be so stated.

e. Provisional Diagnosis

f. Indications for Operation

The specific indications for a particular operation should be stated with supporting subjective and objective data in order to completely justify the anticipated surgery.

g. Operative Procedure

The operative procedure should be described in detail including the type of anesthesia, preparation of patient, gross pathological anatomy, etc.

h. Pathology

(1) Tissue Examination

The tissue removed should be described by the candidate as to the gross appearance, its weight, size, and the histologic findings. This is to be the observation of the candidate rather than a copy of the pathologist's report.

(2) Chemical Examination

Such findings as the composition of stones, etc.

(3) Bacteriologic Reports

The report of any specific infection which may have been demonstrated in the operative specimen, operative wound, urine obtained in the event of stones or an obstructive uropathy, etc.

i. Postoperative Course

This should be carefully dated and portray in detail this portion of the patient's hospital illness. It must include all complications, unusual febrile reactions, their cause and consultations along with specific findings and recommendations.

The postoperative therapy should be specifically outlined including reasons for such therapy. The time of removal of sutures, the drain and the catheter should be recorded along with the final condition of the wound.

Postoperative laboratory data or x-rays should be recorded stating their indications, the results and their influence on further therapy.

j. Final Diagnosis

k. Final Hospital Summary

A concise statement stating patient's admission date and the primary problem along with the date of operation and its indication and a brief summary of the post-operative period and the date of discharge.

l. Postoperative Post-Hospital Follow-up

This should include a period of six (6) months with significant dates, specific therapy, laboratory and x-ray studies

and their indications. In the event the patient was not or could not be followed for six months (in rare instances) the reasons should be stated. The final condition of the patient should be recorded.

m. Final Case Summary

This summary should provide the examiner with evidence of the candidate's cerebrations which either support or deny the efficacy of the preoperative, operative, and post-operative decisions and any intervening irregularities which may have influenced the ultimate handling of the particular patient problem. If this is merely a recapitulation the case report will be failed.

5. Prepare a resume with dates and identification of the last four consecutive cases in which death occurred while the patient was under the candidate's responsibility (whether private or service, recent or remote). If autopsy was not performed, indicate why.

6. The deadline for receipt of case reports in the Board Office is July 1st of each year.

B. Examinations

1. Written

The written examination is designed to demonstrate the candidate's knowledge of the entire field of urology and allied subjects; i.e., clinical, urology, embryology, anatomy, physiology, pathology, bacteriology, physiological chemistry, endocrinology, etc.

This examination may be held simultaneously on a specified date in different parts of the country at places convenient for candidates.

2. Pathology

The examination in pathology will consist of the identification of gross and microscopic morphology and urinary sediments.

It will be held at the time of the oral-clinical examination.

3. Oral-clinical

This will consist of a discussion of urological problems, subjects forming the basis of this examination include all phases of urography and clinical urology (male, female and child) encompassing metabolic, physiologic, biochemical and bacteriologic aspects of clinical urology.

It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience and his general qualifications for the practice of urology.

C. The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners.

FINAL ACTION OF THE BOARD

Final action concerning each applicant is made by the entire Board and is based on the applicant's training, his professional record, his attainments in the field of Urology, and the results of the examinations. This Board is organized not to prevent qualified urologists from obtaining certificates but to assist them in becoming recognized in their communities as men competent to practice in the special field of Urology.

THE ACTIVITIES DESCRIBED IN THE FOREGOING PROCEED FROM THE CERTIFICATE OF INCORPORATION IN WHICH IS STATED THE NATURE OF THE BUSINESS, OBJECTS, AND PURPOSES PROPOSED TO BE TRANSACTED AND CARRIED OUT BY THIS CORPORATION.

REVOCATION OF CERTIFICATE

Certificates issued by this Board are subject to the provisions of the Articles of Incorporation and the By-laws. According to Article IX, Section 4, of the By-laws, "Each Certificate shall be subject to revocation in the event that:

A. The issuance of such certificate or its receipt by the physician so certified shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation

of this, The American Board of Urology, Inc., or of the By-laws; or

B. The physician or party certified shall not have been eligible to receive such certificate, irrespective of whether or not the facts constituting him so ineligible were known to, or could have been ascertained by, the directors of the Board at the time of the issuance of such certificate; or

C. The physician or party so certified shall have made any misstatement of fact in his application for such certificate or in any other statement or representation to the Board or its representatives; or

D. The physician so certified, at any time while continuing to practice, shall cease to practice Urology; or

E. The physician so certified shall at any time have neglected to maintain the degree of competency in the practice of the specialty of Urology as set up by the Board, and shall refuse to submit to re-examination by the Board; or

F. The physician so certified has been found to be guilty of unethical practices or immoral conduct or of conduct leading to revocation of his license.

The Board of Trustees of this Corporation shall have the sole power, jurisdiction and right to determine and decide whether or not the evidence or information before it is sufficient to constitute one of the grounds for revocation of any certificate issued by this corporation. The Board of Trustees, may, however, in its discretion, require any physician so certified to appear before the Board of Trustees or before any one or more of them or before any individual or individuals designated by the Board of Trustees, upon not less than twenty (20) days written notice, and to show cause, at the time and place specified in such notice, why his certificate should not be revoked upon any one or more of the above-described grounds specified in such notice. The failure of any physician so notified to appear as required in such notice, without due excuse deemed sufficient to the Board of Trustees, shall constitute, *ipso facto*, cause for revocation of his certificate. The decisions of the Board of Trustees relating to all matters under this Section 4 shall be final and binding.

MEDICAL LICENSURE REQUIREMENTS*

Internship as a Prerequisite for Licensure

The internship requirements of the various state medical practice acts have attracted major interest recently because of the recommendation in the Report of the Citizens Commission on Graduate Medical Education (the Millis Commission) that the intern year, as a freestanding year of graduate training, be abolished. There are currently 39 boards which specify that an internship in some form must be completed before licensure. The boards of Arkansas and Vermont may or may not require an internship in individual instances, and Missouri requires one of candidates for licensure by endorsement but not by examination. Practically all boards require foreign medical graduates to take at least one year of hospital training in the United States, preferably in the state in which licensure is sought. Many require foreign graduates to take two years of approved hospital training and some as much as five years.

Thirteen states that require a year of internship for licensure permit applicants to take the board examination immediately on graduation from medical school. While the license is not issued to these physicians until they complete their internships, five boards date the license to the time the examination was taken and passed; the remaining eight boards date the license at the time of issuance.

On the question of Canadian internships, 48 states said they give credit to US graduates and Canadian school graduates for serving the same Canadian internship; but only 31 states will give credit to foreign graduates for serving a Canadian internship.

Four boards require the one year of internship to be rotating. Oklahoma requires the rotating internship for psychiatrists and pathologists only. Illinois and New Jersey will accept a straight internship if the applicant furnishes proof that he has finished residency training in an approved program or has been accepted for such training. Florida will accept five years of private practice in the United States as a substitute for a year of internship.

Those licensing boards that require an internship as a prerequisite for licensure are listed in Table 10.

Many of the boards requiring an internship—perhaps as many as half of them, depending on how the laws are interpreted—provide qualifications which might permit the first year of a residency program to be accepted in lieu of what is now called the internship. In the other states, there would obviously have to be changes made in the laws if the Millis Commission recommendation is accepted and implemented.

Licensure or Registration Requirements for Interns and Residents

In general, physicians serving internships are not required to be licensed in the state in which the hospital where they are interning is located. Puerto Rico is the only board which does require a license for interns. Hawaii, Indiana, Missouri, Rhode Island, South Carolina, Texas, and Vermont require interns

to obtain a temporary permit from the licensing board; Michigan, New Mexico, and West Virginia specify that only graduates of foreign medical schools are required to have a temporary permit. Other boards have a requirement of registration with the licensing board for interns or a stipulation that the physician must be eligible for licensure. In all, 20 states require some form of registration for interns.

Basic Requirements for Initial Medical Licensure for Graduates of US Medical Schools

	Written Exam	Basic Science Certif.	Endorsement of National Boards	Citizenship ¹	Internship ²
Alabama	X	X	X	X	X
Alaska	X	X	X	X ⁷	X
Arizona	X	..	X	X	X
Arkansas	X	X	NO	X	X ⁹
California	X	..	X	..	X
Canal Zone	X	..	X	..	X
Colorado	X	X	X	X	X
Connecticut	X	X	X	D	..
Delaware	X	..	NO	D	X
Dist. of Columbia	X	X	X	..	X
Florida	X	X	NO	X	X
Georgia	X	..	X ¹	X	X
Guam	X	X	X	..	X
Hawaii	X	..	X	D	X
Idaho	X	..	X	D	X
Illinois	X	..	X	D	X ⁹
Indiana	X	..	NO	D	..
Iowa	X	X	X	D	X
Kansas	X	..	NO	X	X
Kentucky	X	..	X	X	X
Louisiana	X	..	NO	X	..
Maine	X	..	X	..	X
Maryland	X	..	X	D	..
Massachusetts	X	..	X	D	X
Michigan	X	X	X	D	X
Minnesota	X	X	X	D	X
Mississippi	X	..	X	X	..
Missouri	X	..	X	X	..
Montana	X	..	X	X ⁹	X
Nebraska	X	X	X	X	..
Nevada	X	X	X	X ⁹	X
New Hampshire	X	..	X	D	X ⁷
New Jersey	X	..	X	D	X ⁹
New Mexico	X	..	X	D	..
New York	X	..	X	D	..
North Carolina	X	..	NO	X	..
North Dakota	X	..	X	..	X
Ohio	X	..	X	X	..
Oklahoma	X	X	X	X	X ⁹
Oregon	X	X	X	D	X
Pennsylvania	X	..	X	D	X
Puerto Rico	X	..	X	X	X
Rhode Island	X	X	X	D	X ⁷
South Carolina	X	..	X	X	..
South Dakota	X	X	X	D	X
Tennessee	X	X	X	X	..
Texas	X	X	NO	D	..
Utah	X	X	X	..	X
Vermont	X	..	X	D	X ⁹
Virgin Islands	X	..	NO	..	X ⁷
Virginia	X	..	X	D	..
Washington	X	X	X	..	X
West Virginia	X	..	X	X	X
Wisconsin	X	X	X	D	X
Wyoming	X	..	X	X	X

X—Implies yes, or required.

1—Only if issued prior to Oct. 15, 1953.

2—D indicates a declaration of intention to become a citizen of United States. No entry (..) indicates no requirement.

3—Declaration of citizenship adequate for citizens of Canada.

4—Canadian graduates exempt.

5—All states indicated by X only require one year of straight or rotating internship; those indicated by X⁷ require rotating internship. No entry (..) indicates no requirement.

6—Straight internship accepted if applicant furnishes proof he has finished residency training in approved hospital training program or has been accepted for such training.

7—Canadian, United Kingdom, or US citizenship.

8—Straight internship accepted except in pathology and psychiatry.

9—At the discretion of the board.

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Thirty-seven boards require that physicians serving as residents in hospitals be licensed or registered in the state. Seven boards (Minnesota, Mississippi, Nebraska, South Dakota, Utah, Vermont, and Wisconsin) state that hospital residents must hold a regular license. Other boards do not require licensure but stipulate some form of registration with the licensing board. Connecticut, Louisiana, West Virginia, and Wisconsin specify that graduates of foreign medical schools are required to have a temporary permit. In some instances, hospitals will take the initiative to register residents with the state boards, but it is the responsibility of the individual resident to inquire into the policy of any given state in order that he may obtain a temporary permit if such is the requirement.

Schedule for Written Examination and Issuance of Licenses by Reciprocity or Endorsement of Credentials

	Written Examinations	Licenses Issued by Reciprocity or Endorsement
Alabama	Annually	Monthly
Alaska	July and October	Continuously
Arizona	June and December	Quarterly
Arkansas	June and November	June and November
California	June and December	Once a week
Canal Zone	Quarterly	Quarterly
Colorado	June and December	January, April, July, and October
Connecticut	March, July, and November	Continuously
Delaware	January and July	Monthly
District of Columbia	Twice annually	Continuously
Florida	January and July	No reciprocity
Georgia	June and October	June and October
Guam	No examination given	On application
Hawaii	January and July	Continuously
Idaho	June and December	Semiannually
Illinois	Quarterly	Quarterly
Indiana	Annually, June	Once a month
Iowa	June and January	Monthly
Kansas	January and June	January and June
Kentucky	Biannually	Continuously
Louisiana	June and December	June and December
Maine	June and December	March, July, and November
Maryland	June and December	Once a month
Massachusetts	January and July	Weekly except August
Michigan	January and June	Continuously
Minnesota	January and June	Quarterly
Mississippi	Annually, June	June and December
Missouri	Twice annually	Eight times annually
Montana	January and July	Continuously
Nebraska	June and December	Continuously
Nevada	June and December	Quarterly
New Hampshire	Twice annually	Twice annually
New Jersey	Feb. June and October	Monthly
New Mexico	June and December	May and November
New York	June and December	Continuously
North Carolina	June and December	Seven times annually
North Dakota	January and July	January and July
Ohio	June and December	Six times annually
Oklahoma	Annually, June	Quarterly
Oregon	June and December	Quarterly
Pennsylvania	May and November	Continuously
Puerto Rico	Twice annually	Continuously
Rhode Island	Quarterly	Eight times annually
South Carolina	June and November	May June and November
South Dakota	Twice annually	Continuously
Tennessee	June and December	Continuously
Texas	Biannually	Quarterly
Utah	Annually, May	February, June, August and November
Vermont	January and June	Continuously
Virgin Islands	Twice annually	Twice annually
Virginia	June and December	June and December
Washington	January and July	Quarterly
West Virginia	June and December	Quarterly
Wisconsin	January and July	Quarterly
Wyoming	February, June, and October	February, June, and October

Temporary and Educational Permits, Limited and Temporary Licenses Issued by Licensing Boards

Forty-three boards provide for the issuance of temporary and educational permits limited and temporary licenses, or other certificates for the practice of medicine. The terms for the issuance of such certificates vary. This limited registration may apply to hospital training, for those ineligible for licensure who seek further educational training, for supervised employment in state or private hospitals, or for regular practice until the next regular session of the licensing board. A few states, such as Michigan and Kentucky, which require full citizenship for permanent licensure, will issue limited licenses to graduates of foreign schools on passing of the board examinations. These permits must generally be renewed once a year with a stipulated maximum number of renewals allowed (usually five years).

In February 1967 boards of medical examiners were asked whether there was a "mechanism for registration or limited licensure which authorizes employment of foreign-trained physicians who have neither certification by the Educational Council for Foreign Medical Graduates nor a regular license (a) in a state hospital or (b) in a private or other governmental hospital." Eighteen boards replied that there was authorization for employing those foreign graduates in their state hospitals, and 14 stated that such graduates could be employed in private or other governmental hospitals. Eleven states answered both of these questions in the affirmative, that there was authorization for employing these foreign physicians in all three categories of hospitals. A few boards stated that the employment of unlicensed physicians to work under supervision in state and private hospitals was not within their legal jurisdiction, that they made no attempt to register these physicians nor to regulate the nature and extent of their activities. Because of the shortage of physicians, the practice of hiring unlicensed physicians in "supervised" institutional settings is becoming increasingly prevalent. More foreign physicians without ECFMG certification are currently working in state hospitals, and a lesser number are apparently employed in small private hospitals. A greater number of unlicensed foreign-trained physicians holding ECFMG certificates are employed in private hospitals, as such certification is a requirement of most of the state licensing authorities and for approval by the American Hospital Association.

Citizenship Requirements for Licensure

The regulations pertaining to US citizenship of various medical licensing boards are tabulated. Eight boards have no citizenship requirement, 23 boards require the applicant for licensure to have declared his intention to become a US citizen, and 24 boards require the applicant for licensure to be a full citizen. The state of Alaska will accept for licensure citizens of Canada and the United Kingdom.

Citizenship Requirements for Permanent Licensure

No Requirement		
California	Guam	Utah
Canal Zone	Maine	Virgin Islands
District of Columbia		Washington
Declaration of Intention		
Arizona	Maryland	Oregon
Connecticut	Massachusetts	Pennsylvania
Delaware	Minnesota	Rhode Island
Hawaii	New Hampshire	South Dakota
Idaho	New Jersey	Texas
Illinois	New Mexico	Vermont
Indiana	New York	Virginia
Iowa		Wisconsin
Full Citizenship		
Alabama	Louisiana	North Dakota
Alaska ¹	Michigan	Ohio
Arkansas	Mississippi ²	Oklahoma
Colorado	Missouri	Puerto Rico
Florida	Montana ³	South Carolina
Georgia	Nebraska	Tennessee
Kansas	Nevada ³	West Virginia
Kentucky	North Carolina	Wyoming

1-Canadian, United Kingdom, or U.S. Citizenship.
 2-US citizenship not required of Canadian citizens.
 3-Declaration of Citizenship adequate for citizens of Canada.

Basic-Science Registration Fees*

State	Fee	State	Fee
Alabama	\$25 ³	Nevada	\$25
Alaska	25	Oklahoma	25 ⁴
Arkansas	25 ¹	Oregon	25
Colorado	25	Rhode Island	10
Connecticut	25	South Dakota	15 ⁶
Dist of Columbia	25	Tennessee	25 ⁵
Florida	10	Texas	25 ²
Iowa	20	Utah	10
Michigan	25	Washington	10 ⁶
Minnesota	25 ²	Wisconsin	20
Nebraska	10 ³		

*Fee of registration by examination and reciprocity (1) nonresidents \$50; (2) reciprocity \$50; (3) waiver \$15; (4) reciprocity and waiver \$75; (5) reciprocity \$10; (6) waiver \$25.

States Requiring Annual or Biennial Registration

State	Fee, \$	State	Fee, \$
Alabama	5.00a	Montana	10.00g
Alaska*	20.00	Nebraska	10.00
Arizona	5.00f	Nevada	10.00
Arkansas	2.00b	New Hampshire*	5.00
California*	20.00	New Mexico	5.00d
Colorado	5.00d	New York*	15.00
Connecticut*	10.00	North Carolina*	5.00
Delaware	15.00	North Dakota	5.00
District of Columbia	5.00	Ohio*	10.00
Florida	10.00	Oklahoma	8.00
Georgia	3.00	Oregon	25.00c
Hawaii	5.00	Pennsylvania*	10.00
Idaho	10.00	Rhode Island	5.00
Illinois*	10.00	South Carolina*	5.00
Indiana*	5.00d	South Dakota	5.00
Iowa	5.00	Tennessee	5.00
Kansas	10.00	Texas	10.00
Kentucky	No Fee	Utah	10.00
Louisiana	10.00	Vermont	5.00
Maine*	5.00d	Virginia	5.00
Maryland	5.00e	Washington	7.00
Michigan	5.00	West Virginia*	5.00
Minnesota	5.00	Wisconsin	5.00
Missouri	10.00	Wyoming	7.50

*Biennial registration.
 a. Required by licensing board for the healing arts.
 b. Residents \$2, nonresidents \$4.
 c. Residents \$25, nonresidents \$5.
 d. Residents \$5, nonresidents \$10.
 e. Every three years.
 f. Residents \$5, nonresidents \$20.
 g. Inactive or out-of-state, \$3.

Policies by Licensing Boards in the United States for Citizens of Canada

	Graduates of Approved Canadian Medical Schools Considered for Licensure by Examination on Same Basis as Graduates of Approved Medical Schools in US	Graduates of Approved Canadian Medical Schools Certified by Medical Council of Canada Acceptable for Licensure by Reciprocity or Exemption	Canadian Internship Accepted as Equivalent to Internship Served in a Hospital in US	Citizenship
Alabama	X	..	X	X
Alaska	X	..	X	..
Arizona	X	X	X	X
Arkansas	X	X	X	X
California	X	..	X	..
Canal Zone	X	X	X	..
Colorado	X	..	X	X
Connecticut	X	X	X	D
Delaware	X	X	X	D
District of Columbia	X	..	X	..
Florida	X	..	X	X
Georgia	X	..	X	X
Guam	..	..	..	..
Hawaii	X	..	X	D
Idaho	X	..	X	D
Illinois	X	..	X	D
Indiana	X	..	X	D
Iowa	X	X	X	D
Kansas	X	..	X	X
Kentucky	X	..	X	X
Louisiana	X	..	X	X
Maine	X	..	X	..
Maryland	X	..	X	D
Massachusetts	X	..	X	D
Michigan	X	..	X	D
Minnesota	X	..	X	D
Mississippi	X	X	X	..
Missouri	X	X	X	X
Montana	X	..	X	D
Nebraska	X	..	X	X
Nevada	X	..	..	D
New Hampshire	X	X	X	D
New Jersey	X	..	X	D
New Mexico	X	..	..	D
New York	X	2	X	D
North Carolina	X	..	X	X ¹
North Dakota	X	..	X	..
Ohio	X	..	X	D
Oklahoma	X	..	X	X
Oregon	X	..	X	..
Pennsylvania	X	..	X	D
Puerto Rico	X	..	..	X
Rhode Island	X	..	X	D
South Carolina	X	..	X	X
South Dakota	X	..	X	D
Tennessee	X	..	X	X
Texas	X	3	..	D
Utah	X	..	X	..
Vermont	X	X	X	D
Virgin Islands	X	..	..	..
Virginia	X	..	X	D
Washington	X	..	X	..
West Virginia	X	..	X	X
Wisconsin	X	..	X	D
Wyoming	X	X	X	X ¹

X—Implies yes. D—Declaration of intention to become citizen of the United States.
 1—May be waived at discretion of the board.
 2—Partial—since 1956, must pass Group 1 and Pathology in New York State Examination. Recognized specialty board certificate may be accepted in lieu of required subjects.
 3—Must have provincial license by written examination.

Temporary and Educational Permits, Limited and Temporary Licenses,
or Other Certificates Issued by State Licensing Boards

Alaska	Temporary permits issued for specified period or until next examination while processing permanent licensure.
Arizona	Temporary permits issued on basis of community emergency for term not more than 6 months, and only once renewable.
Arkansas	Temporary permits issued for limited time in cases of emergency and to prevent hardship. Valid until next board meeting.
Connecticut	Educational permits granted to graduates of foreign medical schools to serve in approved hospital training programs. Must have standard ECFMG certification.
Delaware	Temporary emergency license to noncitizens and cross-the-border physicians granted for 12 months, subject to renewal, for emergency shortage and for locum tenens practice up to four months provided physician is licensed in another state.
Georgia	Temporary permit until board meets. Institutional permit, good only in state institution, renewable each year.
Hawaii	For interns and residents. Also for physicians to work for state or county agency or conditions of shortage or emergency under supervision of licensed MD.
Idaho	Temporary license until next board meeting.
Illinois	Temporary certificate for residency training for applicants not qualified for permanent registration. Issued for period of 1 year, may be extended. Permit issued for service in state hospitals to physicians eligible for licensure.
Indiana	Temporary license pending next examination for graduates of approved medical schools. Temporary Education Permit issued foreign medical graduates for graduate education training, must have standard or temporary ECFMG certification. Temporary medical permit granted to interns and residents until they can obtain a regular license.
Iowa	Resident physician license for training in approved hospital under supervision of licensed physician. Temporary license for 1 year issued at discretion of board.
Kansas	Temporary permit until next board meeting. Not renewable. Fellowships to work in state institutions.
Kentucky	Temporary permits issued to applicants by endorsement for 6-month period to serve until investigations completed and meeting of board. Limited licenses issued to graduates of foreign medical schools on successfully passing board examination, for one year, renewable for special place, purpose, and time.
Louisiana	Temporary permit for qualified candidates between regular semiannual meetings of the board. Foreign graduates granted temporary permits for approved residency training, employment in state institutions and for teaching/research assignments.
Maine	Temporary camp license for season. Hospital resident license for 1 year in specific hospital.
Massachusetts	Limited registration covering appointment as intern, resident, or fellow in specific hospital, or as assistant in medicine while a student in medical school.
Michigan	Temporary annual license for resident and postgraduate training renewal each year, not to exceed 5 years. Internship permits issued to graduates of foreign medical schools for a period of 1 year.
Minnesota	A certificate of Graduate Training for qualified foreign graduates. Temporary license valid until next board meeting.
Mississippi	Temporary license for practice until next board meeting pending permanent license by examination or reciprocity.
Missouri	Temporary license issued to foreign graduates, noncitizen who is awaiting citizenship. Temporary license issued to interns, residents, fellows, or house officers.
Montana	Temporary license is granted to physicians to practice in specified location in the interim between license meetings. Must appear at next board meeting to have temporary license made permanent.
Nevada	Temporary permit for 1 year for residency training provided candidate is eligible for permanent licensure.
New Hampshire	Temporary license or until full citizenship or a maximum of 5 years for foreign-trained physicians.
New Jersey	Temporary license for 4 months to physicians eligible for full licensure when requested by licensed physician who will be out of the state. Temporary license for noncitizens for maximum of 6 years.
New Mexico	Institutional permit issued for practice in state hospitals only. Interns and residents must register with the board of medical examiners. Temporary licenses issued until next board meeting.
New York	Temporary certificate for 2 years of residency training required for graduates of US and Canadian schools, except in public hospitals. ECFMG required of foreign graduates on immigrant visas. Eligibility for examination is prerequisite.
North Carolina	Limited license issued for duration of residency, renewable annually, to physicians not eligible for licensure by endorsement.
North Dakota	Temporary permit for US and Canadian graduates until next board meeting and for locum tenens. Limited license for physicians employed in state hospitals. Does not apply to foreign graduates.
Ohio	Temporary permits for approved internship and residency training. Limited permits for employment in state hospitals.
Oklahoma	Temporary license for 1 year for residency training in approved hospital, may be renewed for 5 additional years.
Oregon	Limited License, Residency. The resident must apply to the Board of Medical Examiners and the license is renewed annually.
Pennsylvania	Postgraduate certificate issued for residency training in approved hospital and for the length of time required for certification by a specialty board. Foreign Postgraduate Registration for physician in United States on Educational Visa.
Rhode Island	Temporary permit for 1 year for interns, residents, and house officers in hospitals.
South Carolina	Temporary permit issued for intern and residency training on a yearly basis. Temporary licenses are issued to eligible endorsement applicants beginning practice prior to board meeting. Temporary permits issued to foreign graduates for employment in state hospitals. Must hold ECFMG certificate.
South Dakota	Temporary license issued for 4 years to graduates of unapproved medical schools for practice in state institutions provided applicant passes Basic Science and Medical Board Examination.
Texas	Temporary license issued to next board meeting date, after completed application for permanent license has been filed and it has been checked, processed, and found to be in order. Institutional Permits issued to interns and residents. Foreign graduates must be ECFMG certified.
Vermont	Limited license to interns, residents, fellows, or house officers working under supervision of licensed physician.
Virginia	Temporary permit may be issued until next board meeting for reciprocity applicants.
Virgin Islands	Temporary Certificate issued to military service personnel on duty, and to municipal personnel until next board meeting.
Washington	Conditional certificate or license for employment by the Department of Institutions if licensed in another state.
West Virginia	Temporary license issued until next board meeting to qualified applicants. Issued annually to foreign graduates for employment in state hospitals. Also, issued to holders of ECFMG certificates for employment in private hospitals.
Wisconsin	Temporary educational permit issued to graduates of foreign medical schools for residency training. May be renewed annually for not more than 5 years.
Wyoming	Temporary permit until next board meeting. Citizenship requirement may be waived and temporary license granted on annual basis at the discretion of the board provided the applicant successfully completes ECFMG examination or board's written examination; citizenship must be obtained within 5 years.

Status of Requirements for Medical Licensure for Physicians Trained in Foreign Countries Other Than Canada*

	Written Examination	Admitted Also on Reciprocal or Endorsement Basis	Citizenship	Basic Science Certificate	Internship	Certification by Educational Council for Foreign Medical Graduates	Additional Requirements	Examination Fee, in Dollars
Alabama	x	..	x	x	x	x	x	25
Alaska	x	x	x	x	x	..	..	45
Arizona	x	..	D	..	x	x	x	50
Arkansas	not accepted							
California	x	..	..	..	x	..	x	40
Canal Zone	x	..	..	..	x	x	x	10
Colorado	x	..	x	x	x	x	x	75
Connecticut	x	x	D	x	..	..	x	50
Delaware	x	x	D	..	x	x	x	50
District of Columbia	x	x	..	x	x	x	..	50
Florida	x	..	x	x	..	x	x	50
Georgia	x	x	x	..	x	x	x	50
Guam	..	x	..	..	x	x	..	50
Hawaii	x	..	D	..	x	x	x	50
Idaho	x	..	D	..	x	x	x	100
Illinois	x	x	D	..	x	..	x	75
Indiana	x	..	D	..	..	..	x	25
Iowa	x	x	D	x	x	x	x	50
Kansas	x	..	x	..	x	x	x	50
Kentucky	x	..	x	..	x	x	x	50
Louisiana	x	..	D	..	x	x	x	100
Maine	x	..	..	..	x	x	x	100
Maryland	x	x	D	..	x	x	x	50
Massachusetts	x	..	D	..	..	x	x	75
Michigan	x	x	D	x	x	x	x	30
Minnesota	x	x	D	x	x	x	x	75
Mississippi	x	..	x	..	..	x	x	35
Missouri	x	..	x	..	x	x	..	50
Montana	x	x	x	..	x	x	..	75
Nebraska	x	x	x	x	..	x	..	50
Nevada	not accepted							
New Hampshire	x	x	D	..	x	x	x	50
New Jersey	x	x	D	..	x	..	x	50
New Mexico	x	..	D	..	..	x	..	100
New York	x	x	D	..	..	x	x	40
North Carolina	x	..	x	..	..	x	x	50
North Dakota	x	..	..	..	x	x	x	100
Ohio	x	x	x	x	..	x	x	100
Oklahoma	x	..	x	x	x	x	..	25
Oregon	x	x	D	x	x	x	x	150
Pennsylvania	x	..	D	..	x	x	x	50
Puerto Rico	x	..	x	..	x	..	..	30
Rhode Island	x	x	D	x	x	x	x	50
South Carolina	x	..	x	..	x	x	x	100
South Dakota	x	x	D	x	x	x	x	40
Tennessee	x	x	x	x	..	x	x	50
Texas	x	x	D	x	..	x	x	50
Utah	x	..	..	x	x	x	x	25
Vermont	x	x	D	..	x	x	..	80
Virgin Islands	x	..	..	..	x	x	x	65
Virginia	x	..	D	..	x	x	x	50
Washington	x	x	..	x	x	x	..	25
West Virginia	x	..	x	..	x	x	x	25
Wisconsin	x	x	D	x	x	x	x	75
Wyoming	x	x	x	..	x	x	..	75

This summary should be verified by direct communication with the secretary of the licensing board of the state in which the physician is interested.

* See separate table applicable to Canadian citizens.
 x Implies yes.
 D Declaration of intention to become citizen of the United States.

Additional Requirements

Alabama. Candidate is eligible if he is certified by the National Board of Medical Examiners and approved.
Arizona. Two years of approved internship or residency in the United States' hospitals, required.
California. Noncitizens—2-year internship in an approved hospital in the US, 1 of the said years being in California, followed by an oral and clinical examination. Citizens—1 year approved internship in an approved hospital in the United States followed by oral and clinical examination; if satisfactory internship already completed, all three parts of examination (written, oral, clinical) may be taken at the same time.
Canal Zone. Acceptable at the discretion of the board.
Colorado. Credentials must be submitted in original form and accompanied by translation and will be directly verified or documents should bear evidence of being visaed by the US Consul in the country wherein the school of graduation is or was located. Two years of approved residency.
Connecticut. For graduates of unapproved medical schools, minimum of 3 years of hospital training in approved hospital in US or Canada required, one year of which must be in general medicine. Maintain

list of acceptable medical schools.
Delaware. Residency for 1 year required.
District of Columbia. Examinees must pass DC exam or be exempt by virtue of having passed a basic science exam elsewhere.
Florida. One year approved internship or 5 years of private practice in US.
Georgia. Reciprocity applicants may furnish certification of passing examination of Educational Council for Foreign Medical Graduates in lieu of acceptable medical school, and applicants are given consideration on an individual basis. Must appear before licensing board for interview. \$50 examination fee for nonresidents.
Guam. Residency for 1 year required. Diplomates of National Board eligible on endorsement basis.
Hawaii. Residence for 1 year required. Diplomates of National Board eligible on endorsement basis.
Idaho. Considered on individual basis.
Illinois. Considers applications on an individual basis from graduates of schools not on approved list. The fact a graduate from an unapproved school has been accepted may be due to the reason he was accepted on basis of postgraduate training in this country or applicant may have been admitted on basis of court order.
Indiana. Two years postgraduate training in approved hospital in US required, and declaration of citizenship.
Iowa. The medical examiners may accept in lieu of a diploma from a school of medicine approved by this board all of the following: (a) a diploma issued by a medical college which college has been neither approved nor disapproved by the medical examiners; and (b) completion of 3 years of training as a resident physician which training has been approved by or is acceptable to the medical examiners; and (c) recommendation of the ECFMG.
Kansas. Certificate from medical college specifying in detail the physical equipment of the school, the curriculum, current catalog showing courses of study, and certificate that the college is recognized by authorities of such foreign country as qualifying its graduates for practice therein; diploma from such college; certificate of licensure in the country where graduated; all documents to be translated into English and certified by the consul. ECFMG certificate has a favorable bearing on acceptance.
Kentucky. Applicant required to complete at least 5 years' training in the United States in an institution approved by the board.
Louisiana. Must have had 3 years graduate training, one year of which training in Louisiana.
Maine. Maintains list of acceptable medical schools.
Maryland. Two years US hospital service in approved internship or residency, one year of which must be in Maryland or adjoining state or D.C. The internship need not be rotating. This ruling applies to Cuban graduates as well.
Massachusetts. If a candidate is a diplomate of an approved specialty board, he may be admitted to the examination for licensure without being required to hold ECFMG certificate.
Michigan. Applicants with first papers who meet all requirements of this board for permanent licensure are granted a temporary license. This license is renewable annually on July 1, not to exceed 5 years.
Minnesota. Two years graduate training.
Mississippi. Interview by examining board prior to examination required.
Missouri. Temporary license issued noncitizens awaiting citizenship.
New Hampshire. Diplomates of National Board of Medical Examiners eligible on endorsement basis. Temporary license valid until citizenship is completed may be given. Considered on individual basis. Certified copies of credentials and translations must be filed with application.
New Jersey. Candidates required to have not less than 3 years training in a hospital approved by the board.
New York. ECFMG or equivalent plus 1 or 2 years approved hospital training required.
North Carolina. Considered on an individual basis.
North Dakota. Considered on an individual basis.
Ohio. Must serve at least 2 years as intern or resident in approved hospital in this country.
Oregon. Must show evidence of internship and/or residency of not less than 2 years in not more than two hospitals approved for such training. Less than an unqualified recommendation from the heads of these training programs shall preclude further consideration.
Pennsylvania. Graduates of foreign medical schools are considered on an individual basis.
Rhode Island. In addition to year of rotating internship a second year of either internship or residency in an approved hospital in United States or Canada is required.
South Carolina. Residency training required as specified by the board.
South Dakota. Applicant required to practice in a state institution for 4 years under a temporary license and reappear before the board for permanent licensure, if unable to meet ECFMG and internship requirement.
Tennessee. All applicants must be from medical schools whose curriculum equals that of the University of Tennessee. Each applicant considered on an individual basis, and must appear before the Board of Medical Examiners before certification to the Licensing Board for a license to practice medicine in Tennessee.
Texas. All foreign-trained physicians must appear for personal interview before the Board.
Utah. Applicant required to have 3 years of internship or residency, 1 year spent in Utah and hold certificate of National Board of Medical Examiners.
Virgin Islands. Residence of six months required.
Virginia. Applicant must be licensed to practice medicine and surgery in country in which school of graduation is located or must have completed the course of study and passed examinations equivalent to those required for a diploma or license conferring such full rights to practice. Two years of accredited hospital training in approved hospital in the US or Canada within the 5 years prior to application. If citizenship is not acquired within 7 years after licensure, the license automatically becomes void.
West Virginia. Applicant must be resident of the state for three years preceding application and recommended by local society. ECFMG recommended by board not required by law.
Wisconsin. 1953 Legislature established One Year Temporary Educational Permit which authorizes graduates of unapproved foreign schools to obtain residency training in approved hospitals. May be renewed for 4 additional years.

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