

Liaison Committee on Graduate Medical  
Education

Directory of Approved Internships and  
Residencies

1975-76

Includes:

Annual Report on Graduate Medical Education in the United States  
Special Studies on Graduate Medical Education  
Essentials of Approved Residencies  
Requirements for Certification by American Specialty Boards

Published by  
American Medical Association  
535 North Dearborn Street  
Chicago, Illinois 60610

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# Directory of Approved Residencies

Compiled by the Staff of the Division of Medical Education, under the editorial direction of  
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The information published in this **DIRECTORY OF APPROVED RESIDENCIES** as pp. 1-23 appears in the December 27, 1976, issue (Volume 236, No. 26) of *The Journal of the American Medical Association*. The data under "Special Studies", on pp. 23-38, appeared in Volume 234, No. 16, (December 29, 1975) of *The Journal of the American Medical Association*.

For assistance in preparing material for publication, the Department of Graduate Medical Education is especially indebted to Miss Valeda Carbonneau of the Department; to the Division of Computer and Information Services, and to the Division of Publishing Services.

# Annual Report on Graduate Medical Education in the United States

This report, the 48th on Graduate Medical Education in the United States, is an analysis of the distribution and performance of approved programs for the academic year July, 1974 through June, 1975.

Data provided by hospitals are of September 1, 1974, unless otherwise specified, with respect to the number of positions offered, filled, and vacant, and the number of U. S. and foreign medical graduates in such programs. Data on the number of programs however, include programs approved by the Liaison Committee on Graduate Medical Education, upon recommendation of the various Residency Review Committees, through July 1, 1975.

The Special Studies section was printed in the Medical Education number of THE JOURNAL of the American Medical Association for December 29, 1975 (Volume 234, No. 13). Data on Special Studies had been largely compiled as of December 31, 1974, through the facilities of the Department of Physicians Statistics and of the Center for Health Services Research & Development of the American Medical Association, and will be reprinted in the 1975-76 *Directory of Approved Residencies*.

Only the Annual *Directory of Approved Residencies* contains the detailed lists of approved residencies, the Essentials of Approved Residencies, information on the National Intern and Resident Matching Program (NIRMP), and the requirements of the approved examining boards in the medical specialties. The Directory also contains an excerpt of requirements for medical licensure as compiled by the American Medical Association.

The format of the 1975-76 Directory differs only slightly from that of the 1974-75 Directory, which was the first issue in which the first year of graduate medical education was listed as an integral part of the residency programs. In the 1974-75 Directory, as well as in this 1975-76 Directory, the first year of graduate medical education is included in the listing of the sponsoring residency program, and separate internships are not approved nor listed. Statistics as of September 1, 1974, are furnished on the number of internship positions filled, so that those interested in these data will have the final set of statistics.

A change in the 1975-76 Directory is the omission of numbers assigned to individual programs by the National Intern and Residency Matching Program (NIRMP). The NIRMP mailed its institution agreements prior to completion of the Directory, and will list the NIRMP code numbers in its list of participating programs, distributed during the autumn of 1976. The *Directory of Approved Residencies* is made available to students in the year prior to their final year of medical school, to familiarize them with policies related to graduate medical education and to provide them with a list of the approved programs.

Copies of the Directory are provided for administrative use to hospitals with approved graduate programs. Copies of the 1975-76 Directory may be purchased at a charge of \$3.50 for addresses in the United States and Canada, or for \$4.00 for addresses other than to the United States or Canada, payable in U. S. funds. Orders should be sent to the Order Unit, American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610, and must contain the zip code number as a part of the address.

The 1975-76 Directory has been set by a computer typesetting method. It is possible that minor errors may occur in the listing of multiple-hospital programs because of the technical problems of indentation inherent in preparation of the listings.

Data for the 1975-76 Directory were gathered by methods similar to those previously used. Some statistical tables may not reflect the current number of programs nor the number of persons serving in them because it was necessary to record only data received prior to May 1, 1975, and at the same time to list programs approved up to June 30, 1975. The Directory was delayed for a number of months because of problems related to its computerized programming. Work has already started on the 1976-77 edition, in the expectation that it can be issued in early 1977.

The section on "Special Reports, Announcements, and Notices," summarizes changes in policy of the Council on Medical Education, other national bodies, residency review committees, and specialty boards. The "Essentials of Approved Residencies" include all changes made in these requirements up to July 1, 1976, so that users of the Directory would have the most current information available on the criteria for residency training in the various fields.

## Graduate Education in Canada

Internships in Canada are approved by the Canadian Medical Association. Their acceptability for licensure in the United States is determined individually by each state medical board. Residencies in Canada are evaluated by the Royal College of Physicians and Surgeons of Canada, 74 Stanley Avenue, Ottawa, Ontario, Canada.

The Directory, therefore, does not contain information on graduate medical education in Canada. Approval of programs in graduate medical education by the AMA, in collaboration with other national organizations, is limited to programs in the United States, Puerto Rico, and the Canal Zone.

## Next Edition of the Directory

Information forms for the next edition of the Directory have already been sent to hospitals and program directors. Completed forms should be returned promptly, and within the deadline date printed on the forms.

Program directors contemplating the coordination of two or more facilities should have agreed upon a uniform listing of the program at the time that the forms are submitted. If the facilities of one hospital are to be integrated with one or more additional hospitals, the program director should refer to the Consolidated List in this Directory to determine the overall heading currently used to designate programs of graduate medical education approved for these hospitals. In some cases, it has been necessary for the Department of Graduate Medical Education to use arbitrarily abbreviated titles for programs to facilitate computerization and to make it possible to present meaningful statistics in the Consolidated List in the Directory and in the various tables.

## Statistics on Internship Programs

As was indicated in the 1974-75 Directory, free-standing internships are no longer approved as of June 30, 1975; consequently there is no listing of internship programs in this edition of the Directory. Because the information requested from program directors, however, covered the number of positions filled as of September 1, 1974, statistics are included on the internship programs approved during the academic year July 1, 1974, through June 30, 1975. In subsequent issues, however, these tables will not appear, as there are no approved programs on which to record information.

All programs will be listed as residencies, and then be listed in the residency section of the Directory.

Some information, however, will be tabulated in the first year, which programs are separately listed in the

## GRADUATE MEDICAL EDUCATION

Table 2—Number of Internships, by Type of Service

Type of Internship	Affiliated Status	No. of Approved Programs	Number of Internships				Number of Interns on Duty		
			Total Positions Offered Sept. 1, 1974	Total Positions Filled Sept. 1, 1974	Positions Vacant Sept. 1, 1974	Percentage Filled	Graduates US, Canada Sept. 1, 1974	Foreign Graduates Sept. 1, 1974	Percentage Foreign Grads. in Filled Positions
<b>ROTATING— NO MAJOR EMPHASIS:</b>	Affiliated	273	1,837	1,685	152	92	1,160	525	31
	Non-Affiliated	65	468	427	41	91	95	332	78
	<b>Total</b>	<b>338</b>	<b>2,305</b>	<b>2,112</b>	<b>193</b>	<b>92</b>	<b>1,255</b>	<b>857</b>	<b>41</b>
<b>ROTATING— MAJOR EMPHASIS ON: Internal Medicine</b>	Affiliated	176	854	817	37	96	623	194	24
	Non-Affiliated	35	167	152	15	91	32	120	79
	<b>Total</b>	<b>211</b>	<b>1,021</b>	<b>969</b>	<b>52</b>	<b>95</b>	<b>655</b>	<b>314</b>	<b>32</b>
Surgery	Affiliated	117	496	456	40	92	282	174	38
	Non-Affiliated	38	167	146	21	87	40	106	73
	<b>Total</b>	<b>155</b>	<b>663</b>	<b>602</b>	<b>61</b>	<b>91</b>	<b>322</b>	<b>280</b>	<b>47</b>
Obstetrics-Gynecology	Affiliated	83	205	188	17	92	138	50	27
	Non-Affiliated	19	36	33	3	92	4	29	88
	<b>Total</b>	<b>102</b>	<b>241</b>	<b>221</b>	<b>20</b>	<b>92</b>	<b>142</b>	<b>79</b>	<b>36</b>
Pediatrics	Affiliated	55	109	97	12	89	66	31	32
	Non-Affiliated	12	19	19	..	100	1	18	95
	<b>Total</b>	<b>67</b>	<b>128</b>	<b>116</b>	<b>12</b>	<b>91</b>	<b>67</b>	<b>49</b>	<b>42</b>
Pathology	Affiliated	38	38	23	15	61	17	6	26
	Non-Affiliated	6	3	3	..	100	..	3	100
	<b>Total</b>	<b>44</b>	<b>41</b>	<b>26</b>	<b>15</b>	<b>63</b>	<b>17</b>	<b>9</b>	<b>35</b>
Psychiatry	Affiliated	45	168	146	22	87	125	21	14
	Non-Affiliated	5	9	2	7	22	1	1	50
	<b>Total</b>	<b>50</b>	<b>177</b>	<b>148</b>	<b>29</b>	<b>84</b>	<b>126</b>	<b>22</b>	<b>15</b>
Radiology	Affiliated	43	67	48	19	72	37	11	23
	Non-Affiliated	5	4	4	..	100	4	..	..
	<b>Total</b>	<b>48</b>	<b>71</b>	<b>52</b>	<b>19</b>	<b>73</b>	<b>41</b>	<b>11</b>	<b>21</b>
Anesthesiology	Affiliated	48	116	84	32	72	64	20	24
	Non-Affiliated	4	1	1	..	100	1	..	..
	<b>Total</b>	<b>52</b>	<b>117</b>	<b>85</b>	<b>32</b>	<b>73</b>	<b>65</b>	<b>20</b>	<b>24</b>
<b>Total Rotating— (Major Emphasis)</b>	Affiliated	605	2,053	1,859	194	.91	1,352	507	27
	Non-Affiliated	124	406	360	46	89	83	277	77
	<b>Total</b>	<b>729</b>	<b>2,459</b>	<b>2,219</b>	<b>240</b>	<b>90</b>	<b>1,435</b>	<b>784</b>	<b>35</b>
<b>STRAIGHT INTERNSHIPS:</b> Internal Medicine	Affiliated	293	3,794	3,758	36	99	3,182	576	15
	Non-Affiliated	27	136	123	13	90	60	63	51
	<b>Total</b>	<b>320</b>	<b>3,930</b>	<b>3,881</b>	<b>49</b>	<b>99</b>	<b>3,242</b>	<b>639</b>	<b>16</b>
Surgery	Affiliated	180	1,252	1,184	68	95	855	329	28
	Non-Affiliated	27	91	81	10	89	24	57	70
	<b>Total</b>	<b>207</b>	<b>1,343</b>	<b>1,265</b>	<b>78</b>	<b>94</b>	<b>879</b>	<b>386</b>	<b>31</b>
Pediatrics	Affiliated	61	105	83	22	79	66	17	20
	Non-Affiliated	9	7	3	4	43	1	2	67
	<b>Total</b>	<b>70</b>	<b>112</b>	<b>86</b>	<b>26</b>	<b>77</b>	<b>67</b>	<b>19</b>	<b>22</b>
Pathology	Affiliated	98	249	225	24	90	174	51	23
	Non-Affiliated	17	29	27	2	93	7	20	74
	<b>Total</b>	<b>115</b>	<b>278</b>	<b>252</b>	<b>26</b>	<b>91</b>	<b>181</b>	<b>71</b>	<b>28</b>
Obstetrics-Gynecology	Affiliated	5	8	6	2	75	6	..	..
	Non-Affiliated	2	6	6	..	100	6	..	..
	<b>Total</b>	<b>7</b>	<b>14</b>	<b>12</b>	<b>2</b>	<b>86</b>	<b>12</b>	<b>..</b>	<b>..</b>
<b>Total Straight</b>	Affiliated	637	5,408	5,256	152	97	4,283	973	19
	Non-Affiliated	82	269	240	29	89	98	142	59
	<b>Total</b>	<b>719</b>	<b>5,677</b>	<b>5,496</b>	<b>181</b>	<b>97</b>	<b>4,381</b>	<b>1,115</b>	<b>20</b>
<b>Grand Totals</b>	Affiliated	1,515	9,298	8,800	498	95	6,795	2,005	23
	Non-Affiliated	271	1,143	1,027	116	90	276	751	73
	<b>Total</b>	<b>1,786</b>	<b>10,441</b>	<b>9,827</b>	<b>614</b>	<b>94</b>	<b>7,071</b>	<b>2,756</b>	<b>28</b>

tory as in the 1974-75 edition. Flexible programs are defined as those that offer a diversified first year of graduate training, which must include four months of internal medicine. They must be sponsored by the directors of two or more residency programs, who assume the responsibility for the appropriate content and supervision of the first year of training.

Although straight internships in pediatrics and in pathology have not been offered for the past two years, some hospitals continued to report them, and it is to be assumed that the candidates were serving in the first year of the residency in each of these specialties. Those serving in rotating internships with major emphasis on these two fields would probably have been required to begin a first year of residency training in the specialty itself. Straight internships in surgery, as was true in the previous year, were generally offered as "Dual Appointments," so that the candidate serves simultaneously as a straight intern in surgery and as a first year resident in surgery.

#### Number of Internships

Table 1, a record of internships offered and filled for the last 10 years, shows a decrease in the number of hospitals offering internships, and in the number of positions offered and filled. This is to be expected, in view of the changeover to the designation in many cases except for those indicated above, to the listing of the candidate as a first-year resident in his specialty. The number of persons counted as serving in an internship during the 1974-75 academic year are not included in the statistics for the residents serving in the first-year of the residency programs as listed in subsequent tables.

Table 1.—Number of Internships, 1965-1974

	Number of Hospitals	Number of Internship Positions Offered	Number of Internship Positions Filled	Percentage of Positions Filled
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
1969-1970	900	15,003	10,808	72
1970-1971	896	15,354	11,552	75
1971-1972	797	15,422	12,066	78
1972-1973	883	13,650	11,163	82
1973-1974	741	12,165	11,031	91
1974-1975	516	10,441	9,827	94

It should be noted that the percentage of filled positions increased over the figures for any previous year in the ten years listed.

Table 2 shows that 7,071 graduates of U. S. and Canadian medical schools and 2,756 graduates of foreign medical schools were serving as interns on September 1, 1974. For 1973, comparable numbers were 7,606 and 3,425. Thus, the number of U. S. and Canadian graduates decreased by 535, and the number of foreign graduates decreased by 669. These numbers, however, may not represent decreases in total number of persons in graduate medical education, but may be simply representative of the change in terminology covering the first year with its former title of Internship. The year-end statistics compiled from the AMA Physicians' Master file, as of December 31, 1974, showed a total of 8,155 U. S. graduates listed as serving in internships, 54 graduates of Canadian schools, and 3,173 graduates of foreign medical schools, or a total of 11,382 persons listed as interns.

From the total of 8,155 U. S. graduates 26 should be subtracted who were appointed as an intern before having received the M. D. degree, and 114 graduates of osteopathic medical schools who are probably included in the tabulation of filled positions in internships, or a resulting net amount of 8,015. To this number should be added 3,613 reported as having entered the first year of graduate education without an internship, and who were therefore probably members of the graduating class of 1973-74. This addition would result

in a total of 11,628 persons serving in their first year of graduate education following graduation from medical school, or 15 more persons than listed in the graduating class for the academic year 1973-74. This excess may simply be the result in a lag in changing the status of a few graduates from the previous year from intern to resident at the end of the calendar year, but at least would indicate that most of the graduates who received their M. D. degree in the spring of 1974 had entered graduate training immediately thereafter.

The largest number of students who entered residency programs immediately after graduation are listed in the residencies in family practice, general surgery, pediatrics, psychiatry, internal medicine, and obstetrics-gynecology. Under the "Special Studies" section, a table provides more detailed statistics on the subject.

#### Types of Internships

Table 2 identifies internships by type of service and by medical school affiliation, showing the number and percentage of positions filled by graduates of U. S. and Canadian schools and by graduates of foreign medical schools.

For 1974-75, the average number of internship positions available in the 516 participating hospitals was 20 as compared with 16 the previous year, the average number of interns on duty was 19, as compared with 14 the previous year. Part of the difference in the past two years as compared with previous years is related to the increasing appointments immediately following graduation from medical school of candidates as residents instead of as interns in fields such as family practice, pediatrics, pathology and some general surgery programs.

In previous years, statistics were included on "pilot programs in family practice and general practice," as indicated in Table 3. These programs are no longer offered; currently approved programs in family practice are included in the information on residency programs.

All types of internships understandably decreased in number, but the same proportion were filled with relationship to the total, so that the rotating internships with no major emphasis comprised 19% of those offered, the rotating with emphasis on a specialty 41%, and the straight internships comprise 40% of those offered. These figures for the past ten years are summarized in Table 3.

Table 3.—Types of Internship Programs Offered 1965-1974

Academic Year	Types of Programs								Totals
	Rotating—No Major Emphasis		Rotating with Emphasis on a Specialty*		Straight		Family and General Practice		
	No.	%	No.	%	No.	%	No.	%	
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
1969-70	504	17	1,675	57	714	25	29	1	2,922
1970-71	523	17	1,665	53	963	30	**	**	3,151
1971-72	499	15	1,737	53	1,018	31	..	..	3,254
1972-73	459	15	1,562	54	892	31	..	..	2,913
1973-74	411	19	948	43	835	38	..	..	2,194
1974-75	338	19	729	41	719	40	..	..	1,786

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

\*\*Listed now as residency programs.

The proportion of positions filled increased as compared with 1973-74, with 92% of the rotating internships with no major emphasis filled, 90% of the rotating programs with a major emphasis filled, and 97% of the straight internships filled. The increase, as was true last year, was apparently produced by a combination in the decrease in the number

of positions offered and an increase in the number of graduates of U. S. medical schools. As in previous years, straight internships were filled primarily with U. S. and Canadian graduates, so that only 20% of the straight internships were filled by graduates of foreign medical schools. Rotating internships with major emphasis on a specialty had 65% of their positions filled by U. S. and Canadian graduates, and 35% filled by foreign graduates. For the rotating internships, 59% were filled by U. S. or Canadian graduates.

#### Internships by Type of Hospital Control

Table 4 uses the term "Combined Hospitals" to indicate institutions that offer integrated programs using the resources of two or more hospitals, each of which would fall into a different category of control. The number of such combinations varies from year to year and may be related to methods of recording and analyzing data rather than an actual trend in organizational patterns. The number of integrated internship programs is not reflected in the number of "combined hospitals." For example, 2 or more hospitals in a church-related group, offering an integrated program would be listed under Church-related programs. On the other hand, a county hospital and a Veterans Administration Hospital offering an integrated program would be listed as "combined hospitals."

Of the total of 516 hospitals, 14% were in the combined group, 6% were federal hospitals, 16% were hospitals in the non-federal governmental group, (state, county and city hospitals), and 64% were in the non-governmental, not-for-profit group. The combined hospitals offered 23% of the total positions, recruited 23% of all available interns, and 28% of the available U. S. and Canadian graduates. Foreign graduates filled 14% of the positions "combined" hospital programs.

Federal programs continued to obtain their proportional share of interns, with the exception of the Public Health Service Hospitals. The federal hospitals offered approximately

6% of all internship positions, and recruited approximately 6% of all available interns. They obtained 7% of the available U. S. and Canadian graduates. A number of federal hospitals are probably included in the "combined" hospital group, in addition to those listed as federal hospitals.

Governmental, non-federal institutions lost some ground during the year, as they offered 18% of all internship positions, obtained 19% of the available candidates, and filled their positions with approximately 21% of the available U. S. and Canadian graduates. Their recruitment records for the preceding year have been 23% of all internship positions, recruitment of 23% of the available candidates, filling positions with approximately 27% of the available U. S. and Canadian graduates.

The non-governmental, non-profit hospitals, which offered 52% of all positions, recruited 51% of the available candidates, but only 42% of the available U. S. and Canadian graduates. Their recruitment record for the preceding year also had been higher. Of the 2,756 graduates of foreign medical schools on duty September 1, 1974, 75% were in internships in non-governmental, non-profit hospitals.

It will be noted that the statistical tables in this edition of the *Directory of Approved Residencies* do not contain the final column that had appeared in previous issues, which indicated the number of positions planned for the subsequent academic year. This column was omitted this year because the projections would not be of value because the 1975-76 Directory would not be issued until after the beginning of the 1975-76 academic year.

#### Internships by Medical School Affiliation and Bed Capacity

Table 5 shows the continuing trend affiliation of hospitals with medical schools. In 1974, 84% of the hospitals offering internships had medical school affiliations, as compared with 83% in 1973, 80% in 1972, 72% in 1971, and 69% in 1970. The hospitals not affiliated with medical schools were, in general,

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 Positions Offered Sept. 1, 1974	Total Positions Filled Sept. 1, 1974	Positions Vacant Sept. 1, 1974	Percentage Filled	Graduates U.S., Canada Sept. 1, 1974	Foreign Graduates Sept. 1, 1974	Percentage of Foreign Graduates in Filled Positions
Combined Hospitals	70	265	2,349	2,227	122	95	1,993	234	11
<b>Totals</b>	<b>70</b>	<b>265</b>	<b>2,349</b>	<b>2,227</b>	<b>122</b>	<b>95</b>	<b>1,993</b>	<b>234</b>	<b>11</b>
<b>Federal</b>									
U.S. Air Force	3	11	33	29	4	88	27	2	7
U.S. Army	7	41	187	186	1	99	186	..	..
U.S. Navy	5	50	150	143	7	95	138	5	3
U.S.P.H.S.	5	14	93	80	13	86	54	26	33
Veterans Admin.	9	12	118	116	2	98	101	15	13
Other Federal	1	5	16	16	..	100	13	3	19
<b>Totals</b>	<b>30</b>	<b>133</b>	<b>597</b>	<b>570</b>	<b>27</b>	<b>95</b>	<b>519</b>	<b>51</b>	<b>9</b>
<b>Governmental Non-Federal</b>									
State	21	70	441	400	41	91	381	19	5
County	27	95	822	807	15	98	688	119	15
City	18	55	315	315	..	100	141	174	55
City-County	7	26	117	115	2	98	99	16	14
Hospital District	7	28	233	219	14	94	194	25	11
<b>Totals</b>	<b>80</b>	<b>274</b>	<b>1,928</b>	<b>1,856</b>	<b>72</b>	<b>96</b>	<b>1,503</b>	<b>353</b>	<b>19</b>
<b>Non-Governmental Non-Profit</b>									
Church Related	85	315	1,330	1,224	106	92	698	526	43
Non-Profit Corp.	244	792	4,106	3,826	280	93	2,276	1,550	41
<b>Totals</b>	<b>329</b>	<b>1,107</b>	<b>5,436</b>	<b>5,050</b>	<b>386</b>	<b>93</b>	<b>2,974</b>	<b>2,076</b>	<b>41</b>
<b>Proprietary Corporation</b>									
Corporation	7	16	131	124	7	95	82	42	34
<b>Totals</b>	<b>7</b>	<b>16</b>	<b>131</b>	<b>124</b>	<b>7</b>	<b>95</b>	<b>82</b>	<b>42</b>	<b>34</b>
<b>Grand Totals</b>	<b>516</b>	<b>1,795</b>	<b>10,441</b>	<b>9,827</b>	<b>614</b>	<b>94</b>	<b>7,071</b>	<b>2,756</b>	<b>28</b>

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, 1974	Total Positions Filled Sept. 1, 1974	Positions Vacant Sept. 1, 1974	Percentage Filled	Graduates U.S., Canada Sept. 1, 1974	Foreign Graduates Sept. 1, 1974	Percentage of Foreign Graduates in Filled Positions
<b>Affiliated</b>									
Combined Hospitals	66	250	2,270	2,174	96	96	1,968	206	9
Less than 200 Beds	18	65	354	319	35	90	240	79	25
200-299	28	53	282	240	42	85	183	57	24
300-499	155	478	2,127	2,031	96	95	1,238	793	39
500-Over	166	675	4,265	4,036	229	95	3,166	870	22
<b>Totals</b>	<b>433</b>	<b>1,521</b>	<b>9,298</b>	<b>8,800</b>	<b>498</b>	<b>95</b>	<b>6,795</b>	<b>2,005</b>	<b>23</b>
<b>Non-Affiliated</b>									
Combined Hospitals	4	15	79	53	26	67	25	28	53
Less than 200 Beds	6	14	70	61	9	87	33	28	46
200-299	20	56	209	194	15	93	23	171	88
300-499	35	114	467	407	60	87	79	328	81
500-Over	18	75	318	312	6	98	116	196	63
<b>Totals</b>	<b>83</b>	<b>274</b>	<b>1,143</b>	<b>1,027</b>	<b>116</b>	<b>90</b>	<b>276</b>	<b>751</b>	<b>73</b>
<b>Grand Totals</b>	<b>516</b>	<b>1,795</b>	<b>10,441</b>	<b>9,827</b>	<b>614</b>	<b>94</b>	<b>7,071</b>	<b>2,756</b>	<b>28</b>

smaller in size, with 78% having less than 500 beds. The largest single group of non-affiliated hospitals, 35 hospitals with 300 to 499 beds, comprised 42% of the total number of non-affiliated hospitals. For the affiliated hospitals, 63% had less than 500 beds, but 38% had 500 beds or more.

The affiliated hospitals filled 95% of their positions, thus obtaining 89% of all candidates recruited, whereas the non-affiliated hospitals filled 89% of their positions obtaining 11% of the available candidates. The affiliated hospitals continued to recruit the majority of U. S. and Canadian graduates available, giving appointment to 96% of the total number of candidates, and also recruiting 73% of the foreign graduates available. While foreign graduates comprise only 23% of the interns serving in affiliated hospitals, 73% of the interns serving in the non-affiliated hospitals were graduates of medical schools outside the U. S. and Canada. These statistics indicate that the trend toward increased recruitment in affiliated hospitals has continued, although its rate of increase has slowed down, with the affiliated hospitals now appointing 24 times as many U. S. and Canadian graduates as the non-affiliated hospitals. The affiliated hospitals also have three times as many U. S. and Canadian graduates as they have foreign graduates. In the non-affiliated hospitals, the ratio of foreign medical graduates on duty to U. S. and Canadian graduates is 2.7 to 1. The ratio of foreign graduates to U. S. and Canadian graduates in the affiliated hospitals has continued to be 1 to 3.

#### Internships by Census Region and State

Table 6 indicates that comparatively, the performance of each of the census regions improved or remained static. In most cases, however, the total number of positions filled decreased, because of the decreasing assignment of graduates as interns. The census regions generally showed a higher percentage of positions filled as a reflection of the smaller number of positions offered. In the Middle Atlantic Region, with the largest number of programs, the three states of New Jersey, New York and Pennsylvania, filled 95% of the positions offered, an improvement over 92% last year, but a net loss in the number of positions, with 2,633 filled as of September 1, 1974, and 2,934 filled in 1973 and 3,080 in 1972.

The number of foreign graduates (1,293) in this region decreased from 1,517 in 1973, a change from 52% of the positions filled in 1973 by foreign graduates to 49% in 1974. Of the three states in this census region, the number of foreign graduates recruited in Pennsylvania increased slightly, although the total number of interns recruited decreased from 709 to 668; the number of foreign graduates recruited in New

Jersey decreased from 268 to 216, and the number in New York state decreased from 1,053 to 871. The number of U. S. graduates recruited in both New Jersey and New York declined slightly.

Two regions in the South Census division, the East South Central and the West South Central showed slight increases in the total number of positions filled, and also showed increases in the number of U. S. and Canadian graduates recruited. One of these regions, the West South Central also showed an increase in the number of foreign graduates recruited. All of the regions, as stated previously, showed a decrease in the number of internship positions offered, and all showed a decrease in the number of graduates of foreign medical schools recruited for these positions. A number of states still had 50% or more of their positions filled by foreign medical graduates; these included New Jersey, New York, Illinois, Maryland, West Virginia, and the Canal Zone. The states that decreased their percentage of foreign graduates by ten percentage points or more included Massachusetts, Illinois, Wisconsin, Texas, and Hawaii.

#### Residency Programs

Programs in institutions submit detailed information at the time that they request approval for a new program or when they are scheduled for review of a currently approved program. New applications are reviewed by staff of the AMA Department of Graduate Medical Education, and, if the application appears to be complete, arrangements are made for a site visit by a field representative of the department. In some cases, a specialist site visit is also made.

The completed applications and the reports of the field staff and of the specialist site visitors are evaluated by the Residency Review Committee in that specialty at one of its several meetings during the year. The Residency Review Committee for that specialty makes recommendations to the Liaison Committee on Graduate Medical Education, which body then takes final action.

Table 7 shows the volume of activity carried on by the residency review committees during the academic year July 1, 1974, through June 30, 1975. Beginning July 1, 1975, the final action was taken by the Liaison Committee on Graduate Medical Education, so that the statistics to be reported next year will vary somewhat, and will indicate the actions taken by the Liaison Committee on Graduate Medical Education following the recommendations of the residency review committees, but there will be essentially little difference in the overall volume of programs reviewed. Although the residency



## GRADUATE MEDICAL EDUCATION

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

Census Division, Region and State	No. of Hospitals	No. of Approved Programs	Number of Internships				Number of Interns on Duty		
			Total Positions Offered Sept. 1, 1974	Total Positions Filled Sept. 1, 1974	Positions Vacant Sept. 1, 1974	Per- centage Filled	Graduates U.S., Canada Sept. 1, 1974	Foreign Graduates Sept. 1, 1974	Percentage of Foreign Graduates in Filled Positions
<b>NORTHEAST</b>									
<b>New England</b>									
Connecticut	12	36	208	204	4	98	119	85	42
Maine	1	14	25	25	..	100	25	..	..
Massachusetts	25	66	439	423	16	96	368	55	13
New Hampshire	1	3	33	33	..	100	33	..	..
Rhode Island	4	9	80	80	..	100	66	14	18
Vermont	1	2	15	15	..	100	15	..	..
<b>Totals</b>	<b>44</b>	<b>130</b>	<b>800</b>	<b>780</b>	<b>20</b>	<b>97</b>	<b>626</b>	<b>154</b>	<b>20</b>
<b>Middle Atlantic</b>									
New Jersey	22	54	286	270	16	94	54	216	80
New York	79	244	1,755	1,695	60	97	824	871	51
Pennsylvania	48	173	733	668	65	91	462	206	31
<b>Totals</b>	<b>149</b>	<b>471</b>	<b>2,774</b>	<b>2,633</b>	<b>141</b>	<b>95</b>	<b>1,340</b>	<b>1,293</b>	<b>49</b>
<b>NORTH CENTRAL</b>									
<b>East North Central</b>									
Illinois	26	92	655	638	17	97	313	325	51
Indiana	5	12	101	89	12	88	86	3	3
Michigan	29	111	522	488	34	93	276	212	43
Ohio	33	107	562	492	70	88	287	205	42
Wisconsin	6	24	101	81	20	80	78	3	4
<b>Totals</b>	<b>99</b>	<b>346</b>	<b>1,941</b>	<b>1,788</b>	<b>153</b>	<b>92</b>	<b>1,040</b>	<b>748</b>	<b>42</b>
<b>West North Central</b>									
Iowa	2	16	38	38	..	100	36	2	5
Kansas	2	9	31	31	..	100	31	..	..
Minnesota	6	20	183	176	7	96	160	16	9
Missouri	12	40	283	268	15	95	202	66	25
Nebraska	1	1	10	7	3	70	7	..	..
North Dakota	1	1	12	11	1	92	..	11	100
South Dakota	3	2	9	9	..	100	9	..	..
<b>Totals</b>	<b>27</b>	<b>89</b>	<b>566</b>	<b>540</b>	<b>26</b>	<b>95</b>	<b>445</b>	<b>95</b>	<b>18</b>
<b>SOUTH</b>									
<b>South Atlantic</b>									
Delaware	1	4	18	16	2	89	14	2	13
District of Columbia	8	38	211	206	5	98	135	71	34
Florida	5	26	171	162	9	95	120	42	26
Georgia	7	24	149	142	7	95	129	13	9
Maryland	16	68	314	282	32	90	134	148	52
North Carolina	5	21	137	128	9	93	126	1	2
South Carolina	4	12	79	65	14	82	64	19	10
Virginia	4	37	198	190	8	96	171	24	55
West Virginia	4	18	60	44	16	73	20	..	..
<b>Totals</b>	<b>58</b>	<b>248</b>	<b>1,337</b>	<b>1,235</b>	<b>102</b>	<b>92</b>	<b>913</b>	<b>322</b>	<b>26</b>
<b>East South Central</b>									
Alabama	12	25	117	63	54	54	58	5	8
Kentucky	5	13	122	119	3	98	113	6	5
Mississippi	1	3	33	33	..	100	32	1	3
Tennessee	6	39	188	170	18	90	166	4	2
<b>Totals</b>	<b>24</b>	<b>80</b>	<b>460</b>	<b>385</b>	<b>75</b>	<b>84</b>	<b>369</b>	<b>16</b>	<b>4</b>
<b>West South Central</b>									
Arkansas	4	13	66	53	13	80	53	..	..
Louisiana	7	30	210	185	25	88	170	15	8
Oklahoma	5	9	62	62	..	100	61	1	2
Texas	17	72	484	468	16	97	453	15	3
<b>Totals</b>	<b>33</b>	<b>124</b>	<b>822</b>	<b>768</b>	<b>54</b>	<b>93</b>	<b>737</b>	<b>31</b>	<b>4</b>
<b>WEST</b>									
<b>Mountain</b>									
Arizona	7	19	105	102	3	97	97	5	5
Colorado	8	27	102	98	4	96	96	2	2
New Mexico	1	4	17	17	..	100	17	..	..
Utah	2	5	54	54	..	100	54	..	..
<b>Totals</b>	<b>18</b>	<b>55</b>	<b>278</b>	<b>271</b>	<b>7</b>	<b>97</b>	<b>264</b>	<b>7</b>	<b>3</b>
<b>Pacific</b>									
California	44	183	1,142	1,118	24	98	1,090	28	3
Hawaii	4	9	60	60	..	100	54	6	10
Oregon	3	9	49	48	1	98	48	..	..
Washington	6	14	95	94	1	99	94	..	..
<b>Totals</b>	<b>57</b>	<b>215</b>	<b>1,346</b>	<b>1,320</b>	<b>26</b>	<b>98</b>	<b>1,286</b>	<b>34</b>	<b>3</b>
<b>POSSESSIONS</b>									
<b>Territories &amp; Possessions</b>									
Canal Zone	1	5	16	16	..	100	13	3	19
Puerto Rico	6	32	101	91	10	90	38	53	58
<b>Totals</b>	<b>7</b>	<b>37</b>	<b>117</b>	<b>107</b>	<b>10</b>	<b>91</b>	<b>51</b>	<b>56</b>	<b>52</b>
<b>Grand Totals</b>	<b>516</b>	<b>1,795</b>	<b>10,441</b>	<b>9,827</b>	<b>614</b>	<b>94</b>	<b>7,071</b>	<b>2,756</b>	<b>28</b>

Table 7.—Activities of Residency Review Committees July 1, 1974, to June 30, 1975

Specialty	Number of Meetings Held	Programs Added to Approved List	Programs Granted Continued Approval	Programs Given Full Approval from Qualified 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	6	43	10	4	2	10	11	4	90
Aerospace Medicine*	2	1	1	..	1	3	..	1	..	7
Colon-Rectal Surgery	1	..	3	1	1	..	..	..	1	6
Child Psychiatry**	2	3	14	2	16	6	4	2	..	47
Dermatology	1	1	24	4	..	5	..	..	..	34
Family Practice	3	46	50	9	15	6	1	3	29	159
General Practice	1	..	2	1	..	..	3	6	..	12
General Preventive Med.*	2	3	1	1	7	21	..	3	..	36
Internal Medicine	3	17	111	14	25	33	13	17	12	242
Neurological Surgery	2	2	19	3	9	3	1	1	4	42
Neurology**	2	3	20	5	6	7	1	1	..	43
Nuclear Medicine	2	29	..	..	5	1	..	..	5	40
Obstetrics-Gynecology	3	3	59	11	8	29	9	2	3	124
Occup. Med. (Academic)*	2	..	..	..	1	4	..	1	..	6
Occup. Med. (In-Plant)*	2	..	..	..	3	11	..	4	..	18
Ophthalmology	2	1	29	2	2	11	5	1	..	51
Orthopedic Surgery	2	2	48	6	11	16	7	1	..	91
Otolaryngology	2	3	22	2	4	15	6	2	2	56
Pathology†	2	1	60	12	8	10	39	32	..	162
Pathology-Forensic†	2	..	2	3	..	..	..	..	1	6
Path.-Neuropathology†	2	7	4	5	1	..	..	1	1	19
Path.-Blood Banking†	2	..	..	..	..	..	..	..	..	..
Pediatric Allergy††	2	2	9	3	..	1	1	..	1	17
Pediatric Cardiology††	2	1	9	1	5	2	2	3	..	23
Pediatrics††	2	4	47	13	5	41	4	9	10	133
Physical Med. & Rehab.	2	..	14	3	2	4	2	2	1	28
Plastic Surgery	2	1	23	12	9	8	5	..	1	59
Psychiatry**	2	4	47	9	16	22	11	7	1	117
Public Health*	2	..	4	..	8	14	1	..	..	27
Radiology-General#	2	..	17	4	4	2	6	11	..	44
Radiology-Diagnostic#	2	11	11	32	1	3	..	..	6	64
Radiology-Therapeutic#	2	11	11	9	1	..	..	..	3	35
Surgery	2	7	91	13	25	13	22	39	10	220
Thoracic Surgery	2	8	10	2	15	5	8	4	7	59
Urology	2	3	28	9	5	25	10	7	3	90
<b>Totals</b>	<b>44</b>	<b>180</b>	<b>833</b>	<b>201</b>	<b>223</b>	<b>323</b>	<b>171</b>	<b>171</b>	<b>105</b>	<b>2,207</b>

\*Programs evaluated by the Residency Review Committee for Preventive Medicine

\*\*Programs evaluated by the Residency Review Committee for Psychiatry and Neurology

†Programs evaluated by the Residency Review Committee for Pathology

††Programs evaluated by the Residency Review Committee for Pediatrics

#Programs evaluated by the Residency Review Committee for Radiology

review committees meet only two or three times a year, the Liaison Committee on Graduate Medical Education (LCGME) has been meeting six times a year, and generally has been able to evaluate programs seen by residency review committees that have met earlier than six weeks preceding a meeting of the Liaison Committee.

The Liaison Committee on Graduate Medical Education consists of representatives of the American Medical Association, the American Hospital Association, the American Board of Medical Specialties, the Association of American Medical Colleges, and the Council on Medical Specialty Societies.

Table 7 indicates that during the academic year beginning July 1, 1974, 2,207 programs were reviewed. Internal Medicine and general surgery accounted for more than 200 each, and over 100 programs each were reviewed in family practice, obstetrics-gynecology, pathology, pediatrics, and psychiatry.

Table 8 summarizes the survey activities of field representatives of the Department of Graduate Medical Education of the AMA over the past several years. All approved programs, regardless of the length of the training program, are reviewed about every three years, so that one-third of the programs should be reviewed each year either by the field representatives or by specialists appointed by the individual committees. For the year ending June 30, 1975, the number of hospitals visited decreased over the preceding year, as well as the number of residencies reviewed. During the year no

internships were separately reviewed, as all first years of graduate education are now considered a part of an approved residency program. During the academic year beginning July 1, 1976, however, arrangements will be made to include specific reviews of the flexible programs, to determine whether they are now serving the purpose for which they were intended, which was to provide a broad first year of training for those who would enter a residency field, which is expected to be one of the two or more specialties sponsoring the flexible program.

A field representative ordinarily devotes a half day to the survey of each program or to a portion of the program in a hospital, and is expected to survey all portions of the program carried out in various hospitals if they provide significant input to the program. A hospital should be included in the survey if a typical resident is assigned full time for at least one-third of the program or a minimum of six months to that institution, assuming that it merits identification in the listing of the program.

The surveys by the field staff are augmented by surveys carried out by specialists assigned by the residency review committees, which surveys are not included in Table 8. Several review committees require that new applications be surveyed by a member of the field staff and also by a specialist representing its discipline; others require that, after a program has been placed on probation and is scheduled for a survey,

Table 8.—Survey Activities of Field Representatives

Year Ending June 30:	1969	1970	1971	1972	1973	1974	1975
Internships Reviewed	220	203	288	187	137	39	..
Residencies Reviewed	1,701	1,951	2,182	2,160	2,565	2,173	1,999
Total Programs	1,922	2,164	2,470	2,347	2,702	2,212	1,999
Hospitals Visited	807	900	1,011	1,001	1,406	1,250	1,164

the survey be carried out by a specialist in that field.

The field representatives, regardless of their own specialty training and background, survey all types of residency programs, with the single exception of residencies in the fields of preventive medicine. Surveys in aerospace medicine, general preventive medicine, occupational medicine, and public health are carried out by the specialists assigned by the American College of Preventive Medicine through the Residency Review Committee for Preventive Medicine.

#### Residencies by Specialty

As in previous reports, Tables 9 and 27 are the only tables that include statistics on residencies in the fields of preventive medicine. These tables include programs in the specialties of preventive medicine, which are generally not based in hospitals, and are therefore not included in other tables related to residencies.

Table 9 shows that the number of positions offered and filled each has continued to increase, that the number of positions vacant has continued to decrease, and that the number of approved programs decreased for the first time over that of the previous year.

As of September 1, 1974, there were 4,640 approved programs, which was a decrease of 278 over the number of approved programs as of September 1, 1973, a 1% decrease. The number of approved programs for September, 1974, was slightly less than the total two years earlier, September, 1972.

As of September 1, 1974, the total number of positions offered, 57,681, represented a 1% gain over the total number of 54,137 as of September, 1973. The number of positions filled continued to increase, with a 7% gain in the number of positions filled over the number for September, 1973; the rate of increase, however, between 1973 and the preceding year had been 8%.

The number of U. S. and Canadian graduates filling positions as of September 1, 1974, increased from 34,159 to 37,310, an increase of 3,151 or 9%; the year earlier, however, there had been an increase of 3,549 or 12% over the 1972 figure. By an interesting coincidence, the number of foreign graduates filling positions increased for 1974 by 452 positions; the increase of the previous year had also been 452 positions.

Table 9 indicates that fifteen specialties filled 90% or more of the residency positions they offered, with recruitment percentages varying in the group from 90% for anesthesiology and

Table 9.—Number of Residencies by Specialty

Specialty	Number of Residency Positions					Number of Residents on Duty		
	No. of Approved Programs	Total Positions Offered Sept. 1, 1974	Total Positions Filled Sept. 1, 1974	Positions Vacant Sept. 1, 1974	Percentage Filled	Graduates U.S., Canada Sept. 1, 1974	Foreign Graduates Sept. 1, 1974	Percentage For. Grads. in Filled Positions
Anesthesiology	158	2,260	2,044	216	90	934	1,110	54
Child Psychiatry	435	744	570	174	77	393	177	31
Colon and Rectal Surgery	20	34	30	4	88	20	10	33
Diagnostic Radiology	180	2,300	2,068	232	90	1,740	328	16
Dermatology	91	778	757	21	97	698	59	8
Family Practice	230	3,342	2,669	673	80	2,457	212	8
General Practice	40	333	286	47	86	36	250	87
Internal Medicine	424	11,353	11,024	329	97	8,102	2,922	27
Neurological Surgery	92	645	607	38	94	484	123	20
Neurology	112	1,124	1,045	79	93	739	306	29
Nuclear Medicine	55	129	94	35	73	60	34	36
Obstetrics and Gynecology	325	3,652	3,421	231	94	2,308	1,113	33
Ophthalmology	163	1,579	1,568	11	99	1,445	123	8
Orthopedic Surgery	183	2,454	2,375	79	97	2,116	259	11
Otolaryngology	110	1,049	994	55	95	826	168	17
Pathology	459	3,404	2,835	569	83	1,364	1,471	52
Pathology, Forensic	29	60	28	32	47	18	10	36
Neuropathology	35	66	40	26	61	28	12	30
Pediatrics	257	4,988	4,784	204	96	3,317	1,467	31
Pediatric Allergy	52	135	114	21	84	91	23	20
Pediatric Cardiology	53	142	124	18	87	87	37	30
Physical Medicine	62	507	396	111	78	120	276	70
Plastic Surgery	109	422	397	25	94	321	76	19
Psychiatry	256	5,012	4,370	642	87	2,806	1,564	36
Radiology	159	900	718	182	80	342	376	52
Surgery	415	7,802	7,354	448	94	4,996	2,358	32
Therapeutic Radiology	102	484	374	110	77	220	154	41
Thoracic Surgery	89	318	296	22	93	193	103	35
Urology	169	1,156	1,117	39	97	879	238	21
<b>Totals</b>	<b>4,565</b>	<b>57,172</b>	<b>52,499</b>	<b>4,673</b>	<b>92</b>	<b>37,140</b>	<b>15,359</b>	<b>29</b>
Other than Hospital-Based:								
Aerospace Medicine	5	111	41	70	37	41	0	0
General Preventive Medicine	26	246	101	145	41	92	9	9
Occupational Medicine (Academic)	4	28	10	18	36	7	3	30
Occupational Medicine (In-Plant)	15	20	2	18	10	2	0	0
Public Health	25	104	32	72	31	28	4	13
<b>Totals</b>	<b>75</b>	<b>509</b>	<b>186</b>	<b>323</b>	<b>37</b>	<b>170</b>	<b>16</b>	<b>9</b>
<b>Grand Totals</b>	<b>4,640</b>	<b>57,681</b>	<b>52,685</b>	<b>4,996</b>	<b>91</b>	<b>37,310</b>	<b>15,375</b>	<b>2</b>

GRADUATE MEDICAL EDUCATION

Table 10.—Number of Residencies and Positions, by Specialty in Affiliated and Nonaffiliated Hospitals

Specialty	No. of Approved Programs	Number of Residency Positions				Number of Residents on Duty		
		Total Positions Offered Sept. 1, 1974	Total Positions Filled Sept. 1, 1974	Positions Vacant Sept. 1, 1974	Percentage Filled	Graduates U.S., Canada Sept. 1, 1974	Foreign Graduates Sept. 1, 1974	Percentage For. Grads. in Filled Positions
<b>Affiliated</b>								
Anesthesiology	149	2,181	1,975	206	91	912	1,063	54
Child Psychiatry	108	627	495	132	79	349	146	29
Colon and Rectal Surgery	15	24	22	2	92	12	10	45
Diagnostic Radiology	172	2,251	2,020	231	90	1,705	315	16
Dermatology	89	771	750	21	97	691	59	8
Family Practice	174	2,743	2,258	485	82	2,094	164	7
General Practice	12	99	95	4	96	16	79	83
Internal Medicine	383	10,773	10,466	307	97	7,911	2,555	24
Neurological Surgery	91	644	607	37	94	484	123	20
Neurology	109	1,102	1,023	79	93	726	297	29
Nuclear Medicine	54	127	92	35	72	58	34	37
Obstetrics and Gynecology	286	3,391	3,169	222	93	2,240	929	29
Ophthalmology	150	1,495	1,484	11	99	1,379	105	7
Orthopedic Surgery	168	2,317	2,244	73	97	2,011	233	10
Otolaryngology	108	1,024	969	55	95	806	163	17
Pathology	398	3,154	2,648	506	84	1,316	1,332	50
Pathology, Forensic	7	14	5	9	36	5	..	..
Neuropathology	35	66	40	26	61	28	12	30
Pediatrics	236	4,822	4,622	200	96	3,256	1,366	30
Pediatric Allergy	50	134	113	21	84	90	23	20
Pediatric Cardiology	53	142	124	18	87	87	37	30
Physical Medicine	59	483	387	96	80	116	271	70
Plastic Surgery	105	406	381	25	94	308	73	19
Psychiatry	196	4,091	3,590	501	88	2,555	1,035	29
Radiology	145	838	664	174	79	332	332	50
Surgery	360	7,209	6,802	407	94	4,850	1,952	29
Therapeutic Radiology	97	461	358	103	78	208	150	42
Thoracic Surgery	87	313	291	22	93	188	103	35
Urology	157	1,103	1,066	37	97	851	215	20
<b>Totals</b>	<b>4,053</b>	<b>52,805</b>	<b>48,760</b>	<b>4,045</b>	<b>92</b>	<b>35,584</b>	<b>13,176</b>	<b>27</b>
<b>Non-Affiliated</b>								
Anesthesiology	9	79	69	10	87	22	47	68
Child Psychiatry	27	117	75	42	64	44	31	41
Colon and Rectal Surgery	5	10	8	2	80	8	..	..
Diagnostic Radiology	8	49	48	1	98	35	13	27
Dermatology	2	7	7	..	100	7	..	..
Family Practice	56	599	411	188	69	363	48	12
General Practice	28	234	191	43	82	20	171	90
Internal Medicine	42	580	558	22	96	191	367	66
Neurological Surgery	1	1	..	1	..	..	..	..
Neurology	3	22	22	..	100	13	9	41
Nuclear Medicine	1	2	2	..	100	2	..	..
Obstetrics and Gynecology	39	261	252	9	97	68	184	73
Ophthalmology	13	84	84	..	100	66	18	21
Orthopedic Surgery	15	137	131	6	96	105	26	20
Otolaryngology	2	25	25	..	100	20	5	20
Pathology	61	250	187	63	75	48	139	74
Pathology, Forensic	22	46	23	23	50	13	10	43
Pediatrics	21	166	162	4	98	61	101	62
Pediatric Allergy	2	1	1	..	100	1	..	..
Pediatric Cardiology	..	..	..	..	..	..	..	..
Physical Medicine	3	24	9	15	38	4	5	56
Plastic Surgery	4	16	16	..	100	13	3	19
Psychiatry	60	921	780	141	85	251	529	68
Radiology	14	62	54	8	87	10	44	81
Surgery	55	593	552	41	93	146	406	74
Therapeutic Radiology	5	23	16	7	70	12	4	25
Thoracic Surgery	2	5	5	..	100	5	..	..
Urology	12	53	51	2	96	28	23	45
<b>Totals</b>	<b>512</b>	<b>4,367</b>	<b>3,739</b>	<b>628</b>	<b>86</b>	<b>1,556</b>	<b>2,183</b>	<b>58</b>
<b>Grand Totals</b>	<b>4,565</b>	<b>57,172</b>	<b>52,499</b>	<b>4,673</b>	<b>92</b>	<b>37,140</b>	<b>15,359</b>	<b>29</b>

## GRADUATE MEDICAL EDUCATION

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

Specialty	Number of Residency Positions				Number of Residents on Duty			
	No. of Approved Programs	Total Positions Offered Sept. 1, 1974	Total Positions Filled Sept. 1, 1974	Positions Vacant Sept. 1, 1974	Percentage Filled	Graduates U.S., Canada Sept. 1, 1974	Foreign Graduates Sept. 1, 1974	Percentage For. Grads. in Filled Positions
<b>Affiliated</b>								
Anesthesiology	149	755	685	70	91	356	329	48
Child Psychiatry	108	312	246	66	79	164	82	33
Colon and Rectal Surgery	15	23	22	1	96	12	10	45
Diagnostic Radiology	172	645	538	107	83	441	97	18
Dermatology	89	264	261	3	99	245	16	6
Family Practice	174	1,098	1,034	64	94	978	56	5
General Practice	12	54	51	3	94	9	42	82
Internal Medicine	383	4,398	4,313	85	98	3,512	801	19
Neurological Surgery	91	139	128	11	92	113	15	12
Neurology	109	376	352	24	94	247	105	30
Nuclear Medicine	54	71	52	19	73	31	21	40
Obstetrics and Gynecology	286	1,017	948	69	93	716	232	24
Ophthalmology	150	481	476	5	99	444	32	7
Orthopedic Surgery	168	601	580	21	97	525	55	9
Otolaryngology	108	278	263	15	95	222	41	16
Pathology	398	919	743	176	81	388	355	48
Pathology, Forensic	7	13	4	9	31	4	..	..
Neuropathology	35	40	26	14	65	19	7	27
Pediatrics	236	1,805	1,741	64	96	1,212	529	30
Pediatric Allergy	50	69	58	11	84	45	13	22
Pediatric Cardiology	53	70	58	12	83	41	17	29
Physical Medicine	59	156	117	39	75	28	89	76
Plastic Surgery	105	187	177	10	95	143	34	19
Psychiatry	196	1,434	1,266	168	88	864	402	32
Radiology	145	273	205	68	75	85	120	59
Surgery	360	2,601	2,427	174	93	1,750	677	28
Therapeutic Radiology	97	153	111	42	73	59	52	47
Thoracic Surgery	87	154	143	11	93	93	50	35
Urology	157	314	297	17	95	225	72	24
<b>Totals</b>	<b>4,053</b>	<b>18,700</b>	<b>17,322</b>	<b>1,378</b>	<b>93</b>	<b>12,971</b>	<b>4,351</b>	<b>25</b>
<b>Non-Affiliated</b>								
Anesthesiology	9	32	30	2	94	11	19	63
Child Psychiatry	27	64	41	23	64	25	16	39
Colon and Rectal Surgery	5	9	8	1	89	8	..	..
Diagnostic Radiology	8	15	15	..	100	11	4	27
Dermatology	2	3	3	..	100	3	..	..
Family Practice	56	219	165	54	75	153	12	7
General Practice	28	127	111	16	87	14	97	87
Internal Medicine	42	245	240	5	98	79	161	67
Neurological Surgery	1	2	1	1	50	1	..	..
Neurology	3	11	11	..	100	5	6	55
Nuclear Medicine	1	1	1	..	100	1	..	..
Obstetrics and Gynecology	39	84	82	2	98	26	56	68
Ophthalmology	13	28	28	..	100	24	4	14
Orthopedic Surgery	15	34	29	5	85	22	7	24
Otolaryngology	2	7	7	..	100	5	2	29
Pathology	61	85	64	21	75	9	55	86
Pathology, Forensic	22	35	20	15	57	13	7	35
Pediatrics	21	70	69	1	99	21	48	70
Pediatric Allergy	2	1	1	..	100	1	..	..
Pediatric Cardiology	..	..	..	..	..	..	..	..
Physical Medicine	3	10	5	5	50	1	4	80
Plastic Surgery	4	7	7	..	100	5	2	29
Psychiatry	60	339	298	41	88	88	210	70
Radiology	14	21	20	1	95	3	17	85
Surgery	55	227	212	15	93	53	159	75
Therapeutic Radiology	5	12	9	3	75	6	3	33
Thoracic Surgery	2	4	4	..	100	4	..	..
Urology	12	13	13	..	100	7	6	46
<b>Totals</b>	<b>512</b>	<b>1,705</b>	<b>1,494</b>	<b>211</b>	<b>88</b>	<b>599</b>	<b>895</b>	<b>60</b>
<b>Grand Totals</b>	<b>4,565</b>	<b>20,405</b>	<b>18,816</b>	<b>1,589</b>	<b>92</b>	<b>13,570</b>	<b>5,246</b>	<b>28</b>

diagnostic radiology, to 99% for ophthalmology.

The residencies with the lowest percentage of positions filled, in addition to the four fields of preventive medicine, were forensic pathology with 47%, neuropathology with 61%, nuclear medicine with 73%, child psychiatry and therapeutic radiology each with 77%, and physical medicine and rehabilitation 78%.

Although the fields of preventive medicine continue to have a low recruitment rate, all programs have a very low percentage of foreign graduates.

Family practice, dermatology and ophthalmology each had only 9% of foreign graduates in their filled positions; orthopedic surgery had only 11% of its positions filled by foreign graduates; diagnostic radiology had 16%; otolaryngology 17%; and plastic surgery 19%. As in previous years, more than 50% of the residency positions were filled by foreign graduates in anesthesiology (54%), general practice (87%), pathology (52%), physical medicine and rehabilitation (70%), and as a newcomer to this group, general radiology (52%).

Table 10 is a refinement of Table 9, and omits the programs in preventive medicine and separates the hospital-based program into those with or without medical school affiliations. Over the years medical school affiliated hospitals have offered an increasingly large proportion of the approved programs, and the number of hospitals reported by the medical schools as having an affiliation has increased. For the 1974 reporting period, the affiliated hospitals offered 92% of the total positions and filled 93% of the available positions. This was an increase from 91 and 91.5% for the 1973 reporting period; during the 1972 period the numbers were 90% and 91%. The affiliated hospitals also obtained 96% of the available U. S. and Canadian graduates, and 86% of the available foreign graduates.

Graduates from medical schools in the United States and Canada comprised 71% of all residents on duty, with 96% of these serving in affiliated hospitals. In 1973 the percentages had been 70% and 95% respectively. The number of residents appointed by the non-affiliated hospitals of both U. S. and Canadian graduates and foreign graduates dropped slightly for 1974, as compared with 1973, there were 3,739 residents appointed in non-affiliated hospitals as of September 1, 1974, as compared with 4,190 for 1973, and 3,936 for 1972. The proportion of U. S. and Canadian graduates in the total numbers appointed in non-affiliated hospitals was 42% for 1974, with 58% of the total being foreign graduates; the preceding year, the total number of U. S. graduates was 41%; for 1972, the total had been 43%. For 1974 the non-affiliated hospitals recruited fewer U. S. and Canadian graduates and fewer foreign graduates than during each of the preceding two years.

#### First-Year Positions

Table 11 shows the distribution of first-year positions by specialty to indicate the relative acceptability to new graduates of the various fields of specialization. In developing the Table, first-year positions are listed in all specialties even though a candidate cannot begin a residency in some fields immediately upon graduation from medical school, but will, instead, be required to have some prior graduate training. An example is the listing of first-year programs in child psychiatry; these are usually offered to candidates who have had two years of residency training in general psychiatry as a minimum. It is necessary, however, to list "first-year" residencies in child psychiatry to determine the number entering this field of training each year. Other specialties are now requiring some broad training in the first-year of their programs. In 1974, as a transitional year, programs that had prerequisite requirements were recruiting not only candidates who had had a year of graduate training but those just graduating and might be given a broad prerequisite year first. Residents in general surgery could have been at that time designated as

serving "dual appointments" and being assigned simultaneously as straight interns in surgery and first-year residents in surgery. Also, specialties such as family practice, pathology, and pediatrics had already stated that candidates could enter directly into these programs upon graduation from medical school. In the section of the Directory entitled "Special Studies," the requirements of the various specialties have been tabulated and presented in chart form.

Table 11, therefore, lists the first year of each specialty, and its recruitment. The specialties that recruit candidates for more than 90% of their positions in both the affiliated and the non-affiliated hospitals were anesthesiology, dermatology, internal medicine, neurology, otolaryngology, pediatrics, plastic surgery, thoracic surgery, and neurology. For the affiliated hospitals, colon and rectal surgery, family practice, general practice, neurological surgery, and orthopedic surgery also filled more than 90% of their positions, but the unaffiliated hospitals filled a smaller proportion than 90% in these fields. In diagnostic radiology, nuclear medicine, and pediatric allergy, the non-affiliated hospitals filled 100% of their positions, but the number of positions involved was small.

#### First-Year Positions

The total number of first-year positions offered and filled increased in 1974 over 1973, and the number of vacancies decreased. The rate of increase of positions offered was 4% in 1974 over 1973; it had been 5% in 1973 over 1972; but the increase in the number of positions filled for 1974 over 1973 was 4%; it had been 8% for 1973 over 1972. In 1974, the percentage of unfilled positions was 7%; in 1973 it had been 8%; and in 1972, 11%. In the affiliated hospitals, out of the total pool of U. S. and Canadian graduates, 7% more were recruited, and of the pool of available foreign graduates, 13% fewer were recruited. For the non-affiliated hospitals, however, the numbers recruited decreased, with only 599 U. S. and Canadian graduates recruited as compared with 627 the previous year, and with only 895 graduates of foreign medical schools recruited for first-year programs as compared with 1,028 the previous year. The overall percentage of recruitment for both the affiliated and non-affiliated hospitals in first-year programs showed an increase of 7% for the U. S. and Canadian graduates and an increase of 11% for the graduates of foreign medical schools. As indicated above, however, some of these numbers of first-year positions may be attributed to the change in the requirements and the ability of specialties to accept candidates directly into a residency without the internship.

The number of persons entering residency programs without an internship, and the fields in which they were serving are shown in a table in the "Special Studies" section of this report.

Table 11A is provided for convenience to show the total number of first-year positions in all residency programs and to summarize the totals in each of the fields. A comparison of Tables 9 and 11A, with respect to the hospital-based programs, indicates that 37% of the total positions offered and filled as of September 1, 1974, were at the first-year level; 32% of the vacancies were at the first-year level; 36% of the U. S. and Canadian graduates on duty and 39% of the foreign graduates on duty were at the first-year level. For the preceding year, 1973, the proportion of first-year positions offered and filled also was 37%; however the number of vacancies in the first-year was 34% of the total. The number of U. S. and Canadian graduates on duty in the first year was 37%, and the number of foreign graduates on duty in the first year for 1973 was 36%. It is expected that studies may be initiated for subsequent directories to indicate the number of positions filled in each of the specialties for the number of required years, and possibly to obtain information on the number of persons who complete a residency program in the specialties listed.

Table 11A—Number of First-Year Positions in all Residency Programs

Specialty	No. of Approved Programs	Number of Residency Programs			Percentage Filled	Number of Residents on Duty		
		Total Positions Offered Sept. 1, 1974	Total Positions Filled Sept. 1, 1974	Positions Vacant Sept. 1, 1974		Graduates U.S., Canada Sept. 1, 1974	Foreign Graduates Sept. 1, 1974	Percentage For. Grads. in Filled Positions
Anesthesiology	158	787	715	72	90	367	348	49
Child Psychiatry	135	376	287	89	76	189	98	34
Colon and Rectal Surgery	20	32	30	2	94	20	10	33
Diagnostic Radiology	180	660	553	107	84	452	101	18
Dermatology	91	267	264	3	99	248	16	6
Family Practice	230	1,317	1,199	118	91	1,131	68	6
General Practice	40	181	162	19	90	23	139	86
Internal Medicine	425	4,643	4,553	90	98	3,591	962	21
Neurological Surgery	92	141	129	12	91	114	15	11
Neurology	112	387	363	24	93	252	111	30
Nuclear Medicine	55	72	53	19	73	32	21	40
Obstetrics and Gynecology	325	1,101	1,030	71	94	742	288	28
Ophthalmology	163	509	504	5	99	468	36	7
Orthopedic Surgery	183	635	609	26	96	547	62	10
Otolaryngology	110	285	270	15	95	227	43	16
Pathology	459	1,004	807	197	80	397	410	51
Pathology, Forensic	29	48	24	24	50	17	7	29
Neuropathology	35	40	26	14	65	19	7	27
Pediatrics	257	1,875	1,810	65	97	1,233	577	31
Pediatric Allergy	52	70	59	11	84	46	13	22
Pediatric Cardiology	53	70	58	12	83	41	17	29
Physical Medicine	62	166	122	44	73	29	93	76
Plastic Surgery	109	194	184	10	95	148	36	20
Psychiatry	256	1,773	1,564	209	88	952	612	39
Radiology	159	294	225	69	76	88	137	61
Surgery	415	2,828	2,639	189	93	1,803	836	32
Therapeutic Radiology	102	165	120	45	73	65	55	46
Thoracic Surgery	89	158	147	11	93	97	50	34
Urology	169	327	310	17	95	232	78	25
<b>Totals</b>	<b>4,565</b>	<b>20,405</b>	<b>18,816</b>	<b>1,589</b>	<b>92</b>	<b>13,570</b>	<b>5,246</b>	<b>28</b>

#### Residencies by Type of Hospital Control

Table 12 provides information on residencies by type of hospital control. As in the tabulations under Internships, a category of "combined hospitals" has been used to designate residency programs supported by combinations of several hospitals, under different types of control. The number of hospitals in this group fluctuates because of the variation in the composition of some of the integrated programs. The number of "combined hospitals," does not indicate the number of integrated programs but rather, includes those integrated programs in which the hospitals participating are not under a similar type of control. For example, in the combined hospitals an integrated program may be included in which a city hospital, a non-profit hospital, and a federal hospital participate. These cannot be listed under any of the other types of controls, and therefore the program is listed under "combined hospitals." If two federal hospitals participate in an integrated program, their statistics would be listed under the classification of "federal" and, even though the program is an integrated one, the hospitals would not be included in the "combined hospitals" statistics.

The 211 hospitals counted in the "Combined Hospitals" group was an increase over 188 the previous year, and for 1974 comprised 13% of the total hospitals involved in residency programs, but offered 29% of the approved programs, with 40% of the total positions offered, and 41% of the total positions filled. These groups of hospitals appointed 46% of all of the available U. S. and Canadian graduates, and 30% of the available foreign graduates. Each of these percentages represent an increase over the percentages in 1973, when the combined hospitals comprised 12% of the total hospitals involved in residency programs, offered 26% of the approved programs, with 37% of the total positions offered, 39% of the total positions filled, and 45% of all available U. S. and Canadian graduates, with 27% also of the available foreign graduates.

The federal services, comprising 9% of the hospitals participating in residency training and 7% of the programs, offered 6% of the positions and recruited 6% of the available residents, with 7% of the available U. S. and Canadian graduates and 4% of the foreign graduates who received appointments. This is an almost identical record of the statistics for 1973 and also 1972 for the federal hospitals.

The governmental (non-federal) hospitals, with 23% of the hospitals approved for residencies, offered 17% of the programs, and 17% of the total positions. They obtained 17% of the total residents available, 16% of the U. S. and Canadian graduates and 18% of the available foreign graduates. These statistics also are similar to those for the past two years.

The group of non-governmental, non-profit hospitals, which comprised 53% of the total hospitals participating, offered 46% of the total programs, but only 36% of the total number of positions. They obtained 35% of the available residents, which included 31% of the U. S. and Canadian graduates and 47% of the foreign graduates. Their record was slightly below that of 1973, when they had offered 48% of programs, 36% of positions and had obtained 37% of the available residents. In 1973, they had also obtained 31% of U. S. and Canadian graduates, but at that time had 51% of the available foreign graduates. The proprietary hospitals account for only 1% of the statistics for 1974, as they have in previous years.

Several categories of hospitals had a high percentage of filled positions, but also a correspondingly high percentage of foreign graduates. The Veterans Administration Hospitals, for example, with 95% of their positions filled, had 52% of the positions filled by foreign graduates. In the category of governmental non-federal institutions, the city hospitals filled 93% of their positions, but filled 58% of these positions with foreign graduates. In the non-governmental, non-profit group, the church-related institutions filled 88% of the positions offered, but filled 46% of these with graduates of foreign medical schools.

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

Control	No. of Hospitals	No. of Approved Programs	Number of Residents				Number of Residents on Duty		
			Total Positions Offered Sept. 1, 1974	Total Positions Filled Sept. 1, 1974	Positions Vacant Sept. 1, 1974	Percentage Filled	Graduates U.S., Canada Sept. 1, 1974	Foreign Graduates Sept. 1, 1974	Percentage For. Grads. in Filled Positions
<b>Combined Hospitals</b>	<b>211</b>	<b>1,339</b>	<b>23,008</b>	<b>21,592</b>	<b>1,416</b>	<b>94</b>	<b>17,012</b>	<b>4,580</b>	<b>21</b>
<b>Totals</b>	<b>211</b>	<b>1,339</b>	<b>23,008</b>	<b>21,592</b>	<b>1,416</b>	<b>94</b>	<b>17,012</b>	<b>4,580</b>	<b>21</b>
<b>Federal</b>									
U.S. Air Force	7	26	342	293	49	86	291	2	1
U.S. Army	12	94	946	893	53	94	870	23	3
U.S. Navy	11	68	763	694	69	91	683	11	2
U.S.P.H.S.	10	22	165	132	33	80	104	28	21
Veterans Admin.	102	85	1,177	1,113	64	95	534	579	52
Other Federal	5	14	80	69	11	86	51	18	26
<b>Totals</b>	<b>147</b>	<b>309</b>	<b>3,473</b>	<b>3,194</b>	<b>279</b>	<b>92</b>	<b>2,533</b>	<b>661</b>	<b>21</b>
<b>Governmental Non-Federal</b>									
State	212	448	5,272	4,587	685	87	3,235	1,352	29
County	75	205	2,775	2,537	238	91	1,844	693	27
City	43	71	1,035	964	71	93	406	558	58
City-County	26	50	466	406	60	87	318	88	22
Hospital District	11	20	294	261	33	89	199	62	24
<b>Totals</b>	<b>367</b>	<b>794</b>	<b>9,842</b>	<b>8,755</b>	<b>1,087</b>	<b>89</b>	<b>6,002</b>	<b>2,753</b>	<b>31</b>
<b>Non-Governmental Non-Profit</b>									
Church Related	188	425	3,767	3,308	459	88	1,782	1,526	46
Non-Profit Corp.	656	1,667	16,731	15,321	1,410	92	9,648	5,673	37
<b>Totals</b>	<b>844</b>	<b>2,092</b>	<b>20,498</b>	<b>18,629</b>	<b>1,869</b>	<b>91</b>	<b>11,430</b>	<b>7,199</b>	<b>39</b>
<b>Proprietary</b>									
Individual	1	..	..	..	..	..	..	..	..
Partnership	3	1	2	..	2	..	..	..	..
Corporation	20	30	349	329	20	94	163	166	50
<b>Totals</b>	<b>24</b>	<b>31</b>	<b>351</b>	<b>329</b>	<b>22</b>	<b>94</b>	<b>163</b>	<b>166</b>	<b>50</b>
<b>Grand Totals</b>	<b>1,593</b>	<b>4,565</b>	<b>57,172</b>	<b>52,499</b>	<b>4,673</b>	<b>92</b>	<b>37,140</b>	<b>15,359</b>	<b>29</b>

In each of these cases, however, the percentage of foreign graduates decreased by several percentage points over the percentage in 1973.

The percentage of filled positions increased in almost every category, except for a 1% percentage drop in the city-county category. The lowest percentage of filled positions was that of the United States Public Health Service Hospitals, which may have been the result of the uncertainty of the continued operation of some of these institutions. The hospitals of the United States Air Force and also the category of "other federal hospitals" had relatively low filling rates with only 86% instead of the average of 92%, but each of these had very low percentages of foreign graduates. The state hospitals also had only 87% of their positions filled, but they also had a relatively low percentage of foreign graduates.

#### Residencies by Medical School Affiliation and Bed Capacity

Table 13 classifies programs by bed capacity and medical school affiliation. It must be emphasized that affiliation with a medical school is *not* a requirement for approval of graduate training programs; programs are evaluated on the basis of their quality and their conformance with the requirements stated in the "Essentials of Approved Residencies."

Information concerning the affiliation of medical schools with hospitals offering residency programs is obtained from the office of the dean of the medical school; it is not solicited nor usually accepted on the basis of a statement from the institution, because of the variety of affiliation arrangements possible, and because of the necessity of using the information provided from an official source. The indication of affiliation with a medical school for an individual hospital as shown in the "Consolidated List of Hospitals" which follows these reports in each issue of the Directory. Hospitals may be listed as having a major affiliation with a medical school, be affiliated

to a limited extent, or be affiliated only for graduate medical education. The classification designated by the dean of a medical school is accepted, but each school, is provided with a definition of the expected use of these terms. When a hospital has been designated as having a major affiliation, it is expected that it plays a major role in the clinical clerkship program of the medical school, with students serving regularly on inpatient services under the direct supervision of members of the medical school faculty. It is expected that hospitals listed as being major teaching hospitals would provide clerkships in two or more of the major services of internal medicine, general surgery, pediatrics, and obstetrics, but the list might also include hospitals responsible for most of the teaching in a single specialty, such as psychiatry, chest diseases, or pediatrics.

A hospital used for teaching to a limited extent might provide clerkship experience irregularly, on an elective basis, in limited specialties, or only in the outpatient service, but such experience should still be related to curricular assignments and should be under the supervision of faculty members. Hospitals may be indicated as having an affiliation for graduate training even though they do not participate in the clerkship program of a medical school. The designation of graduate affiliation may be used for hospitals not already designated as having a major or limited affiliation and in cases in which one or more of the following arrangements is in effect:

1. House staff 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. Some degree of actual exchange of residents between the hospital designated with a graduate type of affiliation, and the principal medical school teaching hospital;
3. Regularly scheduled participation of medical school faculty (other than the hospital's own attending staff) and



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

Classification	No. of Hospitals	No. of Approved Programs	Number of Residency Positions				Number of Residents on Duty		
			Total Positions Offered Sept. 1, 1974	Total Positions Filled Sept. 1, 1974	Positions Vacant Sept. 1, 1974	Percentage Filled	Graduates U.S., Canada Sept. 1, 1974	Foreign Graduates Sept. 1, 1974	Percentage For. Grads. in Filled Positions
<b>Affiliated</b>									
Combined Hospitals	182	1,302	22,656	21,288	1,368	94	16,849	4,439	21
Less than 200 Beds	215	203	2,429	2,153	276	89	1,545	608	28
200-299	110	141	1,342	1,178	164	88	902	276	23
300-499	307	886	8,085	7,316	769	90	4,829	2,487	34
500-Over	334	1,521	18,293	16,825	1,468	92	11,459	5,366	32
<b>Totals</b>	<b>1,148</b>	<b>4,053</b>	<b>52,805</b>	<b>48,760</b>	<b>4,045</b>	<b>92</b>	<b>35,584</b>	<b>13,176</b>	<b>27</b>
<b>Non-Affiliated</b>									
Combined Hospitals	29	37	352	304	48	86	163	141	46
Less than 200 Beds	177	119	860	682	178	79	428	254	37
200-299	67	54	395	340	55	86	94	246	72
300-499	93	154	1,243	1,087	156	87	380	707	65
500-Over	79	148	1,517	1,326	191	87	491	835	63
<b>Totals</b>	<b>445</b>	<b>512</b>	<b>4,367</b>	<b>3,739</b>	<b>628</b>	<b>86</b>	<b>1,556</b>	<b>2,183</b>	<b>58</b>
<b>Grand Totals</b>	<b>1,593</b>	<b>4,565</b>	<b>57,172</b>	<b>52,499</b>	<b>4,673</b>	<b>92</b>	<b>37,140</b>	<b>15,359</b>	<b>29</b>

teaching programs at the "G" Hospital;

4. A contractual arrangement (with or without financial commitment) for assistance in the organization and supervision of the graduate program in the hospital designated for graduate training.

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

Of the hospitals designated as having an affiliation, the "combined hospital" category represented 11% of the total number of hospitals offering residencies, and this group had 29% of the approved programs, offered 40% of the residency positions, and recruited 41% of the total candidates appointed. They obtained 45% of the U. S. and Canadian graduates and 29% of the foreign graduates. The previous year this category represented 14% of the total number of hospitals, offered 40% of the residencies; obtained 44% of the U. S. and Canadian graduates, and 25% of the available foreign graduates. Therefore, although the number of hospitals involved has decreased, their success in recruiting candidates has increased. The next largest group among the affiliated hospitals was the group with 500 or more beds, which comprised 21% of the hospitals offering residencies. This group offered 32% of the total positions, recruited 32% of the available residents, including 31% of the available U. S. and Canadian graduates and 35% of the available foreign graduates. Their record for 1973 was similar. The group of affiliated hospitals with 300 to 499 beds comprised 19% of the total number of hospitals participating in residencies, offered 19% of the programs and 14% of the total positions. They recruited 14% of the available candidates, obtaining 13% of the available U. S. and Canadian graduates and 16% of the available foreign graduates. Their record also was similar to that of 1973.

In the group of non-affiliated hospitals, the largest group was that of less than 200 beds. This group, which comprised 11% of the hospitals offering programs, offered 3% of the programs, with 2% of the total positions offered. They recruited 1% of the available candidates, filling their positions with less than 1% of the available U. S. and Canadian graduates and with 2% of the foreign graduates. This group had the lowest percentage of positions filled, 79%, but also had the lowest percentage, among the non-affiliated hospitals of foreign graduates recruited. The non-affiliated hospitals, however, recruited only 7% of the total candidates available, appointing only 4% of the available U. S. and Canadian graduates and 14% of the foreign graduates. In 1973 they had recruited 9%

of the available candidates, and had appointed 5% of the available U. S. and Canadian graduates, and 16% of the available graduates of foreign medical schools. The total number of residents appointed in the non-affiliated hospitals was 451 less than in 1973, or a decrease of about 11%.

#### Residencies by Census Division, Region and State

All census regions in Table 14 showed increases in the total number of positions offered, and all but one of them (territories and possessions) showed increases in the number of positions filled. In five of the census regions, the number of hospitals participating in residency programs increased; in four of them the number decreased and in one it remained the same; the decreases in the number of hospitals in each region, however, was of the magnitude of only two or three per cent generally, but in one of the four census regions in which the number of hospitals participating increased (West North Central Region) the number changed from 134 to 149, a difference of fifteen hospitals or an 11% increase. The number of approved programs in the various regions dropped slightly in each except, again, in the West North Central, in which it showed a modest increase.

In 1974, the total number of positions offered and the number filled increased over the totals for 1973, but the total number of vacancies was smaller, which may be an indication of more realistic planning despite the growth of the number of positions in the approved programs. The number of positions vacant decreased in each census region except the New England Region, the East North Central Region, the West North Central Region, and the Region for the Territories and Possessions. In the West North Central Region, despite the fact that there were more vacancies, the percentage of positions filled increased, and there was a small percentage of foreign graduates serving in the filled positions. All of the census regions, incidentally, showed a smaller, or the same, percentage of graduates in their filled positions.

As has been true for a number of years, the middle Atlantic Division, with the three states of New Jersey, New York and Pennsylvania, provided a high proportion of the data, with 23% of the hospitals, 26% of the approved programs, 25% of the total positions offered, and 28% of the positions filled. The proportions of positions filled increased in 1974 over the 26% for 1973, and these three states also obtained 19% of the available U. S. and Canadian graduates and 43% of the available graduates of foreign medical schools. These percentages showed a slight shift from 1973, with a lower percentage by one point of recruitment of U. S. and Canadian graduates, and an increase of one point in the recruitment of available

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

Census Division, Region, and State	Number of Residencies						Number of Residents on Duty		
	Number of Hospitals	Number of Approved Programs	Total Positions Offered Sept. 1, 1974	Total Positions Filled Sept. 1, 1974	Positions Vacant Sept. 1, 1974	Per- centage Filled	Graduates U.S. & Canada Sept. 1, 1974	Foreign Graduates Sept. 1, 1974	Percentage of Foreign Graduates in Filled Positions
<b>NORTHEAST</b>									
<b>New England</b>									
Connecticut	36	86	1,063	1,032	31	97	616	416	40
Maine	7	12	104	80	24	77	78	2	3
Massachusetts	79	173	2,323	2,237	86	96	1,677	560	25
New Hampshire	4	15	125	115	10	92	110	5	4
Rhode Island	13	23	300	265	35	88	173	92	35
Vermont	2	17	131	125	6	95	121	4	3
<b>Totals</b>	<b>141</b>	<b>326</b>	<b>4,046</b>	<b>3,854</b>	<b>192</b>	<b>95</b>	<b>2,775</b>	<b>1,079</b>	<b>28</b>
<b>Middle Atlantic</b>									
New Jersey	53	128	1,308	1,237	71	95	323	914	74
New York	198	700	9,549	9,191	358	96	4,488	4,703	51
Pennsylvania	112	357	3,694	3,319	375	90	2,347	972	29
<b>Totals</b>	<b>363</b>	<b>1,185</b>	<b>14,551</b>	<b>13,747</b>	<b>804</b>	<b>94</b>	<b>7,158</b>	<b>6,589</b>	<b>48</b>
<b>NORTH CENTRAL</b>									
<b>East North Central</b>									
Illinois	74	242	3,198	2,974	224	93	1,519	1,455	49
Indiana	24	48	680	581	99	85	526	55	9
Michigan	73	197	2,551	2,283	268	89	1,258	1,025	45
Ohio	79	244	2,972	2,643	329	89	1,613	1,030	39
Wisconsin	32	79	822	749	73	91	615	134	18
<b>Totals</b>	<b>282</b>	<b>810</b>	<b>10,223</b>	<b>9,230</b>	<b>993</b>	<b>90</b>	<b>5,531</b>	<b>3,699</b>	<b>40</b>
<b>West North Central</b>									
Iowa	16	33	509	436	73	86	375	61	14
Kansas	22	40	511	447	64	87	376	71	16
Minnesota	30	71	1,626	1,525	101	94	1,355	170	11
Missouri	47	117	1,529	1,360	169	89	976	384	28
Nebraska	17	32	433	333	100	77	289	44	13
North Dakota	10	6	48	6	42	13	5	1	17
South Dakota	7	6	32	22	10	69	17	5	23
<b>Totals</b>	<b>149</b>	<b>305</b>	<b>4,688</b>	<b>4,129</b>	<b>559</b>	<b>88</b>	<b>3,393</b>	<b>736</b>	<b>18</b>
<b>SOUTH</b>									
<b>South Atlantic</b>									
Delaware	4	12	115	96	19	83	64	32	33
District of Columbia	24	103	1,370	1,317	53	96	1,022	295	22
Florida	36	93	1,349	1,261	88	93	962	299	24
Georgia	24	63	785	647	138	82	568	79	12
Maryland	38	129	1,485	1,384	101	93	871	513	37
North Carolina	25	88	1,044	987	57	95	899	88	9
South Carolina	10	37	461	391	70	85	358	33	8
Virginia	36	93	1,070	982	88	92	811	171	17
West Virginia	12	34	289	236	53	82	123	113	48
<b>Totals</b>	<b>209</b>	<b>652</b>	<b>7,968</b>	<b>7,301</b>	<b>667</b>	<b>92</b>	<b>5,678</b>	<b>1,623</b>	<b>22</b>
<b>East South Central</b>									
Alabama	21	47	542	432	110	80	378	54	13
Kentucky	22	48	611	544	67	89	403	141	26
Mississippi	10	21	272	250	22	92	229	21	8
Tennessee	33	85	994	868	126	87	717	151	17
<b>Totals</b>	<b>86</b>	<b>201</b>	<b>2,419</b>	<b>2,094</b>	<b>325</b>	<b>87</b>	<b>1,727</b>	<b>367</b>	<b>18</b>
<b>West South Central</b>									
Arkansas	8	21	271	195	76	72	179	16	8
Louisiana	30	72	891	761	130	85	626	135	18
Oklahoma	21	38	377	325	52	86	286	39	12
Texas	64	207	2,598	2,351	247	90	2,022	329	14
<b>Totals</b>	<b>123</b>	<b>338</b>	<b>4,137</b>	<b>3,632</b>	<b>505</b>	<b>88</b>	<b>3,113</b>	<b>519</b>	<b>14</b>
<b>WEST</b>									
<b>Mountain</b>									
Arizona	20	39	453	419	34	92	365	54	13
Colorado	21	62	793	762	31	96	734	28	4
Nevada	1	1	4	1	3	25	3	1	100
New Mexico	7	17	190	171	19	90	163	8	5
Utah	12	28	281	274	7	98	266	8	3
<b>Totals</b>	<b>61</b>	<b>147</b>	<b>1,721</b>	<b>1,627</b>	<b>94</b>	<b>95</b>	<b>1,528</b>	<b>99</b>	<b>6</b>
<b>Pacific</b>									
Alaska	1								
California	122	443	5,593	5,220	373	93	4,934	286	5
Hawaii	13	20	219	203	16	93	161	42	21
Oregon	9	38	403	375	28	93	344	31	8
Washington	18	50	656	635	21	97	593	42	7
<b>Totals</b>	<b>163</b>	<b>551</b>	<b>6,871</b>	<b>6,433</b>	<b>438</b>	<b>94</b>	<b>6,032</b>	<b>401</b>	<b>6</b>
<b>POSSESSIONS</b>									
<b>Territories &amp; Possessions</b>									
Canal Zone	1	8	31	30	1	97	18	12	40
Puerto Rico	15	42	517	422	95	82	187	235	56
<b>Totals</b>	<b>16</b>	<b>50</b>	<b>548</b>	<b>452</b>	<b>96</b>	<b>82</b>	<b>205</b>	<b>247</b>	<b>55</b>
<b>Grand Totals</b>	<b>1,593</b>	<b>4,565</b>	<b>57,172</b>	<b>52,499</b>	<b>4,673</b>	<b>92</b>	<b>37,140</b>	<b>15,359</b>	<b>29</b>

foreign graduates. Nevertheless, each of the three states recruited a smaller percentage of foreign graduates in their filled positions during 1974 than they had during 1973. In 1973, New Jersey filled 77% of its positions with graduates of foreign medical schools; in 1974 it was 74%. New York and Pennsylvania each dropped one percentage point during 1974, New Jersey and Pennsylvania each recruited a higher percentage of candidates for all positions, whereas the proportion of positions filled in New York remained at 96% of those offered. In the East North Central Division, which includes Illinois, Indiana, Michigan, Ohio, and Wisconsin, the number of participating hospitals remained approximately the same, but the number of approved programs dropped from 920 in 1973 to 810 in 1974. There was, however, an increase in the total number of positions offered in 1974 of 593 over the number offered in 1973, and an increase of 516 positions filled in 1974 as compared with 1973. There was a corresponding increase of 411 in the number of graduates of U. S. and Canadian schools recruited, in 1974, over the total for 1973 and an increase of 105 graduates of foreign medical schools; nevertheless the percentage of foreign graduates in filled positions dropped slightly. The percentage of filled positions also dropped by one percentage point over that of 1973. The states in the East North Central Division account for 18% of the hospitals participating in graduate education, 18% of the programs, and 18% each of the positions offered and filled. They recruit only 15% of the U. S. and Canadian graduates, but obtain 24% of the foreign graduates.

In 1973, three divisions—Middle Atlantic, East North Central, and South Atlantic, comprising 18 states, offered 57% of the residency positions, obtained 58% of the available residents, and of the residents recruited, they obtained 49% of the available U. S. and Canadian graduates and 78% of the foreign graduates available. In 1973 these 18 states had obtained only 53% of the available residents, 50% of the U. S. and Canadian graduates and 77% of the foreign graduates. Although some of the states showed a lower percentage of positions filled, all states with the exception of Arkansas, New Mexico, and Utah, and the Territory of Puerto Rico, had the same or larger numbers of positions filled. Some of the statistics concerning the positions vacant might have been the result of interpretation of data in the listing of the number of positions offered, but not filled. With the transition of the listing of the first year of graduate medical education implemented in some specialties during late 1974, the actual number of positions being offered could be subject to misunderstanding on the part of persons furnishing the information in individual hospitals.

In 1974, twenty-five states filled 90% or more of their residency positions, as compared with twenty-two states in 1973. Utah, which offered fewer positions than the previous year, had 98% of its positions filled, followed by Connecticut, Washington, and the Canal Zone with 97%, and by Massachusetts, New York, District of Columbia, and Colorado with 96%. Vermont, New Jersey, and North Carolina, each filled 95% of their programs. Other states with 90% or more were New Hampshire, Illinois, Wisconsin, Minnesota, Florida, Maryland, Virginia, Mississippi, Texas, Arizona, New Mexico, California, Hawaii, and Oregon. In 1974, two states filled less than 70% of their residencies—North Dakota, and Nevada, each of which had small numbers of positions being offered. In three states (New Jersey, New York, and Nevada), and in Puerto Rico, foreign graduates made up 50% or more of the residents on duty. Illinois was also close to 50%, and the total number of U. S. and Canadian graduates recruited as of September 1, 1974, was slightly less than the number recruited in 1973, whereas the number of foreign graduates increased proportionately, so that the percentage of foreign graduates for 1974 was 49% as compared with 48% the previous year.

Table 15.—Annual Salaries Offered Residents\*

Annual Salary Offered	Programs in Affiliated Hospitals	Programs in Non-Affiliated Hospitals	Total Programs
0— 3,500	1		1
5,501— 6,000		2	2
6,501— 7,000	4		4
7,001— 7,500	7	2	9
7,501— 8,000	8	1	9
8,001— 8,500	16	1	17
8,501— 9,000	30	7	37
9,001— 9,500	86	8	94
9,501—10,000	237	28	265
10,001—10,500	319	37	356
10,501—11,000	343	68	411
11,001—11,500	354	38	392
11,501—12,000	441	46	487
12,001—12,500	323	12	335
12,501—13,000	166	13	179
13,001—13,500	97	28	125
13,501—14,000	79	24	103
14,001—14,500	76	11	87
14,501—15,000	100	28	128
15,001—15,500	78	13	91
15,501—16,000	69	13	82
16,001—16,500	49	5	54
16,501—17,000	15	1	16
17,001—17,500	17	10	27
17,501—18,000	8	3	11
18,001—18,500	2	1	3
18,501—19,000	2	1	3
19,001—19,500	1	1	2
19,501—20,000	1	2	3
Over 20,000	4	4	8
<b>Total Programs Reporting</b>	<b>2,933</b>	<b>408</b>	<b>3,341</b>
Data not available	1,120	104	1,224
<b>Total Programs</b>	<b>4,053</b>	<b>512</b>	<b>4,565</b>
Mean —Annual Salary	\$11,905	\$12,390	\$11,964
Median—Annual Salary	\$10,501-11,000	\$11,501-12,000	\$11,501-12,000
Mode —Annual Salary	\$11,501-12,000	\$11,501-12,000	\$11,501-12,000

\*Data collected prior to July 1, 1975.

#### Residents' Salaries

The information given in Table 15 indicates, in general, the salaries offered as of September 1, 1974, although some hospitals provided more recent information on increases as of about June 1, 1975. The information requested of hospitals is the beginning salary for a resident, and the amounts reported are expected to be only the money paid to the resident. The amounts should not include the cash equivalent of fringe benefits, such as living quarters, or living allowances, food or food allowances; or other non-salary items.

The salary information, because of the large number of programs that not report the information, or report it in a manner in which it is not usable, should be treated simply as an indication of salary trends, rather than as a statement of the average salary being paid to members of the house staff.

As shown at the bottom of the table, only 73% of the programs reported usable information, and in these programs, the annual salary for first-year residents in programs in affiliated hospitals was recorded as \$11,905. In the non-affiliated programs, the average salary was \$12,390, and the average for all programs was \$11,964. In 1973 the figures were \$11,249, \$12,015, and the average was \$11,359. The median salary for non-affiliated hospitals was in the range of \$11,501 to \$12,000, whereas the median for the programs in affiliated hospitals was in the range of \$10,501 to \$11,000, a difference of about \$1,000, but the overall average for all programs was

Table 16.—Average Salaries of Interns and Residents, Per Data Collected Prior to July 1, 1975

Academic Year	INTERNS		RESIDENTS			
	Affiliated	Non-Affiliated	Total	Affiliated	Non-Affiliated	Total
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	5,860	6,907	6,217
1969-70	7,045	7,435	7,161	5,871	6,911	6,073
1970-71	8,073	7,910	8,031	7,277	8,492	7,542
1971-72	8,838	10,076	9,096	7,572	9,418	7,901
1972-73	9,827	10,140	9,886	10,818	11,212	10,880
1973-74	..	..	..	11,249	12,015	11,359
1974-75	..	..	..	11,905	12,390	11,964

\*Data on Internship salaries not collected in 1974, and 1975 averages for residents' salaries may include positions as first year of graduate medical education being filled for academic year July 1973-June 1974 and July 1974-July 1975 as internships.

in the range from \$11,501 to \$12,000. The mode, the most popular salary paid in both the affiliated and non-affiliated hospitals, was in the range from \$11,501 to \$12,000.

Table 16 summarizes the data collected on salaries during the past ten years.

#### Foreign Medical Graduates

The preceding tables provide information and analyses on the distribution of foreign medical graduates in internships and in residencies, along with other information. Graduates of Canadian medical schools are not regarded as foreign medical graduates because these schools are accredited by the Liaison Committee on Medical Education, just as are the medical schools in the United States and Puerto Rico. Accordingly, graduates of Canadian or Puerto Rican medical schools are not required to obtain certification from the Educational Commission for Foreign Medical Graduates (ECFMG). Graduates of other schools outside the United States, however, need to possess the certificate of the ECFMG if they are to be eligible to be appointed to an approved residency program without jeopardizing approval of that program. A graduate of a foreign medical school who wishes to be certified by the ECFMG must (1) successfully complete the educational requirements stated in the information booklet issued, and submit to ECFMG the documentation prescribed in the booklet, and (2) pass the ECFMG examination. The examination is given twice a year in a number of countries throughout the world, and completed applications to take the examination must be received in the ECFMG office three months in advance of the examination dates. The examination is now being given in January and July of each year.

The ECFMG is a separate, non-profit organization sponsored by the following seven organizations: American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, Association for Hospital Medical Education, Federation of State Medical Boards of the United States, and the National Medical Association. A booklet summarizing the requirements for obtaining the certificate of the ECFMG may

be obtained by writing to its headquarters, 3624 Market Street, Philadelphia, Pennsylvania, 19104. The telephone number is: Area Code 215: 349-9000.

Table 17, a ten-year summary of the distribution of foreign medical graduates, shows a decrease in the number of interns for the academic year 1974-75; an increase in the number of residents, and an increase in "other trainees," with a net increase of 469 persons over the total for the previous academic year. Those listed as "other trainees" are defined as persons serving in educational programs under specialized circumstances, usually for shorter periods than in a residency program, and usually with no patient-care responsibilities.

It will be noted that the numbers of the various types of house staff and trainees seem to fluctuate without discernible reason, except that the decrease in the number of interns can be explained by the fact that some have entered, instead, the first year of a residency program.

If one adds together the interns and residents for the years beginning 1972, 1973, 1974, it will be noted that the total of 18,115 for the year beginning 1974 shows a decrease over the number for the preceding year, which year recorded a slightly smaller total than 1972. It is possible that, with the expected changes in the immigration law concerning graduates of foreign medical schools, more information will become available on the activities of "other trainees" particularly in departments approved to offer graduate training programs.

Additional data on foreign medical graduates, much of it assembled as of December 31, 1974, from the biographical records assembled by the Department on Physicians' Statistics of the American Medical Association, are included in the section in the *Directory of Approved Residencies* following the Annual Report, entitled "Special Studies in Graduate Medical Education."

Some information of interest to graduates of foreign medical schools concerning licensure requirements will also be found at the back of the Directory, listing the requirements of the various state licensing boards with relationship to the qualifications of graduates of foreign medical schools.

#### Other Graduate Trainees by Specialties

Table 18 lists the number of physicians reported as engaged in training activities other than internships and residencies by the director of the department responsible for residency training. As indicated above, these activities may include research or teaching fellowships, clinical traineeships, or other types of activity leading toward specialization and possible credit toward certification by a specialty board, but the activities should not include patient-care responsibilities.

The number reported as of September 1, 1974, increased by 1,530 persons over those for the preceding year. Of this number, 843 represented an increase in the non-foreign graduates who were serving as trainees. The larger proportion of the increased number is accounted for in anesthesiology, with an increase of 81%; obstetrics-gynecology with an increase of 63%, and general surgery also with an increase of 63%.

The number of foreign and non-foreign graduates appeared to increase in proportion to the total, and further information

Table 17.—Foreign Medical Graduates in Training Programs

Academic Year	Interns	Residents	Other Trainees	Total on Duty
1964-65	2,821	8,153	1,925	12,899
1965-66	2,361	9,113	2,355	13,829
1966-67	2,793	9,505	2,566	14,864
1967-68	2,913	10,627	3,077	16,617
1968-69	3,270	11,201	4,046	18,517
1969-70	2,939	12,060	3,220	18,219
1970-71	3,339	12,943	3,331	19,613
1971-72	3,946	13,520	4,106	21,572
1972-73	3,924	14,440	3,595	21,959
1973-74	3,425	14,908	3,499	21,832
1974-75	2,756	15,359	4,186	22,301

Table 18.—Other Graduate Trainees by Specialty, as of September 1, 1974

Specialty	Non-Foreign Graduate Trainees	Foreign Graduates	Total No. of Trainees	Percentage of Foreign Graduates
Anesthesiology	158	178	336	98
Child Psychiatry	198	54	252	43
Colon and Rectal Surgery	7	..	7	..
Diagnostic Radiology	180	59	239	69
Dermatology	101	12	113	62
Family Practice	..	..	..	..
General Practice	17	137	154	96
Internal Medicine	2,581	1,080	3,661	50
Neurological Surgery	39	26	65	..
Neurology	116	57	173	95
Nuclear Medicine	33	14	47	79
Obstetrics-Gynecology	374	341	715	69
Ophthalmology	125	40	165	24
Orthopedic Surgery	268	85	353	8
Otolaryngology	75	17	92	48
Pathology	307	416	723	54
Pathology, Forensic	10	5	15	33
Pathology, Neuropathology	24	7	31	58
Pediatrics	769	462	1,231	53
Pediatric Allergy	60	18	78	8
Pediatric Cardiology	47	21	68	88
Physical Medicine & Rehab.	30	22	52	31
Plastic Surgery	46	17	63	98
Psychiatry	413	267	680	26
Radiology	43	35	78	87
Surgery	444	656	1,100	64
Therapeutic Radiology	38	29	67	28
Thoracic Surgery	48	67	115	26
Urology	117	64	181	36
<b>Totals</b>	<b>6,668</b>	<b>4,186</b>	<b>10,854</b>	<b>39</b>

is needed to determine the role played by these trainees with relationship to the specialty in the department in which they are recorded.

#### Directors of Medical Education

Tables 19 and 20 indicate the geographic distribution and the specialties of directors of medical education. These physicians do not fulfill the same function as full-time directors of residency programs, for which groups statistics are given in Table 21.

The directors of medical education generally serve as coordinators of the several graduate training programs, including the internship as previously offered in a hospital, and may undertake among their primary functions, the recruitment of house staff, and the assignment to various services of those who currently are serving in a flexible first-year of a residency program. They may also serve as liaison officer between directors of residencies and members of the house staff as a group.

As indicated in previous statistics on this subject, the number of directors of medical education is distributed through most of the states. The total number of directors increased slightly as of September 1, 1974, as compared with September, 1973, with a larger number now serving as full-time salaried directors, and the number of part-time salaried directors decreasing.

The total number of full-time directors of medical education reported as of September 1, 1974, was 620, as compared with 533 in 1973. The total number of directors of medical education reported for 1974 was 913, as compared with 829 in 1973, 892 in 1972, and 1,040 in 1971.

As in previous years, most of the directors of medical education listed internal medicine as their specialty, with 315 or 35% reporting this as their specialty. Psychiatry was reported by 13% as their specialty, and general surgery by 9%; 7% reported pediatrics as their specialty.

Table 19.—Directors of Medical Education by State as of September 1, 1974

State	Full Time		Part Time		Totals
	Salaried	Non-Salaried	Salaried	Non-Salaried	
Alabama	4	..	5	..	9
Arizona	8	..	..	..	8
Arkansas	3	..	2	..	6
California	56	..	18	3	78
Canal Zone	..	..	1	..	1
Colorado	10	..	3	..	13
Connecticut	16	..	1	2	19
Delaware	4	..	..	..	4
District of Columbia	11	..	..	1	12
Florida	16	..	3	2	21
Georgia	12	..	2	..	14
Hawaii	5	..	6	..	11
Illinois	29	..	6	4	39
Indiana	9	..	7	..	16
Iowa	8	..	1	..	9
Kansas	6	..	4	..	10
Kentucky	9	..	2	1	12
Louisiana	6	..	5	..	13
Maine	2	..	2	..	4
Maryland	18	..	4	3	25
Massachusetts	21	..	13	5	39
Michigan	34	..	9	4	49
Minnesota	15	..	5	..	20
Mississippi	3	..	3	..	6
Missouri	24	..	4	..	28
Nebraska	5	..	3	..	8
Nevada	..	..	1	..	1
New Hampshire	2	..	..	..	2
New Jersey	25	..	6	4	35
New Mexico	3	..	2	..	5
New York	65	..	26	10	104
North Carolina	7	..	2	1	10
North Dakota	..	..	1	6	7
Ohio	32	..	11	5	49
Oklahoma	6	..	2	1	9
Oregon	5	..	..	1	6
Pennsylvania	44	..	12	6	62
Puerto Rico	6	..	3	..	9
Rhode Island	7	..	3	..	10
South Carolina	7	..	1	..	8
South Dakota	..	..	2	..	2
Tennessee	10	..	5	..	16
Texas	21	..	9	1	33
Utah	1	..	4	..	5
Virginia	21	..	3	2	27
Washington	9	..	5	..	15
West Virginia	5	..	..	1	6
Wisconsin	10	..	5	2	18
<b>Totals</b>	<b>620</b>	<b>13</b>	<b>212</b>	<b>68</b>	<b>913</b>

#### Hospital Staffing Patterns

Table 21 shows the number and proportion of programs in each specialty in which a full-time director of the residency programs has been reported. About 82% of all residency programs currently have full-time directors, as compared with 74% as of September 1, 1973, 79% in 1972, and 77% in 1971.

For 1974, 16 specialties reported that 80% or more of their programs were supervised by full-time program directors in 1973, 14 specialties had full-time program directors in 80% or more of their programs, and in 1972 the number of specialties was 15. The number of full-time directors decreased slightly in the non-affiliated hospitals, but this change may be the result of a shift of the hospitals toward affiliation with medical schools rather than actual change in the assignment of a full-time director of the residency programs.

Table 20.—Directors of Medical Education by Specialty as of September 1, 1974

Specialty	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Administrative Titles	26	13	..	4	43
Anesthesiology	2	..	1	..	3
Aerospace Medicine	1	..	..	..	1
Child Psychiatry	16	4	..	..	20
Colon and Rectal Surgery	..	..	1	..	1
Dermatology	2	..	..	..	2
Family Practice	18	4	1	2	25
General Practice	4	1	..	..	5
Internal Medicine	217	81	5	12	315
Neurological Surgery	2	1	..	..	3
Neurology	1	..	..	2	3
Nuclear Medicine	1	..	..	1	2
Obstetrics-Gynecology	15	8	..	3	26
Occupational Medicine	1	..	..	..	1
Ophthalmology	4	..	..	2	6
Orthopedic Surgery	16	16	..	9	41
Otolaryngology	3	1	..	4	8
Pathology	12	3	..	6	21
Pathology, Forensic	4	1	..	..	5
Pathology, Neuropathology	1	..	..	..	1
Pediatrics	58	8	..	2	68
Pediatric Allergy	1	..	..	..	1
Physical Med. & Rehab.	9	5	..	..	14
Plastic Surgery	1	..	..	..	1
Preventive Medicine	1	..	..	..	1
Psychiatry	97	21	2	1	121
Radiology	2	..	..	4	6
Surgery	52	24	1	9	86
Therapeutic Radiology	1	..	..	..	1
Thoracic Surgery	9	4	..	2	15
Urology	2	5	..	1	8
Miscellaneous Specialties	41	12	2	4	59
<b>Totals</b>	<b>620</b>	<b>212</b>	<b>13</b>	<b>68</b>	<b>913</b>

## Supply and Demand

Since 1962, information has been provided in this annual report in response to interest expressed by the AMA House of Delegates, relating to supply and demand in specialties fields. Table 22 uses information supplied by the AMA Center for Health Services Research and Development. These statistics, gathered as of December 30, 1974, vary somewhat from those shown in other tables in this report, which had been collected as of September 1, 1974, from the individual approved programs. The last column of Table 22, however, is based on the statistics obtained as of September 1, 1974, and based on the information published in preceding tables in this report for the various specialties.

As in previous years, the proportion of trainees listed in each specialty, except for general practice, was greater when compared with the total number of trainees than the corresponding proportion of those specialists when compared with the total of all physicians. In other words, whereas internists represented 13.6% of the total physician population, interns and residents serving in programs of internal medicine comprised 28.6% of the total physicians in this field. The interns and residents in the field of internal medicine made up 25.1% of all trainees, and 97% of the residencies offered in the field of internal medicine were filled. It would appear, therefore, that internists are more than replacing themselves, and this assumption is borne out of the fact that in the preceding reporting year, 1973, internists also made up 13.6% of all physicians; and at the end of 1972, made up 13.5%; at the end of 1971, 13.4% of all physicians.

General surgeons made up 8.2% of the physician population, and interns and residents in the field of general surgery comprised 25.2% of all physicians practicing general surgery. The interns and residents made up 13.3% of all trainees on duty during 1973, and 94% of the residency programs in surgery were filled. In this field, the number of general surgeons in proportion to the total physician population dropped slightly,

being 8.2% at the end of 1974; 8.4% in 1973; 8.7% in 1972, and the proportion of interns and residents decreased slightly in 1974, being 25.2%, from 25.5% in 1973, and 24.7% in 1972. The percentage of residencies in surgery filled in 1973 was 94%, as it had been also in 1974. The proportion of psychiatrists with relationship to the total physician population showed a slight decrease during the past three years; psychiatrists made up 6.1% of the total number of physicians in 1974, 6.2% in 1973, and 6.3% in 1972. The proportion of house staff serving in graduate training programs in the field of psychiatry decreased, being 15.9% in 1974; 16.2% in 1973, and 15.8% in 1972. The number of residencies filled in 1974 in psychiatry increased to 87%, as compared with 86% in 1973, and 81% the previous year.

The proportion of specialists in the other fields listed in the table remained relatively constant, except that the proportion of physicians in general practice continues to decrease, with 14.2% of all physicians listed in general practice at the end of 1974, 14.7% at the end of 1973, and 15.5% at the end of 1972. Residencies in general practice filled a larger proportion of their programs during 1974, with 86% of the positions filled, compared with 76% at the end of 1973, and 59% at the end of 1972.

These statistics on general practice, however, do not show the relative growth in the number of residents in family practice, nor do they indicate the number of physicians who now designate family practice, rather than general practice, as their specialty. The statistics compiled for the section on physicians statistics by the AMA Center for Health Research and Development lump together general practice and family practice at the present time.

It is expected that the number of residencies in family practice will continue to increase, during 1975 and subsequent years. They are listed in the preceding tables concerning residencies in the various specialties. Residencies in general practice, incidentally, are still being reviewed and evaluated, but no new applications are being accepted at the present time.

On an average, interns and residents accounted for 15.5% of the total number of physicians in each specialty listed, with

Table 21.—Full Time Directors of Residency Programs as of September 1, 1974

Specialty	In Affiliated Hospitals	In Non-Affiliated Hospitals	Total	Percentage of Total Programs in Specialty
Anesthesiology	140	7	147	93
Child Psychiatry	83	21	104	77
Colon and Rectal Surgery	6	3	9	45
Diagnostic Radiology	162	7	169	94
Dermatology	70	2	72	79
Family Practice	155	47	202	88
General Practice	7	13	20	50
Internal Medicine	338	31	369	87
Neurological Surgery	79	3	79	86
Neurology	101	1	104	93
Nuclear Medicine	47	1	48	87
Obstetrics-Gynecology	208	20	228	70
Ophthalmology	101	6	107	66
Orthopedic Surgery	117	5	122	67
Otolaryngology	85	1	86	78
Pathology	379	55	434	95
Pathology, Forensic	6	17	23	79
Pathology, Neuropathology	29	..	29	83
Pediatrics	215	15	230	89
Pediatric Allergy	36	2	38	73
Pediatric Cardiology	49	..	49	92
Physical Medicine and Rehab.	53	3	56	90
Plastic Surgery	64	..	64	58
Psychiatry	169	47	216	84
Radiology	125	13	138	87
Surgery	272	30	302	73
Therapeutic Radiology	90	4	94	92
Thoracic Surgery	78	2	80	90
Urology	118	8	126	75
<b>Totals</b>	<b>3,382</b>	<b>363</b>	<b>3,745</b>	<b>82</b>

Table 22.—Distribution of Physicians in the U.S. and Possessions, December 31, 1974

Specialty	All Physicians		All Interns and Residents		Residency Positions
	*Number	% of Total Physicians	*Number	% of Total Mds. in Specialty	% of Total House Staff on Duty
General Practice	53,997	14.2	2,427	4.5	4.1
Internal Medicine	51,752	13.6	14,823	28.6	25.1
General Surgery	31,085	8.2	7,820	25.2	13.3
Psychiatry	23,302	6.1	3,712	15.9	6.3
Obstetrics-Gynecology	20,987	5.5	3,455	16.5	5.9
Pediatrics	20,682	5.4	4,730	22.9	8.0
Radiology**	15,753	4.1	2,806	17.8	4.8
Anesthesiology	12,484	3.3	1,799	14.4	3.0
Pathology	11,393	3.0	2,528	22.2	4.3
Orthopedic Surgery	10,985	2.9	2,035	18.5	3.5
Ophthalmology	10,741	2.8	1,419	13.2	2.4
Urology	6,466	1.7	1,011	15.6	1.7
Otolaryngology	5,588	1.5	838	15.0	1.4
<b>Totals</b>	<b>275,215</b>	<b>72.5</b>	<b>49,403</b>	<b>18.0</b>	<b>83.7</b>
Other Specialties	104,533	27.5	9,619	9.2	16.3
<b>Grand Totals</b>	<b>379,748</b>	<b>100.0</b>	<b>59,022</b>	<b>15.5</b>	<b>100.0</b>

\*Data from Table 18, *Profile of Medical Practice '75-76*, compiled by Center for Health Services Research and Development, AMA.

\*\*Includes General Radiology, Diagnostic Radiology, Therapeutic Radiology

9 of the specialty fields exceeding this percentage, and with the remaining fields plus general practice accounting each for less than the average of 5.5%.

#### Physicians Placement Service

Table 23 is a summary of the annual report of the Physicians Placement Service of the AMA Division of Medical Practice, for the calendar year ending December, 1974. During the year, the placement service processed a total of 7,229 registrations, a decrease over the total of 8,187 the previous year, and 7,708 a year earlier.

Table 23—AMA Physicians' Placement Service  
Annual Statistical Report for  
January through December, 1974

Specialty	Physicians Number	Physicians %	Opportunities Number	Opportunities %
<b>Total</b>	<b>4,794</b>	<b>100%</b>	<b>2,435</b>	<b>100%</b>
Allergy	20	0.4	14	0.6
Anesthesiology	186	3.9	39	1.6
Dermatology	61	1.2	29	1.2
General/Family Practice	326	6.8	756	31.0
Internal Medicine	1,203	25.1	515	21.2
Neurology	61	1.3	21	0.9
Neurosurgery	20	0.4	6	0.2
Ob-Gyn	251	5.2	129	5.3
Ophthalmology	224	4.7	63	2.5
Orthopedics	157	3.3	84	3.4
Otolaryngology	75	1.6	84	3.4
Pathology	233	4.9	15	0.6
Pediatrics	392	8.2	171	7.1
Psychiatry	132	2.7	51	2.0
Radiology	215	4.5	22	0.9
Surgery	660	13.8	130	5.3
Urology	262	5.5	57	2.3
Miscellaneous*	316	6.6	249	10.3

\*Includes 4 major categories: Occupational Medicine, Institutional Medicine, Public Health, and School Health.

Of the total registration, 4,794 were from physicians seeking opportunities for practice, and 2,435 were offers of opportunities for practice. The placement service also handles requests for overseas placements, and during the past year received requests from 180 physicians for information on positions abroad, and maintained contact with forty-five organizations that send physicians outside the United States.

The AMA Placement Service cooperates with the state placement services of the state medical associations, and serves as a national clearing house. It refers communities to the state placement bureaus, and registers candidates only at the request of or on the approval of the state offices. It also

suggests to applicants who have narrowed their choice of locations to one city or one state that they go directly to the state medical association placement service.

The statistics for the year ending December, 1974, follow, in general, the pattern of previous years, with an undersupply of physicians seeking general and family practice locations, and an oversupply of anesthesiologists, dermatologists, internists, neurologists, neurosurgeons, obstetricians-gynecologists, ophthalmologists, orthopedic surgeons, pathologists, pediatricians, radiologists, surgeons, and urologists. Except for general practice, otolaryngology appears to be the only field in which there are less specialists seeking opportunities than there are places being offered.

It should be pointed out that the imbalances shown in the table change proportionately from year to year, and that the data are limited to registrations with the AMA Physicians Placement Service. These registrations do not represent all positions offered nor all physicians seeking positions, and therefore cannot be used reliably as national trends, but they do suggest some trends in the availability of positions in the various specialties, as compared with physicians in the various specialties seeking positions.

Table 24.—Relation of Hospital Affiliation  
to U.S. Hospital Beds, 1974

	Hospitals		Hospital Beds		% of Total U.S. Hospital Beds
	Number of Hospitals	% of Total Hospitals	Number of Beds	% of Beds for Teaching	
<b>Hospitals with Approved Programs:</b>					
Major Affiliation with Medical School	752	10	375,927	47	25
Limited Affiliation with Medical School	301	4	221,531	28	14
Graduate Affiliation with Medical School	115	2	39,063	5	3
Total Affiliated with a Medical School	1,168	16	636,521	80	42
No Affiliation with Medical School	503	7	156,744	20	10
<b>Totals</b>	<b>*1,671</b>	<b>23</b>	<b>793,265</b>	<b>100</b>	<b>52</b>
<b>Hospitals without Approved Programs</b>	<b>5,503</b>	<b>77</b>	<b>719,419</b>	..	<b>48</b>
<b>Grand Totals (A.H.A.)</b>	<b>7,174</b>	<b>100</b>	<b>1,512,684</b>	..	<b>100</b>

\*Includes 78 Non-Inpatient Institutions and Agencies

Table 24A—Hospitals Affiliated with Medical Schools

Edition of Directory:	Number of Hospitals by Type of Affiliation				Unaffiliated Hospitals	Total Hospitals with Programs*
	Major	Limited	Graduate	Total Affiliated		
1966-67	275	141	101	517	850	1,367
1967-68	339	137	121	597	915	1,512
1968-69	327	174	120	621	791	1,412
1969-70	376	182	141	699	750	1,449
1970-71	516	243	160	919	766	1,685
1971-72	567	288	141	996	696	1,692
1972-73	473	276	134	883	578	1,461
1973-74	694	364	107	1,165	546	1,711
1974-75	714	317	105	1,136	547	1,683
1975-76	752	301	115	1,168	503	1,671

### Hospital Facilities

Tables 24, 24A and 25 show the relationship of educational programs, medical school affiliations, and the number of beds in hospitals in the United States. Data for total hospitals registered and their number of beds were provided by the American Hospital Association (AHA) and indicate the number of institutions and beds listed in its 1975 "AHA Guide to the Health Care Field."

For 1974, AHA listed 7,174 hospitals, an increase of 51 institutions. The beds in these hospitals, for 1974, totalled 1,512,684, a decrease of 22,042 beds from the total recorded for 1973. The number of beds in 1973 also had decreased, by 14,939 from the total recorded for 1972.

Table 24 indicates that 23% of the hospitals in the United States have approved graduate training programs, and that these hospitals have 52% of the total number of beds throughout the country. Stated another way, 77% of the hospitals in the United States, with 48% of the total hospital beds, are hospitals *not* offering graduate training programs. Many of these hospitals, however, are very small, and over 3,000 of them have less than 100 beds.

Of the hospitals with approved training programs, 16% are affiliated with medical schools, and have 80% of the teaching beds, and 42% of all hospital beds in the United States. The non-affiliated hospitals comprise 7% of the total number of institutions, have 20% of the beds for teaching, and 10% of the total of all hospital beds in the United States.

Table 24A indicates the trend of the past ten years toward increased affiliation with medical schools. The number of hospitals with medical school affiliations increased slightly in 1974, with the total of 1,168, an increase of 32 over the preceding year. The number of unaffiliated hospitals decreased in 1974 by 44 hospitals. The total of 1,671 institutions listed includes some non-inpatient institutions, particularly those with approved residencies in the fields of preventive medicine. Table 24A indicates that the number of hospitals with a major affiliation has continued to increase, while the number with a limited affiliation has continued to decrease; the degree of affiliation, as mentioned earlier in this report is based on information provided to the Department of Graduate Medical Education by the offices of the deans of the medical schools,

Table 25.—Relation of Training Programs to U.S. Teaching Hospital Beds, September 1, 1974

Hospitals With:	Hospitals		Hospital Beds	
	Number	% of Total in U.S.	Number	% of All Beds in Teaching U.S. Hospitals
Internships only.....	2			
Residencies only.....	1,077	69	470,970	59
Internship and Residencies..	514	31	322,295	41
<b>Totals Teaching Hospitals:</b>	<b>1,593</b>	<b>100</b>	<b>793,265</b>	<b>100</b>

\*78 Non-inpatient institutions with residencies in fields of Preventive Medicine not included.

and is not based on information provided by the hospitals themselves.

Table 25, on the relationship of training programs to U. S. teaching hospital beds, shows that, of the hospitals approved for graduate training, two were still reporting internships as of September, 1974, but will no longer be so recorded in future issues. Those reporting internships and residencies will, in future reports list all of graduate training as a single unit. As reported on September 1, 1974, 69% of the teaching hospitals offered residencies only, with 59% of the beds in teaching hospitals used for residency training, and 31% of all beds in U.S. hospitals.

### Present Status of Graduate Training

Table 26 shows the distribution of house officers by source of medical education, and also the proportion of graduates serving in affiliated and non-affiliated hospitals. As previously indicated, affiliated hospitals obtained more house staff from both the available pool of graduates of medical schools of the United States and Canada and from the pool of graduates of foreign medical schools.

Table 26.—Distribution of House Officers by Source of Medical Education, September 1, 1974

Number on Duty	Affiliated Hospitals			Non-Affiliated Hospitals			Total House Officers
	Schools in U.S. & Canada	Foreign Schools	All Schools	Schools in U.S. & Canada	Foreign Schools	All Schools	
Interns	6,795	2,005	8,800	276	751	1,027	9,827
Residents	35,584	13,176	48,760	1,556	2,183	3,739	52,499
<b>Total</b>	<b>42,379</b>	<b>15,181</b>	<b>57,560</b>	<b>1,832</b>	<b>2,934</b>	<b>4,766</b>	<b>62,326</b>

As of September 1, 1974, they obtained a total of 42,379 graduates of schools in the United States and Canada, as compared with 39,456 in 1973, and 35,609 in 1972. They obtained 15,181 graduates of foreign medical schools as members of their house staff, as compared with 14,792 in 1973, and 14,741 in 1972. The total number of house officers in affiliated hospitals increased to 57,560 in 1974, from 54,248 in 1973, and 50,350 in 1972.

The nonaffiliated hospitals recruited fewer U.S. and Canadian graduates in 1974, recording 1,832 as compared with 2,111 in 1973. The nonaffiliated hospitals also recruited fewer graduates of foreign medical schools in 1974, appointing 2,934 as compared with 3,541 in 1973. The total number of house officers in the nonaffiliated hospitals for 1974 was 4,766, as compared with 5,652 in 1973, and 5,671 in 1972.

In the affiliated hospitals, 77% of the interns were graduates of U. S. or Canadian schools; in the non-affiliated hospitals, only 26% were graduates of U. S. or Canadian schools. In the affiliated hospitals, 73% of the residents were graduates of U. S. or Canadian schools; in the non-affiliated hospitals, 42% were graduates of U. S. or Canadian schools.

The affiliated hospitals obtained 92% of all available house staff, of which 74% appointed were U. S. or Canadian graduates and 26% were graduates of foreign medical schools. The



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

	INTERNSHIPS							RESIDENCIES						
	Total Positions Offered	Total Positions Filled	Filled by Non-Foreign Graduates	Filled by Foreign Graduates	Positions Filled in Federal Services*		Total Positions Vacant	Total Positions Offered	Total Positions Filled	Filled by Non-Foreign Graduates	Filled by Foreign Graduates	Positions Filled in Federal Services*		Total Positions Vacant
					VA	Other						VA	Other	
1974-1975	10,441	9,827	7,071	2,756	116	454	614	57,681	52,685	37,310	15,375	1,113	2,127	4,996
1973-1974	12,165	11,031	7,606	3,425	83	475	1,134	54,137	49,082	34,159	14,923	1,022	1,946	5,055
1972-1973	13,650	11,163	7,239	3,924	72	503	2,487	51,658	45,081	30,610	14,471	1,176	1,881	6,577
1971-1972	15,422	12,066	8,120	3,946	43	527	3,356	50,193	42,512	28,970	13,543	1,062	1,847	7,681
1970-1971	15,354	11,552	8,213	3,339	96	587	3,802	46,584	39,463	26,495	12,968	1,162	1,722	7,121
1969-1970	15,003	10,808	7,869	2,939	47	501	4,195	45,351	37,139	25,013	12,126	1,391	1,570	8,212
1968-1969	14,112	10,464	7,194	3,270	47	540	3,648	42,633	35,047	23,816	11,231	1,115	1,652	7,586
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	32,050	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	7,081
1964-1965	12,728	10,097	7,276	2,821	46	563	2,631	38,750	31,005	22,852	8,153	2,127	1,353	7,745
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	7,872
1962-1963	12,024	8,805	7,136	1,669	41	533	3,219	36,502	29,239	22,177	7,062	2,464	1,223	7,263
1961-1962	12,074	8,173	6,900	1,273	42	581	3,901	35,403	29,637	21,914	7,723#	2,602	1,249	5,766
1960-1961@	12,547	9,115	7,362	1,753#	71	576	3,432	32,786	28,447	20,265	8,182	2,830	1,177	4,339
1959-1960	12,580	10,253	7,708	2,545	55	584	2,327	31,733	27,590	20,619	6,912	2,650	1,455	4,143
1958-1959	12,469	10,352	8,037	2,315	25	567	2,117	31,818	26,758	20,716	6,042	2,453	1,267	5,060
1957-1958	12,325	10,198	8,119	2,079	48	566	2,127	30,595	24,976	19,433	5,543	2,403	1,049	5,619
1956-1957	11,895	9,893	7,905	1,988	58	532	2,002	28,528	23,012	18,259	4,753	2,304	1,276	5,516
1955-1956	11,616	9,603	7,744	1,859	55	495	2,013	26,516	21,425	17,251	4,174	2,353	624	5,091
1954-1955	11,048	9,066	7,305	1,761	88	470	1,982	25,486	20,494	17,219	3,275	2,252	657	4,992
1953-1954	10,542	8,275	6,488	1,787	88	433	2,267	23,630	18,619	14,817	3,802	2,072	639	5,011
1952-1953	10,548	7,645	6,292	1,353	67	393	2,903	22,292	16,867	13,832	3,035	2,021	768	5,425
1951-1952	10,044	7,866	6,750	1,116	71	472	2,178	20,645	15,851	13,618	2,233	2,120	761	4,794
1950-1951	9,370	7,030	6,308	722	....	435	2,340	19,364	14,495	13,145	1,350	....	....	4,869
1949-1950	9,124	7,313	....	....	....	....	1,811	18,669	17,490	....	....	....	....	1,179
1948-1949	9,027	7,248	....	....	....	....	1,779	17,293	....	....	....	....	....	....
1947-1948	8,683	6,902	....	....	....	....	1,781	15,172	....	....	....	....	....	....
1946-1947	8,584	....	....	....	....	....	....	12,003	....	....	....	....	....	....
1945-1946	8,429	....	....	....	....	....	....	8,930	....	....	....	....	....	....
World War II	....	....	....	....	....	....	....	....	....	....	....	....	....	....
1941-1942	8,182	....	....	....	....	....	....	5,256	....	....	....	....	....	....

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

non-affiliated hospitals obtained 8% of the total pool of house officers, of which 3% were graduates of U. S. or Canadian schools, and 5% were graduates of foreign medical schools.

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 9 are the only tables in this section that include the number of residencies offered and filled in the several fields of preventive medicine, in addition to other specialties. The total number of positions offered in internships and residencies, as of September 1, 1974 was 68,122, an increase of 1,820 over the number as of September 1, 1973. This is the highest number recorded for positions offered in graduate medical education. The total number of filled positions as of September 1, 1974, was 62,512, also a record high in filled positions, with 2,403 more positions filled than in the preceding year, in which there had been 60,109 positions filled.

Table 27 continues to show an increase in the number of residency positions filled by foreign graduates, with a natural decrease in the number of internship positions filled because

of the change of designation of the first year of graduate training.

In the table, the two columns on Filled Federal Services contains statistics that have been included in the columns on filled positions, and indicate a limited change in the number of interns and residents recruited by the federal services during the past several years.

Table 28 is a summary table, adding the category "Other Trainees" to the statistics on interns and residents, and tabulating them according to the source of medical education. As of September 1, 1974, the total of all trainees was 73,180, an increase of 3,956 over the year earlier. The number of U. S. and Canadian graduates serving in training programs also increased, becoming 50,879 in 1974, an increase of 3,487 over 1973. The number of foreign graduates increased slightly, with 22,301 recorded in 1974, an increase of 469 over 1973.

Among U. S. and Canadian graduates, the proportion of those serving as interns in 1974, as compared to 1973, naturally shifted with the transition to the designation of the first year of graduate training as a residency rather than an internship. In 1974, 73% of the U. S. and Canadian graduates were listed as residents; the percentage in 1973 had been 72%; in 1974 the percentage of foreign graduates was 69% serving as residents; in 1973 it had been 68%. The number of U. S. or Canadian graduates serving as trainees increased to 13% in 1974 from 12% the preceding year, but the number of foreign graduates serving as trainees increased to 19% in 1974, as compared with 16% in 1973. As indicated earlier, additional data are presented on foreign graduates in the section in the *Directory of Approved Residencies* that follows under the heading of "Special Studies" in graduate medical education.

Table 28.—Distribution of Trainees in Graduate Programs, September 1, 1974

	U.S. and Canadian Graduates	Foreign Medical School Graduates	Totals
Interns	7,071 ( 14%)	2,756 ( 12%)	9,827 ( 13%)
Residents	37,140 ( 73%)	15,359 ( 69%)	52,499 ( 72%)
Other Trainees	6,668 ( 13%)	4,186 ( 19%)	10,854 ( 15%)
<b>Totals</b>	<b>50,879 (100%)</b>	<b>22,301 (100%)</b>	<b>73,180 (100%)</b>

# Special Studies in Graduate Medical Education

The following information is reprinted from the *Journal of the American Medical Association* of December 29, 1975 (Volume 234, No. 13). The information covers, in the case of the information on foreign medical graduates, the distribution of interns and residents by school of medical education, the state origin of medical education, and the number of physicians certified by specialty boards was obtained from the Physician's Records of the American Medical Association, and covers a reporting period ending December 31, 1974.

The other tables in this section, including those on black U.S. citizens in graduate training, appointments of osteopathic physicians, distribution of women in various graduate training programs were compiled from information supplied by the program directors of approved graduate training programs, and have a reporting date of September 1, 1974.

The table showing the number of years of graduate training required to complete training in various specialties has been brought up to date with the requirements of the various boards as currently known, through June, 1976.

Two additional tables, indicating increased selection of first-year appointments in fields of primary care are included as presented before a hearing of a Subcommittee of the United States Senate in late 1975

## Foreign Medical Graduates

Each year, in addition to the information requested from hospitals concerning the number of graduates of foreign medical schools serving in these institutions and reported by them as of Sept. 1, data have been obtained—through the AMA Circulation and Records Department and the AMA Center for Health Services Research and Development—on the number of foreign graduates serving in hospitals as of Dec. 31 of the same year. Information on the number of house staff on duty, according to the reports of the individual hospitals will not be available this year in time for inclusion in this report, but the information, as of Dec. 31, 1974, from the permanent records of the AMA is presented in several of the tables. The

numbers of house officers reported as serving at the end of December 1974, probably will be close to the actual numbers reported by the individual hospitals as of Sept 1, 1974, because of the time lag in the recording of biographical information. In past years there has been close agreement between the numbers reported by program directors as of Sept 1, and the numbers recorded in the AMA biographical records as of Dec. 31.

For the first time in recent years the number of graduates of foreign medical schools in training has decreased when compared with the number serving in the previous year.

Table 1 indicates the number of graduates of foreign medical schools, listed by country of medical education, who are serving in graduate training programs in the United States, and compares the numbers as of Dec 31, 1974, with those one year earlier. At the end of 1973 the numbers showed an increase of 1,509 persons, or a 9% increase, as compared with the numbers for 1972. The numbers of foreign graduates in this country at the end of 1974, however, decreased by 799 persons, or 4%, when compared with the numbers at the end of 1973; there were 373 fewer persons serving as interns and 426 fewer persons serving as residents. At the end of 1974, 66% of foreign graduates in training in the United States came from Asia, as compared with 65% at the end of 1973. At the end of 1974, as in 1973, 16% of the foreign graduates came from Central and South America, 13% from Europe, and the remaining 5% from Africa, the British Isles, and Oceania, principally Australia.

Table 2 lists the foreign countries contributing the greatest number of graduates to US graduate training programs as of Dec 31, 1974, and compares their rank with that of the preceding year. Although graduates come from medical schools in more than 100 countries throughout the world, the 12 countries listed in the table contributed 69% of the foreign graduates in training programs in the United States. The three countries with the largest numbers of their graduates serving as interns or residents continued to be India, the Philippines,

Table 1.—Number of Foreign Graduates in US Graduate Training Programs, by Origin of Medical Education, as of Dec 31, 1974, and Dec 31, 1973

Origin of Medical Training	Dec 31, 1974			Dec 31, 1973		
	Interns	Residents	Total	Interns	Residents	Total
Africa	72	446	518	79	507	586
Americas	439	2,460	2,899	478	2,540	3,018
Asia	2,299	9,886	12,185	2,580	9,964	12,544
British Isles	26	308	334	36	350	386
Europe	343	2,007	2,350	379	2,180	2,559
Oceania	9	127	136	9	119	128
<b>Total</b>	<b>3,188</b>	<b>15,234</b>	<b>18,422</b>	<b>3,561</b>	<b>15,660</b>	<b>19,221</b>

Table 2.—Foreign Countries Contributing Greatest Number of Graduates to US Graduate Programs as of Dec 31, 1974

Country and Rank Order	No. of Trainees	% of Total No. of Foreign Trainees in the US	Rank as of Dec 31, 1973	Gain or Loss in Numbers
1. India	3,900	21	1	+169
2. Philippines	2,452	13	2	-83
3. Korea	1,359	7	3	-69
4. Formosa	831	5	4	-64
5. Iran	822	4	5	-69
6. Thailand	620	3	6	-109
7. Mexico	598	3	10	+110
8. Pakistan	573	3	7	-73
9. Italy	501	3	8	-21
10. Spain	432	2	9	-87
11. Argentina	386	2	11	-39
12. United Arab Republic	319	2	12	-86
<b>Total</b>	<b>12,793</b>	<b>69</b>		<b>-421</b>

## GRADUATE MEDICAL EDUCATION

Appendix, Table 1.—Number of Foreign Graduate Trainees in the United States by Origin of Medical Education as of Dec 31, 1974, and Dec 31, 1973

Origin of Medical Training	Interns		Residents		Total	
	1974	1973	1974	1973	1974	1973
<b>Total</b>	<b>3,188</b>	<b>3,561</b>	<b>15,234</b>	<b>15,660</b>	<b>18,422</b>	<b>19,221</b>
<b>Africa</b>	<b>72</b>	<b>79</b>	<b>446</b>	<b>507</b>	<b>518</b>	<b>586</b>
Congo	0	0	1	1	1	1
Ethiopia	6	1	2	0	8	1
Ghana	0	0	4	4	4	0
Nigeria	15	7	50	50	65	57
Uganda	5	7	34	29	39	36
Union of South Africa	5	9	77	77	82	86
United Arab Republic	41	55	278	350	319	405
<b>Americas</b>	<b>439</b>	<b>478</b>	<b>2,460</b>	<b>2,540</b>	<b>2,899</b>	<b>3,018</b>
Argentina	50	70	336	355	386	425
Bolivia	17	11	65	73	82	84
Brazil	30	57	191	180	221	237
Chile	14	21	118	119	132	140
Colombia	16	28	251	301	267	329
Costa Rica	3	5	25	25	28	30
Cuba	17	30	107	146	124	176
Dominican Republic	16	35	118	108	134	143
Ecuador	4	10	52	65	56	75
El Salvador	19	13	53	61	72	74
Guatemala	5	18	68	55	73	73
Haiti	21	17	88	92	109	109
Honduras	3	2	25	33	28	35
Jamaica	11	6	37	46	48	52
Mexico	112	67	486	421	598	488
Nicaragua	5	4	29	39	34	43
Panama	3	4	11	9	14	13
Paraguay	12	14	46	46	58	60
Peru	42	42	208	235	250	277
Uruguay	7	5	27	26	34	31
Venezuela	30	19	111	105	141	124
West Indies	2	0	8	0	10	0
<b>Asia</b>	<b>2,299</b>	<b>2,580</b>	<b>9,886</b>	<b>9,964</b>	<b>12,185</b>	<b>12,544</b>
Afghanistan	1	2	18	15	19	17
Bangladesh	10	16	40	19	50	35
Burma	21	24	73	69	94	93
Cambodia	0	2	3	1	3	3
Ceylon	27	29	187	200	214	229
China (Mainland)	2	10	49	32	51	42
Formosa (Taiwan)	140	187	691	708	831	895
Hong Kong	5	5	40	54	45	59
India	787	684	3,113	3,047	3,900	3,731
Indonesia	13	12	71	88	84	100
Iran	133	213	689	678	822	891
Iraq	11	11	42	50	53	61
Israel	4	4	127	111	131	115
Japan	27	47	235	261	263	308
Korea	286	428	1,073	1,000	1,359	1,428
Lebanon	14	10	161	184	175	194
Malaysia	1	1	5	5	6	6
Manchuria	0	0	2	2	2	2
Pakistan	92	91	481	555	573	646
Philippines	529	575	1,923	1,960	2,452	2,535
Singapore	1	3	19	25	20	28
Syria	74	90	226	174	300	264
Thailand	109	105	511	624	620	729
Turkey	12	30	93	90	105	120
Vietnam (South)	0	1	13	12	13	13
<b>British Isles</b>	<b>26</b>	<b>36</b>	<b>308</b>	<b>350</b>	<b>334</b>	<b>386</b>
England (United Kingdom)	0	1	19	35	19	36
Ireland (Republic)	11	21	166	178	177	199
Ireland (United Kingdom)	0	0	3	3	3	3
Scotland (United Kingdom)	3	7	52	56	55	63
Wales (United Kingdom)	12	7	68	78	80	85
<b>Europe</b>	<b>343</b>	<b>379</b>	<b>2,007</b>	<b>2,180</b>	<b>2,350</b>	<b>2,559</b>
Austria	9	8	29	47	38	55
Belgium	25	10	114	125	139	135
Bulgaria	2	3	18	14	20	17
Czechoslovakia	8	4	48	73	56	77
Denmark	3	1	11	12	14	13
Finland	1	1	4	6	5	7
France	11	19	81	68	92	87
Germany (East)	0	0	1	1	1	1
Germany (West)	32	53	218	261	250	314
Greece	39	35	165	161	204	196
Hungary	5	5	34	38	39	43
Iceland	1	2	14	17	15	19
Italy	66	82	435	440	501	522
Lithuania	0	0	1	1	1	1
Netherlands	3	4	32	24	35	28
Norway	0	0	5	6	5	6
Poland	16	20	96	96	122	116
Portugal	3	4	17	15	20	19
Romania	8	5	67	65	75	70
Spain	67	68	365	451	432	519
Sweden	1	2	13	13	14	15
Switzerland	24	25	129	139	153	164
USSR	4	2	15	10	19	12
Yugoslavia	15	26	95	97	110	123
<b>Oceania</b>	<b>9</b>	<b>9</b>	<b>127</b>	<b>119</b>	<b>136</b>	<b>128</b>
Australia	7	9	112	99	119	108
New Zealand	2	0	15	20	17	20

and Korea. Of these three, however, only India showed an increase in numbers and an increase in the percentage of its trainees in the United States as compared with the figures for the previous year. India contributed 21% of the total foreign graduates serving as house officers in the United States; the Philippines, 13%; and Korea, 7%. The only other foreign country showing an increase in the number of its alumni serving as interns or residents in the United States was Mexico, which rose from tenth place to seventh place, with 110 more persons at the end of 1974 than at the end of 1973. The increase, however, was accounted for chiefly by the fact that 211 persons who had obtained their medical education at the Faculty of Medicine of the Autonomous University of Guadalajara were recorded as serving in graduate training positions at the end of 1974, as compared with 45 one year earlier. At the same time, however, the number of persons in the United States as house officers from other medical schools in Mexico decreased; notably, the number of graduates of the Faculty of Medicine of the National Autonomous University of Mexico, Mexico City, decreased from 271 to 240 in the one year period, and there were smaller decreases in the numbers from other schools in Mexico.

Except for the change in rank of Mexico, the other countries listed in Table 2 retained their rank of a year ago, but each showed a decrease in the number of its graduates serving as house officers in the United States at the end of 1974. The net decrease in number of positions at the end of 1974, as compared with 1973, was 421; at the end of 1973, as compared with the end of 1972, however, there had been a net increase of 1,129 positions filled by graduates of the 12 countries listed. Although the numbers of graduates entering the United States from these countries has fluctuated during the past several years, depending on political and economic conditions in the individual countries, this is the first year that there has been a decrease in numbers from most of the countries listed.

In Appendix Table 1, the numbers of foreign medical graduates serving as house staff in the United States in 1974 from the various nations are compared with the numbers as of Dec 31, 1973. Although modest increases were shown for some of the nations of the African Continent, the numbers for the United Arab Republic show a substantial decrease.

In the Americas, only Mexico, Venezuela, and the West Indies showed an increase. The increase of 110 in the number of house staff from Mexico was divided between an increase of 45 listed as serving in internships and 65 listed as serving in residencies. For Venezuela, the moderate increase of 15 persons could be accounted for by the increased number listed as serving in internships. The West Indies, for which there had not previously been graduates listed, contributed ten persons during 1974.

For the countries of Asia, the numbers from India continued to grow. In 1974, 21% of all foreign graduates in the United States came from medical schools in India, as compared with 19% at the end of 1973 and 18% the previous year. There were 103 more graduates from India serving internships and 66 more serving residencies in 1974, as compared with the numbers in 1973. The annual rate of increase of numbers coming to the United States from India, however, may be diminishing. The number in the United States at the end of 1973, as compared to the preceding year, increased by 502; this should be compared with the increase of 169 in the United States at the end of 1974 as compared with the end of 1973.

The number of foreign graduates from the Philippines at the end of 1973—2,535—may have been a peak; it was 95 more than the number at end of 1972. The 2,452 Philippine graduates recorded at the end of 1974 is a decrease of 83 persons from the 1973 number. In addition to the decreased numbers for the Philippines, Korea, Formosa, Iran, Thailand, and

Pakistan, decreases are also shown in Appendix Table 1, for Ceylon, Japan, Lebanon, and Turkey. Only Bangladesh, Israel, and Syria showed increases of any significance. The number of graduates from Israel and from Syria have been increasing slightly during the past few years.

In the British Isles, smaller numbers of graduates came from each of the countries listed, with a net decrease of about 50 persons by the end of 1974. Among the European countries, small increases were recorded for Belgium, Bulgaria, France, Greece, the Netherlands, and Romania. The other countries showed about the same numbers at the end of 1974 as at the end of 1973, except for a decrease of 64 from West Germany and a decrease of 87 from Spain. Italy and Czechoslovakia showed a decrease of 21 persons. The number of graduates from medical schools in Australia increased by 11, but the number from New Zealand decreased by three, for a net increase of eight persons.

Table 3 lists the 12 foreign medical schools contributing the largest number of graduates to training programs in the United States as of Dec 31, 1974. The Faculty of Medicine and Surgery of the University of Santo Tomas, Manila, the Philippines, has continued to contribute the largest number of interns and residents; the total, however, decreased slightly as compared with the number at the end of 1973, at which time there were 1,156 graduates of the school serving in house-staff positions.

As had been true for several years, the second and third ranking schools were the University of Tehran Faculty of Medicine, Tehran, Iran, and the Far Eastern University Institute of Medicine, Manila, the Philippines. Each of these, however, showed a decrease in the number of alumni serving as house staff at the end of 1974 as compared with the number at the end of 1973.

The fourth ranking foreign medical school, the University of Bombay, Grant Medical College-Seth Gorhandas Sunderdas Medical College at Bombay, was one of the few medical schools to show an increased number of its graduates serving in graduate training programs in the United States at the end of 1974. It showed an increase of 18 positions filled as compared with the total for 1973. Two other medical schools—the University of the East, College of Medicine, Quezon City, the Philippines, and Damascus University Medical College, Damascus, Syria—showed increases; and moved up in the ranking of the number of positions offered. The 12 schools had a total of 4,725 of their graduates filling positions in US graduate training programs at the end of 1974, as compared with 5,005 at the end of 1973; that was a decrease of 280 graduates as compared with the number the preceding year. The total of 4,725 positions at the end of 1974 represents 26% of all foreign graduates in the United States at that time. The four Philippine medical schools listed in Table 3 contributed a total of 2,051 persons by the end of 1974, or 11% of the total foreign graduates in the United States at that time.

#### Graduates of US Medical Schools

Increases in enrollment, which have occurred in US medical schools at an accelerated rate over the last decade, are reflected in the increasing number of graduates of US medical schools participating in graduate medical education.

Table 4 lists the 12 US schools contributing the largest number of graduates to house staff positions as of Dec 31, 1974. For some of the schools the rank order changed during the year (from Dec 31, 1973, to Dec 31, 1974). The University of Michigan Medical School, Ann Arbor, Mich, dropped from third position to fifth position; and Indiana University School of Medicine and the State University of New York Downstate Medical Center, Brooklyn, occupied third and fourth place, respectively, in numbers of graduates serving in house staff positions at the end of 1974. Harvard Medical School moved from tenth position to eighth, and the University of Tennessee

## GRADUATE MEDICAL EDUCATION

Table 3.—Twelve Foreign Medical Schools Contributing the Largest Number of Graduates to US Graduate Medical Education Programs, Dec 31, 1974

School	Interns	Resi- dents	Total	Rank as of Dec 1973
1. University of Santo Tomas, Faculty of Medicine and Surgery, Manila, Philippines	201	880	1,081	1
2. University of Tehran, Faculty of Medicine, Tehran, Iran	72	468	540	2
3. Far Eastern University, Institute of Medicine, Manila, Philippines	81	362	443	3
4. University of Bombay, Grant Medical College-Seth Gorhandas Sunderdas Medical College, Bombay, India	76	321	397	4
5. Università di Bologna, Facoltà di Medicina e Chirurgia, Bologna, Italy	39	294	333	5
6. Seoul National University, College of Medicine, Seoul, Korea	73	248	321	7
7. University of East, College of Medicine, Quezon City, Philippines	80	210	290	9
8. Damascus University Medical College, Damascus, Syria	64	225	289	12
9. University of Medical Sciences, Faculty of Medicine at Siriraj Hospital, Thonburi, Thailand	40	245	285	6
10. Baroda University Medical College, Baroda, Gujarat, India	39	230	269	8
11. Universidad Nacional Autónoma de México Facultad de Medicina, Ciudad Universitaria, México City	26	214	240	10
12. University of the Philippines, College of Medicine, Manila, Philippines	49	188	237	11
<b>Total</b>	<b>840</b>	<b>3,885</b>	<b>4,725</b>	

Table 4.—Twelve US Medical Schools Contributing the Largest Number of Graduates to US Graduate Medical Education Programs, Dec 31, 1974

School	Interns	Resi- dents	Total	Rank as of Dec 1973
1. University of Illinois College of Medicine, Chicago	137	780	917	1
2. Ohio State University College of Medicine, Columbus, Ohio	140	715	855	2
3. Indiana University School of Medicine, Indianapolis	166	685	851	4
4. State University of New York Downstate Medical Center, Brooklyn, NY	144	689	833	5
5. University of Michigan Medical School, Ann Arbor, Mich	160	658	818	3
6. Jefferson Medical College of Thomas Jefferson University, Philadelphia	128	671	799	6
7. University of Minnesota Medical School, Minneapolis	189	605	794	7
8. Harvard Medical School, Boston	131	534	665	10
9. Northwestern University Medical School, Chicago	132	532	664	9
10. Temple University School of Medicine, Philadelphia	120	525	645	..
11. University of Texas Medical Branch, Galveston, Tex	126	513	639	..
12. University of Tennessee College of Medicine, Memphis	104	525	629	8
<b>Total</b>	<b>1,677</b>	<b>7,432</b>	<b>9,109</b>	

Table 5.—Number of Canadian Graduates in US Graduate Training Programs, by Origin of Medical Education, as of Dec 31, 1974, and Dec 31, 1973

Origin of Medical Training (Province)	Dec 31, 1974			Dec 31, 1973		
	Interns	Residents	Total	Interns	Residents	Total
Alberta	1	25	26	2	25	27
British Columbia	13	26	39	15	30	45
Manitoba	2	38	40	9	52	61
Newfoundland	1	0	1	0	0	0
Nova Scotia	1	13	14	0	11	11
Ontario	7	75	82	12	103	115
Quebec	19	158	177	21	165	186
Saskatchewan	10	16	26	9	21	30
<b>Total</b>	<b>54</b>	<b>351</b>	<b>405</b>	<b>68</b>	<b>407</b>	<b>475</b>

Table 6.—Interns and Residents by School of Medical Education as of December 1974

State Location of Medical School	In- terns	Resi- dents	Total
Alabama	75	296	371
Arizona	52	103	155
Arkansas	77	283	360
California	543	1,989	2,532
Colorado	82	353	435
Connecticut	84	345	429
District of Columbia	276	1,145	1,421
Florida	141	543	684
Georgia	169	632	801
Hawaii	1	0	1
Illinois	529	2,359	2,888
Indiana	166	685	851
Iowa	139	605	744
Kansas	81	463	544
Kentucky	152	558	710
Louisiana	219	924	1,143
Maine	0	0	0
Maryland	170	846	1,016
Massachusetts	350	1,289	1,639
Michigan	279	1,082	1,361
Minnesota	189	605	794
Mississippi	65	263	328
Missouri	267	1,179	1,446
Nebraska	135	618	753
New Hampshire	15	16	31
New Jersey	85	332	417
New Mexico	33	98	131
New York	990	4,074	5,064
North Carolina	178	806	984
Ohio	368	1,467	1,835
Oklahoma	93	366	459
Oregon	89	275	364
Pennsylvania	713	2,882	3,595
Puerto Rico	79	241	320
South Carolina	64	319	383
Tennessee	227	961	1,188
Texas	470	1,455	1,925
Utah	52	225	277
Vermont	47	193	240
Virginia	152	708	860
Washington	69	340	409
West Virginia	51	219	270
Wisconsin	183	697	880
<b>Total</b>	<b>8,199</b>	<b>32,839</b>	<b>41,038</b>

College of Medicine at Memphis moved from eighth to 12th. Temple University School of Medicine, Philadelphia, and the University of Texas Medical Branch, Galveston, Tex, were added to the list. The total of 9,109 positions filled by graduates of the 12 schools listed in Table 4 represents 22% of the total positions filled by US graduates at the end of 1974. The number of positions filled by graduates of these medical schools showed an increase, with two exceptions—the number of positions filled by graduates of the University of Michigan Medical School, Ann Arbor, Mich, and the University of Tennessee School of Medicine, Memphis, decreased.

#### Canadian Graduates in US Programs

Table 5 lists the numbers of graduates of Canadian medical schools serving as house officers at the end of 1974, as compared with the number at the end of 1973. The total numbers decreased from the numbers reported at the end of 1973, with all but one province showing a decrease—Nova Scotia. The proportionately larger decreases were in Manitoba, with a decrease of 20 graduates, or 33%, and in Ontario with a decrease of 33 graduates, or 29%.

#### States Providing Undergraduate Medical Education of Residents

It has been the impression that physicians tend to practice in areas in which they receive their graduate education, and therefore the graduates who remain in the state might serve as one of the predictors of the number of physicians who will practice in that state.

When used together, Tables 6 and 7 indicate the retention for graduate education of physicians who receive their medical education in that state. The numbers in these two tables vary slightly in totals because of the fact that some physicians, at the time the information was compiled, did not have current addresses. The differences, however, are relatively small. Out of the total number of 41,038 US graduates serving as interns or residents, 16,968, or 41%, remained in the same state in which they had received their medical education. A state retaining more than 41% of its medical school graduates for graduate medical education might be considered as retaining more than the average number. States that retained more than 41% as of December 1974 include California with

Table 7.—State Origin of Medical Education of Interns and Residents, and Distribution of House Staff by State, Dec 1974

State	US Grads. in Training in Same State as Their Medical School			US Grads. in Training in States Other Than That of Their Medical School			Graduates of Canadian Medical Schools			Graduates of Foreign Medical Schools			Total House Staff on Duty in State
	Interns	Residents	Total	Interns	Residents	Total	Interns	Residents	Total	Interns	Residents	Total	
Ala	42	155	197	50	166	216	..	..	..	3	45	48	461
Alaska	..	..	..	..	4	4	..	..	..	..	..	..	4
Ariz	19	37	56	114	303	417	..	1	1	3	61	64	538
Ark	34	128	162	8	46	54	..	..	..	2	15	17	233
Calif	402	1,348	1,750	903	3,216	4,119	22	63	85	50	276	326	6,280
Canal Zone	..	..	..	10	13	23	..	..	..	2	11	13	36
Colo	29	93	122	138	598	736	2	8	10	5	53	58	926
Conn	13	94	107	112	456	568	..	2	2	110	384	494	1,171
Del	..	1	1	17	57	74	..	..	..	6	32	38	113
DC	62	258	320	85	419	504	..	5	5	41	235	276	1,105
Fla	57	197	254	140	669	809	1	6	7	63	278	341	1,411
Ga	70	234	304	96	345	441	1	5	6	15	99	114	865
Hawaii	..	..	..	26	66	92	..	5	5	12	36	48	145
Idaho	..	..	..	..	..	..	..	..	..	..	..	..	..
Ill	181	888	1,069	116	550	666	..	3	3	429	1,378	1,807	3,545
Ind	90	296	386	43	126	169	..	1	1	4	49	53	609
Iowa	19	159	178	38	211	249	..	..	..	14	78	92	519
Kan	31	185	216	16	171	187	1	1	2	1	69	70	475
Ky	54	191	245	46	163	209	..	..	..	9	121	130	584
La	107	335	442	53	190	243	..	4	4	26	115	141	830
Me	..	..	..	14	43	57	..	3	3	..	3	3	63
Md	74	304	378	119	699	818	1	5	6	160	594	754	1,956
Mass	135	491	626	216	1,160	1,376	4	47	51	62	627	689	2,742
Mich	122	435	557	150	504	654	10	19	29	181	823	1,004	2,244
Minn	109	361	470	132	678	810	1	38	39	11	146	157	1,476
Miss	26	133	159	21	79	100	..	..	..	1	22	23	282
Mo	101	305	406	123	421	544	2	7	9	70	345	415	1,374
Mont	..	..	..	..	1	1	..	..	..	..	..	..	1
Neb	18	208	226	8	48	56	..	..	..	1	33	34	316
Nev	..	..	..	..	3	3	..	..	..	..	..	..	3
NH	1	4	5	33	97	130	1	..	1	..	5	5	141
NJ	25	120	145	24	283	307	1	1	2	336	953	1,289	1,743
NM	6	20	26	21	128	149	..	..	..	..	8	8	183
NY	517	1,985	2,502	349	1,621	1,970	5	42	47	907	4,578	5,485	10,004
NC	40	263	303	110	545	655	..	7	7	3	72	75	1,040
ND	..	..	..	8	3	11	..	2	2	1	..	1	14
Ohio	152	529	681	213	876	1,089	..	17	17	253	1,134	1,387	3,174
Okla	47	156	203	22	27	109	..	..	..	2	38	40	352
Ore	25	81	106	65	272	337	..	4	4	..	38	38	485
Pa	369	1,239	1,608	192	800	992	..	14	14	247	1,008	1,255	3,869
PR	60	148	208	1	4	5	..	..	..	24	150	174	387
RI	..	..	..	60	107	167	..	2	2	9	93	102	271
SC	23	146	169	34	184	218	..	1	1	2	32	34	422
SD	..	..	..	12	15	27	..	..	..	..	3	3	30
Tenn	102	324	426	83	257	340	1	1	2	15	129	144	912
Tex	242	818	1,060	207	989	1,196	..	11	11	34	364	398	2,665
Utah	11	79	90	43	211	254	..	2	2	..	20	20	366
Vt	5	28	33	23	84	107	..	1	1	..	8	8	149
Va	57	248	305	133	500	633	1	3	4	19	172	191	1,133
Wash	14	103	117	83	485	568	..	11	11	..	40	40	736
WVa	12	77	89	4	37	41	..	1	1	20	105	125	256
Wis	60	201	261	78	357	435	..	2	2	20	186	206	904
Wyo	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	3,563	13,405	16,968	4,592	19,347	23,939	54	345	399	3,173	15,064	18,237	59,543

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Table 8.—Physicians Certified by Specialty Boards as of Dec 31, 1974\*

American Board of:	Graduates			Total Certified	Percent Foreign
	US Schools	Canadian Schools	Foreign Schools		
Allergy and Immunology	944	11	100	1,055	9.5
Anesthesiology	4,753	178	1,289	6,220	20.7
Colon and Rectal Surgery	344	16	57	417	13.7
Dermatology	2,867	55	202	3,124	6.5
Family Practice	5,618	78	360	7,018†	5.1
Internal Medicine	27,404	330	2,282	30,016†	7.6
Neurological Surgery	1,430	51	154	1,635	9.4
Nuclear Medicine	1,310	32	247	1,589	15.5
Obstetrics-Gynecology	11,106	234	1,143	12,483	9.1
Ophthalmology	6,766	156	441	7,363	5.9
Orthopaedic Surgery	7,327	188	529	8,044	6.6
Otolaryngology	4,508	127	376	5,011	7.5
Pathology	6,236	209	2,091	8,536	24.5
Pediatrics	12,441	238	2,297	14,976	15.3
Physical Med. & Rehab.	643	19	256	918	27.9
Plastic Surgery	1,132	29	122	1,283	9.5
Preventive Medicine	2,231	51	104	2,386	4.3
Psychiatry and Neurology	9,779	350	1,486	11,615	12.8
Radiology	10,031	197	1,270	11,498	11.0
Surgery	16,332	298	1,863	18,493	10.1
Thoracic Surgery	2,318	46	378	2,742	13.8
Urology	3,703	66	318	4,087	7.8
<b>Total</b>	<b>139,223</b>	<b>2,959</b>	<b>17,365</b>	<b>160,509</b>	<b>10.8</b>

\*Compiled from the Physicians Records of the American Medical Association, and prepared by the Department of Graduate Medical Education.

†Includes net increase of 1,288 by end of 1974 on certifications not reported until 1975.

‡Includes net increase of 2,797 by end of 1974 on certifications not reported until 1975.

Table 9.—Black US Citizens Serving in Internship and Residency Programs as of Sept 1, 1974

State	No. of Hospitals Appointing Black House Officers	Black Citizens in Internships			Black Citizens in Residencies			Total on Duty
		US & Canada Grads.	Foreign Grads.	Total	US & Canada Grads.	Foreign Grads.	Total	
Ala	6	4	2	6	4	6	10	16
Ariz	3	1	..	1	1	3	4	5
Ark	1	1	..	1	1	..	1	2
Calif	45	38	..	38	119	3	122	160
Canal Zone	1	1	..	1	..	..	..	1
Colo	5	4	1	5	9	..	9	14
Conn	9	4	3	7	16	5	21	28
Del	1	3	..	3	1	..	1	4
DC	11	69	..	69	161	3	164	233
Fla	6	7	..	7	11	14	25	32
Ga	8	12	2	14	18	5	23	37
Hawaii	4	2	..	2	4	..	4	6
Ill	12	28	1	29	43	4	47	76
Ind	3	1	..	1	2	2	4	5
Iowa	3	..	..	..	2	1	3	3
Kan	2	1	..	1	3	2	5	6
Ky	1	1	..	1	..	..	..	1
La	3	8	..	8	1	44	45	53
Md	16	19	8	27	27	18	45	72
Mass	18	10	..	10	31	9	40	50
Mich	20	26	..	26	43	1	44	70
Minn	3	..	..	..	9	8	17	17
Miss	5	3	..	3	3	..	3	6
Mo	16	8	1	9	21	8	29	38
Neb	3	..	..	..	3	1	4	4
NH	1	1	..	1	..	..	..	1
NJ	7	3	28	31	11	3	14	45
NY	52	49	5	54	144	27	171	225
NC	4	1	..	1	7	..	7	8
ND	1	1	..	1	..	..	..	1
Ohio	17	17	..	17	29	4	33	50
Okla	2	..	4	4	1	2	3	7
Ore	2	1	..	1	..	2	2	3
Pa	25	16	..	16	35	7	42	58
SC	2	1	..	1	1	28	29	30
Tenn	4	2	2	4	2	55	57	61
Tex	17	6	..	6	42	23	65	71
Va	8	5	2	7	9	2	11	18
Wash	2	6	..	6	3	..	3	9
WVa	1	..	..	..	..	2	2	2
Wis	3	2	..	2	4	..	4	6
<b>Total</b>	<b>353</b>	<b>362</b>	<b>59</b>	<b>421</b>	<b>821</b>	<b>292</b>	<b>1,113</b>	<b>1,534</b>

44%, Indiana with 52%, Minnesota with 59%, New York State with 49%, Pennsylvania with 45%, Puerto Rico with 65%, and Texas with 55%.

Twelve states did not attract as many interns and residents—including their own graduates, other US graduates, graduates of Canadian medical schools, and graduates of foreign medical schools—as the total number of students who had been educated in medical schools in that state. For example, Arkansas, which provided medical education to 417 persons listed as serving in internships and residencies at the end of December 1974, had only a total of 233 interns and residents serving in that state. In Louisiana, only 830 interns and residents were on duty, although the medical schools in that state had educated 1,143 of those on duty throughout the United States as of the end of December 1974. Similar circumstances apply to the District of Columbia, Kansas, Kentucky, Mississippi, Missouri, Nebraska, Oklahoma, Tennessee, Vermont, and West Virginia. Two of these states—Mississippi and Tennessee—had attracted about half of their own graduates, but did not attract enough graduates from other schools to bring the total up to the number that had been educated in that state.

The number of foreign graduates serving as interns and residents in each state is listed in Table 7. The total number of such foreign graduates decreased by 860 from December 1973 to December 1974. A few states, nevertheless, showed an increase in the numbers of foreign medical graduates appointed to positions within the state; with the number in Iowa increased by six; Louisiana, 20; New Jersey, 90; Ohio, 10; and West Virginia, 22. The number of positions filled by foreign graduates in some states decreased substantially between December 1973 and December 1974, with 63 less positions filled in the District of Columbia, and decreases of 159 in Massachusetts, 221 in Michigan, 36 in Minnesota, 61 in Missouri, 75 in Pennsylvania, 45 in Puerto Rico, 29 in Rhode Island, 63 in Washington, and 30 in Wisconsin. Other states with decreases in varying numbers to approximately 25 were California, Connecticut, New York, North Carolina, Tennessee, Texas, and Virginia.

#### Physicians Certified by Specialty Boards

Table 8 presents statistics on the number of physicians certified as of Dec 31, 1974, by the approved examining boards in the medical specialties. These numbers are derived from AMA's biographical records of physicians with current addresses, and may vary slightly from other lists presented since these totals list a physician only once; a physician who may have been certified by two or more of the boards listed would be recorded as having been certified by only one of these examining boards. Some of the numbers may also vary because physicians whose current addresses were unknown may not have been included in some tabulations, particularly if information on a current address had not been received by the end of the year.

At the end of December 1974, two of the specialty boards—the American Board of Family Practice and the American Board of Internal Medicine—had not reported in full on the number of persons certified during 1974, but these numbers, which were reported during early 1975, have been added to the totals to indicate the number of persons who had been certified as of Dec 31, 1974. The total of 160,509 persons certified by all specialty boards is an increase of 11,590, or 8%, over the total certified at the end of 1973. From the end of 1972 to the end of 1973 the number had increased by 13,451, or 10%. The proportion of foreign graduates at the end of 1974 increased slightly, with 10.8% of those listed as certified by the end of 1974 being graduates of foreign medical schools, in comparison with 10.3% at the end of 1973. The number of persons who have graduated from Canadian

medical schools and have been certified by an American specialty board who are currently in the United States increased during 1974 by only 111, or 4%, as compared with an increase of 158 the previous year, or 6% at the end of 1973.

Several specialties showed unusual gains, such as the American Board of Allergy and Immunology, a Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics. The total number certified by this board increased from 440 at the end of 1973 to 1,055 at the end of 1974, a gain of 615 or 140%. The certificates issued in 1974 went to candidates who successfully passed the board's examination; the certificates issued in 1973 were those that had been issued based on previous sub-board examinations given by one of its two parent boards.

Certificates issued by the American Board of Family Practice to physicians in the United States at the end of 1974 showed a net increase of 1,262, or 22%, as compared with the net number at the end of 1973. A comparison of the totals at the end of 1973 and 1974 show that there were increases of 3,029 persons, or 11%, certified in the United States in internal medicine; 312 persons, or 22%, in nuclear medicine; and 133 persons, or 12%, in plastic surgery. In the field of radiology, 1,037 more persons, or 10%, were listed as certified at the end of 1974 as compared with the preceeding year. Of this number, 896 were newly certified in diagnostic radiology, in addition to small numbers certified in general radiology and therapeutic radiology, and several other fields of radiology. The percentage of graduates of foreign medical schools listed as certified by the specialty boards at the end of 1974 increased by at least one percentage point for the specialties of allergy and immunology, anesthesiology, nuclear medicine, obstetrics-gynecology, pediatrics, physical medicine and rehabilitation, and plastic surgery. Only one specialty—colon and rectal surgery—showed a decrease of more than one percentage point in the proportion of foreign graduates at the end of 1974, as compared with the proportion at the end of 1973. The number of graduates of Canadian medical schools who have been certified by the American examining boards of the medical specialties increased by the end of 1974 by 93 persons, or 3%; at the end of 1973 the increase had been 158 persons, or a 6% increase over the numbers for 1972.

#### Black Physicians in Graduate Education

Since 1968, the annual questionnaires that were sent to hospitals with graduate training programs stated that "in their present collaborative endeavors, for a program of talent recruitment, the American Medical Association and the National Medical Association are obligated to determine both the number and distribution of black physicians who are U.S. citizens and who are serving internships and residencies in hospitals in this country."

Tables 9 and 10 record information provided as of Sept. 1, 1974, by hospitals with approved graduate training programs. Table 9 indicates that there continues to be an increase in the numbers of black citizens serving in internships and residencies, with 421 black interns as of Sept. 1, 1974, as compared with 334 one year earlier, and 1,113 black residents, as compared with 1,032 a year earlier. The total of 1,534 is 168, or 12% more than during the previous reporting period for 1973. The number of hospitals appointing black house officers increased from 305 as of Sept 1, 1973, to 353 one year later.

Table 10 shows that, of the 1,113 black citizens in residencies, 868, or 78%, were serving in programs with medical school affiliations. Out of the total of 292 graduates of foreign medical schools, 84% were serving in programs affiliated with a medical school.

In analyzing the distribution by specialty, the largest number again were serving appointments in internal medicine, followed by obstetrics-gynecology, general surgery, pediatrics, psychiatry, and family practice. The proportion in in-



Table 10.—Black US Citizens Serving in Residencies, by Specialty and Hospital Affiliation, as of Sept 1, 1974

Specialty	US and Canadian Graduates					Foreign Graduates					Total on Duty, US, Canadian, & Foreign Graduates
	Types of Medical School Affiliation					Types of Medical School Affiliation					
	Major	Limited	Grad.	None	Total	Major	Limited	Grad.	None	Total	
Anesthesiology	10	..	..	..	10	14	1	..	..	15	25
Child psychiatry	3	5	..	..	8	1	1	..	..	2	10
Diagnostic radiology	1	..	..	..	1	..	..	..	..	..	1
Dermatology	13	..	..	..	13	..	..	..	..	..	13
Family practice	29	9	1	6	45	5	..	..	..	5	50
General practice	..	..	1	1	1	..	..	..	1	1	2
General surgery	87	17	11	5	120	22	2	..	3	27	147
Internal medicine	140	22	13	10	185	60	4	..	6	70	255
Neurological surgery	8	..	..	..	8	1	..	..	..	1	9
Neurology	9	..	..	..	9	13	..	..	..	13	22
Nuclear medicine	..	..	..	..	..	1	..	..	..	1	1
Obstetrics-gynecology	91	15	14	7	127	20	3	..	4	27	154
Ophthalmology	19	7	..	2	28	1	..	..	3	4	32
Orthopedic surgery	32	1	4	4	41	1	..	2	..	3	44
Otolaryngology	12	1	..	..	13	4	..	..	..	4	17
Pathology	13	2	..	1	16	12	3	..	2	17	33
Forensic pathology	..	..	..	..	..	..	..	..	1	1	1
Pediatrics	50	6	6	..	62	25	..	..	2	27	89
Pediatric allergy	1	..	..	..	1	1	..	..	..	1	2
Pediatric cardiology	..	..	..	..	..	1	..	..	..	1	1
Physical med. & rehab.	1	..	..	2	3	1	..	..	..	1	4
Plastic surgery	2	..	..	..	2	1	..	..	..	1	3
Psychiatry	47	3	..	6	56	23	1	1	7	32	88
Radiology	18	3	3	1	25	8	..	..	..	8	33
Therapeutic radiology	2	..	..	..	2	8	..	..	..	8	10
Thoracic surgery	2	1	..	1	4	11	..	..	..	11	15
Urology	18	..	..	1	19	2	..	..	..	2	21
Other specialties	16	2	3	1	22	8	1	..	..	9	31
<b>Total</b>	<b>624</b>	<b>94</b>	<b>55</b>	<b>48</b>	<b>821</b>	<b>244</b>	<b>16</b>	<b>3</b>	<b>29</b>	<b>292</b>	<b>1,113</b>

ternal medicine increased from 17% as of Sept. 1, 1973, to 23% for the reporting period in 1974. The proportions in obstetrics-gynecology, 14%, and in general surgery, 13%, were the same for the reporting periods in 1973 and 1974. The proportion in pediatrics decreased slightly, with 8% for the reporting period as of Sept. 1, 1974, and 9% in the preceding reporting period; psychiatry during both periods had 8%. The proportion in family practice decreased somewhat, with only 4% in this field as of Sept 1, 1974, as compared with 5% one year earlier. Some specialties, such as anesthesiology, neurological surgery, neurology, pathology, radiology, and urology showed numerical decreases, resulting in further decreases on a percentage basis.

#### Osteopathic Physicians in Graduate Education

For the past several years, the questionnaires sent to hospitals with approved graduate programs have requested information on the appointment of osteopathic physicians to the hospital attending staff, as well as appointments as members of the house staff. Because the questionnaire is sent only to hospitals with graduate programs approved by the Liaison Committee on Graduate Medical Education, the information given in Table 11 does not cover all hospitals in the United States and, therefore, is not an indication of the total appointment of osteopathic physicians to hospital staffs throughout the United States.

As of Sept. 1, 1974, 746 hospitals with approved graduate training programs indicated that osteopathic physicians were eligible for appointment to their staffs. These statistics include graduate training programs in military and Public Health Service facilities, which are approved independently by the Liaison Committee on Graduate Medical Education and by the American Osteopathic Association (AOA). Of the 746 hospitals, 341 (46%) indicated that appointments had been made, and that a total of 821 osteopathic physicians were on duty as of the reporting date. This number is a 6% increase over the 772 on duty one year earlier. The departmental appointments increased significantly in most of the specialties. The number of appointments made to the departments of

family practice and general practice increased from 276 as of Sept 1, 1973, to 313 one year later. During the same reporting period, however, the number in internal medicine dropped from 211 to 189 one year later. The number appointed to the department of general surgery increased from 15 to 30 during the same one year period. In pediatrics, the number increased from 61 to 80, but the number in psychiatry dropped slightly from 48 to 40.

Table 12 tabulates the number of graduates of osteopathic schools who were serving in AMA-approved internships as of Sept 1, 1974, compared with the number one year earlier. In previous years, the number on duty has remained almost stationary, but for Sept 1, 1974, the number decreased both with respect to the number of hospitals giving appointments and the number of interns on duty in hospitals. As of Sept 1, 1974, 51 hospitals reported appointing 114 osteopathic physicians to internships; one year earlier, 61 hospitals had appointed a total of 128 osteopathic physicians as interns.

Table 13 shows the number of graduates of osteopathic medical schools serving in residencies approved by the AMA as of Sept 1, 1974. The policy of the AMA House of Delegates is that graduates of osteopathic medical schools may be appointed to AMA-approved residencies if the specialty board has agreed to accept such candidates for certification. The American boards for the following specialties will examine graduates of osteopathic medical schools for certification: anesthesiology, dermatology, family practice, internal medicine, nuclear medicine, obstetrics-gynecology, ophthalmology, orthopedic surgery, otolaryngology, pathology, pediatrics, physical medicine and rehabilitation, preventive medicine, psychiatry and neurology, and radiology.

The total number of such graduates serving in approved programs decreased somewhat from the number in approved residencies as of Sept 1, 1973, resulting in a decrease in the numbers in the individual specialties. The total number of osteopathic physicians in AMA-approved residencies as of Sept 1, 1974, was 444; one year earlier the number was 480. It should be noted that there are a few osteopathic graduates

Table 11.—Departmental Appointments of Osteopathic Physicians on Attending Staff, by State and Specialty, as of Sept 1, 1974

State	Hospitals in Which Osteopathic Physicians May Be Appointed			Anesthesiology	Dermatology	Family Practice	General Practice	General Surgery	Internal Medicine	Neurology	Nuclear Medicine	Obstetrics-Gynecology	Ophthalmology	Orthopedic Surgery	Otolaryngology	Pathology	Forensic Pathology	Pediatrics	Phys. Med. & Rehab.	Psychiatry	Radiology	Urology	Other Specialties
	Eligible for Appointment	Have Been Appointed	No. Appointed																				
Alabama	8	1	1	1																			
Arizona	6	3	21		1				4											4			12
Arkansas	5																						
California	60	12	17		1	2			2	1									7		1		3
Canal Zone	1																						
Colorado	15	13	31			17		1	1	1									8				3
Connecticut	14																						
Delaware	4	1	15			15																	
Dist. of Columbia	11	2	2						1										1				
Florida	18	10	22	1		12	1		1		1	4							1		1		
Georgia	10	3	4									1							1				2
Illinois	26	10	17			1		3	3										2	1	2	1	4
Indiana	9	4	12			12																	
Iowa	11	20	42	3	1	13	3	2	15			1							2		1		
Kansas	13	3	7				3		1														1
Kentucky	9	2	2				1		1														
Louisiana	7	1	4																				3
Maine	6	4	3	1					1														1
Maryland	15	4	1			1																	
Massachusetts	28	9	6			2															1		1
Michigan	47	30	145	6		40	27	10	15			9	1	1		2	1	22		3	5		3
Minnesota	14	2	2	1		1																	
Mississippi	3	1																					
Missouri	24	14	29	1		4		1	8	1		1							7		4		2
Nebraska	6																						
Nevada	1	1	5			5																	
New Hampshire	1																						
New Jersey	38	29	87	2		24	9	11	30			1		6		1		1	1	1			
New Mexico	4	4	10		1	4						1		1				1					2
New York	83	31	44			9	1		11	1		6						5		6	1	1	3
North Carolina	7	1	1			1																	
North Dakota	5																						
Ohio	42	27	57	1		10	15		10			8		1				7		2	1		2
Oklahoma	8	2	1																1				
Oregon	7	2	1				1																
Pennsylvania	68	57	145	3	1	6	30		70			5				2		10	3	10			5
Puerto Rico	1																						
Rhode Island	10	5	11			2			1			5						2		1			
South Carolina	6	1	2			1																	1
South Dakota	3																						
Tennessee	6	2	2						2														
Texas	25	11	25	2		8		1	5			3						2		3	1		
Utah	4																						
Vermont	2																						
Virginia	17	7	11	1					1	5		1			1				1				1
Washington	13	4	27			12	13													1			1
West Virginia	7	2	3			3																	
Wisconsin	18	6	6			1	1		2										1				1
<b>Total</b>	<b>746</b>	<b>341</b>	<b>821</b>	<b>23</b>	<b>5</b>	<b>206</b>	<b>107</b>	<b>30</b>	<b>189</b>	<b>4</b>	<b>1</b>	<b>46</b>	<b>2</b>	<b>9</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>80</b>	<b>7</b>	<b>40</b>	<b>10</b>	<b>1</b>	<b>54</b>

listed for specialties in which the specialty board has not agreed to examine osteopathic physicians. These may be in programs that are also AOA approved. Residencies in specialties certified by the following American boards are not open to osteopathic physicians at the present time: colon and rectal surgery, general surgery, neurological surgery; plastic surgery, thoracic surgery, and urology.

The number of osteopathic physicians serving in approved residencies increased from 13 (Sept 1, 1973) to 24 (Sept 1, 1974) in Texas, and smaller increases occurred in Colorado, Delaware, New York, and Tennessee.

For residencies in which the candidates were serving as of Sept 1, 1974, there was a decrease in the number of positions filled in most of the specialties except for child psychiatry, diagnostic radiology, dermatology, family practice, general surgery, and orthopedic surgery. The increasing number of graduates of US and Canadian medical schools avail-

able for the first year of training may make it more difficult for osteopathic physicians to obtain appointments in the first year of residency programs.

#### Women in Graduate Medical Education

Table 14 lists the states and the affiliation status of hospitals in which women were serving internships as of Sept 1, 1974, and provides statistics on US and Canadian graduates and on graduates of foreign medical schools. The total number of women serving in internships increased over the previous year, and it is likely that the actual number serving may be larger than shown because of the increasing tendency to list the first year of graduate education as a "residency," indicating that the first year is an integral part of the total specialty training program. The numbers reported by hospitals as of Sept 1, 1974, were 1,750, as compared with 1,523 for Sept 1, 1973. There were 1,739 women reported as serving

## GRADUATE MEDICAL EDUCATION

State	Sept 1, 1974		Sept 1, 1973	
	No. of Hospitals	No. of Interns on Duty	No. of Hospitals	No. of Interns on Duty
Arizona	..	..	1	1
California	3	9	4	5
Colorado	1	2	3	5
Connecticut	..	..	1	1
Delaware	1	2	1	1
District of Columbia	2	8	1	3
Hawaii	1	4	1	1
Illinois	1	2	6	12
Iowa	2	3	1	7
Kansas	..	..	1	2
Louisiana	1	3	1	3
Maryland	..	..	2	2
Michigan	1	1	1	2
Minnesota	2	2	1	1
Missouri	2	1	..	..
New Jersey	1	1	5	13
New York	6	16	8	25
Ohio	4	8	5	11
Oklahoma	1	1	..	..
Pennsylvania	11	30	11	21
Rhode Island	2	3	1	2
Tennessee	1	1	3	5
Texas	4	10	..	..
Virginia	2	5	2	4
Washington	1	1	1	1
Wisconsin	1	1	..	..
Total	51	114	61	128

Table 13.—Graduates of Osteopathic Schools in Approved Residencies, Sept 1, 1974\*

State	Anesthesiology	Child Psychiatry	Diagnostic Radiology	Dermatology	Family Practice	General Surgery	Internal Medicine	Neurology	Nuclear Medicine	Obstetrics-Gynecology	Ophthalmology	Orthopedic Surgery	Otolaryngology	Pathology	Pediatrics	Phys. Med. & Rehab.	Psychiatry	Radiology	Thoracic Surgery	Urology	Other Specialties	Total
Alabama	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Arizona	..	..	..	..	2	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	4
California	..	..	..	1	1	1	2	..	..	2	1	1	1	..	1	2	2	3	..	..	..	18
Colorado	..	..	..	..	3	..	1	..	..	2	..	..	..	..	..	..	..	..	..	1	..	9
Connecticut	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	2
Delaware	..	..	..	..	1	..	2	1	..	1	..	..	..	..	..	..	..	..	..	..	1	7
District of Columbia	..	..	..	..	1	1	1	..	..	1	..	2	1	1	..	..	1	..	..	..	..	9
Florida	1	..	..	..	4	..	..	..	..	6	..	..	..	..	2	..	5	..	..	..	..	18
Georgia	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Hawaii	..	..	..	..	1	..	1	..	..	4	..	..	..	1	1	..	..	..	..	..	..	8
Illinois	1	2	..	..	..	..	7	1	..	2	..	..	2	..	1	1	2	..	..	..	1	20
Indiana	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Iowa	1	..	..	..	2	..	..	..	..	..	..	..	2	..	1	..	1	..	..	..	..	7
Kansas	..	..	..	..	1	..	2	..	..	1	..	1	..	1	..	..	2	..	..	..	..	8
Kentucky	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Maryland	..	..	..	..	..	..	3	..	..	1	..	..	..	..	..	..	..	..	..	..	..	4
Massachusetts	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2
Michigan	..	1	..	..	1	1	6	..	..	5	..	3	..	1	2	..	10	..	..	..	..	30
Minnesota	..	..	..	..	1	..	..	..	..	1	..	..	..	..	1	..	1	..	..	..	..	4
Missouri	1	..	..	..	..	1	2	1	..	1	..	4	..	..	1	1	3	1	..	..	1	17
Nebraska	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	3
New Jersey	..	..	..	..	..	..	5	1	..	1	..	1	..	3	1	..	2	2	..	..	..	16
New Mexico	..	..	..	..	..	..	2	..	..	..	2	..	..	..	..	..	1	..	..	..	..	5
New York	2	1	..	4	5	1	17	3	1	4	1	5	..	..	3	2	9	6	..	1	4	69
North Carolina	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Ohio	3	..	..	..	2	..	7	1	..	3	..	..	1	2	2	..	1	2	..	..	..	24
Oklahoma	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Oregon	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	4
Pennsylvania	2	1	1	3	6	5	18	4	..	11	1	2	2	1	7	2	19	7	1	..	6	99
Rhode Island	..	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
Tennessee	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	6	..	..	..	..	7
Texas	..	2	..	..	1	2	10	..	..	2	..	1	..	2	..	..	2	1	..	..	1	24
Virginia	..	..	..	..	1	1	4	2	..	..	..	..	..	..	1	..	1	..	..	..	..	9
Washington	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	3
Wisconsin	..	..	..	..	2	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	4
Total	12	9	1	8	38	14	90	17	1	49	5	21	9	16	29	10	74	23	1	1	16	444

\*These statistics include graduate training programs in military and Public Health Service facilities that are approved independently by both the AMA and the American Osteopathic Association.

Table 14.—Women in Internship Positions, as of Sept 1, 1974

State	US and Canadian Graduates					Foreign Graduates					Total US & Foreign Graduates
	Types of Medical School Affiliation					Types of Medical School Affiliation					
	Major	Limited	Grad.	None	Total	Major	Limited	Grad.	None	Total	
Alabama	4	3	..	7	14	..	..	..	1	1	15
Alaska	..	..	..	..	..	..	..	..	..	..	..
Arizona	7	7	..	..	14	1	..	..	..	1	15
Arkansas	3	..	..	..	3	1	..	..	..	1	4
California	185	25	22	3	235	12	4	2	..	18	253
Canal Zone	..	..	2	..	2	..	..	..	..	..	2
Colorado	..	5	5	..	10	..	..	..	..	..	10
Connecticut	14	3	1	..	18	9	2	4	..	15	33
Delaware	..	..	..	..	..	..	..	..	..	..	..
Dist. of Columbia	17	9	..	..	26	1	1	5	..	7	33
Florida	16	1	..	..	17	1	2	..	1	4	21
Georgia	15	..	1	1	17	..	..	1	4	5	22
Guam	..	..	..	..	..	..	..	..	..	..	..
Hawaii	..	7	..	..	7	..	3	..	..	3	10
Idaho	..	..	..	..	..	..	..	..	..	..	..
Illinois	51	3	..	..	54	55	40	3	14	112	166
Indiana	5	3	..	..	8	..	..	..	..	..	8
Iowa	6	2	..	..	8	..	1	..	1	2	10
Kansas	1	1	..	..	2	..	..	..	..	..	2
Kentucky	5	4	..	2	11	4	..	..	..	4	15
Louisiana	14	..	..	..	14	6	..	..	..	6	20
Maine	3	..	..	..	3	..	..	..	..	..	3
Maryland	24	2	..	1	27	2	..	10	15	27	54
Massachusetts	42	3	..	..	45	9	6	..	2	17	62
Michigan	21	2	..	5	28	22	11	..	18	51	79
Minnesota	22	2	..	..	24	..	1	..	..	1	25
Mississippi	1	..	..	..	1	..	..	..	..	..	1
Missouri	33	1	..	..	34	34	5	4	5	48	82
Nebraska	3	..	..	..	3	1	..	..	..	1	4
New Hampshire	2	..	..	..	2	..	..	..	..	..	2
New Jersey	8	..	..	1	9	29	18	3	11	61	70
New Mexico	8	..	..	..	8	..	..	..	..	..	8
New York	109	1	3	23	136	111	24	7	26	168	304
North Carolina	24	..	..	..	24	..	..	..	..	..	24
Ohio	32	..	..	1	33	5	6	..	13	24	57
Oklahoma	3	2	..	..	5	1	..	..	..	1	6
Oregon	4	4	..	..	8	..	..	..	..	..	8
Pennsylvania	63	5	1	..	69	24	15	7	11	57	126
Puerto Rico	8	..	..	..	8	4	2	..	..	6	14
Rhode Island	5	..	..	..	5	..	2	..	..	2	7
South Carolina	1	..	..	..	1	..	1	..	..	1	2
Tennessee	14	1	1	..	16	1	2	..	1	4	20
Texas	73	7	..	1	81	3	..	..	..	3	84
Utah	1	..	2	..	3	..	..	..	..	..	3
Vermont	2	..	..	..	2	..	..	..	..	..	2
Virginia	17	1	..	..	18	2	..	..	..	2	20
Washington	4	8	..	..	12	..	..	..	..	..	12
West Virginia	..	..	..	..	..	1	..	..	..	1	1
Wisconsin	23	3	..	..	26	..	5	..	..	5	31
<b>Total</b>	<b>893</b>	<b>115</b>	<b>38</b>	<b>45</b>	<b>1,091</b>	<b>339</b>	<b>151</b>	<b>46</b>	<b>123</b>	<b>659</b>	<b>1,750</b>

in internships as of Sept 1, 1972.

As of Sept 1, 1974, the number of women graduates of US and Canadian schools serving internships increased to 1,091 from the total one year earlier of 777, while the number of women graduates of foreign medical schools decreased from 746 to 659. The table also indicates that, while 82% of the women who had graduated from US and Canadian schools received internship appointments in major teaching hospitals, only 51% of the women graduates of foreign medical schools received appointments as interns in hospitals with major affiliations with a medical school. This, however, represented an increased proportion for the graduates of foreign medical schools compared with the number a year earlier. Of the total number of US and Canadian women graduates, less than 1% accepted an appointment in a hospital without a medical school affiliation, whereas 19% of the women graduates of foreign medical schools accepted such appointments.

Table 15 shows that women graduates of US and Canadian schools made up 12.2% of their total class as of June 30, 1974, but the statistics in Table 14 show that women were serving in 13% of the internships filled, according to information obtained through the AMA Physicians' Records as of Dec 30,

1974. The 656 women who were graduates of foreign medical schools and were serving internships comprised 21% of the total number of foreign graduates in internship programs as of the end of 1974. The total number of women serving as interns—1,747—was 15% of the total number of interns on duty as of the end of the year, according to the physicians' biographical records. In previous years this number was related to the total number listed on duty by the individual hospitals as of Sept 1. The percentages were 13.8 for Sept 1, 1973; 15.5 for Sept 1, 1972; and 14 for 1971. The proportion of women is now apparently increasing, despite the decrease in the number of women graduates from foreign medical schools.

Table 15 shows the number and proportion of women graduates from medical schools in the United States and in Canada for the year ending June 30, 1974. For the academic year ending June 30, 1974, the number of women in medical schools in the United States who graduated was 1,264, or 11.1% of the class, as compared with 924, or 8.9%, in the class a year earlier; the number of women graduating from Canadian medical schools during the year ending June 30, 1974, totaled 309, or 19.8%, as compared with 224, or 17.8%, one year earlier.

Table 15.— Men and Women Graduates as of June 30, 1974

Graduates of Medical Schools in:	Men	% of Total Class	Women	% of Total Class	Total Class
United States	10,101	88.9	1,264	11.1	11,365
Canada	1,253	80.2	309	19.8	1,562
<b>Total graduates</b>	<b>11,354</b>	<b>87.8</b>	<b>1,573</b>	<b>12.2</b>	<b>12,927</b>

Concern is often expressed that women, after graduation from medical school, may not continue in graduate education and in practice. The statistics listed above, however, seem to indicate that, out of the 1,573 women graduates of US and Canadian medical schools for the academic year ending June 30, 1974, 1,091 entered internship programs, and an unknown number entered residencies directly after graduation from medical schools. Pediatrics, family practice, and psychiatry are specialty fields in which candidates are usually accepted directly into the residency without a specific year of internship.

As shown in Table 16, women who have graduated from medical schools in the United States and Canada accepted 133 appointments in family practice, 595 in pediatrics, and 421 in psychiatry as of Sept 1, 1974. Even if one assumes that these were evenly divided between first-, second-, and third-year appointments, one third of the total of 1,149 positions, or 383, could be added to the total number of women entering internship programs—1,091—which would bring the total to a number very close to the number of women who graduated from US and Canadian medical schools by the year ending June 30, 1974.

#### Women in Residency Programs

Table 16 records that 2,902 women who were graduates of US and Canadian schools were serving residencies as of Sept 1, 1974, and 2,932 women who were graduates of foreign medical schools were serving in such positions, or a total of 5,834 women serving residencies as of Sept 1, 1974. In the previous year, the comparable numbers were 2,571

US and Canadian graduates, and 2,631 graduates of foreign medical schools, or a total of 5,202. The number serving their residencies in hospitals having a major affiliation with a medical school increased for the US and Canadian graduates from 81% as of Sept 1, 1973, to 85%, as of Sept 1, 1974. The number of graduates of foreign medical schools with appointments in hospitals with major medical school affiliation increased from 57% to 61% during the same period.

As in previous years, women obtained the largest number of their appointments in pediatrics. They obtained 20% of the 5,834 appointments in that field. Women obtained 15% of the appointments available in psychiatry and internal medicine, followed by 11% in pathology, 7% in anesthesiology, 6% in obstetrics-gynecology, 5% in general surgery, 4% in radiology, 3% each in family practice and physical medicine and rehabilitation, and 2% in child psychiatry.

The choices, as in previous years, differed among US and Canadian graduates and the foreign graduates, with almost three times as many foreign graduates choosing anesthesiology or pathology as their US and Canadian counterparts, and with four times as many choosing physical medicine and rehabilitation as their US and Canadian counterparts. On the other hand, the US and Canadian women graduates obtained almost three times as many positions in family practice as their counterparts from foreign medical schools, and almost twice as many positions in general surgery, along with 1½ times as many positions in internal medicine. In some specialties in which there was a smaller number of women appointed, such as neurological surgery, neurology, and

Table 16.—Women Physicians Serving in Residencies, by Specialty and Hospital Affiliation, as of Sept 1, 1974

Specialty	US and Canadian Graduates					Foreign Graduates					Total on Duty, US & Foreign
	Types of Medical School Affiliation					Types of Medical School Affiliation					
	Major	Limited	Grad.	None	Total	Major	Limited	Grad.	None	Total	
Anesthesiology	106	..	..	1	107	231	20	6	28	285	392
Child psychiatry	50	7	..	4	61	35	20	3	12	70	131
Diagnostic radiology	32	1	..	8	41	13	3	..	..	16	57
Dermatology	62	..	..	1	63	14	1	..	..	15	78
Family practice	75	31	3	24	133	21	11	6	10	48	181
General practice	1	..	..	1	2	4	23	3	36	66	68
General surgery	162	12	5	8	187	83	9	..	6	98	285
Internal medicine	459	44	4	27	534	171	65	23	70	329	863
Neurological surgery	15	..	..	..	15	7	..	..	..	7	22
Neurology	56	1	..	3	60	32	2	..	..	34	94
Nuclear medicine	3	1	..	1	5	3	..	..	..	3	8
Obstetrics-gynecology	137	14	2	14	167	102	30	9	40	181	348
Ophthalmology	43	2	3	6	54	14	3	..	2	19	73
Orthopedic surgery	12	..	..	1	13	1	..	..	..	1	14
Otolaryngology	10	..	..	..	10	1	..	..	..	1	11
Pathology	145	30	3	6	184	254	104	15	78	451	635
Forensic pathology	..	..	..	1	1	..	..	..	3	3	4
Pediatrics	517	59	5	14	595	403	64	24	87	578	1,173
Pediatric allergy	3	3	..	..	6	1	..	..	..	1	7
Pediatric cardiology	3	..	..	1	4	3	..	..	2	5	9
Physical medicine & rehabilitation	25	..	1	1	27	84	17	..	20	121	148
Plastic surgery	6	..	..	2	8	2	..	..	1	3	11
General preventive medicine	2	..	..	1	3	..	..	..	..	..	3
Colon & rectal surgery	..	..	..	1	1	..	..	..	..	..	1
Psychiatry	356	34	4	27	421	218	38	14	187	457	878
Radiology	129	7	4	12	152	63	14	3	21	101	253
Therapeutic radiology	9	..	..	1	10	11	..	..	..	11	21
Thoracic surgery	1	..	..	..	1	3	..	..	..	3	4
Urology	1	..	..	..	1	..	..	..	..	..	1
Other specialties	32	1	..	3	36	19	5	..	1	25	61
<b>Total</b>	<b>2,452</b>	<b>247</b>	<b>34</b>	<b>169</b>	<b>2,902</b>	<b>1,793</b>	<b>429</b>	<b>106</b>	<b>604</b>	<b>2,932</b>	<b>5,834</b>

ophthalmology, the US and Canadian graduates filled at least twice as many positions as their counterparts from foreign medical schools.

#### Women Physicians on Teaching Staffs

As shown in Table 17, 5,615 women served on teaching staffs of hospitals with approved graduate training programs as of Sept 1, 1974, with the number about evenly divided between full-time teaching staff appointments and part-time appointments. Of the total of 2,877 with full-time appointments on teaching staffs, 77% were graduates of US or Canadian medical schools; on the part-time teaching staffs, 84% were graduates of US or Canadian medical schools. Similar proportions were recorded one year earlier. The number of women on teaching staffs has remained relatively constant over the past several years, although the number on full-time teaching staffs was slightly higher at the recording period ending Sept 1, 1973.

Because these figures are higher than those usually listed in tabulations of women physicians by professional activity, it is likely that most of those listed as serving in full-time teaching positions are "geographically full-time," with an

office in the hospital or in a building related to the hospital. These women physicians would tend to indicate that they are in active practice, especially if they are involved in the day-to-day teaching of the house staff.

#### Women Employed Full-Time in Hospitals

Hospitals were also asked to report the number of women physicians employed full-time in hospitals in other than teaching positions. Of the 314 hospitals that reported these data, the statistics showed that a total of 830 women who were graduates of US and Canadian schools and 506 women who were graduates of foreign medical schools were serving as full-time employees in hospitals. These numbers are decreases from the 929 US and Canadian graduates and the 533 graduates of foreign medical schools reported a year earlier. The total number employed full-time in hospitals as of Sept 1, 1974, was 1,236, as compared with 1,462 one year earlier. These numbers are in addition to those listed in full-time or part-time teaching positions, and probably represent physicians who serve in administrative positions as well as those employed in specific clinical activities of the hospital.

Table 17.—Women Physicians on Teaching Staffs (on Full-Time and Part-Time Basis), as of Sept 1, 1974

State	Full-Time Teaching Staff			Part-Time Teaching Staff			Total Teaching
	US, Canadian Graduates	Foreign Medical Graduates	Total	US, Canadian Graduates	Foreign Medical Graduates	Total	
Ala	32	2	34	17	3	20	54
Ariz	7	2	9	8	1	9	18
Ark	19	..	19	5	..	5	24
Calif	399	27	426	256	4	260	686
Canal Zone	2	..	2	1	..	1	3
Colo	36	..	36	21	3	24	60
Conn	44	5	49	49	6	55	104
Del	4	..	4	40	1	41	45
DC	40	13	53	32	5	37	90
Fla	21	18	39	39	4	43	82
Ga	25	1	26	24	..	24	50
Hawaii	5	..	5	6	3	9	14
Ill	112	73	185	147	39	186	371
Ind	10	1	11	19	2	21	32
Iowa	16	1	17	6	4	10	27
Kan	12	2	14	29	2	31	45
Ky	19	8	27	5	..	5	32
La	16	8	24	15	..	15	39
Me	1	..	1	1	..	1	2
Md	15	9	24	17	2	19	43
Mass	92	38	130	104	4	108	238
Mich	98	25	123	53	6	59	182
Minn	33	6	39	10	..	10	49
Miss	16	1	17	6	2	8	25
Mo	66	24	90	46	13	59	149
Neb	16	..	16	11	..	11	27
NH	9	..	9	2	..	2	11
NJ	30	29	59	49	25	74	133
NM	..	2	2	1	..	1	3
NY	386	245	631	595	171	766	1,397
NC	70	2	72	17	4	21	93
Ohio	61	25	86	128	39	167	253
Okla	9	1	10	3	..	3	13
Ore	13	5	18	39	1	40	58
Pa	205	47	252	194	14	208	460
PR	31	13	44	15	4	19	63
RI	5	3	8	17	5	22	30
SC	15	1	16	8	..	8	24
Tenn	23	2	25	10	4	14	39
Tex	59	4	63	57	2	59	122
Utah	29	..	29	26	..	26	55
Vt	4	..	4	27	12	39	43
Va	8	1	9	80	12	92	101
Wash	36	6	42	60	16	76	118
WVa	19	4	23	4	3	7	30
Wis	43	12	55	12	11	23	78
<b>Total</b>	<b>2,211</b>	<b>666</b>	<b>2,877</b>	<b>2,311</b>	<b>427</b>	<b>2,738</b>	<b>5,615</b>

Specialty	No. in Part-Time Residencies	
	Women	Men
Anesthesiology	4	6
Child psychiatry	7	8
Family practice	1	3
General surgery	1	1
Internal medicine	6	1
Obstetrics-gynecology	2	..
Orthopedic surgery	..	1
Pathology	8	3
Pediatrics	11	2
Physical med. & rehab.	1	..
Plastic surgery	..	1
Psychiatry	33	16
Radiology	2	..
<b>Total</b>	<b>76</b>	<b>42</b>

#### Refresher Courses for Women Physicians

Hospitals were again asked on the annual questionnaire whether they provide or could provide refresher courses to women physicians who have been out of practice for some time. Some correspondents had urged that the question not be limited to women physicians, and future questionnaires will probably not specify women as candidates for the refresher courses.

Of the 72 hospitals that responded to indicate that they could offer such courses or would be willing to provide them, 42 stated that they were offering courses, with the majority of such courses being offered, as has been true in the past, in internal medicine, pediatrics, psychiatry, anesthesiology, and surgery. The replies from the hospitals implied that courses could be developed on an individual basis on request to the director of a residency, and that a woman physician should be able to find refresher training to bring up to date her knowledge of a specialty in which she is interested. The growing field of continuing education would also offer additional organized opportunities for such study in many places throughout the country.

#### Part-Time Graduate Programs

As in previous years, hospitals were asked whether they would be willing to offer part-time graduate training programs to men and women on specific request if satisfactory programs could be organized. The replies indicated that 89 hospitals would offer part-time internships to women, and 38 would offer part-time internships to men. These hospitals, however, reported only five women and two men serving on a part-time basis in internship programs as of Sept 1, 1974.

For part-time residencies, 208 hospitals indicated that they would be willing to consider offering part-time residencies to women, but only 76 women were serving in part-time residencies as of Sept 1, 1974. This was the same number as one year earlier. Of the 120 hospitals that reported a willingness to offer a part-time residency to men, only 42 posi-

Specialty	Prerequisite Year(s) Before Entry Into Specialty	Minimum Years of Training in This Specialty Field	Maximum Years of Training Subject to Approval in Field
Anesthesiology	1 (Clinical base)	2	3
Child psychiatry	2 (General psychiatry)	2	2
Diagnostic radiology	1 (Clinical base)	3	3
Dermatology	1 (Medicine)	2	3
Family practice	..	3	3
General practice	..	2	3
Surgery	..	4	5-7
Internal medicine	..	3	5
Neurological surgery	1 (General surgery)	4	4
Neurology	1 (Clinical base)*	3	5
Nuclear medicine	2 (Medicine, pathology, or radiology)	2	2
Obstetrics-gynecology	1 (Clinical base)*	3	4
Ophthalmology	1 (Optional)	3	4
Orthopedic surgery	1 (Surgery or others)	3	4
Otolaryngology	1 (General surgery)	3	4
Pathology	..	3	4
Forensic pathology	3+ yr of pathology	1	2
Neuropathology	4 yr of pathology	1	2
Pediatrics	..	3	4
Pediatric allergy	3 yr of pediatrics	1	2
Pediatric cardiology	3 yr of pediatrics	2	2
Physical medicine	½ yr + (Medicine & Surgery)	2	3
Plastic surgery	3 yr (General surgery)	2	3
Colon and rectal surgery	3 yr (General surgery)	2	2
Psychiatry	1 (Clinical base)*	3	3
Radiology	1 (Clinical base)	3	3
Therapeutic radiology	1 (Clinical base)	3	3
Thoracic surgery	4 yr (General surgery)	2	2
Urology	2 yr (General surgery)	3	3
Specialty training in other than hospitals:			
Aerospace medicine	1 (School of public health)	3	4
General preventive medicine	1 (School of public health)	3	4
Occupational medicine (academic)	2 (School of public health)	2	2
Occupational medicine (in-plant)	2 (School of public health)	1 (plus academic)	2 (plus academic)
Public health	1 (School of public health)	3	4

\*Required after June 30, 1977.

Appendix, Table 2.—US Graduates Appointed Directly From Medical School to a Residency, as of Sept 1, 1974

State	Hospitals Appointing Residents	Total No. Appointed	Department Appointment by Specialty																			
			Anesthesiology	Child Psychiatry	Diagnostic Radiology	Dermatology	Family Practice	General Practice	General Surgery	Internal Medicine	Neurology	Obstetrics-Gynecology	Ophthalmology	Orthopedic Surgery	Otolaryngology	Pathology	Pediatrics	Phys. Med. & Rehab.	Psychiatry	Radiology	Therapeutic Radiology	Other Specialties
Alabama	8	34					7		7	5		2			1	12						
Arizona	4	17					4		4			1							4			
Arkansas	2	17					11		4													
California	39	245					66			29		12			40	48			45	5		
Canal Zone	1	1										1										
Colorado	9	104	2				17		25	19					10	26			4	1		
Connecticut	10	82							30	10		4			10	20			7	1		
Delaware	2	11					6					1				3			1			
Dist. of Columbia	10	92	4				20		16			8	2		9	23			9	1		
Florida	11	114					51		16	26		13			1	2			4	1		
Georgia	8	48					37		1								1		9			
Hawaii	3	20					5		13			2										
Illinois	20	196	1				33		59	44	1	17	4		2	22	1		10	2		
Indiana	8	58					52								3	3						
Iowa	7	76	9				44		1			13					1		8			
Kansas	6	21					11					1			1				8			
Kentucky	9	37					18		1	3		5				10						
Louisiana	4	55							13		2	13	4		2	12	5		3	1		
Maine	4	20					15								5							
Maryland	12	34					13		7	2		3	1		1	3	1		3			
Massachusetts	12	42	2						13	1					1		25					
Michigan	23	162	2	1			54		15	18		6	2		5	25	1		22	9	2	
Minnesota	9	68	5	4			47					2	5		1				4			
Mississippi	3	44	2				11		4	6		6				6			4	5		
Missouri	18	124		1			12		14	12		11			10	30			33	1		
Nebraska	4	62	2				25		3	19		6					7					
New Jersey	10	110					22		22	22		4			8	3			29			
New Mexico	2	31					4		7	12					6				2			
New York	45	488	1	6	1		28		142	52	1	48	1	6	26	83	1		85	5		2
North Carolina	8	75	1				21					8		1		16			28			
Ohio	22	125					41		10	21		4	1		4	32	1		10	1		
Oklahoma	3	8							1										4	3		
Oregon	3	16					8									4			4			
Pennsylvania	32	171	5	3			46	3	28	27		17	2		5	13	2		14	6		
Puerto Rico	2	2							1										1			
Rhode Island	2	7										7										
South Carolina	9	103	3				65		4			1			10	1			18	1		
South Dakota	2	7					4		2			1										
Tennessee	6	51	1				10		21			2			3	3			10	1		
Texas	20	420	3				50		116			2		5	49	119			69	7		
Utah	2	32					19						1		2	8	1		1			
Vermont	2	6	3									1			1				1			
Virginia	9	61					40		2			4			2	9			4			
Washington	8	39					24		1						2	12						
West Virginia	3	19	1				8		2			1				1			6			
Wisconsin	8	58	2				23					8				11	2		9	3		
<b>Total</b>	<b>444</b>	<b>3,613</b>	<b>49</b>	<b>4</b>	<b>11</b>	<b>1</b>	<b>972</b>	<b>3</b>	<b>605</b>	<b>328</b>	<b>4</b>	<b>235</b>	<b>12</b>	<b>22</b>	<b>1</b>	<b>220</b>	<b>564</b>	<b>49</b>	<b>475</b>	<b>54</b>	<b>2</b>	<b>2</b>

tions were reported as being filled by men serving in a part-time capacity. Table 18 shows the specialties in which these part-time residencies were being served, with the largest number, for both men and women, in psychiatry and child psychiatry. Most hospitals apparently are willing to arrange for part-time appointments if these can be worked out without disrupting the schedules of other residents in the same disciplines and if persons desiring part-time programs could be paired to equate the amount of time available to that of one full-time person.

**Trends in Graduate Education**

As indicated in previous medical education reports, it is possible for interns and residents to be appointed to a program in graduate medical education before they actually receive their MD degree. As of Sept 1, 1974, 28 hospitals reported that they had appointed a total of 26 interns and 25 residents before the candidates were awarded the MD degree, but after they had completed all of the requirements

for the awarding of the degree.

The numbers of interns and residents appointed is a decrease from the numbers shown a year earlier, when 48 interns and 38 residents had been appointed. The Council on Medical Education has indicated previously that, when interns or residents are appointed before they have received the MD degree, it is the responsibility of the hospital staff to report these names to the AMA Physicians' Record Section, so that these persons may be properly credited with their appointment to a program in graduate medical education. The program director is also expected to verify with the state licensing board that the appointment will fulfill his state requirements, in view of the fact that the candidate has not officially received the MD degree, even though he has completed all of the requirements for the awarding of the degree.

Appendix Table 2, lists the US graduates who have been appointed directly from medical school to a residency without having had an internship. This table indicates the shift



that is being made to the new designations of programs; as of July 1, 1975, many physicians are being appointed directly to the first year of the residency. When the statistics for Sept 1, 1975, are available, they should show appointments being made directly into all of the residency programs, with the exception of those having a requirement for training in another specialty before entrance into the more highly specialized area. This would be true of such specialties as child psychiatry, which generally requires that the candidate have completed two years of adult psychiatry; and plastic surgery and thoracic surgery, which both require training in general surgery. In a few cases, however, the number of positions filled in a specialty indicates an increasing number of persons entering this field. For example, the number of positions filled in family practice—972 as of Sept 1, 1974—is an increase of 354, or 57%, over a year earlier.

In some fields, such as anesthesiology, general radiology, diagnostic radiology, and therapeutic radiology, there is a requirement for a clinical base year, which may be taken preceding the residency or may occur at any other time during the candidate's specialty training. Some of these specialties show an increased number of persons entering the residency without an internship, but this may be the result of a redesignation of the first year as a categorical\* program in these specialties. The program director may now provide the "clinical base year," or its equivalent, to the candidate as soon as he is appointed to the program, with the program director then making arrangements within his own institution for a first year of broadly based training, and with the resident then receiving his specialized training in the specialty field during the remaining three years of a program. In early 1975 the announcement was made for psychiatry and neurology and for obstetrics-gynecology, that, a year of general training would be required. That may have had one of two effects on the total number of persons going directly into the specialty: (1) in a few cases, the program director may be able to provide the broadly based training

as a part of a first year, as in obstetrics-gynecology, but (2) in other cases, such as in state psychiatric institutes, it may be necessary for the candidate to receive the first year of broadly based training in another institution, which may account for the decrease as of Sept. 1, 1974, in the number of persons going into the first year of psychiatry without an internship, as compared with the somewhat higher number of one year earlier. Many of the candidates have been unable to keep abreast of the changing requirements of the specialty boards. Program directors may also be uncertain as to the effective date of some of the new requirements.

Table 19 is a tabulation of the requirements of the various specialty boards; it was compiled in mid-1975 to indicate the prerequisite year or years to enter a specialty. It will be noted that several specialties, such as anesthesiology and radiology, require a "clinical base" year. This year is intended to provide a broad clinical base, with four months of internal medicine and assignments to the other major specialties. Each of the certifying boards, however, has a slightly different list of services on which experience might be obtained. The candidate, as well as the program director, is advised to check carefully the board requirements rather than to rely on this summary list. Detailed statements concerning the board requirements appear in each issue of the annual *Directory of Approved Residencies*, and most of the requirements summarized in Table 19 will appear in the information on certification that is being published in the 1975-1976 *Directory of Approved Residencies*.

#### Fifth Pathway

On the annual questionnaire sent to hospitals with approved graduate training programs, the question was asked whether any first-year residents had been appointed who had qualified through completion of a "fifth pathway" program. This program provides a period of clinical training to persons who have obtained their pre-medical education in an approved American college or university and have then completed successfully the didactic work at a foreign medical

Table 20.—Residency Appointments of Persons Who Completed Fifth Pathway, as of Sept 1, 1974

State	No. of Hospitals Appointing Persons	No. of Persons Appointed	Departmental Appointments by Specialty														
			Anesthesiology	Diagnostic Radiology	Family Practice	General Practice	General Surgery	Internal Medicine	Obstetrics-Gynecology	Orthopedic Surgery	Otolaryngology	Pathology	Pediatrics	Psychiatry	Radiology	Other Specialties	
Arizona	4	4					1	2									
California	4	10						4	1					2	3		
Colorado	2	2						1									1
Connecticut	1	1								1							
Delaware	1	1								1							
Dist. of Columbia	1	1							1								
Florida	5	10			3	1		1						2	3		
Georgia	1	1						1									
Hawaii	1	1						1									
Illinois	1	1			1												
Indiana	2	3			2					1							
Louisiana	1	1							1								
Maryland	1	1								1							
Massachusetts	1	1								1							
Michigan	4	17			6				9					2			
New Jersey	11	41					8	10	15	1	2			2	2	1	
New York	22	67	1		4	1	8	29	6		1			5	9	1	2
Ohio	5	7	1		2				1	2							1
Pennsylvania	8	20		1			13	3	2				1				
Tennessee	2	2						1					1				
Texas	3	3			3												
<b>Total</b>	<b>81</b>	<b>195</b>	<b>2</b>	<b>1</b>	<b>21</b>	<b>10</b>	<b>33</b>	<b>70</b>	<b>16</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>13</b>	<b>18</b>	<b>4</b>	<b>2</b>	

TABLE 21.—Changes in "Primary Care" Residency Programs and First-Year Positions 1968-1974

Specialty	PROGRAMS			TOTAL FIRST-YEAR POSITIONS				FIRST-YEAR POSITIONS FILLED									
	Number of Approved Programs		Percentage of Change	Number of 1st Year Positions Filled		Percentage of Change	Number of U.S. and Canadian Graduates			Number of Foreign Medical Graduates			Percentage of Foreign Medical Graduates				
	1968	1973		1974	1968-74		1968	1973	1974	1968-74	1968	1973	1974	1968	1973	1974	
Family Practice	...	206	232	...	...	766	1,197	...	...	720	1,124	...	46	73	...	6	6
General Practice	154	51	38	-75	254	176	157	-38	116	33	23	143	143	134	56	81	85
Internal Medicine	419	433	422	...	2,589	4,139	4,571	+77	1,801	3,154	3,591	788	985	980	30	23	21
Obstetrics/ Gynecology	358	347	330	-8	759	1,003	1,047	+38	433	675	751	326	328	296	43	32	28
Pediatrics	260	274	262	...	1,002	1,699	1,842	+84	651	1,141	1,252	406	588	590	41	33	32
<b>Totals</b>	<b>1,191</b>	<b>1,311</b>	<b>1,284</b>	<b>+8</b>	<b>4,604</b>	<b>7,783</b>	<b>8,814</b>	<b>+91</b>	<b>3,001</b>	<b>5,723</b>	<b>6,741</b>	<b>1,663</b>	<b>2,090</b>	<b>2,073</b>	<b>36</b>	<b>27</b>	<b>24</b>
				Total U.S. Graduates		% Increase		% U.S. Graduates in First-Year Positions									
				1968 - 7,973				1968 - 38%									
				1973 - 10,391		+30		1973 - 55%									
				1974 - 11,613		+46		1974 - 58%									

TABLE 22.—Changes in Surgical Residency Programs and First-Year Positions (Including Surgical Specialties) 1968-74

Specialty	PROGRAMS			TOTAL FIRST-YEAR POSITIONS				FIRST-YEAR POSITIONS FILLED									
	Number of Approved Programs		Percentage of Change	Number of 1st Year Positions Filled		Percentage of Change	Number of U.S. and Canadian Graduates			Number of Foreign Medical Graduates			Percentage of Foreign Medical Graduates				
	1968	1973		1974	1968-74		1968	1973	1974	1968-74	1968	1973	1974	1968	1973	1974	
Surgery	570	482	383	-33	2,394	2,698	2,657	+11	1,580	1,759	1,813	814	939	844	34	35	32
Neurological Surgery	86	100	93	+8	129	143	134	+3	93	111	120	36	32	14	28	22	10
Ophthalmology	159	177	161	+1	418	495	504	+21	386	458	468	32	37	36	7	7	7
Orthopedic Surgery	234	207	184	-21	403	591	603	+50	356	531	539	47	60	64	12	10	11
Otolaryngology	106	113	110	+4	206	266	270	+31	178	233	227	28	33	43	14	12	16
Plastic Surgery	73	118	108	+48	90	174	185	+105	73	136	149	17	36	36	19	20	19
Colon and Rectal Surgery	14	20	20	+43	6	26	30	+400	2	14	20	4	12	10	67	46	33
Thoracic Surgery	93	96	90	-3	137	130	150	+9	74	75	98	63	55	52	46	42	35
Urology	179	188	168	-6	222	320	319	+44	160	242	239	62	78	80	16	24	25
<b>Totals</b>	<b>1,514</b>	<b>1,501</b>	<b>1,317</b>	<b>-13</b>	<b>4,005</b>	<b>4,843</b>	<b>4,852</b>	<b>+21</b>	<b>2,902</b>	<b>3,559</b>	<b>3,673</b>	<b>1,103</b>	<b>1,282</b>	<b>1,179</b>	<b>27</b>	<b>26</b>	<b>24</b>
				Total U.S. Graduates		% Increase											
				1968 - 7,973													
				1973 - 10,391		+30											
				1974 - 11,613		+46											

school but have not complied with all of the educational requirements of medical schools in nations other than the US and Canada.

Such students are eligible to enter approved residency programs in the United States if they have satisfactorily completed a year of clinical training supervised by a school accredited by the Liaison Committee on Medical Education in accordance with the policy statement of the Council on Medical Education on the "fifth pathway."

In the information collected as of Sept. 1, 1974, from hospitals with approved graduate training programs, 81 hospitals in 21 states reported that they had accepted into residency programs a total of 195 candidates who had completed the "fifth pathway" program. Table 20 indicates the states and the specialties into which these persons have entered. The largest number of candidates have been appointed in New York state, with 22 hospitals appointing these candidates; New Jersey follows, with 41 candidates appointed in 11 hospitals; and Pennsylvania appointed 20 candidates in 8 hospitals. Florida and California each appointed 10 persons who had completed the fifth pathway. Compared with other specialties, a larger percentage of candidates chose internal

medicine—36%; with 17% choosing general surgery; 11%, family practice; 9%, psychiatry; 8%, obstetrics-gynecology; and 7%, pediatrics. In the tabulations made a year earlier, there were only 37 hospitals and 11 states reporting the acceptance of 58 such candidates into residency programs.

#### Statements Presented at Hearings on Health Manpower Legislation in 1975

During 1975 it became necessary to prepare, in advance of the availability of computerized data from the Directory of Approved Residencies, information on the number of positions filled in residencies related to primary care, as compared with those in the surgical specialties.

These statistics presented before the Subcommittee on Health, Committee on Labor and Public Welfare of the United States Senate, on November 18, 1975, have been quoted in a number of instances; they are now shown in Table 21 and Table 22, so that they will be available for reference.

These tables compare the changes that have occurred in a number of residency programs with respect to the number of positions filled in "primary care" specialties, as compared

with the surgical specialties, between 1968 and 1974. Especially significant is the fact that the number of U.S. and Canadian graduates entering residencies in "primary care" has risen from 3,001 in 1968 to 6,741 in 1974, an increase of 125%. The total number of U.S. and Canadian graduates entering the first year of graduate medical education "primary care" specialties between 1973 and 1974 increased by 1,018, from 5,723 to 6,741, or 18%.

For surgery and its subspecialties, the total increase in U.S. and Canadian graduates between the years 1968 and 1974 entering the first-year of surgical residencies of all types was 1,571. Between 1973 and 1974, this increase was 114, from 3,559 in 1973 to 3,673 in 1974.

The number of first-year positions filled in the "primary care" specialties has, therefore, increased steadily and at an accelerating rate between 1968 and 1974, going from 4,604

positions to 8,814, which includes the graduates of foreign medical schools, or an increase of 91%. At the same time, the number entering the first year of all surgical residencies has increased more slowly (21%) and the rate of increase between 1973 and 1974 has clearly leveled off and may have actually declined. With an increase in the number of graduates of U.S. medical schools of 46% between 1968 and 1974, there appears to be a definite movement toward training in the primary care specialties and away from training in the surgical specialties.

The figures given in the tables were compiled manually from report forms on file from the program directors for the years stated, and, while they differ to a slight degree in some of the columns, they are basically in the same proportion as those shown in the statistics in the Annual Report section that precedes this section in the Directory.

## Special Reports, Announcements, Notices

### CURRENT DESIGNATIONS OF FIRST-YEAR OF GRADUATE EDUCATION

As stated in the 1974-75 Directory of Approved Residencies, the first year of graduate education was redesignated, beginning July 1, 1975, so that it is now listed as a "Categorical Year," or a "Flexible" year and the term "Internship" was not used in the 1974-75 Directory nor is there a list of "Internships" in this Directory.

Because definitions of the terms are still not readily recalled by most program directors, we are reprinting below, with some explanatory additions, a part of the text of a memorandum dated May 22, 1974, which had been addressed specifically to the graduating class of 1975, but which was also sent to all deans of medical schools, and to hospital administrators.

"Although the term 'internship' is in common use and appears in the medical practice statutes of many states, this term will not be used in the new Directory so that the integrated first graduate year may be identified as such and in recognition that the first graduate year is a part of a continuing period of graduate medical education, or residency, rather than a separate and independently approved year.

"The first graduate year will be reviewed by the Residency Review Committees as a part of the review of the residency program which sponsors and supervises that year. (The recommendations of the Residency Review Committee will then be forwarded to the Liaison Committee on Graduate Medical Education, which Committee takes final action on the status of all graduate training programs.)

"Three types of first years of graduate medical education will be listed in the Directory and will form the basis for participation in the National Intern and Resident Matching Program. These three types are as follows:

1. *Categorical first year*—these are first-year programs planned, sponsored, and conducted by a single approved residency program as a part of that residency. The content of such a first year will be limited, generally to the specialty field of the sponsoring residency program (or to assignments during the first year that fulfill the requirements for certification in that field).

2. *Categorical\* first year*—the asterisk designates a first-year program that will be planned, sponsored, and supervised by a single, approved residency program as a part of that residency's program of graduate medical education, the content of which need not be limited to the single specialty of the sponsoring residency program, but may include experience in two or more specialty fields as determined by the sponsoring program. (The categorical\* first year may, in some institutions, be identical to the categorical first year, but may be used to appoint candidates who require a first year as described for that specialty, but then plan to enter training in a related field or a subspecialty of the program itself).

3. *Flexible first year*—the first year will be sponsored by two or more approved residencies, and will be jointly planned and supervised by the residencies that sponsor it. Such a first year is designed to give a broad clinical experience for: (a) Students who feel the need for this type of first year; (b) program directors who feel that such experience will best serve the purpose of subsequent graduate education in their fields; and (c) students who have not yet decided on their specialty but wish to choose among several fields during their first graduate year. The content of a flexible first year must include four months of internal medicine, but

the remainder of the year may be designed in accordance with the purposes of the two or more sponsoring residency programs, and the interests and needs of the students. (A program sponsored by two residency programs, need not include training in either of these specialties; it may supply training that will be needed for the candidates to qualify for certification. Examples of such programs would be programs designed to provide the "clinical base year" for persons seeking certification in radiology and in anesthesiology, in which flexible years the candidate probably would not receive training in either of these specialties, but would have a broadly-based general program, including four months of internal medicine). It should be understood that the standards for approval of residency programs are separate from the requirements established by the various specialty boards for the certification of individuals in a particular specialty. The Directory of Approved Residencies contains both the "Essentials of Approved Residencies" and current requirements of the various specialty boards for eligibility for certification in each of the recognized medical specialties.

It would be wise to be familiar with the "Essentials of Approved Residencies" and with the requirements of the specialty boards. It may be that only a portion of a first-year program can be credited to the period of residency training required by a particular specialty board. If there is some doubt concerning this, the specialty board should be asked for information applicable to the training under consideration. This is particularly important as some specialty boards are re-examining their current requirements and may be changing requirements before revisions can be sent to us."

There is still considerable confusion concerning the fact that the type of first-year program must be specifically designated, and some of the listings that appear in this edition of the Directory have been edited by staff in order to compile information and statistics, and may not be quite in accordance with the listing that the program director had intended.

Some of the listings that do appear for individual programs have been revised after they had been processed, and may appear with different complements of categorical, categorical\* and flexible positions assigned to that specialty, and in some cases the listings of programs may have been changed by official action of the Liaison Committee on Graduate Medical Education, which Committee is now authorized to take action on accreditation of programs.

### ACTIVITY OF THE LIAISON COMMITTEE ON GRADUATE MEDICAL EDUCATION

All residency programs in graduate medical education are now accredited by action of the Liaison Committee on Graduate Medical Education, which began reviewing the recommendations of the residency review committees effective January 1, 1975.

The residency review committees provide indispensable assessment of surveys of residency programs and of progress reports and other information submitted to them. The residency review committees then make specific recommendations concerning each program, forwarding such recommendations to the Liaison Committee on Graduate Medical Education, which Committee meets six times a year.

The Liaison Committee has as its five parent bodies the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies. Its membership reviews the recommended actions to make certain that they are in accordance with the provisions of a manual for the structure and functions of the residency review committees and that the recommendations are indicated by the material that has been considered concerning each of the programs.

Letters concerning the actions taken are sent by the Liaison Committee on Graduate Medical Education to the individual program directors and others involved immediately following each meeting of the Liaison Committee. It is not possible for information to be provided to program directors immediately following a meeting of a residency review committee, as the review committees' recommendations are transmitted *only* to the Liaison Committee for Graduate Medical Education.

#### CHANGES IN "ESSENTIALS OF APPROVED RESIDENCIES"

The information contained in this edition of the Directory under the section on "Essentials of Approved Residencies" has been revised to cover changes accepted by the Liaison Committee on Graduate Medical Education through September, 1976. This section was revised to as late a date as possible so that program directors and trainees would have access to the current requirements for training in each of the specialties.

Some specialties have proposed changes in their requirements, which are currently in various stages of consideration. One of the new additions to the "Essentials" is the listing of requirements for residencies in allergy and immunology, and, as a related action, the discontinuing of the requirements for residencies in pediatric allergy.

An addition to the "Essentials" is a section, under general surgery, covering training in pediatric surgery.

Under pathology, the category of APCP-2 has been discontinued as an approvable program, which formerly permitted training in both anatomic and clinical pathology for a total of two years (one year in anatomic pathology and one year in clinical pathology); the category of AP-1 (training in anatomic pathology only for one year) and the category of CP-1 (training in clinical pathology only for one year) have also been eliminated.

Training requirements for psychiatry were extensively revised, and now include a requirement that the programs provide four years of graduate education, including a period of clinical experience, after a candidate has received the degree of Doctor of Medicine, that emphasizes internal medicine or pediatrics or family practice, prior to entry to training in psychiatry or neurology.

The requirements for residency training in the fields of radiology now include a statement that effective July 1, 1976, no applications for approval of new residency programs in *general* radiology will be accepted. The statement also indicates that approval of all programs in *general* radiology will be withdrawn effective July 1, 1979. No new residents are to be appointed in approved *general* radiology programs to first-year positions after July 1, 1976; to second-year positions after July 1, 1977, and to third-year positions after July 1, 1978. A section has also been added to the requirements for residencies in diagnostic radiology to provide training for special competence in nuclear radiology.

#### CHANGES IN SPECIALTY BOARD REQUIREMENTS

Table 19 in the section on "Special Studies" indicates the specialty fields in which there is a prerequisite year, or years, of training before entry into the specialty itself. Most of these requirements are stated as a part of the requirements of a

specialty board. Thus, anesthesiology, the fields of radiology, psychiatry, and neurology require "clinical base" training, which the candidate will have to complete in most cases prior to entry to the specialty itself, but in the case of anesthesiology and radiology, the clinical base year may be interspersed with other training or may be taken subsequently to completion of training in the specialty.

The requirements shown in the 1975-76 Directory are those submitted to us by the specialty boards usually prior to December 30, 1975. New information gathered in early 1976 will be included in the next issue of the Directory. It should be emphasized that the listing of information on the requirements of the specialty boards is to provide a service to trainees and to program directors. Whenever the question of an individual's eligibility to take the examination of a specialty board is under consideration, the information pertaining to that candidate should be submitted directly to the Credentials Committee or to the Secretary of the appropriate specialty board, as the boards are autonomous organizations and are the sole judges of the qualifications of their candidates. The requirements of a specialty board, however, can affect the manner in which a residency program is structured, and these requirements therefore are of general interest to most persons who use the Directory.

The listing of the members of the board and the names of the secretary of each board have been brought up to date with information available to the staff of the Department of Graduate Medical Education during early 1976.

#### CHANGE IN TITLE OF DIRECTORY

In some portions of this Directory, the title of the book is listed as "Directory of Accredited Residencies," but in many other sections of the book reference is made to the "Directory of Approved Residencies." The Directory is in a transitional period, going from a stage in which it was compiled by the Department of Graduate Medical Education of the American Medical Association from the records which it maintained as the secretariat for the various residency review committees, to the present time in which consideration of residencies by the Liaison Committee on Graduate Medical Education determines their status. The Liaison Committee on Graduate Medical Education "accredits" training programs, and this word will be used as a part of the title of the Directory and in reference to the book in all future editions. The information will continue to be gathered and organized by the staff of the American Medical Association, which serves as the secretariat for the Liaison Committee on Graduate Medical Education. The information included on the approval of programs will be that as determined by the Liaison Committee on Graduate Medical Education. The cut-off date for the 1975-76 Directory was that of June 30, 1975, and includes all actions taken by the Liaison Committee prior to that date.

#### UNIFORM APPOINTMENT PROCEDURE FOR INTERNAL MEDICINE

For a number of years, the AMA Department of Graduate Medical Education has assisted the Association of Professors of Medicine in notifying program directors of the continued operation of the "Uniform Appointment Procedure for Internal Medicine Residencies."

Under this procedure, which is voluntary, the program directors agreed that individuals currently serving as house officers in their first year of graduate medical education may not be offered appointments to medical residencies for the following academic year prior to a deadline date which is usually established as the second Monday in November. The date for the current uniform appointment procedure was November 8, 1976. Directors of residency programs may have made tentative arrangements with first-year house officers on their own services prior to that date, but are expected to withhold a

formal offer of appointment until the deadline date.

Candidates who have completed an internship prior to June 30 of the date of the plan and who are in fellowship or other trainee status, the Armed Forces, Public Health Service, etc., are exempt from the plan as are prospective residents who are entering directly into residencies in neurology and dermatology.

The uniform appointment procedure is applicable only to the second year of graduate medical education and does not apply to more advanced levels of graduate medical education, and also does not affect the obligations assumed by program directors and those medical services that offered a two-year appointment in internal medicine to the current first-year house officers at the time of their initial appointment. The uniform appointment procedure has no relationship to the National Intern and Resident Matching Program and does not cover students who will be graduating the following Spring.

#### NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

In the previous editions of the Directory of Approved Residencies, information on the National Intern and Resident Matching Program included copies of the documents available to the students and to the institution, and also a clear description of the Matching process. The Directory had also included during the past several editions, the Matching Code Numbers for individual programs.

Because the publishing cycle of the Directory of Accredited Residencies and the announced schedule of the NIRMP did not coincide this year, the Matching Code Numbers were not added to the material published in the Directory this year.

This lack of information concerning the numbers in the Directory is regrettable, as it had furnished a method of determining the exact listing of a program, which information cannot be summarized adequately in the list published by the NIRMP to show the hospitals and programs participating in the Matching Program. The 1975-76 Directory of Accredited Residencies lists most programs as they are currently approved, but obviously some programs have been approved or have had the listing revised by action of the Liaison Committee on Graduate Medical Education after the cut-off date for the 1975 Directory of June 30, 1975. It has not been possible for the staff of the Department of Graduate Medical Education and the staff of NIRMP to check carefully any programs that seem to be offering a first year of graduate education that differed from that previously approved, and consequently there may be a few programs which may not, in fact, exist in the listing shown in the NIRMP Directory. In all cases of doubt, the records of the Liaison Committee on Graduate Medical Education, which are maintained by the AMA Department of Graduate Medical Education should be consulted, to be sure that the program does exist as a currently accredited program and, especially in the case of flexible programs that these have been authorized by the program directors and the hospitals listed. In listing flexible programs, the program must be listed as that of the institution in which the approved residencies are offered, and not in the hospital in which these flexible programs may be made available. Multiple listings of a single program are not approved by the Liaison Committee on Graduate Medical Education, and candidates should be certain that they are being accepted into a program that has an approved status. The program director should have a letter from the Liaison Committee on Graduate Medical Education or an earlier letter from the Department of Graduate Medical Education of the AMA, stating the approval and listing of the program. Prospective candidates should ask to see such communications.

#### NEW FAMILY PRACTICE PROGRAMS

Because of the interest in family practice, a separate list is being compiled of residency programs in family practice approved since the cut-off date of June 30, 1975, and this list is available to individuals upon receipt of a written request for one copy. Many of the family practice programs, incidentally, have a complicated structure, and care should be taken by a prospective resident that his appointment is made by the overall program director for an integrated program which includes two or more institutions, particularly in different communities. There are a few instances in which each institution listed under an overall heading has separate approval, and for such programs the number of positions being offered in each program is clearly shown on the same line as the name of the institution. If the number of positions is not stated opposite the name of the institution, that institution, in almost all cases, is simply a unit of an integrated program and does not have authorization to offer appointments separately from the integrated approved program as shown in its listing. The same caution also applies to a number of residencies in internal medicine, and to many of the flexible programs.

#### EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

The Educational Commission for Foreign Medical Graduates (ECFMG) which was previously the Educational Council for Foreign Medical Graduates, has added to its booklet of information beginning with the January, 1976 edition, the following statement on ECFMG certification based on FLEX:

"Candidates who have taken the Federation Licensing Examination (FLEX), and who have completed documentation of the educational requirements prescribed by ECFMG as a basis for ECFMG certification, may be eligible for ECFMG certification if they have scored 75 or higher on the whole FLEX examination (FLEX Weighted Average score of 75 or higher on a single examination).

Any applicant who wishes to have an ECFMG certificate issued on the basis of the FLEX examination must submit a written request to ECFMG for a form to authorize the Federation of State Medical Boards to release his FLEX scores to ECFMG. Such applicants are required to clear their ECFMG financial accounts of any previous unpaid charges, and to make payment of a \$20 processing charge when returning the authorization form."

Graduates of foreign medical schools including U.S. citizens who have received their medical education outside of the United States or Canada, are reminded that they may not sign a contract of employment or accept appointment in a hospital in the United States with an approved graduate medical education program until they have received either an Interim ECFMG certificate, or a Standard ECFMG certificate with certain rare exceptions. These exceptions cover the very few cases in which a candidate may have been certified by an examining board in a medical specialty or may have had full and unrestricted license in a state of the United States.

Candidates are advised to obtain information on the ECFMG examination as early as possible, as those who may wish to participate in the NIRMP Matching procedure must have received the certificate before their application for the NIRMP will be accepted and processed. Program directors would probably be unwilling to consider applications from graduates of foreign medical schools unless they are enrolled in the NIRMP or unless the candidates are willing to wait until after the matching process has taken place, which is usually in the first week of March prior to the beginning of the academic year.

Applications for the ECFMG examination and a copy of its information booklet can be obtained by writing to the Educational Commission for Foreign Medical Graduates, 3624 Market Street, Philadelphia, Pennsylvania, 19104, U.S.A. Its telephone number is: Area Code 215: 349-9000.

# Consolidated List of Hospitals

With Approved Graduate Training Programs

Council on Medical Education of the American Medical Association

Revised to July 1, 1975

The Consolidated List provides general basic information on hospitals and other institutions with approved graduate training programs.

To save space, the word "Hospital" has been omitted when it is the last word of the name of an institution; it is used, however, whenever the word is used as a plural, or if it forms a part of the name of the institution followed by other words.

All institutions are listed alphabetically by state and city, with their full names and addresses included. In addition, the titles used for some integrated programs have also been listed, so that the number of persons on duty in approved integrated programs under that heading can be correctly attributed to the program, rather than to individual hospitals. Because of the complex nature of some programs, however, all of the participating hospitals may not be listed under the integrated heading, or the numbers of house staff on duty may be listed for overall programs, with the number of persons on duty in intramural programs of these hospitals then indicated alongside of the name of these hospitals.

Although institutions and program directors have been asked to provide information only on persons for whose appointments they are responsible, some have misunderstood, and some positions may not have been recorded as reported.

For these reasons, the information given in the columns on "House Staff September 1, 1974" with its breakdown of the number of foreign and nonforeign graduates on duty, and the column of "Positions Offered July 1, 1976" should be considered as helpful, but not necessarily exact data.

The medical school affiliation of an institution is shown in a special column; the code to identify the medical schools begins at the end of the Consolidated List. It is *not* a requirement that hospitals have an affiliation with a medical school to obtain approval of a residency program. The affiliation is listed as an item of information frequently sought by candidates for graduate training programs.

Participation by a 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; L that the hospital is used to a limited extent in the school's teaching program; G that the hospital is used by the school for graduate training programs only. The information concerning medical school affiliation has been furnished at our request by the deans of individual medical schools.

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. House staff 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. Some degree of actual exchange of residents between the G hospital and the principal medical school teaching hospital.
3. Regularly scheduled participation of medical school faculty (other than the hospital's own attending staff) in teaching programs at the G hospital.
4. A contractual arrangements (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 residents attend medical school teaching conferences only as visitors.

The administrative control of the institution is indicated in a separate column, and the abbreviations used are explained at the end of the Consolidated List.

The total number of beds is shown in one column; the percentage of necropsies is shown in the following column.

The number of graduates of foreign and nonforeign medical schools serving in each hospital or program as of September 1, 1974, was provided by individual hospitals or program directors on the annual questionnaire.

The absence of numbers in these columns may indicate *either* that no one was serving in the program as of September 1, 1974, *or* the program was so organized that participants were appointed to an integrated program and are included in the numbers under the overall program. The column "Positions Offered July 1, 1976," now includes all first-year positions, some of which have been internships. Instead of the previous abbreviation of "INT," the abbreviation "FLEX" has been used to indicate that a flexible first-year may be offered. Categorical positions or categorical<sup>o</sup> positions in the first year are included in the line with the abbreviation "RES." The number of positions listed are estimates by the program directors of positions to be available as of July 1, 1976.

Because of the slow transition since 1974 to the description of programs as residencies, to include the first year of graduate education, and the difficulty of translating the concept of a continuum of graduate medical education into an appropriate list of positions offered, some numbers listed may now be inaccurate.

In some specialties, residency review committees recommend specific numbers of positions, and numbers furnished by program directors on the annual questionnaire may not agree with the numbers currently approved for such programs. In some cases, the first year of training may be a broadly-based program that will be a year preliminary to actual specialty training.

Some specialties, also, do not designate the number of positions to be offered. Continued approval of the program is based on the residency review committee's evaluation and the LCGME decision as to whether the educational experience in the program has been unduly diluted by the appointment of too many graduate trainees, or whether the service elements of a program have been overemphasized because of too few candidates have been appointed.

Specific details on the residency programs are given in separate lists in this issue and in an "informal list" of flexible programs in this issue of the Directory.

Abbreviations used to indicate specialties and other information are given at the end of the Consolidated List.

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1974		Pos. Off. July 1, 1976	Approved Program
					For.*	Non- For.*		
<b>ALABAMA</b>								
<b>BIRMINGHAM</b>								
Baptist Medical Center—Montclair 800 Montclair Rd. 35213	L-010	CHURCH	485	25				INT: FLEX RES: DR, GS, IM, PTH, R
Baptist Medical Center—Princeton 701 Princeton Ave. 35211	L-010	CHURCH	439	27				INT: FLEX RES: DR, GS, IM, PTH, R
Baptist Medical Centers 701 Princeton Ave. 35211	L-010	CHURCH			1 4	2 19	9 70	INT: FLEX RES: DR, GS, IM, PTH, R
Carraway Methodist Medical Center 1615 North 25th St. 35234	L-010	CHURCH	617	32		8 30	6 77	INT: FLEX RES: GS, IM, OBG, PTH, U
Children's 1601 6th Ave. S. 35233	M-010	NP CORP	168	50				RES: AN, NS, OPH, ORS, OTO, PD, U
Eye Foundation 1720 8th Ave. South 35233	G-010	NP CORP	91	100				RES: OPH
St. Vincent 2701 Ninth Court S. 35205	L-010	CHURCH	293	38		3 4	15	INT: FLEX RES: IM
University of Alabama Hospitals 619 S. 19th St. 35233	M-010	STATE	660	56		19	24	INT: FLEX RES: AN/CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PO, PM, P, TR, TS, U
University of Alabama Medical Center	M-010	MISC.			4 32	28 239	316	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, GPM, P, TR, TS, U
Veterans Admin. 700 S. 19th St. 35233	M-010	VA	499	50				INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, P, TR, TS, U
<b>FAIRFIELD</b>								
Lloyd Noland P. O. Box 538 35064	L-010	NP CORP	307	30	7	6 20	10 39	INT: FLEX RES: AN, D, GS, IM, OBG, ORS, PD
<b>HUNTSVILLE</b>								
Huntsville 101 Sivley Rd. 35801	M-010	CITY	544	9		6	28	RES: FP
University of Alabama Program	M-010	MISC.						RES: FP
<b>MOBILE</b>								
Mobile Infirmary Louise St. 36607	G-114	NP CORP	568	16				RES: ORS
University of South Alabama Affiliated Hospitals	M-114	MISC.				5	8	RES: GS, IM, OBG, ORS, PTH, PD
University of South Alabama Medical Center Hospital and Clinics 2451 Fillingim St. 36617	M-114	STATE	305	47	2	11 32	9 77	INT: FLEX RES: GS, IM, OBG, ORS, PTH, PD, U
<b>MONTGOMERY</b>								
Montgomery Baptist 2105 East South Blvd. 36111	L-010	CHURCH	235	24				INT: FLEX RES: IM
Montgomery Regional Foundation (Includes Montgomery Baptist Hospital and Veterans Admin. Hospital) 36111		MISC.			7		28	INT: FLEX RES: IM
Veterans Admin. 215 Perry Hill Rd. 36109		VA	206	27				RES: IM
<b>TUSCALOOSA</b>								
University of Alabama College of Community Health Sciences University Blvd. 35486		STATE	496	15		2	36	RES: FP
<b>TUSKEGEE</b>								
Veterans Admin. 36083		VA	1103	30	2	2	5	RES: OPH
<b>ALASKA</b>								
<b>ANCHORAGE</b>								
U. S. Public Health Service Alaska Native Medical Center Third and Gambell Sts. 99501		USPHS	183					RES: ORS
<b>ARIZONA</b>								
<b>PHOENIX</b>								
Arizona Crippled Children's (See Arizona Children's, Tempe)								
Arizona State 2500 E. Van Buren St. 85008		STATE	1035	20	3	11	18	RES: P
Barrow Neurological Institute of St. Joseph's Hospital 350 W. Thomas Rd. 85013	M-100	NP CORP				10	9	RES: NS, N
Good Samaritan 1033 E. Mc Dowell Rd. 85006	L-100	NP CORP	699	41	6	13 38	4 84	INT: FLEX RES: FP, GS, IM, OBG, PD, PM, PS, P
Maricopa County General 2601 E. Roosevelt St. 85008	L-100 G-016	COUNTY	495	35	2 11	32 52	15 79	INT: FLEX RES: GS, IM, OBG, ORS, PTH, PD, PS
Phoenix Hospitals Affiliated Pediatric Program (Includes Good Samaritan Hospital, Maricopa County General Hospital, St. Joseph's Hospital)	M-100	MISC.			6	34	40	RES: PD
Phoenix Integrated Surgical Residency (Includes Good Samaritan Hospital, U. S. Public Health Service Indian Hospital and Veterans Admin. Hospital) 85009	M-100	MISC.			3	9	17	RES: GS
Phoenix Orthopedic Residency Training Program (Includes Maricopa County General Hospital, St. Joseph's Hospital and Medical Center, U. S. Public Health Service Indian Hospital, and Arizona Children's Hospital (Tempe))	L-100	MISC.				9	9	RES: ORS

# CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff		Pos. Off. July 1, 1976	Approved Program
					Sept. 1, 1974 For.*	Non-For.*		
<b>ARIZONA, PHOENIX—Continued</b>								
Phoenix Plastic Surgery Residency (Includes Good Samaritan Hospital, Maricopa County General Hospital, and, Arizona Children's Hospital (Tempe)	L-100	MISC.				4	4	RES: PS
St. Joseph's Hospital and Medical Center 350 West Thomas Rd. 85013	M-100	CHURCH	560	44	3	6	58	INT: FLEX RES: DR, FP, GS, IM, N, OBG, ORS, PTH, PD, R
U. S. Public Health Service Indian 4212 N. 16th St. 85016	L-100	USPHS	186	41				RES: GS, OBG, ORS
Veterans Admin. 7th St. and Indian School Rd. 85012	L-100 G-016	VA	223	45				RES: GS
<b>SCOTTSDALE</b>								
Scottsdale Memorial 7400 E. Osborn Rd. 85251		CITY	241				12	RES: FP
<b>TEMPE</b>								
Arizona Children's 200 N. Curry Rd. 85281	G-016	STATE	162	75				RES: ORS, PS
<b>TUCSON</b>								
Palo Verde 801 S. Prudence Rd., Box 17509 85710	M-100	NP CORP	34					RES: P
Pima County General 2900 South Sixth Ave. 85713	M-100	COUNTY	120	49				INT: FLEX RES: GS, IM, OBG, PD
Tucson Hospitals Medical Education Program (Includes Pima County General Hospital and Tucson Medical Center) P. O. Box 6067 85716	M-100	MISC.			13	23	15	INT: FLEX RES: GS, IM
Tucson Medical Center Grant Rd. & Beverly Blvd. 85716	M-100	NP CORP	557	49				RES: GS, IM, N, OBG, PD
University 1500 N. Campbell Ave. 85721	M-100	STATE	240	62	2	28	36	INT: FLEX RES: AN, DR, FP, GS, IM, N, NM, OBG, OPH, ORS, PTH, PD, PS, P, TR, U
University of Arizona Affiliated Hospitals	M-100	MISC.			6	23	198	INT: FLEX RES: AN, DR, GS, IM, N, NM, OBG, OPH, ORS, PTH, PD, PS, P, TR, U
University of Arizona College of Medicine Dept. of Community Medicine 85724	M-100	STATE				5	6	RES: GPM
Veterans Admin. 3601 South Sixth Ave. 85723	M-100	VA	329	72				RES: AN, DR, GS, IM, N, NM, OPH, PTH, PS, P, U
<b>ARKANSAS</b>								
<b>LITTLE ROCK</b>								
Arkansas Children's 804 Wolfe St. 72201	M-011	NP CORP	93	20				RES: FP, OPH, ORS, ORS, OTO, PD, U
Arkansas State 4313 West Markham 72201	L-011	STATE	466	29		9	12	RES: P
Baptist Medical Center 9600 W. 12th 72201	L-011	NP CORP	567	20				RES: FP, OPH, OTO
St. Vincent Infirmary Markham & University 72201	L-011	CHURCH	522	29		6		INT: FLEX RES: FP
University 4301 West Markham St. 72201	M-011	STATE	313	46	5	12	33	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, P, TR, TS, U
University of Arkansas Medical Center	M-011	MISC.			11	47	33	INT: FLEX RES: DR, D, FP, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PD, P, TR, TS, U
Veterans Admin. Consolidated 300 E. Roosevelt Rd. 72206	M-011	VA	460	42				INT: FLEX RES: DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, TR, TS, U
<b>NORTH LITTLE ROCK</b>								
Veterans Admin. Consolidated 72114	M-011	VA	1050	28				RES: P
<b>CALIFORNIA</b>								
<b>BAKERSFIELD</b>								
Kern County General 1830 Flower St. 93305	L-013	COUNTY	332	57	5	9	3	INT: FLEX RES: GP, GS, IM, OBG, OPH, PTH
<b>BERKELEY</b>								
Herrick Memorial 2001 Dwight Way 94704		NP CORP	214	50		1		INT: FLEX RES: P
State of California Department of Public Health 2151 Berkeley Way 94704		STATE			2	6	30	RES: PH
University of California School of Public Health 94720		STATE			1	2	24	RES: GPM
<b>CAMARILLO</b>								
Camarillo State Box A 93010	L-013	STATE	2777	73	1	11	20	RES: CHP, P
<b>CAMP PENDLETON</b>								
Naval Regional Medical Center 92055		USN	335	66		14	27	RES: FP
<b>COSTA MESA</b>								
Fairview State 2501 Harbor Blvd. 92626	M-095	STATE	1884					RES: ORS
<b>DALY CITY</b>								
Mary's Help 1900 Sullivan Ave. 94015	L-016	CHURCH	293	20	1	7		INT: FLEX RES: ORS



## CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage ‡ Foreign and Non-Foreign	Medical School Affiliations	Control	Number Beds	Nec. % †	House Staff Sept. 1, 1974 For.*	Non- For.*	Pos. Off. July 1, 1976	Approved Program
<b>CALIFORNIA—Continued</b>								
<b>DAVIS</b>								
University of California (Davis) Affiliated Hospitals (Includes Kaiser Fdn. Hosp., (Sacramento), Sutter Community Hosp. (Sacramento), Univ. of California (Davis) Sacramento Medical Ctr. (Sacramento), Veterans Admin. Hosp. (Martinez), Stockton State Hosp. (Stockton))	M-102	MISC.			18	34 212	285	INT: FLEX RES: AN, CHP, DR, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, P, TR, U
<b>DOWNEY</b>								
Rancho Los Amigos 7601 E. Imperial Highway 90242	M-095 L-014 G-016, 017	COUNTY	750	32				RES: OPH, ORS, PS
<b>DUARTE</b>								
City of Hope Medical Center 1500 E. Duarte Rd. 91010	G-012	NP CORP	212	54		7	11	RES: GS, PTH, TR
<b>FAIRFIELD</b>								
David Grant U. S. A. F. Medical Center Travis A. F. B. 94535	M-102	USAF	385	86		64	80	RES: DR, GS, IM, OBG, PD
<b>FONTANA</b>								
Kaiser Foundation 9961 Sierra Ave. 92335	M-012	NP CORP	269	32			12	RES: FP, OBG, ORS
Kaiser Steel Corporation P. O. Box 217 92335		CORP.					2	RES: OM
<b>FORT ORD</b>								
Silas B. Hays Army 93941		USA	440	65		16	18	RES: FP, PH
<b>FRESNO</b>								
Fresno County Department of Health 515 S. Cedar Ave. 93702	G-013	CY-CO	27					RES: P
Fresno County Department of Health, Mental Health Services 515 S. Cedar Ave. 93702	G-013	CY-CO				5	9	RES: P
University of California (S. F.) Affiliated Hospital	G-016	MISC.						RES: FP
Valley Medical Center of Fresno 445 S. Cedar Ave. 93702	L-016	COUNTY	328	54	1	54	13 66	INT: FLEX RES: FP, GS, IM, OBG, OPH, OTO, PD, P
Veterans Admin. 2615 Clinton Ave. 93703	G-016	VA	275	47				RES: OTO
<b>GLENDALE</b>								
Glendale Adventist Medical Center 1509 Wilson Terrace Dr. 91206	M-012	NP CORP	452	26	6	12	26	RES: FP, OBG, OPH, ORS, PTH
<b>IMOLA</b>								
Napa State Box A 94558		STATE	2452	71	1	24	27	RES: CHP, P
<b>IRVINE</b>								
University of California (Irvine) Affiliated Hospitals (Includes Childrens Hosp. of Orange County (Orange), Orange County Med. Ctr. (Orange), St. Joseph Hosp. (Orange), Fairview State Hosp. (Costa Mesa), Memorial Hosp. (Long Beach), and Veterans Admin. (Long Beach))	M-095	MISC.			9	58 159	242	INT: FLEX RES: CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, PS, P, R, TR, TS, U
<b>LOMA LINDA</b>								
Loma Linda University 11234 Anderson St. 92354	M-012	CHURCH	516	66	15	84	115	RES: AN, OR, FP, GS, IM, NS, OBG, OPH, ORS, PTH, PO, P, R, TR, U
Loma Linda University Affiliated Hospitals (Includes Loma Linda University Hospital, Rancho Los Amigos (Downey), Kaiser Foundation (Fontana), Riverside General Hospital (Riverside), and San Bernardino County Medical Center (San Bernardino))	M-012	MISC.			6	64	99	RES: AN, GS, NS, OBG, OPH, ORS, PTH, PD, P, U
<b>LONG BEACH</b>								
Memorial Hospital Medical Center 2801 Atlantic Ave. 90801	M-095	NP CORP	737	30	7	22 66	50	INT: FLEX RES: FP, GS, IM, OBG, PTH, PD, PM, R
Naval Regional Medical Center 7500 Carson St. 90801	M-095	USN	550	51				RES: GS
St. Mary Medical Center 1050 Linden Ave. 90801	G-013	NP CORP	370	38		15 17	39	INT: FLEX RES: DR, IM, PTH
Veterans Admin. 5901 E. 7th 90801	M-095	VA	1607	53	37	72	142	RES: OR, O, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
<b>LOS ANGELES</b>								
California Hospital Medical Center 1414 South Hope St. 90015	L-014	CHURCH	325	33	2	8	13	RES: GS, OBG
Cedars of Lebanon Hospital Division 4833 Fountain Ave. 90029	M-013	NP CORP	524	56	5	44	53	RES: DR, GS, IM, OBG, PTH, PD, P
Cedars—Sinai Medical Center (Includes Cedars of Lebanon Hospital Division and Mount Sinai Hospital Division) 4833 Fountain Ave. 90029	M-013	NP CORP			3 3	22 64	68	INT: FLEX RES: CHP, DR, GS, IM, OBG, PTH, PD, P
Charles R. Drew Postgraduate Medical School 1621 E. 120th St. 90059		NP CORP			1		6	RES: GPM
Childrens Hospital of Los Angeles 4650 Sunset Blvd. 90054	M-014 L-095 G-012	NP CORP	307	84	3	66	77	RES: AN, CHP, ORS, PTH, PD, PDC, TS
Department of Chief Medical Examiner—Coroner County of Los Angeles 1104 N. Mission Rd. 90033		COUNTY					1 2	RES: FOP
Hollywood Presbyterian Medical Center 13DD N. Vermont Ave. 90027		NP CORP	389	22			5 6	RES: OPH

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					For.*	Non- For.*		
<b>CALIFORNIA, LOS ANGELES—Continued</b>								
Hospital of the Good Samaritan Medical Center 1212 Shatto St. 90017	L-014	CHURCH	411	45	3 1	9 14	2 19	INT: FLEX RES: DR, IM, TS
Kaiser Foundation 4867 Sunset Blvd. 90027		NP CORP	497	43		7 79		INT: FLEX RES: DR, FP, GS, IM, N, OBG, PTH, PD, PDA, TR, U
Los Angeles County—U. S. C. Medical Center 1200 No. State St. 90033	M-014	COUNTY	2105	48	1 18	219 526	49 785	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OBG, OPH, ORS, ORS, OTO, PTH, NP, PD, PDA, P, TR, TS, U
Martin Luther King, Jr. General 12021 S. Wilmington Ave. 90059	G-013	COUNTY	394	64	1 11	6 111	170	INT: FLEX RES: DR, D, GS, IM, OBG, OPH, ORS, OTO, PD, P
Mount Sinai Hospital Division 8720 Beverly Blvd. 90048	M-013	NP CORP	296	30		3	3	RES: CHP, IM, PTH, P
Orthopaedic 2400 S. Flower St. 90007	L-014	NP CORP	296	25		15	21	RES: ORS
Queen of Angels 2301 Bellevue Ave. 90026		CORP.	329	14	1 6	2	9	INT: FLEX RES: GS, CRS
Reiss—Davis Child Study Center 3200 Motor Ave. 90034		NP CORP				2	4	RES: CHP
Santa Fe Memorial 610 So. St. Louis St. 90023		NP CORP	189	27				RES: OPH
Shriners Hospital for Crippled Children 3160 Geneva St. 90020		NP CORP	60					RES: ORS
U. C. L. A. Affiliated Hospitals	M-013	MISC.			3	109	177	RES: AN, GS, NS, ORS, PS, P, U
U. C. L. A. Hospital and Clinics, Center for the Health Sciences 10833 Le Conte Ave. 90024	M-013	NP CORP	676	64	1 14	38 258	324	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, TR, TS, U
U. C. L. A. Neuropsychiatric Institute 760 Westwood Plaza 90024	M-013	NP CORP	248					RES: P
University of California School of Medicine 405 Hilgard St. 90024	M-013	STATE				9	9	RES: GPM
Veterans Admin., Brentwood Wilshire & Sawtelle Blvds. 90073	M-013	VA	470	75	1	23		RES: P
Veterans Admin. Center—Wadsworth Wilshire & Sawtelle Blvds. 90073	M-013	VA	762	65		25 126	10 207	INT: FLEX RES: DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, R, TS, U
Veterans Admin. (Sepulveda) 16111 Plummer St. 91343	M-013	VA	920	33	1 8	14 51	73	INT: FLEX RES: GS, IM, NM, ORS, P, U
White Memorial Medical Center 1720 Brooklyn Ave. 90033	M-012 G-014	CHURCH	367	62	1 9	14 52	20 86	INT: FLEX RES: GS, OBG, OPH, ORS, OTO, PTH, PD, R, TS, U
<b>MARTINEZ</b>								
Contra Costa County Medical Services 2500 Alhambra Ave. 94553		COUNTY	318	62			15 16	RES: GP
Veterans Admin. 150 Muir Rd. 94553	M-102	VA	498	46		8 24	57	INT: FLEX RES: GS, IM, OPH, ORS, PTH, PM, U
<b>MATHER A. F. B.</b>								
U. S. A. F. 95655	L-102	USAF	34					RES: OBG
<b>MODESTO</b>								
Scenic General 830 Scenic Dr. 95350		COUNTY	134	55	1	1	20	RES: FP, GP
<b>OAKLAND</b>								
Children's Hospital Medical Center of Northern California 51st and Grove Sts. 94609	L-016 G-015	NP CORP	142	66			29 32	RES: ORS, PD, PDC
Highland General 1411 E. 31st St. 94602	G-016	COUNTY	454	78		46 35	24 99	INT: FLEX RES: GS, IM, OPH, ORS, ORS, PTH, P, TS
Institute of Forensic Sciences 2945 Webster St. 94609		CORP.				1	1	RES: FOP
Kaiser Foundation 280 West Mac Arthur Blvd. 94611	L-016	NP CORP	268	42		9 41	54	INT: FLEX RES: GS, IM, OBG, ORS, ORS, OTO, PD
Naval Regional Medical Center 8750 Mountain Blvd. 94627		USN	615	82	1 1	25 110	14 147	INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, P, U
Samuel Merritt Hawthorne Ave. and Webster St. 94609	G-016	NP CORP	350	30				RES: ORS
U. S. Navy Coordinated Program		USN						RES: DR, R
<b>ORANGE</b>								
Childrens Hospital of Orange County 1109 W. La Veta 92666	M-095	NP CORP	104	71				RES: GS, ORS, PD, TR
Orange County Medical Center 101 City Dr. S. 92668	M-095	CY-CO	472	70	2	66	143	RES: CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, PS, P, R, TR, TS, U
St. Joseph 1100 Stewart Dr. 92668		CHURCH	279					RES: TR
<b>PALO ALTO</b>								
Veterans Admin. 3801 Miranda Ave. 94304	M-015	VA	1412	68				RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, P, TR, U
<b>PANORAMA CITY</b>								
Kaiser Foundation 13652 Cantara St. 91402		NP CORP	321	23		10	13	RES: GS, IM
<b>PASADENA</b>								
Huntington Memorial 100 Congress St. 91105	L-014	NP CORP	565	35	4 3	9 21	48	INT: FLEX RES: GS, IM, NS
Pasadena Child Guidance Clinic 56 Waverly Dr. 91105		NP CORP			1	1	4	RES: CHP
<b>RIVERSIDE</b>								
Riverside General 9851 Magnolia Ave. 92503	M-012	COUNTY	443	73			13 21	RES: FP, GS, IM, OBG, OPH, ORS, PD, U

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<b>CALIFORNIA—Continued</b>								
<b>SACRAMENTO</b>								
Kaiser Foundation 2025 Morse Ave. 95825	M-102	NP CORP	298	46	20	23	RES: GS, IM, OBG, ORS, U	
Sutter Community Hospitals of Sacramento 2820 L St. 95816	M-102	NP CORP	605	31		4	RES: DR, OBG, PTH, TR	
University of California (Oavis) Sacramento Medical Center 2233 Stockton Blvd. 95817	M-102	STATE	499	46			RES: AN, CHP, DR, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, P, TR, U	
<b>SALINAS</b>								
Natividad Medical Center 1330 Natividad St. 93901		COUNTY	306	16	1	9	RES: FP	
<b>SAN BERNARDINO</b>								
San Bernardino County Medical Center 780 E. Gilbert 92404	L-012 G-013	COUNTY	276	46	10 38	8 50	INT: FLEX RES: FP, OBG, ORS, PTH	
<b>SAN DIEGO</b>								
Childrens Health Center 8001 Frost St. 92123	L-103	NP CORP	90				RES: ORS	
Donald N. Sharp Memorial Community 7901 Frost St. 92123	G-103	NP CORP	352	31		2	RES: ORS, PTH	
Mercy Hospital and Medical Center 4077 Fifth Ave. 92103	M-103	CHURCH	455	36	22 26	17 44	INT: FLEX RES: AN, GS, IM, OBG, ORS, PTH, PD, U	
Naval Regional Medical Center Park Blvd. 92134	M-103	USN	1415	65	1 45 176	15 221	INT: FLEX RES: AN, OR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, R, TR, TS, U	
University of California, San Diego—University Hospital 225 W. Dickinson 92103	M-103	NP CORP	370	60	30	55	RES: AN, DR, D, FP, GS, IM, N, NM, OBG, ORS, OTO, PTH, NP, PD, PDA, PDC, P, TR, U	
University of California (San Diego) Affiliated Hospitals	M-103	MISC.			6 29	321	INT: FLEX RES: AN, DR, GS, IM, N, NM, ORS, PTH, NP, PD, P, U	
Veterans Admin. 3350 La Jolla Village Dr. 92161	M-103	VA	599	75			RES: AN, DR, GS, IM, N, NM, ORS, PTH, NP, P, U	
<b>SAN FRANCISCO</b>								
Children's Hospital and Adult Medical Center 3700 California St. 94119	L-016	NP CORP	362	40	29	42	RES: CHP, DR, GS, IM, OBG, ORS, PD, R	
H. C. Moffitt—University of California Hospitals 3rd & Parnassus 94122	M-016	STATE	550	92	1 46 8	7 9	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, TR, TS, U	
Kaiser Foundation 2425 Geary Blvd. 94115	L-016	NP CORP	293	62	1 16 52	71	INT: FLEX RES: GS, IM, OBG, ORS, PTH, PD, PDA	
Langley Porter Neuropsychiatric Institute 401 Parnassus Ave. 94122	M-016	STATE	89		5	5	RES: CHP, NP, P	
Letterman Army Medical Center Presidio of San Francisco 94129	L-016	U. S. A.	490	72	5 29 132	13 163	INT: FLEX RES: AN, CHP, DR, D, GS, IM, N, NM, OBG, OPH, ORS, PTH, PD, PM, P, TS, U	
Mount Zion Hospital and Medical Center 1600 Divisadero St. 94115	L-016	NP CORP	419	42	16 79	94	INT: FLEX RES: CHP, DR, GS, IM, OBG, ORS, PTH, PD, P, TR	
Pacific Medical Center and Affiliated Hospitals	L-016	MISC.			28 4	10 8	INT: FLEX RES: IM, N, TR	
Pacific Medical Center—Presbyterian Clay & Webster Sts. 94115	L-016 G-015	NP CORP	311	65	1 34	50	RES: D, IM, N, OPH, ORS, PTH, P, TR	
Ralph K. Davies Medical Center—Franklin Hospital Castro and Duboce Sts. 94114	L-016	NP CORP	391	23			RES: NS, ORS, PS, TR	
St. Francis Memorial 900 Hyde St. 94109		NP CORP	335	29	6	6	RES: PS	
St. Joseph's 355 Buena Vista Ave. East 94117	L-016	CHURCH	208	24			RES: ORS	
St. Mary's Hospital and Medical Center 2200 Hayes St. 94117	L-016	CHURCH	406	36	19 39	6 94	INT: FLEX RES: CHP, DR, GS, IM, ORS, P, TR	
San Francisco Community Mental Health Services 101 Grove St. 94102		CY-CO	65		10	9	RES: P	
San Francisco General 1001 Potrero 94110	M-016	CY-CO	653	34	1 34 20	18 20	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, OBG, ORS, OTO, PTH, NP, PD, PS, TR, U	
San Francisco Orthopedic Residency Training Program (Includes Kaiser Foundation Hospital, St. Joseph's Hospital, St. Mary's Hospital and Medical Center, Mary's Help Hospital (Daly City), and Veterans Admin. Hospital (Martinez))		MISC.			15	22	RES: ORS	
Shriners Hospital for Crippled Children 1701 19th Ave. 94122	G-016	NP CORP	70				RES: ORS	
U. S. Public Health Service 15th Ave & Lake St. 94118	L-016	USPHS	317	57	1 19 29	10 47	INT: FLEX RES: GS, IM, OPH, ORS	
University of California Medical Center 3rd and Parnassus 94122	M-016	STATE				2	INT: FLEX RES: FOP	
University of California Program	M-016	MISC.			5 476	535	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, TR, TS, U	
U. S. Army Coordinated Program		U. S. A.			29 132	13 163	INT: FLEX RES: DR	
Veterans Admin. 4150 Clement St. 94121	M-016	VA	330	68	3	3	RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, PS, P, TS, U	
<b>SAN JOSE</b>								
Santa Clara County Medical Examiner—Coroner's Office 751 S. Bascom Ave. 95128		COUNTY				1	RES: FOP	
Santa Clara Valley Medical Center 751 S. Bascom Ave. 95128	M-015 G-016	COUNTY	451	77	24 43	8 60	INT: FLEX RES: AN, DR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, TR, TS, U	

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					For.*	Non- For.*				
<b>CALIFORNIA—Continued</b>										
<b>SAN MATEO</b>										
San Mateo Community Mental Health Services 220 W 20th Ave. 94402		COUNTY	37			1	13	16	RES: P	
<b>SANTA BARBARA</b>										
Cancer Foundation of Santa Barbara 300 W. Pueblo St. 93105		NP CORP						1	4	RES: DR, TR
Santa Barbara Cottage 320 W. Pueblo St. 93105		NP CORP	407	45						RES: DR, GP, GS, P, R, TR
Santa Barbara County Mental Health Services 4444 Calle Real 93110		COUNTY	49						8	RES: P
Santa Barbara General San Antonio Rd. 93105		COUNTY	105	67						RES: DR, GP, GS, P, R
Santa Barbara General—Cottage Hospitals Box 689 93102		MISC.				1	14	8	38	INT: FLEX RES: DR, GP, GS, R
							16			
<b>SANTA CLARA</b>										
Kaiser Foundation 900 Kiely Blvd. 95051	L-015	NP CORP	284	53		1	6		14	INT: FLEX RES: IM, OBG, ORS, U
							8			
<b>SANTA MONICA</b>										
Santa Monica Hospital Medical Center 1225 15th St. 90404	L-013	NP CORP	308	26			1		20	INT: FLEX RES: FP
							18			
<b>SANTA ROSA</b>										
Community Hospital of Sonoma County 3325 Chanate Rd. 95402	M-016	COUNTY	140					20	20	RES: FP
Santa Rosa Radiation Therapy Center 95 Montgomery Dr. 95404		CORP.								RES: TR
University of California (S. F.) Affiliated Hospital	M-016	MISC.								RES: FP
<b>STANFORD</b>										
Stanford University Affiliated Hospitals	M-015	MISC.						38		INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, FDA, PDC, PM, PS, P, TR, TS, U
						12	247		348	
Stanford University 94305	M-015	NP CORP	612	47		2	51		54	RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, TR, TS, U
Stanford University School of Medicine 300 Pasteur Dr. 94305		NP CORP							1	RES: AM
<b>STOCKTON</b>										
San Joaquin General P. O. Box 1020 95201	L-102 G-016	COUNTY	260	91			12		8	INT: FLEX RES: FP, GS, IM, OBG, OPH
							29		44	
Stockton State 510 E. Magnolia St. 95202	G-102	STATE	1098	66						RES: P
<b>SYLMAR</b>										
Olive View Medical Center 14445 Olive View Dr. 91342	L-013	COUNTY	155	9			2		9	INT: FLEX RES: OPH, P
							7			
<b>TORRANCE</b>										
Los Angeles County Harbor General 1000 W. Carson St. 90509	M-013 L-095	COUNTY	712	56			62		20	INT: FLEX RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, TR, U
						6	188		280	
<b>VALLEJO</b>										
Kaiser Foundation Hospital and Rehabilitation Center 975 Sereno Dr. 94590		NP CORP	231	48						RES: PM
<b>VAN NUYS</b>										
San Fernando Valley Child Guidance Clinic 7335 Van Nuys Blvd. 91405		NP CORP				1	1		2	RES: CHP
<b>VENTURA</b>										
General Hospital Ventura County 3291 Loma Vista Rd. 93003		COUNTY	199	43			24		27	RES: FP
<b>CANAL ZONE</b>										
<b>BALBOA HEIGHTS</b>										
Gorgas P. O. Box 0 00101		OTHER	316	52		3	13		13	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PD, U.
						12	18		43	
<b>COLORADO</b>										
<b>COLORADO SPRINGS</b>										
Penrose 2215 N. Cascade Ave. 80907		CHURCH	385	67			4		4	RES: PTH
<b>DENVER</b>										
Children's 1056 E. 19th Ave. 80218	L-017	NP CORP	157	87		2	6		7	RES: AN, GS, ORS, ORS, PTH, PD, PDC, PS
Children's Asthma Research Institute and Hospital 1999 Julian St. 80204		NP CORP	128						1	RES: PDA
Denver General W. 6th Ave. and Cherokee St. 80204	M-017	CY-CO	352							INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OBG, OBG, OPH, ORS, ORS, OTO, PTH, FOP, PD, PS, P, R, U
						2	9		11	
Fitzsimons Army Medical Center Peoria and E. Colfax 80240	M-017 L-091	USA	465	76			24		8	INT: FLEX RES: DR, D, GS, IM, OBG, OPH, ORS, ORS, OTO, PTH, PD, PDA, PS, U
							102		125	
Fort Logan Mental Health Center 3520 W. Oxford Ave. 80236		STATE	251			1	7		9	RES: P
General Rose Memorial 1050 Clermont St. 80220	M-017	NP CORP	329	40						INT: FLEX RES: DR, GS, IM, OBG, PTH, R
Mercy 1619 Milwaukee St. 80206		CHURCH	370	41		1	7		3	INT: FLEX RES: FP, PTH
						1	18		29	

## CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1974		Pos. Off. July 1, 1976	Approved Program
					For.*	Non- For.*		
<b>COLORADO, DENVER—Continued</b>								
National Asthma Center 1999 Julian St. 80204		NP CORP	156					RES: PDA
National Jewish Hospital at Denver 3800 E. Colfax Ave. 80206	L-017	NP CORP	100					RES: PDA
Presbyterian Medical Center 1719 East 19th Ave. 80218	L-017	NP CORP	389	42	21	6	31	INT: FLEX RES: GS, IM, PTH, R, TR
St. Anthony W. 16th at Raleigh 80204	L-017	NP CORP	600	31		2	4	RES: PTH
St. Joseph 1835 Franklin St. 80218		CHURCH	550	43	1	20		INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, R
St. Joseph Hospital—Colorado State		MISC.			5	14	22	RES: GS
St. Luke's 601 E. Nineteenth Ave. 80203	L-017	CHURCH	465	67		14	11	INT: FLEX RES: IM, OBG, PTH
University of Colorado Affiliated Hospitals	M-017	MISC.			3	14	31	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, R, U
University of Colorado Community Program (Includes Denver General Hospital, General Rose Memorial Hospital, St. Luke's Hospital, University of Colorado Medical Center)	M-017	MISC.			9	457	490	RES: OBG
University of Colorado Medical Center 4200 East 9th Ave. 80220	M-017	STATE	386	58	2	25	32	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, R, U
Veterans Admin. 1055 Clermont St. 80220	M-017	VA	439	71				RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PS, P, R, U
<b>GREELEY</b>								
Weld County General 16th St. and 17th Ave. 80631	L-017	COUNTY	350	44		8	12	RES: FP
<b>PUEBLO</b>								
Colorado State 1600 West 24th St. 81003	G-017	STATE	1113	28				RES: GS
<b>CONNECTICUT</b>								
<b>BRIDGEPORT</b>								
Bridgeport 267 Grant St. 06602	L-018	NP CORP	554	33	3	7	2	INT: FLEX RES: DR, GS, IM, OBG, PTH, PD
St. Vincent's 2820 Main St. 06606	G-018	NP CORP	315	28	6	2	4	INT: FLEX RES: DR, GS, IM, OBG, PTH, R
34					34	1	56	
<b>BRISTOL</b>								
Bristol Brewster Rd. 06010	L-104	CITY	215					RES: PTH
<b>DANBURY</b>								
Danbury Hospital Ave. 06810	G-018	NP CORP	323	39	12		35	INT: FLEX RES: IM, PTH, R
<b>FARMINGTON</b>								
John Dempsey 06032	M-104	STATE	200			6	24	RES: FP, GS, GS, IM, NM, OBG, OPH, ORS, OTO, PTH, PD, P
University of Connecticut Affiliated Hospitals	M-104	MISC.			30	86	170	RES: FP, IM, NM, OBG, OPH, ORS, OTO, PTH, PD, P, U
<b>HARTFORD</b>								
Child and Family Services of Connecticut 1680 Albany Ave. 06105		STATE					2	RES: CHP
Hartford 80 Seymour St. 06115	M-104	NP CORP	925	33	10	35	12	INT: FLEX RES: AN, DR, GS, IM, NS, NM, OBG, OPH, ORS, OTO, PTH, PD, P, U
Institute of Living 400 Washington St. 06106	L-104	NP CORP	418		7	13	24	RES: P
Institute of Living—Children's Clinic 17 Essex St. 06114	L-104	NP CORP			1	1	2	RES: CHP
Mount Sinai 500 Blue Hills Ave. 06112	M-104	NP CORP	321	40	11	1	30	INT: FLEX RES: GS, IM, OBG, PTH, PD
St. Francis 114 Woodland St. 06105	M-104	CHURCH	658	35		23	6	INT: FLEX RES: GS, IM, OBG, ORS, PTH, PD, U
University of Connecticut—Hartford	M-104	MISC.			17	16	42	RES: GS
University of Connecticut—St. Francis	M-104	MISC.			1	24	30	RES: GS
					10		18	RES: GS
<b>MIDDLETOWN</b>								
Connecticut Valley Box 351 06457		STATE	1092	32	11	4	18	RES: P
Middlesex Memorial 28 Crescent St. 06457	L-104	NP CORP	335				12	RES: FP, PTH
<b>NEW BRITAIN</b>								
New Britain General 100 Grand St. 06050	M-104	NP CORP	393	45	6	4		INT: FLEX RES: GS, IM, OBG, OPH, PTH, PD, U
University of Connecticut—New Britain General	M-104	MISC.			14	3	18	RES: GS
					18	14	18	
<b>NEW CANAAN</b>								
Silver Hill Foundation Valley Rd. 06840		NP CORP	77		1		2	RES: P
<b>NEW HAVEN</b>								
Connecticut Mental Health Center	M-018	STATE	70					RES: P
Hospital of St. Raphael 1450 Chapel St. 06511	M-018	CHURCH	466	29	21	10	10	INT: FLEX RES: DR, GS, IM, NM, ORS, OTO, PTH, PD, TS
Yale—New Haven 789 Howard Ave. 06504	M-018	NP CORP	880	52	26	81	110	RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
Yale—New Haven Medical Center	M-018	MISC.				20	261	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
Yale Psychiatric Institute 333 Cedar St. 06511	M-018	NP CORP	46		10	251		RES: P

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					For.*	Non- For.*		
<b>CONNECTICUT, NEW HAVEN—Continued</b>								
Yale University Child Study Center 333 Cedar St. 06511	M-018	NP CORP						RES: CHP
Yale University Department of Epidemiology and Public Health 60 College St. 06510	M-018	NP CORP				3	4	RES: GPM
Yale University Health Service, Div. of Mental Hygiene 333 Cedar St. 06511	M-018	NP CORP	35					RES: P
<b>NEWINGTON</b>								
Newington Children's 181 E. Cedar St. 06111	L-104	NP CORP	128	75				RES: ORS, PD, U
Veterans Admin. 555 Willard Ave. 06111	M-104	VA	183	51				RES: GS, IM, NM, OPH, ORS, OTO, PTH, P, U
<b>NEWTOWN</b>								
Fairfield Hills Box W 06470		STATE	1484	33	13	1	18	RES: P
<b>NORWALK</b>								
Norwalk 24 Stevens St. 06856	L-018	NP CORP	407	45	20	3	36	RES: IM, PTH
<b>NORWICH</b>								
Norwich Box 508 06360		STATE	1072	35	14		16	RES: P
<b>STAMFORD</b>								
Stamford Shelburne Rd. and W. Broad 06902	M-059	NP CORP	388	30	2 24	7 6	42	INT: FLEX RES: GS, IM, OBG, PTH
<b>WATERBURY</b>								
St. Mary's 56 Franklin St. 06702	G-018	CHURCH	369	31	14 18	2	30	INT: FLEX RES: GS, IM, PD
Waterbury 64 Robbins St. 06720	M-018 L-104	NP CORP	473	42	9	10 13	3 36	INT: FLEX RES: GS, IM, PD, U
Waterbury Regional Program		MISC.			10	2	13	RES: PD
<b>WEST HAVEN</b>								
Veterans Admin. West Spring St. 06516	M-018	VA	725	49	3	2	5	RES: DR, GS, IM, NS, N, ORS, PTH, PS, P, TR, TS, U
<b>DELAWARE</b>								
<b>NEW CASTLE</b>								
Delaware State 19720	M-073	STATE	922	37	2	5	12	RES: P
<b>WILMINGTON</b>								
Alfred I. Du Pont Institute of the Nemours Foundation Rockland Rd., P. O. Box 269 19899	G-073	NP CORP	60	80				RES: ORS
E. I. Du Pont De Nemours and Company, Inc. 1007 Market St. 19898		CORP.						RES: OM
Veterans Admin. 1601 Kirkwood Highway 19805	G-073	VA	336	45			2	RES: GS, IM, N, OPH, ORS, OTO, U
Wilmington Medical Center Box 1668 19899	M-073	NP CORP	1100	47	2 30	14 59	6 116	INT: FLEX RES: FP, GS, IM, NS, N, OBG, OPH, OTO, PTH, PD, PS, R, TR, TS, U
<b>DISTRICT OF COLUMBIA</b>								
<b>WASHINGTON</b>								
Armed Forces Institute of Pathology 20306	G-019, 020	OTHER				7	10	RES: OPH, PTH, FOP, NP
Children's Hospital National Medical Center 2125 13th St., N. W. 20009	M-020 L-021	NP CORP	211	76	8	54	67	RES: CHP, GS, NS, N, OPH, ORS, PTH, PD, PDA, PDC, PS, TR, TS, U
Columbia Hospital for Women 2425 L St. N. W. 20037	L-019, 020	NP CORP	154	67				RES: OBG, PD
District of Columbia Department of Human Resources 1875 Connecticut Ave. N. W. 20009		CITY				1	3	RES: PH
District of Columbia General 19th St. & Mass. Ave., S. E. 20003	M-019, 021	CITY	700	41	24	7	31	RES: GS, GS, IM, NS, N, OBG, OBG, OPH, ORS, ORS, ORS, ORS, OTO, PTH, PD, PDA, R, TR, U, U
Doctors 1815 Eye Street, N. W. 20006		CORP.	283	45	17 10		17	INT: FLEX RES: IM, PTH
Doctors Hospital—Sibley Memorial	M-019	MISC.			3		4	RES: PTH
Georgetown University 3800 Reservoir Rd. N. W. 20007	M-019 L-021	NP CORP	359	79	14	18 87	12 108	INT: FLEX RES: AN, CHP, DR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, TR, U
Georgetown University Affiliated Hospitals	M-019 L-021	MISC.			22	156	195	RES: GS, NS, N, OBG, OPH, ORS, OTO, PD, PS, P, U
Georgetown University Service	M-019	NP CORP			2	19	40	RES: GS, IM
George Washington University 901 23rd Street, N. W. 20037	M-020	NP CORP	540	45	30 30	14 72	149	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, PTH, PM, PS, P, R, TR, TS, U
George Washington University Affiliated Hospitals	M-020	MISC.			11	126	155	RES: DR, GS, NS, N, NM, OBG, OPH, ORS, PD, PS, TR, TS, U
Howard University 2041 Georgia Ave. N. W. 20060	M-021	NP CORP	423	42	44	37 101	3 168	INT: FLEX RES: AN, DR, D, FP, GS, IM, N, OBG, OPH, ORS, PTH, PD, PDA, P, TR, U
Howard University Affiliated Hospitals	M-021	MISC.			16	32	54	RES: GS, N, ORS, PDA, TR
Howard University Service	M-021	MISC.			11	15	44	RES: IM
Malcolm Grow U. S. A. F. Medical Center Andrews Air Force Base 20331		USAF	350	85	12 18		24	INT: FLEX RES: FP
Morris Cafritz Memorial 1310 Southern Ave. S. E. 20032		NP CORP	418	19				RES: ORS
Office of the Chief Medical Examiner 1901 E St. S. E. 20003		OTHER				1	2	RES: FOP

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<b>DISTRICT OF COLUMBIA, WASHINGTON—Continued</b>								
Providence 1150 Varnum St., N. E. 20017	G-021	CHURCH	360	19	11 13	1 2	16 15	INT: FLEX RES: IM, OBG, ORS
Rogers Memorial Massachusetts Ave. and 8th St. N. E. 20002		NP CORP	209	22	9			RES: GP
St. Elizabeths Martin Luther King, Jr. Ave. S. E. 20032	L-020	OTHER	3312	30	6	14	24	RES: OPH, P
Sibley Memorial 5255 Loughboro Rd., N. W. 20016	M-019	NP CORP	362	44				RES: OPH, ORS, PTH, U
Veterans Admin. 50 Irving St. N. W. 20422	M-019 L-020	VA	708	58	27	53	112	RES: GS, GS, IM, NS, NS, N, NM, OPH, ORS, ORS, ORS, OTO, PTH, PS, P, TR, U, U
Walter Reed Army Institute of Research Walter Reed Army Medical Center 20012		USA				2	5	RES: GPM
Walter Reed Army Medical Center 6825 16th St., N. W. 20012	M-019 L-021	USA	979	54	9	20 199	7 219	INT: FLEX RES: AN, CHP, OR, O, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TS, U
Washington Hospital Center 110 Irving St., N. W. 20010	L-020	NP CORP	827	46	13 38	33 66	111	INT: FLEX RES: DR, GS, IM, NS, NM, OBG, OPH, ORS, OTO, PTH, PS, U
<b>FLORIDA</b>								
<b>DAYTONA BEACH</b>								
Haltax Hospital Medical Center Clyde Morris Blvd. 32015		OIST.	556	15	2	8	18	RES: FP
<b>FORT LAUDERDALE</b>								
Broward General 1600 S. Andrews Ave. 33316	G-023	OIST.	670		4		4	RES: PTH
Office of the Chief Medical Examiner, Broward County 5301 S. W. 31st Ave. 33312		COUNTY					2	RES: FOP
<b>GAINESVILLE</b>								
Alachua General 912 S. W. 4th Ave. 32602	M-022	COUNTY	272	13	1	8	16	RES: FP
University of Florida Affiliated Hospitals (Includes Alachua Gen. Hosp., W. A. Shands Tchng. Hosp., Veterans Admin. Hosp., St. Vincent's Hosp. (Jacksonville), Univ. Hosp. of Jacksonville, Veterans Admin. Hosp. (Lake City), Anclote Manor (Tarpon Springs))	M-022	MISC.			12	177	220	RES: AN, CHP, DR, FP, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
Veterans Admin. 32602	M-022	VA	480	60				RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
William A. Shands Teaching Hospital and Clinics University of Florida 32601	M-022	STATE	446	58	6	82	90	RES: AN, CHP, CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, TR, TS, U
<b>JACKSONVILLE</b>								
Baptist Memorial 800 Prudential Dr. 32207	M-022	NP CORP	501	34				RES: GS, IM, OBG, PD, PS
Florida State Division of Health 1217 Pearl St. 32202		STATE				1	18	RES: PH
Hope Haven Children's 5720 Atlantic Blvd. 32207	M-022	NP CORP	72	50				RES: ORS
Jacksonville Hospitals Educational Program (Includes Baptist Memorial Hospital, Hope Haven Children's Hospital, St. Luke's Hospital, St. Vincent's Hospital, University Hospital of Jacksonville)	M-022	MISC.			39	87	136	RES: GS, IM, OBG, ORS, PD, PS, U
Naval Regional Medical Center Naval Air Station 32214		USN	394	43		17	27	RES: FP
St. Luke's 1900 Boulevard 32206	M-022	NP CORP	294	22				RES: GS, ORS
St. Vincent's Barrs & St. Johns Ave. 32204	M-022	NP CORP	466	28	2	10	18	RES: FP, GS, OBG, PS, U
University Hospital of Jacksonville 655 8th St. 32209	M-022	CY-CO	354	48	3		4	RES: GS, IM, N, OBG, OPH, ORS, PTH, PD, PS, U
<b>LAKE CITY</b>								
Veterans Admin. South Marion St. 32055	G-022	VA	373	34				RES: GS, U
<b>MIAMI</b>								
Jackson Memorial 1700 N. W. 10th Ave. 33136	M-023	COUNTY	1140	33	23	90	135	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PS, P, TR, TS, U
Office of Medical Examiner of Dade County 1700 N. W. 10th Ave. 33136		CY-CO		64		1	2	RES: FOP
University of Miami Affiliated Hospitals (Includes Jackson Memorial Hospital, Variety Children's Hospital, Veterans Admin. Hospital and Mount Sinai Hospital of Greater Miami (Miami Beach))	M-023	MISC.			13 115	80 283	5 431	INT: FLEX RES: AN, CHP, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U
Variety Children's 6125 S. W. 31st St. 33155	L-023	NP CORP	188	61	16		16	RES: AN, ORS, ORS, PD
Veterans Admin. 1201 N. W. 16th St. 33125	M-023	VA	790	40				RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
<b>MIAMI BEACH</b>								
Mount Sinai Medical Center of Greater Miami 4300 Alton Rd. 33140	L-023	NP CORP	724	29	14 40	6 42	108	INT: FLEX RES: AN, DR, D, GS, IM, OBG, ORS, PTH, TR, TS, U
<b>ORLANDO</b>								
Florida 601 E. Rollins St. 32803		CHURCH	767	29			20	RES: FP
Orange Memorial 1416 South Orange Ave. 32806		NP CORP	808	34	12 27	1 12	60	INT: FLEX RES: GS, IM, OBG, ORS, PTH, PS

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<b>FLORIDA—Continued</b>								
<b>PENSACOLA</b>								
Baptist 1000 W. Moreno St. 32501	G-022	CHURCH	550	35				RES: GS, IM, OBG, PD
Naval Naval Aerospace and Regional Medical Center 32512		USN	190	73		13	18	RES: FP
Naval Aerospace Medical Institute Naval Aerospace and Regional Medical Center 32512		USN				6	18	RES: AM
Pensacola Educational Program (Includes Baptist Hospital, Sacred Heart Hospital, and University Hospital) 5151 N. 9th Ave. 32504	G-022	MISC.			1 2	5 16	8 38	INT: FLEX RES: GS, IM, OBG, PD
Sacred Heart 5151 N. Ninth Ave. 32504	G-022	CHURCH	310	39				RES: GS, IM, OBG, PD
University 1200 W. Leonard St. 32501	G-022	COUNTY	130	43				RES: GS, IM, OBG, PD
<b>ST. PETERSBURG</b>								
All Children's 801 6th St. S. 33701	G-115	NP CORP	76					RES: ORS
Bayfront Medical Center 701 Sixth St. South 33701	G-115	NP CORP	600	23	1	16	24	RES: FP, OBG
<b>TALLAHASSEE</b>								
Tallahassee Memorial Miccosukee Rd. and Magnolia Dr. 32303		CITY	458	29	3	5	8	RES: FP
<b>TAMPA</b>								
St. Joseph's 3001 W. Buffalo Ave. 33607	M-115	CHURCH	579	21				RES: CHP, DR, PTH, P
Tampa General Davis Islands 33606	M-115	COUNTY	607	42	2	16	36	RES: CHP, DR, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, P, U
University of South Florida Affiliated Hospitals (Includes St. Joseph's Hospital, Tampa General Hospital, Veterans Admin. Hospital, and All Children's Hospital (St. Petersburg))	M-115	MISC.			2 17	28 94	199	INT: FLEX RES: CHP, DR, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, P, U
Veterans Admin. 13000 N 30th St 33612	M-115	VA	667	53				RES: DR, GS, IM, N, OPH, ORS, OTO, PTH, P, U
<b>TARPON SPRINGS</b>								
Anclote Manor P. O. Box 1224 33589		NP CORP	76					RES: P
<b>GEORGIA</b>								
<b>ATLANTA</b>								
Center of Disease Control 1600 Clifton Rd. N. E. 30333		OTHER				11	20	RES: GPM
Crawford W. Long Memorial 35 Linden Ave. N. E. 30308	G-025	NP CORP	471	32	3		5	RES: GS, IM, OBG, PTH
Elks Aidmore 2040 Ridgewood Dr. N. E. 30307	G-025	NP CORP	64					RES: PM
Emory University 1364 Clifton Rd., N. E. 30322	M-025	NP CORP	382	48				RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
Emory University Affiliated Hospitals (Includes Crawford W. Long Memorial Hosp., Elks Aidmore Hosp., Emory University Hosp., Georgia Mental Health Institute, Grady Memorial Hosp., Henrietta Egleston Hosp., and Veterans Admin. Hosp. (Decatur))	M-025	MISC.			31	325	535	RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TR, TS, U
Emory University School of Medicine 30322	M-025	NP CORP					2	RES: NP
Georgia Baptist 300 Boulevard, N. E. 30312		CHURCH	550	33	9 9	7 24	9 52	INT: FLEX RES: GS, IM, OBG, ORS RES: CHP, P
Georgia Mental Health Institute 1256 Briarcliff Rd. N. E. 30306	L-025	STATE	235					RES: CHP, P
Grady Memorial 80 Butler St., S. E. 30303	M-025	DIST.	904	36		95 2	6 2	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, POC, PM, PS, P, R, TR, TS, U
Henrietta Egleston Hospital for Children 1405 Clifton Rd., N. E. 30333	L-025	NP CORP	100					RES: DR, GS, NS, N, ORS, OTO, PD, PS, R, U
Piedmont 1968 Peachtree Rd., N. W. 30309		NP CORP	314	32	2	3	10	RES: GS, PTH
St. Joseph's Infirmary 265 Ivy St., N. E. 30303		NP CORP	200	32	3 7	1	12	INT: FLEX RES: GS, PTH
<b>AUGUSTA</b>								
Eugene Talmadge Memorial 1120 Fifteenth 30902	M-024	STATE	400	51	3	12	25	RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, POC, PS, P, TR, TS, U
Medical College of Georgia Hospitals (Includes Eugene Talmadge Memorial Hospital, University Hospital, Veterans Admin. Hospital and Memorial Medical Center (Savannah))	M-024	MISC.			18	132	239	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PS, P, TR, TS, U
University University Pl. 30902	M-024	COUNTY	600	19				RES: D, FP, GS, IM, OBG, OPH, ORS, PTH, PD, PS, TR
Veterans Admin. Wrightsboro Rd. 30904	M-024	VA	1298	61				RES: D, GS, IM, NS, N, OPH, ORS, PTH, PS, P, TR, TS, U
<b>COLUMBUS</b>								
Medical Center 710 Center Ave. 31901	M-024	CY-CO	490	20		5 20	4 36	INT: FLEX RES: FP, ORS
<b>DECATUR</b>								
Scottish Rite Hospital for Crippled Children 321 W. Hill St. 30030	G-046	NP CORP	48					RES: ORS
Veterans Admin. 1670 Clairmont Rd. 30084	M-025	VA	550	35				RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U



## CONSOLIDATED LIST OF HOSPITALS

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					For.*	Non- For.*		
<b>GEORGIA—Continued</b>								
<b>FORT BENNING</b> Martin Army 31905		USA	472	47		9	18	RES: FP
<b>FORT GORDON</b> Dwight David Army Medical Center 30905	M-024	USA	476	47	1	9	33	RES: FP
<b>MACON</b> Medical Center of Central Georgia 777 Hemlock St. 31201	M-024	CY-CO	501	20	1 6	10	6 40	INT: FLEX RES: FP, GS, OBG
<b>SAVANNAH</b> Memorial Medical Center Waters Ave. at 63d St. 31405	M-024	COUNTY	450	42	2	18 21	3 54	INT: FLEX RES: DR, GS, IM, OBG, R, TS, U
<b>WARM SPRINGS</b> Georgia Rehabilitation Center 31830		STATE	250					RES: PM
Georgia Warm Springs Foundation 31830		NP CORP	120				12	RES: PM
<b>HAWAII</b>								
<b>HONOLULU</b>								
Kaiser Foundation 1697 Ala Moana Blvd. 96815	L-105	NP CORP	146	48				RES: GS, IM
Kapiolani 1319 Punahou St. 96814	M-105 G-051	NP CORP	133	61				RES: OBG
Kauaikeolani Children's 226 N. Kuakini St. 96817	M-105	NP CORP	80	60	9	4	13	RES: GS, PD
Kuakini 347 N. Kuakini St. 96817	M-105	NP CORP	208	44	2 3		3	INT: FLEX RES: GS, IM, PTH
Queen's Medical Center 1301 Punchbowl St. 96813	M-105 G-016	NP CORP	475	40	3	1	4	INT: FLEX RES: GS, IM, OBG, ORS, PTH, P
St. Francis 2260 Liliha St. 96817	M-105	CHURCH	256	35	1	3	4	RES: GS, IM, PTH, P
Shriners Hospital for Crippled Children 1310 Punahou St. 96814	G-016	NP CORP	40					RES: ORS
Straub Clinic and Hospital 888 S. King St. 96813	M-105	CORP.	116	32				RES: GS, ORS
Tripler Army Medical Center A. P. O. San Francisco 96438	M-105 G-016	USA	588	70	2	32 95	17 136	INT: FLEX RES: DR, FP, GS, IM, OBG, OPH, ORS, ORS, PTH, PD, U
University of Hawaii Affiliated Hospitals	M-105	MISC.			6 22	22 55	16 135	INT: FLEX RES: CHP, GS, IM, OBG, ORS, PTH, P
University of Hawaii—Kauaikeolani Children's	M-105	NP CORP						RES: PD
University of Hawaii, Leahi 3675 Kilauea Ave. 96816	M-105	STATE	292		2	3	6	RES: CHP, P
University of Hawaii School of Public Health 1960 East-West Rd. 96822		STATE					7	RES: GPM
<b>KANEHOE</b>								
Hawaii State Keahala Rd. 96744		STATE	224	100				RES: P
<b>ILLINOIS</b>								
<b>BERWYN</b>								
Mac Neal Memorial 3249 Oak Park Ave. S. 60402	M-030	NP CORP	470	33	9	16	25	RES: FP, GS, OBG, PTH
<b>CARBONDALE</b>								
Doctors Memorial 404 W. Main St. 62901	L-116	NP CORP	127	14		2	4	RES: FP
<b>CHICAGO</b>								
Chicago Medical School Affiliated Hospitals	M-026	MISC.			18	6	24	RES: P
Children's Memorial 2300 Children's Plaza 60614	M-027	NP CORP	265	65		3	4	RES: AN, CHP, OR, GS, NS, NM, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, U
Columbus 2520 N. Lakeview Ave. 60614	L-027, 028	NP CORP	536	29	8		10	RES: GS, IM, OBG, PTH, PD, R, TR
Columbus—Cuneo—Cabrini Medical Center 2520 N. Lakeview Ave. 60614	L-027, 028	NP CORP			29 39	1 2	22 55	INT: FLEX RES: GS, IM, OBG, PTH, PD, R
Cook County 1825 W. Harrison St. 60612	M-026, 030 G-027	COUNTY	1502	38	63 273	56 72	15 459	INT: FLEX RES: AN, D, FP, GS, IM, NS, N, OBG, OPH, ORS, ORS, ORS, OTO, PTH, PD, PDC, PS, CRS, P, R, TS, U
Edgewater 5700 N. Ashland Ave. 60626	M-026	NP CORP	385		2		4	RES: PTH
Frank Cuneo 750 W. Montrose 60613	L-027	NP CORP	171	19				RES: GS, IM, OBG, PTH
George J. London Memorial 4700 N. Clarendon 60640	L-026	NP CORP	92					RES: P
Grant 551 Grant Pl. 60614	L-027	NP CORP	332	41	21 26		52	INT: FLEX RES: GP, PTH
Illinois Central Community 5800 Stony Island Ave. 60637	G-029	NP CORP	202	34	13 5		5	INT: FLEX RES: GS
Illinois Masonic Medical Center 836 W. Wellington Ave. 60657	M-030	NP CORP	504	31	25 56	8 10	12 90	INT: FLEX RES: AN, FP, GS, IM, NS, OBG, PTH, PD, R
Illinois State Psychiatric Institute 1601 West Taylor St. 60612	L-027, 030	STATE	190		23	7	33	RES: P
Institute for Juvenile Research 907 South Wolcott Ave. 60612	L-030	STATE			2	2	8	RES: CHP
Jackson Park 7531 Stony Island Ave. 60649		NP CORP	216	30	11		14	RES: GP
Louis A. Weiss Memorial 4646 N. Marine Dr. 60640	M-030	NP CORP	343	40	5 24	2 5	3 39	INT: FLEX RES: GP, GS, IM, ORS, PTH, R, U

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<b>ILLINOIS, CHICAGO—Continued</b>								
Mc Gaw Medical Center of Northwestern University (Includes Children's Memorial Hospital, Northwestern Memorial Hospital (Wesley Pavilion and Passavant Pavilion), Rehabilitation Inst. of Chicago, Veterans Admin. Research Hospital, Evanston Hospital (Evanston)) 303 E. Chicago Ave. 60611	M-027	MISC.			1 88	64 381	6 566	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TR, U
Mercy Hospital and Medical Center Stevenson Expressway at King Dr. 60616	M-030 G-027	CHURCH	542	30	43	9	58	RES: GS, IM, NS, OBG, OTO, PTH, PD, R, TR, U
Michael Reese Hospital and Medical Center 2929 South Ellis Ave. 60616	L-026 G-027, 030	NP CORP	941	52	12 82	33 118	304	INT: FLEX RES: AN, CHP, DR, GS, IM, N, NM, OBG, OPH, ORS, PTH, PD, PDA, PM, P, U
Mount Sinai Hospital Medical Center of Chicago 2755 West 15th St. 60608		NP CORP	423	37	78	13	4 92	INT: FLEX RES: DR, GS, IM, N, OBG, PTH, PD, PM, P, U
Mount Sinai—Cook County—Hines Veterans Admin. Hospitals		MISC.			8	4	12	RES: N
Mount Sinai—Schwab Rehabilitation Hospitals		MISC.			5		8	RES: PM
Northwestern Memorial 250 E. Superior St. 60611	M-027	CHURCH	983	47				RES: AN, DR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PS, P, TR, U
Norwegian—American 1044 North Francisco Ave. 60622.		NP CORP	255	10	12 8		23	INT: FLEX RES: GP
Ravenswood Hospital Medical Center 4550 N. Winchester Ave. at Wilson 60640	M-030	NP CORP	405		11		16	RES: GP, GS, OBG, ORS
Rehabilitation Institute of Chicago 345 E. Superior St. 60611	M-027	NP CORP	170					RES: PM
Rush Medical College Affiliated Network Hospitals	M-123	MISC.			2	13	15	RES: ORS
Rush—Presbyterian—St. Luke's Medical Center 1753 W. Congress Pkwy. 60612	M-123	NP CORP	851	53	1 44	41 112	211	INT: FLEX RES: CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, TR, TS, U
St. Elizabeth's 1431 N. Claremont Ave. 60622		CHURCH	345	19	12 4		4	INT: FLEX RES: GP
St. Frances Xavier Cabrini 811 South Lytle 60607	L-027	NP CORP	232	.18				RES: PTH
St. Joseph 2900 North Lake Shore Dr. 60657	M-028	CHURCH	510	38	13 38	2 11	75	INT: FLEX RES: FP, GS, IM, OBG, PTH, PD, PS, P
St. Mary of Nazareth Hospital Center 2233 W. Division St. 60622		CHURCH	298	16	17 6		15	INT: FLEX RES: FP
Schwab Rehabilitation 1401 S. California Blvd. 60608		NP CORP	55					RES: PM
Shriners Hospital for Crippled Children 2211 N. Oak Park Ave. 60635		NP CORP	60					RES: ORS
South Chicago Community 2320 E. 93d St. 60617	G-029	NP CORP	400	21	12		12 9	INT: FLEX RES: FP
Swedish Covenant 5145 N. California Ave. 60625	L-123	NP CORP	236	26	5 11	1	15	INT: FLEX RES: FP
University of Chicago Hospitals and Clinics 950 East 59th St. 60637	M-029	NP CORP	714	53	8 60	40 170	280	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, TS
University of Illinois Affiliated Hospitals	M-030	MISC.			1 93	28 182	340	INT: FLEX RES: DR, D, GS, IM, NS, N, OBG, ORS, PTH, PM, PS, P, R, TR, TS, U
University of Illinois 840 S. Wood St. 60612	M-030	STATE	586	57	56	42	113	RES: AN, DR, O, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, R, TR, TS, U
University of Illinois Metropolitan Hospital Group (Includes Illinois Masonic Medical Center, Louis A. Weiss Memorial Hospital, Mercy Hospital and Medical Center, Ravenswood Hospital, Mac Neal Memorial Hospital (Berwyn), and Lutheran General Hospital (Park Ridge))	M-030	MISC.			47	3	31	RES: GS
Veterans Admin. Research 333 E. Huron St. 60611	M-027	VA	533	53				RES: AN, DR, D, GS, IM, NS, N, NM, DPH, ORS, OTO, PTH, PM, PS, P, TR, U
Veterans Admin. (West Side) 820 S. Damen Ave. 60612	M-030	VA	545	59				RES: DR, GS, IM, N, ORS, PTH, PM, PS, P, R, TS, U
<b>DANVILLE</b>								
Danville Family Practice Center 103 N. Robinson St. 61832	L-030	NP CORP						RES: FP
Lake View Memorial 812 N. Logan Ave. 61832	L-030	NP CORP	228	23				RES: FP
St. Elizabeth 600 Sager Ave. 61832	L-030	CHURCH	209	24				RES: FP
<b>DES PLAINES</b>								
Forest 555 Wilson Lane 60016		CORP	150					RES: P
<b>DOWNNEY</b>								
Veterans Admin. 60064	M-026	VA	1356					RES: P
<b>ELK GROVE VILLAGE</b>								
Alexian Brothers Medical Center 800 W. Biesterfield Rd. 60007		CHURCH	345	26				RES: P
<b>EVANSTON</b>								
Evanston 2650 Ridge Ave. 60201	M-027	NP CORP	510	60		3	3	RES: AN, DR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PS, P, U
St. Francis 355 Ridge Ave. 60202	M-028 G-027	CHURCH	475	44	19 29	3 12	6 70	INT: FLEX RES: GP, GS, IM, OBG, ORS, PTH, PD, PS, R

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<b>ILLINOIS—Continued</b>								
<b>EVERGREEN PARK</b> Little Company of Mary 2800 West 95th St. 60642		CHURCH	556	20	12 19		20	INT: FLEX RES: GS, PTH, R
<b>HINES</b> John J. Madden Zone Center 1200 S. First Ave. 60141	M-028	STATE						RES: P
Veterans Admin. 5th Ave. & Roosevelt Rd. 60141	M-028, O30 L-026, 027	VA	1527	52	88	32	148	RES: AN, D, GS, IM, NS, N, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
<b>JOLIET</b> St. Joseph 333 N. Madison St. 60435		NP CORP	463	17				RES: P
<b>MAYWOOD</b> Foster G. Mc Gaw 2160 S. First Ave. 60153	M-028	NP CORP	406	47	22	52	85	RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PS, P, TS
Loyola University Affiliated Hospitals	M-028	MISC.			23	6 96	12 129	INT: FLEX RES: AN, OR, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PS, P, TS
<b>OAK LAWN</b> Christ 4440 West 95th St. 60453	L-123	CHURCH	615	33	25 55		96	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, PD
<b>OAK PARK</b> Oak Park 520 S. Maple Ave. 60304		CHURCH	375	20	1		2	RES: PTH
West Suburban 518 N. Austin Blvd. 60302	L-123	NP CORP	370	39	18 4	10	6 32	INT: FLEX RES: FP, ORS, PTH, R
<b>PARK RIDGE</b> Lutheran General 1775 Dempster 60068	M-030 L-027	CHURCH	677	52	12	10	36	RES: FP, GS, ORS, ORS, PTH, PD, PS, R
<b>PEORIA</b> Institute of Physical Medicine and Rehabilitation 619 N. E. Glen Oak Ave. 61603	M-030	NP CORP	152			1	3	RES: PM
Methodist Hospital of Central Illinois 221 N. E. Glen Oak Ave. 61636	M-030	CHURCH	540	31				RES: FP, PTH
St. Francis 530 N. E. Glen Oak Ave. 61637	M-030	NP CORP	777	44	14	31	20 76	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, PD, R
University of Illinois—Peoria School of Med. Affiliated Institutions (Includes Institute of Physical Medicine and Rehabilitation, Methodist Hospital of Central Illinois)	M-030	MISC.			5	13	28	RES: FP, PTH, PM
<b>ROCKFORD</b> Rockford Medical Education Foundation (Includes Rockford Memorial Hospital, St. Anthony Hospital and Swedish-American Hospital) 1601 Parkview Ave. 61101	M-030	NP CORP	1021	37		30	36	RES: FP
Rockford Memorial 2400 N. Rockton Ave. 61101		NP CORP	378					RES: FP
St. Anthony 5666 E. State St. 61101	M-030	CHURCH	235					RES: FP
Swedish—American 1316 Charles St. 61101	M-030	NP CORP	371					RES: FP
<b>SCOTT A. F. B.</b> U. S. A. F. Medical Center 62225		USAF	235	53	1	5 12	18	INT: FLEX RES: FP
<b>SPRINGFIELD</b> Andrew Mc Farland Zone Center 901 Southwind Rd. 62703		STATE	165	50				RES: P
Illinois State Department of Health 535 W. Jefferson St. 62761		STATE						RES: PH
Memorial Medical Center 1st and Miller Sts. 62701	M-116	NP CORP	581	33				RES: AN, DR, GS, IM, OBG, PTH, PD, P, U
Mental Health Association 1300 S. 7th St. 62703		NP CORP						RES: P
St. Johns 701 East Mason St. 62701	M-116	NP CORP	623	38		11	18	RES: AN, DR, FP, GS, IM, OBG, PTH, PD, P, U
Southern Illinois University Affiliated Hospitals	M-116	MISC.			3	8 25	96	INT: FLEX RES: AN, DR, FP, GS, IM, OBG, PTH, PD, P, U
<b>URBANA</b> Carle Foundation 611 W. Park St. 61801		NP CORP	223	33		1	1	RES: CRS
University of Illinois Affiliated Institutions (Includes Danville Family Practice Center (Danville), Lake View Memorial Hospital (Danville), and St. Elizabeth Hospital (Danville)) 190 Medical Science Bldg. 61801	L-030	MISC.			4		10	RES: FP
<b>INDIANA</b>								
<b>BEECH GROVE</b> St. Francis Hospital Center 1600 Albany St. 46107	L-031	CHURCH	456	16		3	16	RES: FP
<b>ELKHART</b> Elkhart General 600 East Blvd. 46514		NP CORP	292	14				RES: PTH
<b>EVANSVILLE</b> St. Mary's 3700 Washington Ave. 47750	L-031	CHURCH	421	34	1	4 9	2 17	INT: FLEX RES: FP, OBG

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<b>INDIANA—Continued</b>							
<b>FORT WAYNE</b>							
Fort Wayne Medical Education Program (Includes Lutheran Hospital of Fort Wayne, Parkview Memorial Hospital, and St. Joseph Hospital of Fort Wayne) 2101 Coliseum Blvd. E. 46805	L-031	MISC.			1	6 12	26 INT: FLEX RES: FP, ORS
Lutheran Hospital of Fort Wayne 3024 Fairfield 46807	L-031	CHURCH	524	30			RES: FP, ORS
Parkview Memorial 2200 Randalia Dr. 46805	L-031	CHURCH	599	23			RES: FP
St. Joseph's Hospital of Fort Wayne 700 Broadway 46802	L-031	CHURCH	408	36	2	4	RES: FP, ORS, PTH
Veterans Admin. 1600 Randalia Dr. 46805		VA	178	11			RES: ORS
<b>GARY</b>							
Methodist Hospital of Gary 600 Grant St. 46402	L-031	NP CORP	388	30	4	4	RES: PTH
St. Mary Medical Center 540 Tyler St. 46402		NP CORP	557	19	3	1	4 RES: PTH
<b>INDIANAPOLIS</b>							
Campus Program	L-031	MISC.				2	15 RES: FP
Indiana University Affiliated Hospitals	L-031	MISC.					RES: FP
Indiana University Hospitals 1100 West Michigan 46202	M-031	STATE	578	57			2 RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, TS, U
Indiana University Medical Center (Includes Indiana University Hospitals, Larue D. Carter Memorial Hospital, Marion County General Hospital, Veterans Admin. Hospital, and Some programs at Methodist Hospital of Indiana and St. Vincent Hospital)	M-031	MISC.			3 34	41 354	455 INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PS, P, R, TS, U
Larue D. Carter Memorial 1315 West Tenth St. 46202	M-031	STATE	235	50			RES: CHP, P
Marion County General 960 Locke St. 46202	M-031	CY-CO	657	23			1 RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, FOP, PD, PS, P, R, U
Methodist Hospital of Indiana 1604 N. Capitol Ave. 46202	L-031	CHURCH	1160	42	7	22 72	11 114 INT: FLEX RES: DR, FP, GS, IM, NS, OBG, ORS, OTO, PTH, PD, TS, U
St. Vincent 2001 W. 86th St. 46260	L-031	CHURCH	507	57		26	55 RES: FP, IM, DBG, ORS, PTH
Veterans Admin. 1481 West Tenth St. 46202	M-031	VA	718	35			RES: AN, DR, FP, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TS, U
<b>MISHAWAKA</b>							
St. Joseph 215 W. 4th St. 46544		CHURCH	117	21			RES: PTH
<b>MUNCIE</b>							
Ball Memorial 2401 University Ave. 47303	L-031	NP CORP	620	35		13 24	6 34 INT: FLEX RES: FP, IM, PTH
<b>SOUTH BEND</b>							
Memorial Hospital of South Bend 615 N. Michigan St. 46601	L-031	NP CORP	488	17		13	18 RES: FP, PTH
St. Joseph's 811 E. Madison St., P. O. Box 1935 46632	L-031	NP CORP	338	17	1	15	24 RES: FP, PTH
South Bend Medical Foundation Hospitals (Includes Elkhart General Hospital (Elkhart), St. Joseph Hospital (Mishawaka), Memorial Hospital of South Bend and St. Joseph's Hospital) 531 North Main St. 46601	L-031	MISC.			2		4 RES: PTH
<b>IOWA</b>							
<b>CEDAR RAPIDS</b>							
Cedar Rapids Family Practice Program (Includes Mercy Hospital and St. Luke's Methodist Hospital)		MISC.				20	24 RES: FP
Mercy 701 10th St. S. E. 52403		CHURCH	406	24			RES: FP
St. Luke's Methodist 1026 A Ave. N. E. 52402		NP CORP	620	24			RES: FP
<b>CHEROKEE</b>							
Mental Health Institute 1200 W. Cedar St. 51012		STATE	399	35	6	8	14 RES: P
<b>DAVENPORT</b>							
Mercy 1326 W. Lombard St. 52804	G-032	NP CORP	556	17			RES: FP
Mercy—St. Luke's Hospitals	G-032	NP CORP					12 RES: FP
St. Luke's 1227 E. Rusholme St. 52803	G-032	NP CORP	276				RES: FP
<b>DES MOINES</b>							
Broadlawn's Polk County 18th & Hickman Rd. 50314	L-032	COUNTY	165	42		19	24 RES: FP, GS
Iowa Lutheran University at Penn Ave. 50316	L-032	NP CORP	465	20	1	5	18 RES: FP
Iowa Methodist Medical Center 1200 Pleasant St. 50308	L-032	CHURCH	676	41	2 11	1 14	14 INT: FLEX RES: GS, PTH, PD
Mercy 6th and University 50314		NP CORP	500	26	3	1	6 RES: PTH
Veterans Admin. 30th and Euclid Aves. 50310	L-032	VA	362	37	11	3	15 RES: GS, OPH, U

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<b>IOWA—Continued</b>								
<b>INDEPENDENCE</b> Mental Health Institute 50644	L-032	STATE	413	61	9	2	12	RES: P
<b>IOWA CITY</b>								
University of Iowa Affiliated Hospitals	M-032	MISC.			19	35 196	4 223	INT: FLEX RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, R, TR, U
University of Iowa Hospitals Newton Rd. 52242	M-032	STATE	1066	55	11	110	143	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, P, R, TR, TS, U
Veterans Admin. Highway 6-West 52240	M-032	VA	371					RES: AN, DR, GS, IM, NS, N, OPH, OTO, PTH, NP, TR, U
<b>KANSAS</b>								
<b>KANSAS CITY</b>								
University of Kansas Affiliated Hospitals	M-033	MISC.				64	95	RES: IM
University of Kansas Medical Center 39th & Rainbow Blvd. 66103	M-033	STATE	513	55	26	169	260	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, PS, P, TS, U
University of Kansas Medical Center—Children's Mercy	M-033	MISC.				2	3	RES: PDA
<b>LEAVENWORTH</b>								
Veterans Admin. Center 66048		VA	582	57	5		5	RES: GS, U
<b>NEWTON</b>								
Prairie View Mental Health Center E 1st St. 67114		CHURCH						RES: P
<b>OSAWATOMIE</b>								
Osawatomie State Box 500 66064		STATE	473	15				RES: P
<b>TOPEKA</b>								
C. F. Menninger Memorial 3617 W. 6th St. Box 829 66601		NP CORP	164					RES: P
Children's Division, the Menninger Foundation 3617 W. 6th St. 66601		NP CORP	70		5	8	13	RES: CHP
Menninger School of Psychiatry Stormont—Vail	G-033	NP CORP	141	29	22	23	60	RES: P RES: IM
Topeka State 2700 West Sixth 66606		STATE	486	50				RES: P
Veterans Admin. 2200 Gage Blvd. 66622		VA	908	68				RES: P
<b>WICHITA</b>								
St. Francis Affiliated Hospitals	L-033	MISC.			3	14	20	RES: ORS
St. Francis 929 N. St. Francis 67214	L-033	CHURCH	886	29	2	25 2	5	INT: FLEX RES: GS, IM, ORS, PTH, P
St. Francis Hospital—Veterans Admin. Center	L-033	MISC.			1	13	22	RES: GS
St. Francis Hospital—Wesley Medical Center	L-033	MISC.			1	28	42	RES: IM
St. Joseph Hospital and Rehabilitation Center 3400 Grand Ave. 67218	L-033	NP CORP	439	20		18	22	RES: FP, PTH, P
St. Joseph Hospital and Rehabilitation Center—Veterans Admin. Center	L-033	MISC.			1		4	RES: PTH
Sedgwick County Department of Mental Health 1801 E. 10th St. 67214		COUNTY						RES: P
University of Kansas (Wichita) Affiliated Hospitals	L-033	MISC.					16	RES: P
Veterans Admin. Center 5500 East Kellogg 67218	L-033	VA	202	28				RES: GS, ORS, PTH, P
Wesley Medical Center 550 North Hillside 67214	L-033	CHURCH	710	34	5	6 35	54	INT: FLEX RES: DR, FP, GS, IM, OBG, ORS, PTH, P
<b>KENTUCKY</b>								
<b>ANCHORAGE</b>								
Children's Treatment Center La Grange Rd. 40223		STATE						RES: CHP
<b>COVINGTON</b>								
St. Elizabeth 21st St. and Eastern Ave. 41014		CHURCH	468	14		8 4	20	INT: FLEX RES: FP
<b>FRANKFORT</b>								
Dept. for Human Resources, Bureau for Health Services 275 E. Main St. 40601		STATE				2	4	RES: PH
<b>HARLAN</b>								
Harlan Appalachian Regional 40831		NP CORP	229	14	10		10	RES: GS
<b>LEXINGTON</b>								
Central Baptist 1740 S. Limestone St. 40503	L-034	CHURCH	297	18				RES: FP
St. Joseph 1400 Harrodsburg Rd. 40504	L-034	CHURCH	436	19				RES: PS, U
Shriners Hospital for Crippled Children 1900 Richmond Rd. 40502	G-034	NP CORP	50					RES: ORS
University 800 Rose St. 40506	M-034	STATE	421	34	6	52	66	RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PS, P, TR, TS, U
Univ. of Kentucky College of Medicine, Dept. of Community Medicine 800 Rose St. 40506		STATE						RES: GPM

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					For.*	Non- For.*				
<b>KENTUCKY, LEXINGTON—Continued</b>										
University of Kentucky—Lexington Residency Program	M-034	MISC.				1	8	13	RES: ORS	
University of Kentucky Medical Center	M-034	MISC.				24	42 120	199	INT: FLEX RES: AN, CHP, FP, GS, IM, NS, N, OPH, PTH, NP, PS, P, TS, U	
Veterans Admin. Leestown Pike-Cooper Dr. 40507	M-034	VA	1000	40					RES: AN, GS, IM, NS, OPH, ORS, PTH, PS, P, TS, U	
<b>LOUISVILLE</b>										
Bingham Child Guidance Clinic 200 E. Chestnut St. 40202		NP CORP				2		4	RES: CHP, P	
Central State 40223		STATE							RES: P	
Institute of Physical Medicine and Rehabilitation 220 Abraham Flexner Way 40202	L-035	NP CORP	34				1	6	RES: PM	
Jewish 217 E. Chestnut St. 40202	L-035	NP CORP	375	25					RES: GS, PS, TS	
Kosair Crippled Children 982 Eastern Pkwy. 40217	G-035	NP CORP	100						RES: ORS	
Louisville General 323 E. Chestnut St. 40202	M-035	CY-CO	345	38	2	13		16	RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDA, PS, P, TR, TS, U	
Norton—Children's Hospitals 200 E. Chestnut St. 40202	M-035	NP CORP	496	49	6 1	3		4	INT: FLEX RES: AN, DR, GS, NS, OBG, OPH, PTH, PD, PDA, PDC, PS, P, TR, TS, U	
St. Anthony 1313 St. Anthony Pl. 40204	L-035	CHURCH	374	14					RES: FP	
St. Joseph Infirmary 735 Eastern Parkway 40217	L-035	CORP.	509	27		8	17 9	27	INT: FLEX RES: GS, IM, OBG, PD, PS	
University of Louisville Affiliated Hospitals	M-035	MISC.				86	46 188	317	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDA, PDC, PM, PS, P, TR, TS, U	
Veterans Admin. Mellwood & Zorn Ave. 40202	M-035	VA	422	47	1	1		4	RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, PTH, PS, P, TR, TS, U	
<b>MADISONVILLE</b>										
Hopkins County Hospital and Trover Clinic Foundation 237 Waddill Ave. 42431		CY-CO	272	17				4	12	RES: FP
<b>LOUISIANA</b>										
<b>ALEXANDRIA</b>										
Veterans Admin. 71301	M-037	VA	375	21						RES: GS, ORS
<b>BATON ROUGE</b>										
Earl K. Long Memorial 5825 Airline Hwy. 70805	M-036	STATE	238	28	3	24		35		RES: FP, GS, IM, ORS, PTH, PD, U
Louisiana State University Affiliated Hospitals	M-036	MISC.					13	9		INT: FLEX RES: FP
<b>INDEPENDENCE</b>										
Lallie Kemp Charity Highway 51, Box 7 70443	M-037	STATE	132							RES: GS
<b>LAFAYETTE</b>										
Lafayette Charity 311 West St. Mary Blvd. 70501	M-036	STATE	250	37	5	8		24		RES: GS, IM, ORS, PD
<b>LAKE CHARLES</b>										
Lake Charles Charity 1000 Walters St. 70601	M-036	STATE	110	50	3	3		6		RES: FP, OBG
<b>MANDEVILLE</b>										
Southeast Louisiana P. O. Box 3850 70448		STATE	560	100				1		RES: CHP, P
<b>MONROE</b>										
E. A. Conway Memorial 4801 South Grand 71201		STATE	183	8						RES: GS, ORS, U
<b>NEW ORLEANS</b>										
Charity Hospital of Louisiana 1532 Tulane Ave. 70140	M-036, 037	STATE	1620	35	5	38		69		RES: AN, D, PTH, PM
Charity Hospital of Louisiana—Louisiana State University Division 1532 Tulane Ave. 70140	M-036	STATE			9	43 101		18 144		INT: FLEX RES: GS, IM, NS, N, OBG, OPH, ORS, OTO, NP, PD, PDA, PS, P, TS, U
Charity Hospital of Louisiana—Tulane University Division 1532 Tulane Ave. 70140	M-037	STATE			5 19	41 59		17 130		INT: FLEX RES: GS, IM, NS, N, OBG, OPH, ORS, OTO, PD, PS, P, TS, U
Eye, Ear, Nose and Throat 145 Elk Pl. 70112	L-037	NP CORP	108							RES: OPH, OTO
George M. Haik Eye Clinic 921 Canal St. 70112		PART.	34							RES: OPH
Hotel Dieu 2004 Tulane Ave. 70112	L-036	CHURCH	281	17						RES: OPH
Louisiana State University Affiliated Hospitals	M-036	MISC.				22	93	138		RES: FP, GS, IM, NS, OPH, ORS, OTO, PTH, NP, PD, PS, P, TS, U
Louisiana State University Medical Center 1542 Tulane Ave. 70112	M-036	STATE						4		RES: CHP
New Orleans Mental Health Institute 140 Calhoun St. 70118		CORP.	211							RES: P
Ochsner Foundation 1516 Jefferson Highway 70121	M-037 L-036	NP CORP	379	67			21 82	127		INT: FLEX RES: AN, DR, GS, IM, NS, NS, N, OBG, OPH, ORS, OTO, PTH, PS, CRS, R, TS, U
Southern Baptist 2700 Napoleon Ave. 70115	L-036, 037	NP CORP	512	32						RES: PS

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<b>LOUISIANA, NEW ORLEANS—Continued</b>								
Touro Infirmary 1401 Foucher St. 70115	M-037	NP CORP	492	29	4	4	30	INT: FLEX RES: IM, NM, OPH, ORS, ORS, PTH, PS, P, R, U
Tulane University Affiliated Hospitals	M-037	MISC.			14	149	183	RES: CHP, GS, NS, N, OPH, ORS, OTO, PD, PS, P, U
Tulane University School of Public Health and Tropical Medicine 1430 Tulane Ave. 70112		NP CORP				1	15	RES: GPM
U. S. Public Health Service 210 State St. 70118	M-037	USPHS	316	56	6	19	13	INT: FLEX RES: GS, OBG, OPH, ORS, PTH, PS, U
Veterans Admin. 1601 Perdido St. 70140	M-036, 037	VA	581	46	29	4	12	RES: GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, PS, P, TS, U
<b>PINEVILLE</b>								
Huey P. Long Memorial Hospital Boulevard 71360	M-037	STATE	171	19				RES: GS, ORS
<b>SHREVEPORT</b>								
Confederate Memorial Medical Center 1541 Kings Highway 71103	M-106	STATE	596	38		29	24	INT: FLEX RES: DR, FP, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PDA, P, U
L. S. U. (Shreveport) Affiliated Hospitals:	M-106	MISC.				41	85	RES: DR, FP, GS, OPH, ORS, PTH, PDA, U
Schumpert Memorial 915 Margaret Pl. 71101	G-106	CHURCH	374	18				RES: FP
Shriners Hospital for Crippled Children 3100 Samford Ave. 71103	G-106	NP CORP	60					RES: ORS
Veterans Admin. 510 E. Stoner Ave. 71130	M-106	VA	464	25				RES: GS, OPH, ORS, PTH, U
Willis—Knighton Memorial 2600 Greenwood Rd. 71103	G-106	INDIV.	296					RES: FP
<b>MAINE</b>								
<b>AUGUSTA</b>								
Augusta General 6 E. Chestnut St. 04330		NP CORP	181	26				RES: FP
Central Maine Family Practice Program 12 E. Chestnut St. 04330		MISC.				7	16	RES: FP
<b>LEWISTON</b>								
Central Maine General 300 Main St. 04240		NP CORP	230	31				RES: FP
St. Mary's General 45 Golder St. 04240		CHURCH	233	13				RES: FP
<b>PORTLAND</b>								
Maine Medical Center 22 Bramhall St. 04102	M-042	NP CORP	530	40	2	25	100	INT: FLEX RES: AN, CHP, DR, FP, GS, IM, OBG, PTH, PD, P, R
<b>TOGUS</b>								
Veterans Admin. Center 04330		VA	834	73				RES: FP
<b>WATERVILLE</b>								
Thayer North St. 04901		NP CORP	173	40				RES: FP
<b>MARYLAND</b>								
<b>ABERDEEN PROVING GROUND</b>								
U. S. Army Environmental Hygiene Agency 21010	G-064	USA				2	5	RES: OM, GPM
<b>BALTIMORE</b>								
Baltimore City Hospitals 4940 Eastern Ave. 21224	M-038, 039	CITY	388	51		17	62	INT: FLEX RES: AN, GS, IM, NS, N, OBG, ORS, OTO, PTH, PD, PS
Bon Secours 2025 W. Fayette St. 21223		NP CORP	217	42	11			INT: FLEX RES: OBG
Children's 3825 Greenspring Ave. 21211	G-038	CORP.	124					RES: ORS, PS
Franklin Square 9000 Franklin Square Dr. 21237		NP CORP	305	34	23		82	INT: FLEX RES: FP, GS, IM, OBG
Good Samaritan 5601 Loch Raven Blvd. 21239	M-038	NP CORP	207					RES: IM, ORS
Greater Baltimore Medical Center 6701 N. Charles St. 21204	G-038	NP CORP	401	28	14	6	3	INT: FLEX RES: IM, OBG, OPH, OTO, PTH, CRS
James Lawrence Kernan Windsor Mill Rd. & Forest Park Ave. 21207	G-039	NP CORP	102			6	6	RES: ORS
John F. Kennedy Institute 707 N. Broadway 21205	M-038	NP CORP	40					RES: PD
Johns Hopkins 601 North Broadway 21205	M-038 G-021	NP CORP	1089	46	30	193	240	RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PS, P, TR, U
Johns Hopkins Affiliated Hospitals	M-038	MISC.			4	60	131	INT: FLEX RES: AN, GS, OBG, ORS, OTO, PS
Johns Hopkins Hospital—Baltimore City Hospitals	M-038	MISC.			6	11	16	RES: N
Johns Hopkins University School of Hygiene and Public Health 615 N. Wolfe St. 21205		NP CORP			3	10	12	RES: GPM
Lutheran Hospital of Maryland 730 Ashburton St. 21216		NP CORP	208	27	12		12	INT: FLEX RES: GS, OBG
Maryland General 827 Linden Ave. 21201	M-039	NP CORP	405	36	1	16	4	INT: FLEX RES: GS, IM, OBG, OPH, OTO, PTH
Mercy 301 St. Paul Pl. 21202	M-039	CHURCH	364	34	5	18	23	RES: GS, IM, NS, OBG, PD
Office of the Chief Medical Examiner—Maryland Medical—Legal Foundation 111 Penn St. 21201		NP CORP			3	1	4	RES: FOP

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					For.*	Non- For.*			
<b>MARYLAND, BALTIMORE—Continued</b>									
St. Agnes 1000 Caton Ave. 21229	G-039	CHURCH	462	31	14 47	9	69	INT: FLEX RES: GS, IM, OBG, PTH, PD	
St. Joseph 7620 York Rd. 21204		NP CORP	442	19	9 22		33	INT: FLEX RES: GS, OBG, PTH	
Sinai Hospital of Baltimore Belvedere Ave. at Greenspring 21215	L-038, 039	NP CORP	492	25	3 51	6 27	91	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PD, PM, R, U	
South Baltimore General 3001 South Hanover St. 21230	G-039	NP CORP	388	32	21 24	1 1	13 45	INT: FLEX RES: GS, IM, OBG, PTH	
Spring Grove Hospital Center Wade Ave. 21228		STATE	1775	17	6		8	RES: P	
State of Maryland Department of Health and Mental Hygiene 301 W. Preston St. 21201		STATE					3	3	RES: PH
Union Memorial 33rd & Calvert St. 21218	G-038, 039	NP CORP	414	32	19 45	1 8	69	INT: FLEX RES: GS, IM, OBG, ORS, PTH	
U. S. Public Health Service 3100 Wyman Park Dr. 21211		USPHS	161	76	4 10	3 15	25	INT: FLEX RES: GS, IM, OPH, R	
University of Maryland 22 S. Greene St. 21201	M-039	STATE	788		37	170	270	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, P, TR, TS, U	
University of Maryland Affiliated Hospitals	M-039	MISC.			36	73	121	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, OTO, PTH, PD, PM, P, TR, TS, U	
University of Maryland Department of Social and Preventive Medicine 31 S. Greene St. 21201		STATE			1	2	9	RES: GPM	
University of Maryland School of Medicine 22 S. Greene St. 21201	M-039	STATE	788				2	RES: NP	
Veterans Admin. 3900 Loch Raven Blvd. 21218	M-039 L-038	VA	291	39				RES: GS, NS, ORS, PTH, U	
<b>BETHESDA</b>									
National Institutes of Health—Clinical Center 9000 Rockville Pike 20014	L-019	USPHS	511	85		14	16	RES: D, N, NM, PTH, P	
National Naval Medical Center Rockville Pike 20014	M-019, 020 L-021	USN	729	72		3 131	8 183	INT: FLEX RES: AN, DR, D, GS, IM, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, TS, U	
Suburban 8600 Old Georgetown Rd. 20014	G-019, 039	NP CORP	350	32	7 5		10 19	INT: FLEX RES: GP, PTH	
<b>CHEVERLY</b>									
Prince George's General 20785		COUNTY	522	34	6 39		78	INT: FLEX RES: FP, GS, IM, OBG, PTH	
<b>CROWNSVILLE</b>									
Crownsville State 21032		STATE	1043		7		8	RES: P	
<b>FORT HOWARD</b>									
Veterans Admin. 21052	M-038	VA	278	38				RES: PM	
<b>HAGERSTOWN</b>									
Washington County King & Antietam Sts. 21740		NP CORP	369	24	3		3	RES: R	
<b>MOUNT WILSON</b>									
Mount Wilson Center 21112	G-039	STATE	361	28				RES: TS	
<b>ROCKVILLE</b>									
Chestnut Lodge 500 W. Montgomery Ave. 20850		CORP.	90			2	2	RES: P	
<b>SYKESVILLE</b>									
Springfield Hospital Center 21784		STATE	2341	36	8		8	RES: P	
<b>TAKOMA PARK</b>									
Washington Adventist 7600 Carroll Ave. 20012		CHURCH	366	21		5	17	RES: FP	
<b>TOWSON</b>									
Sheppard and Enoch Pratt York Rd. 21204	L-039	NP CORP	267	100	4	26	29	RES: CHP, P	
<b>MASSACHUSETTS</b>									
<b>BELMONT</b>									
Mc Lean 115 Mill St. 02178	M-041	NP CORP	317	44	2	33	34	RES: CHP, P	
<b>BOSTON</b>									
Beth Israel 330 Brookline Ave. 02215	M-041	NP CORP	374	51		27 13	100 141	INT: FLEX RES: AN, CHP, DR, GS, IM, NS, N, OBG, ORS, PTH, NP, P, U	
Beth Israel Hospital—Children's Hospital Medical Center	M-041	NP CORP			1	1	2	RES: NP	
Boston City 818 Harrison Ave. 02118	M-040 L-041	CITY	500	36	35	129	236	RES: DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U	
Boston Hospital for Women 221 Longwood Ave. 02115	M-041	NP CORP	222		9	15	25	RES: AN, OBG, PTH	
Boston State 591 Morton St. 02124	M-040, 042	STATE	672	24	2	5	9	RES: P	
Boston University Affiliated Hospitals	M-040	MISC.				24 44	12 200	INT: FLEX RES: OR, GS, IM, N, OPH, ORS, PS, P, TR, TS, U RES: CHP	
Boston University Medical Center, Children's Ambulatory Services 82 E. Concord St. 02118	M-040	STATE			1	5	4		
Carney 2100 Dorchester Ave. 02124	L-040 G-042	CHURCH	374	32	1 13	11 13	38	INT: FLEX RES: GS, IM, NS, OBG, ORS, PTH	



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<b>MASSACHUSETTS, BOSTON—Continued</b>								
Children's Hospital Medical Center 300 Longwood Ave. 02115	M-041	NP CORP	340	77	28	85	106	RES: AN, CHP, DR, GS, NS, N, NM, ORS, PTH, NP, PD, POA, PDC, PS, U
Children's Hospital Medical Center—Peter Bent Brigham	M-041	NP CORP				4	4	RES: NS
Children's Hospital Medical Center—Peter Bent Brigham—Beth Israel	M-041	NP CORP			2	12	12	RES: N
Commonwealth of Massachusetts Department of Public Health 600 Washington St. Room 209 02111		STATE					2	RES: PH
Douglas A. Thom Clinic for Children 315 Dartmouth St. 02116	L-040	NP CORP						RES: CHP
Faulkner 1153 Centre St. 02130	M-042 L-040, 041	NP CORP	186	37				RES: GS, IM
Harvard Affiliated Hospitals	M-041	MISC.			3	46	50	RES: ORS, U
Harvard School of Public Health 665 Huntington Ave. 02115		NP CORP			2	3	8	RES: OM
Harvard School of Public Health, Dept. of Health Services Admin. 677 Huntington Ave. 02115		NP CORP			1	18	14	RES: GPM
Joint Center for Radiation Therapy 50 Binney St. 02115		NP CORP			1	9	16	RES: TR
Joseph P. Kennedy Jr. Memorial 30 Warren St., Brighton 02135		STATE	110					RES: ORS
Judge Baker Guidance Center 295 Longwood Ave. 02115		NP CORP					2	RES: CHP
Lahey Clinic 605 Commonwealth Ave. 02215		NP CORP	300	47	4	10	15	RES: DR, D, ORS, OTO, CRS, U
Lahey Clinic—New England Baptist		MISC.			7		6	RES: DR
Lemuel Shattuck 170 Morton St. 02130	M-042	STATE	325	45				RES: DR, IM, TR
Lemuel Shattuck—Faulkner Affiliated Hospitals	M-042 L-040 G-041	MISC.			3 24	5 5	38	INT: FLEX RES: IM
Massachusetts Eye and Ear Infirmary 243 Charles St. 02114	M-041	NP CORP	174	29	1	38	38	RES: OPH, OTO
Massachusetts General Fruit St. 02114	M-041	NP CORP	1084	55	21	40 320	342	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, ORS, PTH, PD, PS, P, TR, U
Massachusetts Mental Health Center 74 Fenwood Rd. 02115	M-041	STATE	96			66	66	RES: CHP, P
New England Baptist 91 Parker Hill Ave. 02120	G-042	NP CORP	250	44				RES: DR, ORS
New England Deaconess 185 Pilgrim Rd. 02215	M-041	NP CORP	476		1 20	13 35	74	INT: FLEX RES: DR, GS, IM, PTH, TS, U
New England Deaconess Hospital—Harvard Surgical Service	M-041	MISC.			2 4	7 27	38	INT: FLEX RES: GS
New England Medical Center (Includes Boston Dispensary and Rehabilitation Institute, Boston Floating Hospital and New England Center Hospital) 171 Harrison Ave. 02111	M-042	NP CORP	455	54	15	24 99	137	INT: FLEX RES: AN, CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, P, TR, TS, U
Peter Bent Brigham 721 Huntington Ave. 02115	M-041	NP CORP	330	65	10	29 88	4 126	INT: FLEX RES: AN, DR, GS, IM, NS, N, NM, ORS, PTH, NP, PS, P, U
Peter Bent Brigham Hospital—Children's Hospital Medical Center	M-041	NP CORP			1	7	8	RES: NM, PS
Peter Bent Brigham Hospital—Veterans Admin. (West Roxbury)	M-041	MISC.			7	11	18	RES: PTH
<b>BOSTON</b>								
Program 1	M-040	NP CORP			2	48		INT: FLEX RES: IM
Program 2	M-040	NP CORP						RES: IM
Putnam Children's Center 244 Townsend St., Roxbury 02121	L-040	NP CORP						RES: CHP
Robert B. Brigham 125 Parker Hill Ave. 02120	M-041	NP CORP	96	60				RES: ORS
St. Elizabeth's Hospital of Boston 736 Cambridge St., Brighton 02135	M-042	CHURCH	413	44	24	30 43	88	INT: FLEX RES: AN, GS, IM, N, OBG, OBG, PTH, PD, P, TS RES: OBG
St. Margaret's 90 Cushing Ave., Dorchester 02125	M-042	CHURCH	122					RES: OBG
Tufts University Affiliated Hospitals	M-042	MISC.			29	105	147	RES: DR, NS, OBG, OPH, ORS, OTO, PM, P, TR
U. S. Public Health Service 77 Warren St. 02135		USPHS	110	50			6 3	INT: FLEX RES: IM
University 75 E. Newton St. 02118	M-040	NP CORP	373	57	11	45	75	INT: FLEX RES: AN, DR, D, GS, IM, N, OPH, ORS, OTO, PTH, PM, PS, P, TR, TS, U
University Hospital Affiliated Program Veterans Admin. 150 S. Huntington Ave. 02130	M-040 M-040, 042	MISC. VA	837	41	1 26	5 37	6 79	RES: OTO INT: FLEX RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, P, TR, U
Veterans Admin. (West Roxbury) 140D V. F. W. Parkway, West Roxbury 02132	M-041	VA	279	71				RES: GS, IM, ORS, PTH
<b>BROCKTON</b>								
Brockton 680 Centre St. 02402	L-040	NP CORP	321	25				RES: GS
<b>CAMBRIDGE</b>								
Cambridge Guidance Center 5 Sacramento St. 02138		STATE			2	1	3	RES: CHP

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<b>MASSACHUSETTS, CAMBRIDGE—Continued</b>								
Cambridge 1493 Cambridge St. 02139	M-041 L-042	CITY	187	46		13 21	3 40	INT: FLEX RES: AN, GS, IM, OBG, PS, P
Harvard University Health Services, Environmental Health and Safety 75 Mount Auburn St. 02138		NP CORP			8		1	RES: OM
Mount Auburn 330 Mount Auburn St. 02138	M-041	NP CORP	309	46	1	14 14	16	INT: FLEX RES: DR, GS, IM, PTH
<b>CANTON</b>								
Massachusetts Hospital School Randolph St. 02021	G-042	STATE	200					RES: ORS
<b>CHELSEA</b>								
Lawrence F. Quigley Memorial 100 Summit Ave. 02150		STATE	194	28				RES: GS, U
<b>FRAMINGHAM</b>								
Framingham Union 25 Evergreen St. 01701	M-040	NP CORP	293	35	3 4	10 5	12 18	INT: FLEX RES: GS, IM, OBG, PTH
<b>HOLDEN</b>								
Holden District Boyden Rd. D1520		NP CORP	82					RES: FP
<b>LAKEVILLE</b>								
Lakeville Main St. 02346		STATE	240					RES: ORS
<b>LYNN</b>								
Lynn 212 Boston St. 01904	L-042	NP CORP	315	22		2	4	RES: PTH
<b>MALDEN</b>								
Malden Hospital Rd. 02148	L-040	NP CORP	292	31	6 1		2	INT: FLEX RES: OBG, PTH
<b>MEDFIELD</b>								
Medfield State Hospital Rd. 02052	M-040	STATE	404	10	6	1	8	RES: P
<b>NEWTON LOWER FALLS</b>								
Newton—Wellesley 2014 Washington St. 02162	M-042	NP CORP	339	33		10 8	23	INT: FLEX RES: IM, PTH
<b>NORFOLK</b>								
Pondville Box 111 02081		STATE	104	60	4	1	5	RES: DR, GS, PTH, TR
<b>PITTSFIELD</b>								
Berkshire Medical Center 725 North St. 01201	L-107 G-054	NP CORP	415	41	6 20	10 11	48	INT: FLEX RES: AN, GS, IM, OBG, PTH, PD
<b>SALEM</b>								
Salem 81 Highland Ave. 01970	L-040	NP CORP	378	20	1		2	RES: PTH
<b>SPRINGFIELD</b>								
Medical Center of Western Massachusetts 759 Chestnut St. 01107	M-042 L-104	NP CORP	659	37	1 29	15 29	91	INT: FLEX RES: AN, DR, GS, IM, OBG, PTH, PD
Shriners Hospital for Crippled Children 516 Carew St. 01104		NP CORP	60	100				RES: ORS
<b>STOCKBRIDGE</b>								
Austen Riggs Center Main St. 01262		NP CORP	43			3	7	RES: P
<b>TAUNTON</b>								
Taunton State Hodges Ave. Ext. 02780		STATE	818	33	4		6	RES: P
<b>TEWKSBURY</b>								
Tewksbury East St. 01876		STATE	1326	14				RES: ORS
<b>WALTHAM</b>								
Metropolitan State 475 Trapelo Rd. 02154	M-042	STATE	815		9	4	14	RES: CHP, P
Waltham Hope Ave. 02154	L-040	NP CORP	307	25				RES: OBG
<b>WEST ROXBURY</b>								
Veterans Admin. (See Boston)								
<b>WORCESTER</b>								
Memorial 119 Belmont St. 01605	M-107	NP CORP	327	46	18 34	3 2	48	INT: FLEX RES: GS, IM, OBG, ORS, PTH
St. Vincent 25 Winthrop St. 01610	M-107	CORP.	600	39	1 34	11 28	85	INT: FLEX RES: DR, GS, IM, ORS, PTH, PD
University of Massachusetts Coordinated Program (Includes Memorial Hospital, St. Vincent Hospital, Worcester City Hospital, Worcester Hahnemann Hospital, Massachusetts Hospital School (Canton), Holden District Hospital (Holden), Tewksbury Hospital (Tewksbury))	M-107	MISC.				12	26	RES: FP, ORS
Worcester City 26 Queen St. 01610	M-107	CITY	421	40	6 34	6 10	6 45	INT: FLEX RES: FP, GS, IM, ORS, PTH, PD
Worcester Hahnemann 281 Lincoln St. 01605	M-107	NP CORP	236					RES: FP
Worcester State 305 Belmont St. 01604		STATE	606	28	8	8	16	RES: P

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<b>MASSACHUSETTS, WORCESTER—Continued</b>								
Worcester Youth Guidance Center 275 Belmont St. 01604		NP CORP					4	RES: CHP
<b>MICHIGAN</b>								
<b>ALLEN PARK</b>								
Veterans Admin. Southfield at Outer Dr. 48101	M-044	VA	680	32				RES: D, GS, IM, OPH, ORS, OTO, PTH, PS, R, TS, U
<b>ANN ARBOR</b>								
St. Joseph Mercy 326 North Ingalls St. 48104	M-043	CHURCH	558	39	1	20	6	INT: FLEX RES: DR, GS, IM, NS, OBG, ORS, PTH, PS, U
University 1405 East Ann St. 48104	M-043	STATE	1094	62	9	39	49	RES: AN, CHP, OR, O, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, R, TR, TS, U
University of Michigan Affiliated Hospitals (Includes University Hospital, St. Joseph Mercy Hospital, Veterans Admin. Hospital, and Wayne County General Hospital (Eloise))	M-043	MISC.			15	410	474	RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, PTH, PD, POC, PS, P, R, TR, U
University of Michigan School of Public Health 1420 Washington Heights 48104		STATE				5	9	RES: GPM
Veterans Admin. 2215 Fuller Rd. 48105	M-043	VA	401	69				RES: AN, DR, O, GS, IM, NS, N, OPH, ORS, PTH, PS, P, R, TR, U
<b>DEARBORN</b>								
Ford Motor Company American Rd. 48121		CORP.						RES: OM
Oakwood 18101 Oakwood Blvd. 48124	L-044, 098	NP CORP	528	27	9	5	10	INT: FLEX RES: FP, IM, OBG, ORS, PTH, R
<b>DETROIT</b>								
Children's Hospital of Michigan 3901 Beaubien Blvd. 48201	M-044	NP CORP	310	71	33	27	91	RES: AN, DR, GS, NS, OPH, ORS, OTO, PTH, PD, PS, TS, U
Detroit General 1326 St. Antoine 48226	M-044	CITY	475					INT: FLEX RES: D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, R, TS, U
Detroit—Macomb Hospitals (Includes Detroit Memorial Hospital, St. Joseph Mercy Hospital, and South Macomb Hospital (Warren)) 690 Mullett St. 48226		MISC.			24	2	15	INT: FLEX RES: GS, OBG, PTH
Detroit Memorial 1420 St. Antoine St. 48226		NP CORP	306	41				RES: GS, OBG, PTH, R
Detroit Psychiatric Institute 1151 Taylor 48202	M-044	STATE	192		9	6	18	RES: P
Evangelical Deaconess 3245 E. Jefferson 48207		CHURCH	181	22	8		8	INT: FLEX RES: GP
General Motors Corporation 3044 W. Grand Blvd. 48202		CORP.					1	RES: OM
Grace 4160 John R St. 48201	M-044	NP CORP	808	35	23	3	4	INT: FLEX RES: FP, GS, IM, NS, OBG, OPH, ORS, ORS, PTH, PD, PS, R, U
Harper 3990 John R 48201	M-044	NP CORP	612	28	10	1	21	INT: FLEX RES: DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, R, TR, TS, U
Henry Ford 2799 W. Grand Blvd. 48202	M-043	NP CORP	1084	35	4	37	13	INT: FLEX RES: DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, TR, U
Hutzel 432 E. Hancock 48201	M-044	NP CORP	383	37				RES: GS, IM, OBG, PTH, U
Kirwood General 4059 W. Davison Ave. 48238		NP CORP	160	25	9		10	RES: GP
Lafayette Clinic 951 E. Lafayette 48207	M-044	STATE	160		10	27	55	RES: CHP, N, P
Metropolitan Northwest Detroit Hospitals Mount Carmel Mercy Hospital and Medical Center	L-044 G-043	MISC.			25	2	42	RES: ORS, PD
Mount Carmel Mercy Hospital and Medical Center 6071 West Outer Dr. 48235	L-044 G-043	CHURCH	557	42	22	8	12	INT: FLEX RES: DR, GS, IM, OBG, ORS, PTH, PD, PS, R
Rehabilitation Institute 261 Mack Blvd. 48201	L-044	NP CORP	189		8	2	12	RES: PM
St. John 22101 Moross Rd. 48236	L-044	NP CORP	504	41	18	5	12	INT: FLEX RES: FP, GS, IM, OBG, PTH, PD
St. Joseph Mercy 2200 East Grand Blvd. 48211		NP CORP	269	12	31	15	90	RES: GS, OBG
Sinai Hospital of Detroit 6767 West Outer Dr. 48235	M-044	NP CORP	624	36	13	4	127	INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PD, PS, P, R, TR, U
Sinai Hospital of Detroit—Grace (Northwest Unit)	M-044	MISC.			5		8	RES: U
Wayne County Medical Examiner's Office 400 E. Lafayette Ave. 48226		COUNTY		67	3		3	RES: FOP
Wayne State University Affiliated Hospitals (Includes Children's Hosp., Detroit Gen. Hosp., Grace Hosp., Harper Hosp., Hutzel Hosp., Rehabilitation Inst., Veterans Admin. Hosp., (Allen Park), & Some Programs in Detroit Mem. Hosp., Oakwood Hosp. (Dearborn))	M-044	MISC.			41	38	17	INT: FLEX RES: D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, R, TS, U
<b>EAST LANSING</b>								
Michigan State University Associated Hospitals	M-098	MISC.			16	27	61	RES: IM, PD, P, U
Michigan State University Health Center 48823	M-098	STATE	52					RES: IM, OBG, PD, P

# CONSOLIDATED LIST OF HOSPITALS

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Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1974		Pos. Off. July 1, 1976	Approved Program
					For.*	Non- For.*		
<b>MICHIGAN—Continued</b>								
<b>ELOISE</b>								
Wayne County General 48132	M-043	COUNTY	459	40		13	13	INT: FLEX RES: DR, GS, IM, OBG, OPH, ORS, PTH, PD, PDC, PS, P, R, TR, U
<b>FLINT</b>								
Genesee County Community Mental Health Services 432 N. Saginaw 48503	L-098	COUNTY	60					RES: P
Hurley 6th & Begole 48502	M-098 G-043	CITY	687	39		19 27	12 63	INT: FLEX RES: GS, IM, OBG, PTH, PD, R
Mc Laren General 401 S. Ballenger Highway 48502	M-098 G-043	NP CORP	475	33		11 13	1 2	INT: FLEX RES: GS, IM, ORS
St. Joseph 302 Kensington Ave. 48502	M-098	CHURCH	423	30		7 2	2 15	INT: FLEX RES: FP, PTH
<b>GRAND RAPIDS</b>								
Blodgett Memorial 1840 Wealthy St., S. E. 49506	M-098, 043	NP CORP	410	58		16 10	9 19	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, PD, PS, R
Blodgett Memorial Hospital—Butterworth	M-043, 098	MISC.			1	7	10	RES: ORS
Blodgett Memorial—St. Mary's Hospitals Butterworth	M-043, 098	MISC.				19	38	RES: IM, OBG
100 Michigan N. E. 49503	M-043, 098	NP CORP	450	60		24 36	6 60	INT: FLEX RES: FP, GS, IM, OBG, ORS, PD, PS, R, U
Butterworth—Blodgett Memorial Hospitals Ferguson—Droste—Ferguson	M-043, 098	MISC.				5	12	RES: PD
72 Sheldon Ave. S. E. 49502		NP CORP	110	23		4	5	RES: CRS
Grand Rapids Area Medical Education Center 220 Cherry St. S. E. 49503	M-043	MISC.				15	26	RES: FP, PS
Mary Free Bed Hospital and Rehabilitation Complex 920 Cherry St. S. E. 49506		NP CORP	80					RES: ORS
St. Mary's 200 Jefferson S. E. 49502	M-043	NP CORP	370	39		4 2	7 20	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, PS
<b>GROSSE POINTE</b>								
Bon Secours 468 Cadieux Rd. 48230		NP CORP	170	20			14	RES: DR, FP
<b>HIGHLAND PARK</b>								
Highland Park General 369 Glendale Ave. 48203		CITY	244	26		17 7	10	INT: FLEX RES: GS
<b>KALAMAZOO</b>								
Borgess 1521 Gull Rd. 49001	M-043, 098	NP CORP	454	42				RES: ORS, PTH
Bronson Methodist 252 E. Lovell 49006	M-043, 098	NP CORP	413	41		15 10	12 69	INT: FLEX RES: GS, IM, ORS, PTH, PD
Southwestern Michigan Area Health Education Center 252 E. Lovell St. 49006	M-043	NP CORP				10	15	RES: GS, IM, ORS, PTH, PD
<b>LANSING</b>								
Edward W. Sparrow 1215 E. Michigan Ave. 48902	M-098	NP CORP	488	44		6 2	8 17	INT: FLEX RES: FP, IM, OBG, PTH, PD, R
Ingham Medical Center 401 W. Greenlawn Ave. 48910	M-098	NP CORP	254	44				RES: IM, PD, U
Lansing Residency Program	M-098	MISC.				2	6	RES: OBG
St. Lawrence Community Mental Health Center 1201 Oakland 48914	L-098	CHURCH	39					RES: P
St. Lawrence 1210 West Saginaw 48914	M-098	NP CORP	306	40	3		4	RES: IM, OBG, PTH, PD
<b>MIDLAND</b>								
Dow Chemical Company 2030 Dow Center 48640		CORP.						RES: OM
Midland 4005 Orchard Dr. 48640	G-043	NP CORP	260	33		17	19	RES: FP
<b>NORTHVILLE</b>								
Hawthorn Center 18471 Haggerty 48167		STATE	152		3		3	RES: CHP
Northville State 41001 West Seven Mile 48167		STATE	893	47	22	2	24	RES: P
<b>PONTIAC</b>								
Clinton Valley Center 140 Elizabeth Lake Rd. 48053	L-098	STATE	1000	57	1	1	6	RES: CHP, P
Oakland Medical Center 140 Elizabeth Lake Rd. 48053	L-098	STATE	157	33				RES: GS, ORS, PD
Pontiac Affiliated Hospitals	L-098 G-043	MISC.			15		24	RES: PD
Pontiac General Seminole & W. Huron 48053	G-043	CITY	389	32	3 30	3	8 42	INT: FLEX RES: GS, IM, OBG, PTH, PD
St. Joseph Mercy 900 Woodward Ave. 48053	L-044 G-043	CHURCH	471	38	7 35	2	7 54	INT: FLEX RES: DR, GS, IM, OBG, PTH, PD
<b>ROYAL OAK</b>								
William Beaumont 3601 W. Thirteen Mile Rd. 48072	L-044	NP CORP	700	40	5 50	23 53	12 143	INT: FLEX RES: DR, GS, IM, NM, OBG, ORS, PTH, PD, PS, R, TR, U
William Beaumont Hospital—Oakland Medical Center	L-044, 098	MISC.				6	8	RES: ORS
<b>SAGINAW</b>								
Saginaw Cooperative Hospitals (Includes Saginaw General Hospital, St. Luke's Hospital, and St. Mary's Hospital) 705 Cooper St. 48602	M-098 G-043	NP CORP			6	1 15	8 46	INT: FLEX RES: FP, GS, OBG

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<b>MICHIGAN, SAGINAW</b> —Continued								
Saginaw General 1447 N. Harrison 48602	M-098 G-043	NP CORP	408	34				RES: FP, GS, OBG
St. Luke's 705 Cooper St. 48602	M-098 G-043	NP CORP	326	32				RES: FP, GS
St. Mary's 830 S. Jefferson Ave. 48601	M-098 G-043	NP CORP	261	26				RES: FP, GS, OBG
Veteran's Admin 1500 Weiss St. 48602	L-098	VA	217	33				RES: U
<b>SOUTHFIELD</b>								
Providence 16001 Nine Mile Rd. 48075	L-044 G-043	CHURCH	403	38	35	9 27	12 63	INT: FLEX RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, PS, R
<b>TRAVERSE CITY</b>								
Traverse City State Elmwood & 11th 49684	G-098	STATE	995	37	9	2	18	RES: P
<b>WARREN</b>								
South Macomb 11800 E. 12 Mile Rd. 48093		NP CORP	200	49				RES: GS, OBG, PTH
<b>YPSILANTI</b>								
York Woods Center Box A 48197		STATE	95		2	1	10	RES: CHP
Ypsilanti State 3501 Willis Rd. 48197	G-043	STATE	1272	40	10	4	24	RES: P
<b>MINNESOTA</b>								
<b>DULUTH</b>								
Duluth Graduate Medical Educational Council 330 N. 8th Ave. 55805		MISC.					24	RES: FP
Miller—Dwan Hospital and Medical Center 502 E. 2d St. 55805	M-117	NP CORP	179					RES: FP
St. Luke's 915 E. 1st St. 55805	M-117	NP CORP	493	44	4	3		INT: FLEX RES: FP
St. Mary's 407 E. 3d St. 55805	M-117	CHURCH	419	61		1	4	RES: FP, PTH
<b>MINNEAPOLIS</b>								
Fairview 2313 S. 6th St. 55454	L-045	CHURCH	415	29				RES: FP, ORS
Hennepin County Medical Center Fifth and Portland South 55415	M-045	COUNTY	405	62	1 1	49 100	13 139	INT: FLEX RES: DR, D, FP, GS, IM, N, OBG, OPH, ORS, ORS, OTO, PTH, FOP, PD, PM, P, U
Metropolitan Medical Center 900 S. 8th St. 55404	L-045	NP CORP	709	42			7	RES: OBG, PTH, R
Mount Sinai 2215 Park Ave. 55404	M-045	NP CORP	269	38				RES: GS, PTH
North Memorial Medical Center 3220 Lowry Ave. N. 55422	L-045	NP CORP	546	41				RES: FP
Northwestern Hospital of Minneapolis 810 East 27th St. 55407	L-045	NP CORP	480	77	1 4	9 14	28	INT: FLEX RES: IM, PTH
St. Mary's 2414 S. Seventh St. 55406	L-045	CHURCH	500	55				RES: FP, OBG, DR
Shriners Hospital for Crippled Children 2025 East River Rd. 55414		NP CORP	40					RES: ORS
Sister Kenny Institute 1800 Chicago Ave. 55404		NP CORP						RES: PM
State of Minnesota Department of Health 717 S. E. Delaware St. 55440		STATE					1	RES: PH
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-045	MISC.			3 55	66 564	701	INT: FLEX RES: AN, DR, D, FP, GS, IM, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, CRS, P, TR, TS, U
University of Minnesota Hospitals 412 Union Street, S. E. 55455	M-045	STATE	850		11	15	31	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, CRS, P, TR, TS, U
Veterans Admin. 54th St. & 48th Ave., So. 55417	M-045	VA	863	68	2	22	35	RES: DR, D, GS, IM, NS, N, N, NM, OPH, ORS, ORS, OTO, PTH, PM, CRS, P, P, TR, TS, U
<b>ROCHESTER</b>								
Mayo Graduate School of Medicine (Includes Rochester Methodist Hospital and St. Mary's Hospital) 200 First Ave S. W. 55901	M-113	NP CORP	1602		92	562	649	RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, CRS, P, TR, TS, U
Rochester Methodist 201 West Center St. 55901	M-113	CHURCH	640	58				RES: AN, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PM, PS, CRS, P, TR, TS, U
St. Mary's 1216 Second St. S. W. 55901	M-113	CHURCH	962	70				RES: AN, DR, GS, IM, NS, N, OBG, ORS, PTH, PDA, PDC, PM, PS, CRS, P, TS, U
<b>ST. LOUIS PARK</b>								
Methodist 6500 Excelsior Blvd. 55426	L-045	NP CORP	440	29				RES: FP
<b>ST. PAUL</b>								
Bethesda Lutheran Medical Center 559 Capitol Blvd. 55101	L-045	CHURCH	298	36				RES: FP
Childrens 311 Pleasant Ave. 55102	L-045	NP CORP	107	86		6	6	RES: PD
Gillette Children's 1003 East Ivy Ave. 55106	G-045	STATE	62	100				RES: ORS
Miller Division 125 W. College Ave. 55102	L-045	NP CORP	368	40	1	6	10	RES: DR, GS, IM, PTH, R
St. John's 403 Maria Ave. 55106	L-045	NP CORP	403					RES: FP

CONSOLIDATED LIST OF HOSPITALS

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					For.*	Non- For.*		
<b>MINNESOTA, ST. PAUL—Continued</b>								
St. Joseph's 69 W. Exchange St. 55102	L-045	CHURCH	499				3	RES: OBG, R
St. Luke's Division 300 Pleasant Ave. 55102	L-045	NP CORP	360	28				RES: GS
St. Paul—Ramsey 640 Jackson St. 55101	M-045	CY-CO	515	66	1 4	32 57	69	INT: FLEX RES: DR, D, FP, GS, IM, N, OBG, OPH, ORS, ORS, OTO, PTH, PD, P, U
United Hospitals (Includes Miller Division and St. Luke's Division)	L-045	NP CORP			6	1 8	5 7	INT: FLEX RES: DR, GS, IM, PTH, R
Wilder Department of Child Guidance and Development 919-A Lafond Ave. 55104		NP CORP	30				2	RES: CHP
<b>MISSISSIPPI</b>								
<b>BILOXI</b>								
U. S. A. F. Medical Center Keesler A. F. B. 39534	L-037	USAF	350	44			44	55 RES: GS, IM, OBG, PD
Veterans Admin. Center 39531		VA	842	30				RES: PM
<b>JACKSON</b>								
Doctors Hospital of Jackson 2969 University Dr. 39216		CORP.	150	19				RES: FP
Hinds General 1850 Chadwick Dr. 39204	G-046	COUNTY	212	10				RES: FP
Mississippi Baptist 1190 North State St. 39201	G-046	CHURCH	482	25				RES: FP, ORS, PS
St. Dominic—Jackson Memorial 969 Lakeland Dr. 39216		NP CORP	359	15				RES: FP
State of Mississippi Department of Health 2423 N. State St. 39205		STATE					2	RES: PH
University 2500 North State St. 39216	M-046	STATE	485	46	1 5	32 37	10 52	INT: FLEX RES: AN, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, TS, U
University of Mississippi Medical Center	M-046	MISC.			16	148	256	RES: AN, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TS, U
Veterans Admin. Center 150D E. Woodrow Wilson Dr. 39216	M-046	VA	500	37				RES: AN, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
<b>WHITFIELD</b>								
Mississippi State 39193	L-046	STATE	4178	25				RES: P
<b>MISSOURI</b>								
<b>COLUMBIA</b>								
Ellis Fischel State Cancer Business Loop 70 and Garth 65201	G-047	STATE	104	32	4	8	17	RES: GS, PTH, TR
Howard A. Rusk Rehabilitation Center—Univ. of Missouri Medical Center Medical Center 65201		STATE	26					RES: PM
University of Missouri Medical Center 807 Stadium Rd. 65201	M-047	STATE	457	47	18	31 173	273	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, P, R, TS, U
University of Missouri School of Medicine Dept. of Community Health and Medical Practice 65201		STATE					9	RES: GPM
Veterans Admin. 800 Stadium Rd. 65201	M-047	VA	376	41				RES: GS, IM, ORS, PTH, PM, PS, U
<b>INDEPENDENCE</b>								
Independence Sanitarium and Hospital 1509 W. Truman Rd. 64050		CHURCH	222					RES: U
<b>KANSAS CITY</b>								
Baptist Memorial 6601 Rockhill Rd. 64131	L-118	CHURCH	363	26		6	18	RES: FP
Children's Mercy 24th at Gillham Rd. 64108	M-118	NP CORP	100	61	4	26	35	RES: AN, OPH, ORS, PD, PDA, PDC, U
Grtr. Kansas City Mntl. Hlth. Fndn., Univ. Mo. Sch. Med., K. C. Div. 600 E. 22d St. 64108		STATE	189		3		6	RES: CHP
Kansas City Affiliated Hospitals Kansas City General Hospital and Medical Center 24th and Cherry 64108	M-118	MISC. CITY	224	54	1 6	12 42	12 66	RES: ORS INT: FLEX RES: GS, IM, OBG, OPH, ORS, PS, P, U
Menorah Medical Center 4949 Rockhill Rd. 64110	M-118	NP CORP	330	28	14	8	21	RES: GS, IM, OBG
Research Hospital and Medical Center Meyer Blvd. at Prospect Ave. 64132	L-118	NP CORP	517					RES: U
St. Luke's 44th and Wornall 64111	M-118 L-033	CHURCH	664	37		22 41	8 66	INT: FLEX RES: DR, GS, IM, OBG, OPH, ORS, PTH, R, TR
University of Missouri at Kansas City Affiliated Hospitals	M-118	MISC.			17	25	43	RES: GS, IM, OBG, OPH, ORS, PS, P, U
Veterans Admin. 4801 Linwood Blvd. 64128	M-033	VA	490	50				RES: GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, P, U
Western Missouri Mental Health Center 600 E. 22nd St. 64108	M-118	STATE	189	67				RES: P
<b>MOUNT VERNON</b>								
Missouri State Chest 65712	G-047	STATE	427	34				RES: TS

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<b>MISSOURI—Continued</b>								
<b>ST. LOUIS</b>								
Barnes Hospital Group (Includes Barnard, Mc Millan, Renard, St. Louis Maternity, Wohl Memorial Hospitals and Wohl-Washington University Clinics) Barnes Hospital Plaza 63110	M-049	NP CORP	1202	47	1 45	51 150	256	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PS, P, R, TR, TS, U
Cardinal Glennon Memorial Hospital for Children 1465 S. Grand Blvd. 63104	M-048	CHURCH	190	70	3	28	38	RES: GS, NS, N, OPH, ORS, OTO, PTH, PD, PS, P, R, U
David P. Wohl Memorial Mental Health Institute 1325 S. Grand Blvd. 63104	M-048	NP CORP	49					RES: NM, P
Deaconess 6150 Oakland Ave. 63139	G-047, 048	NP CORP	505	43	18 16	*	15 34	INT: FLEX RES: GS, OBG, OPH, PTH
Deaconess—Missouri Baptist Hospitals De Paul 2415 N. Kingshighway Blvd. 63113		NP CORP CHURCH	366	28	3		6 4	RES: OBG RES: PTH
Firmin Desloge General 1402 S. Grand Blvd. 63104	M-048	NP CORP	231	43				RES: GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PS, P, R, U
Homer G. Phillips 2501 North Whittier 63113	L-049	CITY	432	10	18 50	2 7	20 83	INT: FLEX RES: GS, OBG, OPH, OTO, R, U
Jewish Hospital of St. Louis 216 S. Kingshighway, P. O. Box 14109 63178	M-049	NP CORP	504	36	18	18 48	94	INT: FLEX RES: GS, IM, OBG, OPH, PTH, PM, P, R
Malcolm Bliss Mental Health Center 1420 Grattan St. 63104	M-049	STATE	250		14	35	58	RES: CHP, P
Mallinckrodt Institute of Radiology 510 S. Kingshighway 63110	M-049	NP CORP						RES: DR, NM, R, TR
Missouri Baptist 3015 No. Ballas Rd. 63131	L-047	NP CORP	449	42	9 4		9 4	INT: FLEX RES: OBG, PTH
Missouri Institute of Psychiatry—St. Louis State 5400 Arsenal St. 63139	G-047	STATE	630	25	23		24	RES: P
St. John's Mercy Medical Center 615 So. New Ballas Rd. 63141	L-047	CHURCH	607	37	1 6	15 36	10 69	INT: FLEX RES: FP, GS, IM, OBG, PTH
St. Louis Children's 500 So. Kingshighway 63110	M-049	NP CORP	179	75	5	59	72	RES: N, PD, PDC
St. Louis City 1515 Lafayette Ave. 63104	M-048, 049	CITY	550	35	17		16	RES: PTH, PD
St. Louis City (St. Louis University Service) 1515 Lafayette Ave. 63104	M-048	CITY						RES: GS, IM, OBG, ORS, R, U
St. Louis City (Washington University Service) 1515 Lafayette Ave. 63104	M-049	CITY						RES: GS, N, OPH, ORS
St. Louis County 601 So. Brentwood 63105	M-048, 049	COUNTY	217					RES: GS, IM, N
St. Louis—Little Rock Hospitals 1755 So. Grand Blvd. 63104	G-048	NP CORP	300	37	9	1	10	RES: GS, OPH
St. Louis University Group of Hospitals 1402 S. Grand Blvd. 63104	M-048	MISC.			2 46	38 115	8 277	INT: FLEX RES: GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, U
St. Luke's 5535 Delmar Blvd. 63112	M-049 G-047	NP CORP	383	27	13 13	1 4	35	INT: FLEX RES: GS, IM, NS
St. Mary's Health Center 6420 Clayton Rd. 63117	M-048	CHURCH	568	34	3 6	6 6	30	INT: FLEX RES: GS, IM, NS, OBG, ORS, PTH, R, U
Shriners Hospital for Crippled Children 2001 S. Lindbergh Blvd. 63131		NP CORP	100					RES: ORS
Veterans Admin. 915 No. Grand Blvd. 63125	M-048, 049	VA	947	53				RES: GS, GS, IM, N, NM, OPH, ORS, OTO, PS, P, R, U
Veterans Admin. (Jefferson Barracks) 63125		VA						RES: N
Washington University Affiliated Hospitals (Includes Barnes Hospital Group, Jewish Hosp. of St. Louis, Mallinckrodt Inst. of Radiology, St. Louis Children's Hosp., St. Louis City Hosp., St. Louis County Hosp., Shriners Hosp., and Veterans Admin. Hosp.)	M-049	MISC.			14	152	189	RES: DR, GS, N, NM, OPH, ORS, OTO, PS, P, R, TR, U
Washington University Medical Center (Includes Jewish Hospital of St. Louis)	M-049	NP CORP						RES: GS, IM, OBG, PTH, PM, P
William Greenleaf Eliot Division of Child Psychiatry 369 N. Taylor Ave. 63108	M-049	NP CORP	44		4	1	4	RES: CHP
<b>NEBRASKA</b>								
<b>LINCOLN</b>								
Bryan Memorial 4848 Sumner St. 68506	M-051	NP CORP	342	29		7		INT: FLEX RES: PTH
Lincoln General 2300 South 16th St. 68502	L-051	CITY	262					RES: PTH
Physicians Pathology Laboratory Hospitals 1403 Sharp Bldg. 68508		CY-CO				3	3	RES: PTH
St. Elizabeth Community Health Center 555 S. 70th St. 68502	L-050	CHURCH	208	36				RES: GS, PTH
Veterans Admin. 600 South 70th St. 68510	M-051	VA	207	54		5	10	RES: GS
<b>OMAHA</b>								
Archbishop Bergan Mercy 7500 Mercy Rd. 68124	L-050, 051	NP CORP	455	27				RES: OBG, R
Bishop Clarkson Memorial Dewey Ave. at 44th St. 68105	M-051	NP CORP	518	43			4	RES: D, IM, N, OTO, U
Childrens Memorial 44th St. and Dewey Ave. 68105	M-050, 051	NP CORP	100	78				RES: PD
Creighton Memorial St. Joseph's 2305 South 10th St. 68108	M-050	NP CORP	540	48		22	33	RES: FP, GS, IM, N, OBG, PTH, PD, P, R, U

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<b>NEBRASKA, OMAHA—Continued</b>								
Creighton—Nebraska Universities Health Foundation	M-050	MISC.			2	1	9	RES: N
Creighton University Affiliated Hospitals (Includes Archbishop Bergan Mercy Hospital, Childrens Memorial Hospital, Creighton Memorial St. Joseph's Hospital, Douglas County Hospital, and Veterans Admin. Hospital)	M-050	MISC.			18	67	118	RES: FP, GS, IM, OBG, PTH, PD, P, R, U
Douglas County 4102 Woolworth Ave. 68105	M-050	COUNTY	181	39				RES: GS, IM, P, R, U, U
Nebraska Methodist 8303 Dodge St. 68114	M-051	CHURCH	579		5		6	RES: IM, ORS, PTH, U
Nebraska Psychiatric Institute 602 S. 45th St. 68106	G-051	STATE	95			2	4	RES: CHP, P
University of Nebraska 42nd and Dewey Ave. 68105	M-051	STATE	303	62	2	52	73	RES: AN, DR, D, FP, GS, IM, N, NM, OBG, OPH, ORS, OTD, PTH, PD, R, TR, U
University of Nebraska Affiliated Hospitals (Includes Univ. of Nebraska Hosp., Bishop Clarkson Mem. Hosp., Childrens Memorial Hosp., Douglas County Hosp., Nebraska Methodist Hosp., Nebraska Psychiatric Institute, and Veterans Admin. Hosp.)	M-051	MISC.			17	137	182	RES: DR, D, GS, IM, OPH, ORS, OTO, PD, P, R, TR, U
Veterans Admin. 4101 Woolworth Ave. 68105	M-050, 051	VA	479	62				RES: DR, D, GS, GS, IM, IM, N, OPH, ORS, OTO, PTH, P, R, R, TR, U, U
<b>NEVADA</b>								
<b>LAS VEGAS</b>								
Southern Nevada Memorial 1800 West Charleston Blvd. 89102		COUNTY	302	40	1		3	RES: PTH
<b>NEW HAMPSHIRE</b>								
<b>HANOVER</b>								
Dartmouth—Hitchcock Mental Health Center 03755		NP CORP	30					RES: CHP
Dartmouth Medical School Affiliated Hospitals (Includes Dartmouth-Hitchcock Mental Health Center, Mary Hitchcock Memorial Hospital, Newington Children's Hospital (Newington, Conn.), and Veterans Admin. Center (White River Junction, Vt.) 03755	M-052	MISC.			4	33 94	141	INT: FLEX RES: CHP, DR, D, GS, IM, NS, N, ORS, PTH, PD, P, R, TR, U
Dartmouth Medical School Department of Community Medicine Butler 2 03755		NP CORP						RES: GPM
Mary Hitchcock Memorial 2 Maynard 03755	M-052	NP CORP	375	84	1	16	31	RES: AN, CHP, DR, D, GS, IM, NS, N, ORS, PTH, PD, P, R, TR, U
<b>MANCHESTER</b>								
Veterans Admin. 718 Smyth Rd. 03104	G-041	VA	188	32				RES: GS
<b>NEW JERSEY</b>								
<b>ATLANTIC CITY</b>								
Atlantic City 1925 Pacific Ave. 08401	M-072	NP CORP	405	43	2 23	1 5	10 44	INT: FLEX RES: GS, IM, PTH, R
<b>BROWNS MILLS</b>								
Deborah Heart and Lung Center Trenton Rd. 08015		NP CORP	130	65				RES: TS
<b>CAMDEN</b>								
Cooper 6th & Stevens St. 08103	M-073	NP CORP	630	30	21	12	6 43	INT: FLEX RES: GS, IM, OBG, ORS, PTH, PD
Our Lady of Lourdes 1600 Haddon Ave. 08103	M-073	CHURCH	334	32	6 1	1	2	INT: FLEX RES: PTH
<b>CEDAR GROVE</b>								
Essex County Hospital Center 1 Fairview Ave. 07009	G-053	COUNTY	2686	38	4		15	RES: P
<b>EAST ORANGE</b>								
Veterans Admin. Tremont Ave. 07019	M-053	VA	1133	35	6	1	7	RES: AN, GS, IM, N, DPH, ORS, PTH, PM, PS, P, TS, U
<b>ELIZABETH</b>								
St. Elizabeth 225 Williamson St. 07207		CHURCH	352	19	26		26	RES: IM, PTH
<b>ENGLEWOOD</b>								
Englewood 350 Engle St. 07631		NP CORP	400				40	RES: GS, IM, PTH, R
<b>FLEMINGTON</b>								
Hunterdon Medical Center Route 31 08822	M-099	NP CORP	195	32		18	18	RES: FP, GS, PTH, P
<b>FORT DIX</b>								
Walson Army 08640		USA	630					RES: PH
<b>GREEN BROOK</b>								
Raritan Valley 275 Greenbrook Rd. 08812	M-099	STATE	131	42				RES: GS, IM, PTH, PD
<b>HACKENSACK</b>								
Hackensack 22 Hospital Pl. 07601	M-053	NP CORP	471	33	15 28	1	4 43	INT: FLEX RES: AN, GS, IM, PTH, P, R
<b>HAMMONTON</b>								
Ancora Psychiatric P. O. Ancora Branch 08037		STATE	1520		10		15	RES: P



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<b>NEW JERSEY—Continued</b>								
<b>HOBOKEN</b>								
St. Mary 380 Willow Ave. 07030		NP CORP	318	20	10		14	RES: GP, PTH
<b>JERSEY CITY</b>								
Christ 176 Palisade Ave. 07306		NP CORP	367	7	5		6	RES: R
Jersey City Medical Center 50 Baldwin Ave. 07304	M-053	CITY	537	37	17	8	83	INT: FLEX RES: AN, GS, IM, OPH, ORS, PTH, PD, PS, U
Margaret Hague Maternity 88 Clifton Pl. 07304		CY-CO	193				3	RES: OBG
<b>LIVINGSTON</b>								
St. Barnabas Medical Center 94 Old Short Hills Rd. 07039	L-053	NP CORP	750	30	16 41	4 10	4 74	INT: FLEX RES: AN, GS, IM, OBG, PTH, PD, PS, R
<b>LONG BRANCH</b>								
Monmouth Medical Center 3rd & Pavilion Avenues 07740	M-072 L-099	NP CORP	486	45	45	42	105	RES: AN, FP, GS, IM, OBG, ORS, PTH, PD, P, R
<b>MARLBORO</b>								
Marlboro Psychiatric 07746	L-099	STATE	1497	23	9		9	RES: P
<b>MONTCLAIR</b>								
Mountainside Bay and Highland Aves. 07042	G-059	NP CORP	453	31	4		2	RES: OTO, PTH
<b>MORRISTOWN</b>								
Morristown Memorial 100 Madison Ave. 07960	M-099	NP CORP	532	46	6 31	1	13 45	INT: FLEX RES: OR, GS, IM, PTH, PD, R
<b>MOUNT HOLLY</b>								
Burlington County Memorial 175 Madison Ave. 08060		NP CORP	300	34	9 5		5	INT: FLEX RES: GS, OBG
<b>NEPTUNE</b>								
Jersey Shore Medical Center—Fitkin 1945 Corlies Ave. 07753		NP CORP	452		9		17	RES: GS, IM, OBG, PTH, PD
<b>NEWARK</b>								
CMDNJ—New Jersey Medical School Affiliated Hospitals	M-053	MISC.			20 269	19 126	6 455	INT: FLEX RES: AN, DR, GS, IM, N, OPH, ORS, PD, PS, P, TS, U
Martland 65 Bergen St. 07107	M-053	STATE	589	25		27	12 95	INT: FLEX RES: AN, DR, GS, IM, N, OBG, OPH, ORS, PTH, PD, PS, P, TS, U
Newark Beth Israel Medical Center 201 Lyons Ave. 07112	M-053	NP CORP	500	32	16	2	26	RES: AN, DR, GS, IM, OBG, OTO, PTH, PD, P, R
Newark Eye and Ear Infirmary—CMDNJ Affiliated Hospitals	M-053	MISC.					9	RES: OTO
St. Michael's Medical Center 306 High St. 07102	M-053	CHURCH	428	45	1 12	16 15	8 51	INT: FLEX RES: GS, IM, OBG, PTH, PD, TS RES: AN, PD
United Hospitals Medical Center—Children's Hospital of Newark 15 South 9th Street 07107	M-053	NP CORP	95					
United Hospitals Medical Center—Newark Eye and Ear Infirmary 15 South 9th St. 07107	M-053	NP CORP	59	14				RES: AN, OPH, OTO
United Hospitals Medical Center—Presbyterian 27 South Ninth St. 07107	M-053	NP CORP	295	30	14 8		12 26	INT: FLEX RES: IM, OTO RES: AN, ORS
United Hosps. Orthopedic Center—Hosp. for Crippled Children—Adults 89 Park Ave. 07104	M-053	NP CORP	110					
<b>NEW BRUNSWICK</b>								
Middlesex General 180 Somerset St. 08901	M-099	NP CORP	364	32	4 12		19	INT: FLEX RES: GS, IM, PTH
New Brunswick Affiliated Hospitals	L-099	MISC.			10 9		22	INT: FLEX RES: IM
St. Peter's Medical Center 254 Easton Ave. 08903	M-099	CHURCH	338	21	3		9	INT: FLEX RES: GS, IM, PTH, PD
<b>ORANGE</b>								
New Jersey Orthopaedic 289 Central Ave. 07051		NP CORP	67	67				RES: ORS
<b>PARAMUS</b>								
Bergen Pines County East Ridgewood Ave. 07652		COUNTY	1056	22	12 32	3	50	INT: FLEX RES: IM, P
<b>PATERSON</b>								
Barnert Memorial Hospital Center 680 Broadway 07514		NP CORP	257	28	1	1	2	RES: PTH
St. Joseph's Hospital and Medical Center 703 Main St. 07503	M-053	CHURCH	510	28	8 37	5 17	2 61	INT: FLEX RES: AN, GS, IM, OBG, ORS, PTH
<b>PERTH AMBOY</b>								
Perth Amboy General 530 New Brunswick Ave. 08861	L-099	NP CORP	483	29	24 17		8 24	INT: FLEX RES: GP, GS, PTH
<b>PISCATAWAY</b>								
CMDNJ—Rutgers Medical School Affiliated Hospitals	M-099	MISC.			8 38	8 26	91	INT: FLEX RES: GS, IM, PTH, PD, P
CMDNJ—Rutgers Medical School, Department of Psychiatry D8854	M-099	STATE	36				4	RES: CHP
Rutgers Psychiatric Institute Hoes Lane, University Heights D8854	M-099	STATE	36					RES: P
<b>PLAINFIELD</b>								
Muhlenberg Park Ave. & Randolph Rd. 07061	M-099	NP CORP	449	34	17 21	1	6 35	INT: FLEX RES: IM, IM, OBG, PTH, PD, CRS

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<b>NEW JERSEY—Continued</b>								
<b>PRINCETON</b> Medical Center at Princeton 253 Witherspoon St. 08540	M-099	NP CORP	224	45				RES: GS, IM
<b>SOMERS POINT</b> Shore Memorial New York Ave. 08244		NP CORP	233	17	6		8	RES: GP
<b>SOMERVILLE</b> Somerset Rehill Ave. 08876	L-099	NP CORP	330	32	12 2		14	INT: FLEX RES: FP, PTH
<b>SUMMIT</b> Overlook 193 Morris Ave. 07901	M-057	NP CORP	608	29	12 34	21	6 64	INT: FLEX RES: FP, IM, PTH, PD, R
<b>TRENTON</b> Child Guidance Center of Mercer County 532 W. State St. 08618		NP CORP					4	RES: CHP
Helene Fuld Medical Center 750 Brunswick Ave. 08608	L-099	NP CORP	375	27				RES: IM
New Jersey State Department of Health P. O. Box 1540 08625		STATE					2	RES: PH
St. Francis Medical Center 601 Hamilton Ave. 08629	L-099	CHURCH	483	27	9		14	RES: GS, IM, PTH, U
Trenton Affiliated Hospitals	L-099	MISC.			27	1	48	RES: IM
Trenton Psychiatric Station A 08625		STATE	2215	47	10		15	RES: P
<b>NEW MEXICO</b>								
<b>ALBUQUERQUE</b> Bataan Memorial 5400 Gibson Blvd. S. E. 87108	M-096	NP CORP	250	40				RES: DR, D, GS, ORS, PD, TR
Bernalillo County Medical Center 2211 Lomas Blvd. N. E. 87106	M-096	COUNTY	217	63		22	25	RES: DR, O, FP, GS, IM, N, OBG, ORS, PTH, PD, PS, P, TR, TS, U
Office of Chief Med. Investigator—Univ. of New Mexico School of Med. 915 Stanford Dr. N. E. 87106		STATE					1	RES: FOP
Presbyterian Hospital Center 1100 Central Ave. S. E. 87106	L-096	NP CORP	429	20				RES: PS
University of New Mexico Affiliated Hospitals (Includes Bernalillo County Medical Center and Veterans Admin. Hospital and Some Programs at Bataan Memorial Hospital, Presbyterian Hosp. Ctr., and Carrie Tingley Crippled Children's Hosp. (Truth Or Consequences))	M-096	MISC.			8	17 135	157	INT: FLEX RES: DR, O, FP, GS, IM, N, OBG, ORS, PTH, PD, PS, P, TR, TS, U
Veterans Admin. 2100 Ridgecrest Dr. S. E. 87108	M-096	VA	413	58				RES: DR, D, GS, IM, N, ORS, PTH, PS, P, TR, TS, U
<b>TRUTH OR CONSEQUENCES</b> Carrie Tingley Crippled Children's 1400 South Broadway 87901	G-017, 096	STATE	76				5	RES: ORS
<b>NEW YORK</b>								
<b>ALBANY</b> Albany Medical Center New Scotland Ave. 12208	M-054	NP CORP	763	55	9	38 5	20	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, POC, PM, PS, P, R, TS, U
Albany Medical Center Affiliated Hospitals (Includes Albany Med. Center Hosp., Child's Hosp., Memorial Hosp., St. Peter's Hospital, Veterans Admin. Hosp., Ellis Hosp. (Schenectady), Sunnyview Hospital and Rehabilitation Center (Schenectady))	M-054	MISC.			56	184	300	RES: D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TS, U
Child's 25 Hackett Blvd. 12208	G-054	CHURCH	80	29				RES: OPH, OTO, PS
Memorial Northern Blvd. 12204		NP CORP	233	21				RES: PS
St. Peter's 315 So. Manning Blvd. 12208	L-054	NP CORP	419	34	20 11		13	INT: FLEX RES: GS, OBG, PTH, PD, PS, R
State of New York Department of Health 84 Holland Ave. 12208		STATE					4	RES: PTH, PH
Veterans Admin. 113 Holland Ave. 12208	M-054	VA	784	61				RES: D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U
<b>BAY SHORE</b> Southside Montauk Highway 11706	L-109	NP CORP	504	29	3	13	24	RES: FP
<b>BINGHAMTON</b> Binghamton Psychiatric Center 425 Robinson St. 13901		STATE	1285	11	6		6	RES: P
<b>BRONX (See New York City)</b>								
<b>BROOKLYN (See New York City)</b>								
<b>BUFFALO</b> Buffalo General 100 High St. 14203	M-055	NP CORP	688	29	23	2	22	RES: AN, D, GS, IM, NS, NM, OBG, OPH, ORS, OTO, PTH, PS, CRS, R, TR, TS, U
Buffalo Psychiatric Center 400 Forest Ave. 14213		STATE	760	36	10		38	RES: P
Children's Hospital of Buffalo 219 Bryant St. 14222	M-055	NP CORP	318	78	7	4	15	INT: FLEX RES: AN, CHP, D, GS, NS, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, TS, U
Deaconess Hospital of Buffalo 1001 Humboldt Parkway 14208	L-055	NP CORP	420	31	5 14	4 43	7 78	INT: FLEX RES: AN, FP, GS, OBG, OPH, PTH, CRS, R, U

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<b>NEW YORK, BUFFALO</b> —Continued								
Edward J. Meyer Memorial 462 Grider St. 14215	M-055	COUNTY	697	38	31	14	64	INT: FLEX RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, P, R, U
Emergency Hospital 108 Pine St. 14204		NP CORP	153	14				RES: GS
Mercy 565 Abbott Rd. 14220	L-055	NP CORP	383	32	17 14		28	INT: FLEX RES: IM, NM, OBG, PD, PS
Millard Fillmore 3 Gates Circle 14209	M-055	NP CORP	700	30	5 30	9 25	3 60	INT: FLEX RES: AN, GS, IM, OBG, PTH, R, U
Roswell Park Memorial Institute 666 Elm St. 14203	L-055	STATE	319	92	17	6	21	RES: D, GS, NM, PTH, PS, TR, U
Sisters of Charity 2157 Main St. 14214	L-055	CHURCH	457	23	10 31	1	6 48	INT: FLEX RES: GS, IM, OBG, PTH
S. U. N. Y. at Buffalo Affiliated Hospitals (Includes Buffalo Gen. Hosp., Buffalo Psychiatric Ctr., Children's Hosp., Deaconess Hosp., Edward J. Meyer Mem. Hosp., Mercy Hosp., Millard Fillmore Hosp., Vet. Admin. Hosp., Roswell Park Mem. Institute)	M-055	MISC.			5 99	79 204	6 350	INT: FLEX RES: AN, CHP, D, GS, GS, IM, NS, NM, OBG, OPH, ORS, OTO, PTH, PD, P, TS, U
Veterans Admin. 3495 Bailey Ave. 14215	M-055	VA	888	40	4		4	RES: D, GS, GS, IM, NM, OPH, ORS, OTO, PTH, PM, TS, U
<b>CASTLE POINT</b>								
Veterans Admin. 12511		VA	258	40				RES: GS
<b>CENTRAL ISLIP</b>								
Central Islip Psychiatric Center Carleton Ave. 11722	L-109	STATE	2600	17	13	1	18	RES: P
<b>COOPERSTOWN</b>								
Mary Imogene Bassett Atwell Rd. 13326	M-057 G-054	NP CORP	187	56		16 32	9 43	INT: FLEX RES: GS, IM, OBG, PTH, P
<b>EAST MEADOW</b>								
Nassau County Medical Center—Meadowbrook Div. 2201 Hempstead Turnpike 11554	M-109	COUNTY	601	34	1 99	21 97	238	INT: FLEX RES: AN, DR, FP, GS, IM, N, OBG, OPH, ORS, PTH, PD, PDA, PM, PS, P, R, U
Office of the Medical Examiner, Nassau County P. O. Box 160 11554		COUNTY			1		1	RES: FOP
ELMHURST (See New York City)								
FAR ROCKAWAY (See New York City)								
FLUSHING (See New York City)								
FOREST HILLS (See New York City)								
<b>GLEN COVE</b>								
Community Hospital at Glen Cove St. Andrews Lane 11542	G-109	NP CORP	262	36	17	1	23	RES: FP, PTH
<b>GLEN OAKS</b> (See New York City)								
<b>HARRISON</b>								
St. Vincent's Hospital & Med. Ctr. of New York 240 North St. 10528		NP CORP	104					RES: P
<b>HUNTINGTON</b>								
Huntington 270 Park Ave. 11743		NP CORP	429					RES: GS
<b>JAMAICA</b> (See New York City)								
<b>JOHNSON CITY</b>								
Charles S. Wilson Memorial 33-57 Harrison St. 13790	L-063	NP CORP	476	40	1 16	5 27	2 51	INT: FLEX RES: FP, GS, IM, OBG, PTH, PD
<b>KINGS PARK</b>								
Kings Park Psychiatric Center Box A 11754		STATE	4095	14	17		21	RES: P
<b>MANHASSET</b>								
North Shore University Community Dr. 11030	M-058	NP CORP	424	48	34	45	87	INT: FLEX RES: DR, GS, IM, N, OBG, OPH, PTH, PD, P, R
<b>MARCY</b>								
Marcy Psychiatric Center Box 100 13403		STATE	2417	33	9	1	11	RES: P
<b>MIDDLETOWN</b>								
Middletown Psychiatric Center 141 Monhagen Ave. 10940		STATE	1413	40	8		11	RES: P
<b>MINEOLA</b>								
Nassau First St. 11501	L-109	NP CORP	425	32	14 40	2 6	8 76	INT: FLEX RES: GS, IM, OBG, ORS, PTH, PD, R, U
<b>MOUNT VERNON</b>								
Mount Vernon 12 N. 7th Ave. 10550	M-059	NP CORP	301	31	18 20		11 32	INT: FLEX RES: GS, IM, OBG, PTH
<b>NEWBURGH</b>								
St. Luke's Hospital of Newburgh 70 Dubois St. 12550		NP CORP	251				4	RES: PTH
<b>NEW HYDE PARK</b>								
Long Island Jewish—Hillside Medical Center 270-05 76th Ave. 11040	M-061, 109	NP CORP	916	48	16	17		INT: FLEX RES: AN, GS, IM, N, OBG, OPH, ORS, ORS, PTH, PD, PDC, PM, R, TS, U

CONSOLIDATED LIST OF HOSPITALS

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<b>NEW YORK, NEW HYDE PARK—Continued</b>								
Long Island Jewish—Hillside Medical Center Program (Includes Long Island Jewish-Hillside Medical Center, Hillside Hospital Div. (New York City), La Guardia Hospital (New York City), and Queens Hospital Center (New York City))	M-061, 109	NP CORP			132	128	292	RES: AN, CHP, GS, IM, IM, N, OBG, OPH, ORS, PTH, PD, PDC, PM, P, R, TS, U
<b>NEW ROCHELLE</b>								
New Rochelle Hospital Medical Center 16 Guion Pl. 10802	M-059	NP CORP	501	49	17 16	1	6 26	INT: FLEX RES: GS, IM
<b>NEW YORK CITY</b>								
Albert Einstein College of Medicine Affiliated Hospitals (Includes Bronx Municipal Hospital Center, Bronx State Hospital, Hospital of the Albert Einstein Coll. of Medicine, Lincoln Hosp., and Some Positions at Montefiore Hosp. and Med. Ctr. and Morrisania City Hosp.)	M-056	MISC.			162	252	423	RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U
American Telephone and Telegraph Co. and Subsidiaries 195 Broadway 10007		CORP.					1	RES: OM
Arthur C. Logan Memorial 70 Convent Ave. 10027		NP CORP	228	34	11 12		20	INT: FLEX RES: IM
Beekman—Downtown 170 William St. 10038		NP CORP	304	33	20 32		47	INT: FLEX RES: GS, IM, PTH
Bellevue Hospital Center First Ave. & 27th St. 10016	M-060	CITY	1321	34		22		INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, TR, TS, U
Bellevue Hospital Center—University	M-060	MISC.				33 67	69	INT: FLEX RES: IM
Beth Abraham 612 Allerton Ave., Bronx 10467	L-056	NP CORP						RES: IM
Beth Israel Medical Center 10 Nathan D. Perlman Pl. 10003	M-108	NP CORP	979	30	19 70	41 103	172	INT: FLEX RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, PS, P, R, U
Beth Israel Medical Center Training Program	M-108	MISC.			29	14	57	RES: PD, P, R
Bird S. Coler Memorial Hospital and Home (Unit 3) Welfare Island 10017	M-059	CITY	1246	34				RES: D, GS, N, OPH, PTH, PM, TR, U
Booth Memorial 56-45 Main St., Flushing 11355	L-060	CHURCH	371	28	20 22	1 5	35	INT: FLEX RES: GS, IM, OBG, PTH
Bronx—Lebanon Hospital Center 1276 Fulton Ave. 10456	M-056	NP CORP	568	30	19 97	2 20	149	INT: FLEX RES: DR, GS, IM, OBG, OPH, ORS, ORS, PTH, PD, P, R
Bronx Municipal Hospital Center Pelham Pkwy. S. & Eastchester Rd. 10461	M-056	CITY	969	20		26 55	66	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U
Bronx Psychiatric Center 1500 Waters Pl., Bronx 10461	L-056	STATE	750	5	9	16	30	RES: P
Brookdale Hospital Center Linden Blvd. & Rockaway Pkwy., Brooklyn 11212	M-060	NP CORP	783	20	32 99	21 26	199	INT: FLEX RES: AN, CHP, FP, GS, IM, OBG, ORS, PTH, PD, PM, P
Brooklyn—Cumberland Medical Center 121 De Kalb Ave, Brooklyn 11201	M-061	NP CORP	781	21	30 116	3	149	INT: FLEX RES: DR, GS, IM, OBG, OPH, PTH, PD, U
Brooklyn Eye and Ear 29 Greene Ave., Brooklyn 11238		NP CORP	96			12	12	RES: OPH
Brooklyn Psychiatric Center 681 Clarkson Ave., Brooklyn 11203	M-061	STATE	1685		30		30	RES: P
Brooklyn Womens 1395 Eastern Pkwy. 11233		NP CORP	56		6		6	RES: OBG
Cabrini Health Care Center—Columbus Hospital Division 227 E. 19th St. 10003		CHURCH	436	36	24 35	1	8 68	INT: FLEX RES: GS, IM, OPH
Catholic Medical Center of Brooklyn and Queens (Includes Creedmoor Psych. Ctr., Hosp. of the Holy Family Div., Mary Immac. Div., Queens Hosp. Ctr., St. Johns Queens Div., St. Mary's Div., South Shore-Rockaway Mntal. Hlth. Ctr., Corona-Elmhurst Guidance Ctr.) 88-25 153d St., Jamaica 11432		CHURCH			46 122		170	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PD, P
City Hospital Center at Elmhurst 79-01 Broadway, Elmhurst 11373	L-108	CITY	978	25	34 117	2 8	149	INT: FLEX RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, U
Columbia University Affiliated Hospitals (Includes Harlem Hosp. Ctr., New York State Psychiatric Institute, Presbyterian Hospital, St. Luke's Hosp. Ctr., Blythedale Children's Hosp. (Valhalla), and Helen Hayes Hosp. (West Haverstraw))	M-057	MISC.			14	38	58	RES: CHP, D, PM, P, TS
Columbia University College of Physicians and Surgeons 630 W. 168th St. 10032	M-057	NP CORP				3	3	RES: NP
Coney Island Ocean & Shore Parkways, Brooklyn 11235	L-061	CITY	540	21	26 31	4 3	63	INT: FLEX RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, U
Corona—Elmhurst Guidance Center 37-66 72d St., Jackson Heights 11372		NP CORP						RES: P
Creedmoor Psychiatric Center 80-45 Winchester Blvd., Queens Village 11427		STATE	2157	45	21		30	RES: P
Dunlap—Manhattan Psychiatric Center Ward's Island 10035		STATE	815	22	17	1	18	RES: P
Edward S. Harkness Eye Institute 635 W. 165th St. 10032		NP CORP						RES: OPH

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<b>NEW YORK, NEW YORK CITY—Continued</b>								
Flower and Fifth Avenue Hospitals (Unit 1) Fifth Ave. at 106th St. 10029	M-059	NP CORP	405	27				RES: AN, CHP, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, TR, U
Flushing Hospital and Medical Center Parsons Blvd. & 45th Ave., Flushing 11355		NP CORP	313	27	16 26		4 46	INT: FLEX RES: GS, IM, OBG, PD
Fordham Southern Blvd. & Crotona Ave. 10458	M-059	CITY	387	39				INT: FLEX RES: GS, IM, OBG, PTH, PD, R, U
Francis Delafield 99 Fort Washington Ave. 10032	M-057	CITY	231	25	4	18	26	RES: GS, PTH, U
Francis Delafield Hospital—Harlem Hospital Center	M-057	MISC.			6		6	RES: U
French and Polyclinic Medical School and Health Center 345 W. 50th St. 10019		NP CORP	576	28	7 36	4	41	INT: FLEX RES: AN, IM, OBG, OPH, PD, U
French and Polyclinic Medical School—St. Clare's		MISC.			8		8	RES: PD
Goldwater Memorial Franklin D. Roosevelt Island 10017	L-060	CITY	795	31				RES: NP, PM
Gouverneur 227 Madison Ave. 10002		CITY	146	20				RES: PD, P, R
Greenpoint Kingsland & Skillman Aves, Brooklyn 11211		CITY	174	26				RES: GS, IM, OBG, PD, R
Harlem Hospital Center 532 Lenox Ave. 10037	M-D57	CORP.	1026	20	17 107	38 72	13 283	INT: FLEX RES: AN, CHP, GS, IM, NS, OBG, OPH, ORS, PTH, PD, PM, PS, P, R, TS, U
Hillside Hospital Division 75-59 263rd St., Glen Oaks 11004		NP CORP	203					RES: CHP, P
Hospital for Joint Diseases and Medical Center 1919 Madison Ave. 10035	L-108	NP CORP	330	21	9 24	22	52	INT: FLEX RES: AN, GS, IM, ORS, PTH
Hospital for Special Surgery 535 E. 70th St. 10021	M-058	NP CORP	200	86	1	23	24	RES: AN, DR, ORS
Hospital of the Albert Einstein College of Medicine 1825 Eastchester Rd., Bronx 10461	M-056	NP CORP	422	33				RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U
Hospital of the Holy Family Division 155 Dean St., Brooklyn 11217		CHURCH	93	9				RES: OPH
House of St. Giles the Cripple 1346 President St., Brooklyn 11213		NP CORP	20					RES: ORS
Institute of Rehabilitation Medicine 400 E. 34th St. 10016		NP CORP	152					RES: PM
Jamaica 89th Ave. & Van Wyck Expy., Jamaica 11418		NP CORP	286	36	11 34	1	2 54	INT: FLEX RES: GS, IM, OBG, PTH, PD
Jewish Hospital and Medical Center of Brooklyn 555 Prospect Pl., Brooklyn 11238	M-061	NP CORP	638	17	27 116	4 12	163	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PD, PDA, R, TS, U
Jewish Memorial Broadway and 196th St. 10040		NP CORP	201	20	18	10	10 43	INT: FLEX RES: GS, OBG, PTH, PD
Kingsbrook Jewish Medical Center 86 East 49th St., Brooklyn 11203	L-061	NP CORP	813	28	17 13	2	16	INT: FLEX RES: IM, N, ORS, PTH, PM
Kingsbrook Jewish Medical Center—Unity	L-061	MISC.			30		48	RES: IM
Kings County Hospital Center 451 Clarkson Ave., Brooklyn 11203	M-061	CITY	1754	25				RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, P, TR, TS, U
Kirby—Manhattan Psychiatric Center Ward's Island 10035	G-059	STATE	520		18		18	RES: P
La Guardia 102-01 66th Rd., Forest Hills 11375		NP CORP	225	35				RES: IM, OBG
Lenox Hill 100 E. 77th St. 10021		NP CORP	577	49	1 35	18 58	116	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PD, PS, R, U
Lincoln 320 Concord Ave., Bronx 10454	M-056	CITY	355		57	21	98	RES: AN, GS, IM, OBG, ORS, OTO, PTH, PD, PM, PS, P, U
Long Island College 340 Henry St., Brooklyn 11201	M-061	NP CORP	567	28	16 51	13 11	25 104	INT: FLEX RES: DR, GS, IM, NS, OBG, OPH, OTO, PTH, PD, PDA, R, U
Lutheran Medical Center 4520 Fourth Ave., Brooklyn 11220	G-061	NP CORP	326	24	11 38	3	53	INT: FLEX RES: FP, GS, IM, OBG, PTH, PD
Madeleine Borg Child Guidance Institute 120 West 57th St. 10019		NP CORP				2	2	RES: CHP
Maimonides Medical Center 4802 Tenth Ave., Brooklyn 11219	M-061	NP CORP	613	13	24 20	16 20	44	INT: FLEX RES: AN, CHP, GS, IM, OBG, OPH, ORS, PTH, PD, P, U
Maimonides Medical Center Training Program (Includes Coney Island Hospital and Maimonides Medical Center)	M-061	MISC.			84	18	73	RES: AN, GS, IM, OBG, ORS, PD, U
Manhattan Eye, Ear and Throat 210 East 64th St. 10021	L-059	NP CORP	176		6	24	30	RES: OPH, OTO, PS
Martin Luther King Jr. Health Center 3329 Rochambeau Ave., Bronx 10467		OTHER				11	24	RES: IM
Mary Immaculate Division 152-11 89th Ave., Jamaica 11432	G-059	CHURCH	273	20				RES: GS, IM, OBG, ORS, PTH, PD
Mary Immaculate Division (St. Charles Unit) 152-11 89th Ave., Jamaica 11432	G-059	CHURCH	13					RES: ORS
Memorial Hospital for Cancer and Allied Diseases 444 East 68th St. 10021	M-058 G-059	NP CORP	449		19	10	35	RES: AN, DR, GS, IM, NS, N, NM, PTH, PD, PS, TR
Methodist 506 Sixth St., Brooklyn 11215	M-061	NP CORP	557	27	2 98	1	2 114	INT: FLEX RES: AN, DR, GS, IM, OBG, PTH, PD, PS, R, TR, U
Metropolitan Hospital Center (Unit 2) 1901 First Ave. 10029	M-059	CITY	827	34				RES: AN, CHP, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, TR, U
Meyer Manhattan Psychiatric Center Ward's Island 10035		STATE	590	29	13	1	14	RES: P
Misericordia Hospital Medical Center 600 E. 233rd St., Bronx 10466	M-D59	NP CORP	386	27	8	2		INT: FLEX RES: GS, IM, OBG, PTH, PD, R, U
Misericordia—Fordham Training Program	M-059	MISC.			20 110	2 2	146	INT: FLEX RES: GS, IM, OBG, PTH, PD, R, U

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<b>NEW YORK, NEW YORK CITY—Continued</b>							
Montefiore Hospital and Medical Center 111 E. 210th St., Bronx 10467	M-056	NP CORP	1263		12	37	57 RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U
Montefiore Hospital Training Program	M-056	MISC.			53	172	268 RES: AN, GS, IM, IM, OBG, ORS, PTH, PD, PM, PS, U
Morrisania City 168th St. and Gerard Ave., Bronx 10452	M-056	CITY	303				RES: AN, D, GS, IM, OBG, OPH, ORS, PTH, PD, PM, PS, U
Mount Sinai 11 East 100th St. 10029	M-108	NP CORP	1183	32	22	23 135	163 INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U
Mount Sinai Hospital Training Program (Includes Integrated Residencies of City Hospital Center at Elmhurst, Hospitals for Joint Diseases and Medical Center, Mount Sinai Hospital, and Veterans Admin. Hospital (Bronx))	M-108	MISC.			107	132	243 RES: AN, DR, D, GS, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, U
Mount Sinai School of Medicine Department of Community Medicine 5th Ave. and 100th St. 10029	M-108	NP CORP			4	4	3 RES: GPM
New York City Department of Health 125 Worth St. 10013		CITY			1	4	10 RES: PH
New York Eye and Ear Infirmary 310 East 14th St. 10003		NP CORP	199	50	6	25	33 RES: OPH, OTO
New York Hospital 525 E. 68th St. 10021	M-058	NP CORP	1368		27	82	123 RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, PS, P, U
New York Hospital—Cornell Medical Center and Affiliated Hospitals	M-058	MISC.			28	223	276 RES: AN, D, GS, IM, NS, N, PD, PM, PS
New York Infirmary Stuyvesant Sq. E. and 15th St. 10003	L-060	NP CORP	271	24	32	4	39 RES: IM, OBG, PD
New York Medical College—Metropolitan Hospital Center (Includes Unit 1-Flower and Fifth Avenue Hospitals, Unit 2-Metropolitan Hospital Center, Unit 3-Bird S. Coler Memorial Hospital and Home, and Westchester County Medical Center (Valhalla) 1 East 105th St. 10029	M-059	MISC.			4 173	49 160	399 INT: FLEX RES: AN, CHP, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, TR, U
New York State Psychiatric Institute 722 W. 168th St. 10032	M-057	STATE	182				RES: CHP, P
New York University Medical Center (Includes Bellevue Hosp. Ctr., Booth Mem. Hosp., Brookdale Hosp. Ctr., Goldwater Mem. Hosp., Inst. of Rehab. Med., St. Vincent's Hosp. & Med. Ctr. of N. Y., Univ. Hosp., and Vet. Admin. Hosp. (Manhattan) 550 First Ave. 10016	M-060	MISC.			139	311	466 RES: AN, CHP, DR, D, GS, IM, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, TR, TS, U
Office of the Chief Medical Examiner, City of New York 520 First Ave. 10016		CITY			2	2	6 RES: FOP
Postgrad. Ctr. for Mntl. Hlth., Clin. for Children and Adolescents 124 E. 28th St. 10016		NP CORP					4 RES: CHP
Presbyterian 622 West 168th St. 10032	M-057	NP CORP	1470	33	45	31 191	328 INT: FLEX RES: AN, CHP, DR, D, GS, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TR, TS, U
Queens Hospital Center 82-68 164th St., Jamaica 11432		CITY	850	36	24	2	INT: FLEX RES: AN, CHP, GS, IM, IM, N, OBG, OPH, ORS, PTH, PD, PDC, PM, P, R, TS, U
Queens Hospital Center (Catholic Medical Center Affiliation) 82-68 164th St., Jamaica 11432		CITY	75	33			RES: IM
Roosevelt 428 W. 59th St. 10019	M-057	NP CORP	595	33	5 47	27 70	152 INT: FLEX RES: CHP, DR, GS, IM, OBG, OTO, PTH, PD, PDA, P, R, U
St. Barnabas Hospital for Chronic Diseases 183d St. and 3d Ave., Bronx 10457	M-056	NP CORP	415	17			RES: PM
St. Clare's Hospital and Health Center 415 West 51st St. 10019		CHURCH	410	41	71	2	70 RES: GS, IM, OBG, OPH, PTH, PD
St. John's Episcopal 480 Herkimer St., Brooklyn 11213	G-061	CHURCH	350	38	19 39	19 58	INT: FLEX RES: GS, IM, OBG, PTH, PD
St. John's Queens Division 90-02 Queens Blvd., Elmhurst 11373		CHURCH	308	15			RES: GS, IM, OBG, ORS, PD
St. Luke's Hospital Center Amsterdam Ave. & 114th St. 10025	M-057	NP CORP	742	42	88	25 92	184 INT: FLEX RES: AN, CHP, DR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, U
St. Mary's Division 1298 St. Marks Ave., Brooklyn 11213		CHURCH	236	34			RES: GS, IM, OBG, ORS, PTH, PD
St. Vincent's Hospital and Medical Center of New York 153 W. 11th St. 10011	M-059	CHURCH	802	32	54	31 83	155 INT: FLEX RES: AN, DR, GS, IM, NS, N, OBG, OPH, PTH, PD, PDA, P, R, TR
St. Vincent's Hospital—Cabrini Health Care Center—Columbus Division		CHURCH				6	6 RES: OPH
St. Vincent's Medical Center of Richmond 355 Bard Ave., Staten Island 10310		CHURCH	340	67	16 34	3	55 INT: FLEX RES: CHP, GS, IM, OBG, PTH, PD, P, R
South Shore—Rockaway Mental Health Center 1600 Central Ave., Far Rockaway 11691		CHURCH					RES: P
State University 445 Lenox Road, Brooklyn 11213	M-061	STATE	350	27			RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, P, TR, TS, U
Staten Island 101 Castleton Ave., Staten Island 10301		NP CORP	277	35	9 17	5 5	8 32 INT: FLEX RES: GS, IM, OBG, PTH, PD
Staten Island Mental Health Society 657 Castleton Ave., Staten Island 10301		NP CORP					RES: CHP, P
Staten Island Mental Hlth. Society—St. Vincent's Med. Ctr. of Richmond		MISC.			9	3	17 RES: CHP, P
S. U. N. Y. Downstate Medical Center	M-061	MISC.			25 241	48 230	14 572 INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, P, TR, TS, U

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					For.*	Non- For.*		
<b>NEW YORK, NEW YORK CITY—Continued</b>								
Sydenham 565 Manhattan Ave. 10027		CITY	196	20	11		3	INT: FLEX RES: OBG
U. S. Public Health Service Bay and Vanderbilt St., Staten Island 10304	G-059	USPHS	500	30	15	13	20	INT: FLEX RES: AN, D, IM, OPH, ORS, R, U
Unity 1545 St. Johns Place, Brooklyn 11213		NP CORP	207	20	10		15	INT: FLEX RES: GS, IM, OBG
University 550 First Ave. 10016	M-060	NP CORP	629	32				RES: AN, CHP, DR, D, GS, IM, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PS, P, TR, TS, U
University Hospital—Veterans Admin. (Manhattan)	M-060	MISC.			19	28	47	INT: FLEX RES: IM
Veterans Admin. (Bronx) 130 W. Kingsbridge Rd., Bronx 10468	L-108	VA	1018	41	75	14	46	RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, TR, U
Veterans Admin. (Brooklyn) 800 Poly Pl., Brooklyn 11209	M-061	VA	1000	40	7		70	INT: FLEX RES: D, GS, IM, N, NM, OPH, ORS, PTH, PM, PS, U
Veterans Admin. (Brooklyn)—Kingsbrook Jewish Medical Center	M-061	MISC.			10		10	RES: N
Veterans Admin. (Manhattan) First Ave. at E. 24th St. 10010	M-060	VA	1030	34	33	3	37	RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U
Wyckoff Heights 374 Stockholm St., Brooklyn 11237		NP CORP	377	18	14		61	INT: FLEX RES: GS, IM, OBG, PTH, PD
<b>NIAGARA FALLS</b>								
Niagara Falls Memorial Medical Center 621 Tenth St. 14302		NP CORP	588	28	16		3	INT: FLEX RES: PTH
<b>NORTHPORT</b>								
Veterans Admin. Middleville Rd. 11768	M-109	VA	932	52	33	8	50	RES: GS, IM, P
<b>ORANGEBURG</b>								
Rockland Psychiatric Center 10962	M-059	STATE	2400	32	7	4	12	RES: P
<b>PORT JEFFERSON</b>								
St. Charles 200 Belle Terre Rd. 11777		CHURCH	275	14				RES: ORS
<b>POUGHKEEPSIE</b>								
Hudson River Psychiatric Center Branch B 12601		STATE	2380	9	11		13	RES: P
<b>QUEENS VILLAGE (See New York City)</b>								
<b>ROCHESTER</b>								
Eastman Kodak Company 343 State St. 14650		CORP.						RES: OM
Genesee 224 Alexander St. 14607	M-062	NP CORP	427	41	4	7	41	INT: FLEX RES: GS, IM, OBG, ORS, OTO, PTH, PD
Highland Hospital of Rochester South Ave. at Bellevue Dr. 14620	M-062	NP CORP	262	47	1	1	16	INT: FLEX RES: GS, IM, OBG, ORS
Monroe Community 435 E. Henrietta Rd. 14620	L-062	COUNTY	414	40				RES: PM
Office of the Monroe County Medical Examiner 435 E. Henrietta Rd. 14620		COUNTY			33		1	RES: FOP
Rochester General 1425 Portland Ave. 14621	M-062	NP CORP	550	46	2	14	2	INT: FLEX RES: DR, GS, IM, OBG, ORS, OTO, PTH, PD, P, TS
Rochester Psychiatric Center 1600 South Ave. 14620	G-062	STATE	2105		15	37	12	RES: P
St. Mary's 89 Genesee St. 14611	L-062	CHURCH	324	31	22	3	30	INT: FLEX RES: GS, IM, OBG, OPH
Strong Memorial Hospital of the University of Rochester 260 Crittenden Blvd. 14642	M-062	NP CORP	665	55	21	44	189	INT: FLEX RES: AN, CHP, DR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, PS, P, TR, TS, U
University of Rochester Affiliated Hospitals	M-062	MISC.			74	101	202	INT: FLEX RES: GS, ORS, OTO, TS
University of Rochester Associated Hospitals (Includes Genesee Hospital, Highland Hospital of Rochester, Rochester General Hospital, and Strong Memorial Hospital)	M-062	MISC.				14	44	RES: IM
University of Rochester Community Pediatrics Program	M-062	MISC.			2	36	41	RES: PD
University of Rochester School of Medicine 14620	M-062	NP CORP						RES: PDC
Univ.—Rochester Sch.—Med. and Dentistry, Dept.—Prev. Med.—Comm. Hlth. 260 Crittenden Blvd. 14642	M-062	NP CORP						RES: GPM
University of Rochester School of Medicine—Highland 335 Mount Vernon St. 14620	M-062	MISC.				35	36	RES: FP
<b>ROCKVILLE CENTRE</b>								
Mercy 1000 N. Village Ave. 11570		CHURCH	386	26				RES: OBG
<b>ROSLYN</b>								
St. Francis Port Washington Blvd. 11576		NP CORP	125					RES: TS
<b>SCHENECTADY</b>								
Ellis 1101 Nott St. 12308	L-054	NP CORP	475	47	20		10	INT: FLEX RES: GS, OBG, ORS, PTH
St. Clare's 600 Mc Clellan St. 12304		NP CORP	256	33	8			INT: FLEX RES: OBG
Schenectady Affiliated Program Sunnyview Hospital and Rehabilitation Center 1270 Belmont Ave. 12308	G-054	MISC. NP CORP			6		6	RES: OBG RES: ORS, PM

CONSOLIDATED LIST OF HOSPITALS

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<b>NEW YORK—Continued</b>								
<b>STATEN ISLAND</b> (See New York City)								
<b>STONY BROOK</b>								
S. U. N. Y. at Stony Brook Affiliated Hospitals 11790	M-109	MISC.			10 5	4 6	56	INT: FLEX RES: GS, IM, P
<b>SYRACUSE</b>								
Community General Hospital of Greater Syracuse Broad Rd. 13215	L-063	NP CORP	300	30				RES: GS, OTO, PTH
Crouse Irving—Memorial 736 Irving Ave. 13210	M-063	NP CORP	460	36				RES: AN, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, TS, U
Richard H. Hutchings Psychiatric Center 708 Irving Ave. 13210	M-063	STATE	144					RES: P
St. Joseph's Hospital Health Center 301 Prospect Ave. 13203	M-063	CHURCH	352	35	3 2	2 3	6 13	INT: FLEX RES: FP, GS, OBG, ORS, PTH, PS
State University 750 E. Adams St. 13210	M-063	STATE	358	45	12	18	34	RES: AN, CHP, DR, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U
S. U. N. Y. Upstate Medical Center 766 Irving Ave. 13210	M-063	MISC.			5 43	33 170	257	INT: FLEX RES: AN, CHP, DR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U
S. U. N. Y. Upstate Medical Center—St. Joseph's	M-063	MISC.			2	29	36	RES: FP
Veterans Admin. Irving Ave. and Univ. Pl. 13210	M-063	VA	398	43				RES: AN, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
<b>THIELLS</b>								
Letchworth Village Developmental Center 10984		STATE	3037	72	2		2	RES: P
<b>UTICA</b>								
Children's Hospital and Rehabilitation Center of Utica 1675 Bennett St. 13502	G-063	NP CORP	57					RES: ORS
Utica Psychiatric Center 1213 Court St. 13502		STATE	1253	49	10		11	RES: P
<b>VALHALLA</b>								
Blythedale Children's Bradhurst Ave. 10595		NP CORP	92					RES: PM
Office of the Medical Examiner 10595		COUNTY		52		1	1	RES: FOP
Westchester County Medical Center Grasslands Reservation 10595	M-059	COUNTY	344	45	16 50	2 7	78	INT: FLEX RES: AN, CHP, GS, IM, OPH, PTH, PM, P, TR
<b>WEST BRENTWOOD</b>								
Pilgrim Psychiatric Center Box A 11717		STATE	7300	19	20		21	RES: P
<b>WEST HAVERSTRAW</b>								
Helen Hayes Route 9 W 10993		STATE	139					RES: ORS, PM
<b>WEST ISLIP</b>								
Good Samaritan 1000 Montauk Highway 11795		CHURCH	365	40			5	RES: PD
<b>WHITE PLAINS</b>								
New York Hospital—Cornell Medical Center (Westchester Division) 21 Bloomingdale Rd. 10605		NP CORP	287	11	9	14	27	RES: P
<b>YONKERS</b>								
St. Joseph's 127 South Broadway 10701	L-059	CHURCH	165		4 6	1	20	INT: FLEX RES: FP
Yonkers General 127 Ashburton Ave. 10701		NP CORP	179	29	5 6	1	15	INT: FLEX RES: GP
<b>NORTH CAROLINA</b>								
<b>ASHEVILLE</b>								
Blue Ridge Community Mental Health Center 356 Biltmore Ave. 28801		STATE	11	100				RES: P
Highland 49 Zillicoa St. 28801		NP CORP	134		3	2	12	RES: P
Veterans Admin. 28805	G-065	VA	537	38	1	2	3	RES: ORS, TS, U
<b>BUTNER</b>								
John Umstead 12th St. 27509	L-064 G-065	STATE	1455	20	19	4	22	RES: CHP, P
<b>CHAPEL HILL</b>								
North Carolina Memorial Pittsboro Rd. 27514	M-064	STATE	450	58	6	20 250	4 335	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, TR, TS, U
Office of the Chief Medical Examiner P. O. Box 2488 27514		STATE						RES: FOP
University of North Carolina School of Medicine	M-064	STATE						RES: PDC
University of North Carolina Schools of Medicine and Public Health 27514	M-064	STATE				1	3	RES: GPM
<b>CHARLOTTE</b>								
Charlotte Memorial Hospital and Medical Center 1000 Blythe Blvd. 28203	M-064	NP CORP	822	39	6	16 61	91	INT: FLEX RES: AN, FP, GS, IM, OBG, ORS, PTH, PD, TS, U



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<b>NORTH CAROLINA—Continued</b>								
<b>DURHAM</b>								
Duke University Affiliated Hospitals (Includes Duke University Medical Center, Veterans Admin. Hospital, Watts Hospital, Veterans Admin. Hospital (Asheville), North Carolina Orthopedic Hospital (Gastonia), and Shriners Hospital (Greenville, S. C.)	M-065	MISC.			12	312	392	RES: AN, DR, FP, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PS, P, R, TR, U
Duke University Medical Center 27710	M-065	NP CORP	802	59	1	40 68	70	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, R, TR, TS, U
Durham Child Guidance Clinic, Duke University Medical Center 402 Trent St. 27705		NP CORP						RES: CHP
Mc Pherson 1110 West Main St. 27701	L-064 G-065	PART.	28					RES: OPH
Mc Pherson Hospital—North Carolina Memorial	L-064 G-065	MISC.				8	8	RES: OPH
Veterans Admin. 508 Fulton St. 27705	M-065	VA	501	54			3	RES: AN, DR, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PS, P, R, TR, U
Watts Club Blvd. at Broad St. 27705	L-064, 065	COUNTY	317	69				RES: FP, ORS
<b>FORT BRAGG</b>								
Womack Army Hospital 28307		USA	450	60		9	18	RES: FP
<b>GASTONIA</b>								
North Carolina Orthopedic New Hope Rd. 28052	G-064, 065	STATE	100					RES: ORS
<b>GREENSBORO</b>								
Moses H. Cone Memorial 1200 N. Elm St. 27401	M-064 L-066	NP CORP	427	40	2	27	37	RES: FP, IM, ORS, PTH, PD
<b>MORGANTON</b>								
Broughton 28655		STATE	2014					RES: P
<b>RALEIGH</b>								
Dept. of Human Resources, Division of Health Services 225 N. Mc Dowell St., P. O. Box 2091 27602		STATE						RES: PH
Dorothea Dix Station B 27611	L-064	STATE	1648	34	9	4	19	RES: CHP, P
Memorial Hospital of Wake County 3000 New Bern Ave. 27610	M-064	COUNTY	430	29				RES: OBG, ORS, U
<b>WILMINGTON</b>								
New Hanover Memorial 2431 S. 17th St. 28401	M-064	COUNTY	419	28	2 12	5 9	2 16	INT: FLEX RES: GS, IM, OBG
<b>WINSTON-SALEM</b>								
Bowman Gray School of Medicine Affiliated Hospitals	M-066	MISC.			2	21	31	RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U
Forsyth Memorial 3333 Silas Creek Pkwy 27103	M-066	NP CORP	700	22				RES: OBG, ORS
North Carolina Baptist 300 S. Hawthorne Rd. 27103	M-066	CHURCH	557	56	15	45 123	213	INT: FLEX RES: AN, OR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U
<b>NORTH DAKOTA</b>								
<b>BISMARCK</b>								
Bismarck 323 6th St. 58501	M-097	NP CORP	194	25				RES: R
Bismarck Affiliated Hospitals	M-097	MISC.				2	3	RES: R
St. Alexius 311 N. 9th St. 58501	M-097	CHURCH	259	35				RES: R
<b>FARGO</b>								
Dakota 1720 S. University Dr. 58102	M-097	NP CORP	156	25				RES: IM
Neuropsychiatric Institute 500 Mills Ave. 58102		NP CORP	85	57			2	RES: NS
St. Luke's Hospitals 5th St. & Mills Ave. 58102	M-097	NP CORP	355	38	11		6 12	INT: FLEX RES: FP, IM
Veterans Admin. Center Elm St. and 21st Ave. N. 58102	M-097	VA	224	52				RES: IM
<b>GRAND FORKS</b>								
United 212 S. 4th St. 58201	L-097	NP CORP	264	40	1	3	4	RES: OBG, PTH
University of North Dakota Affiliated Hospitals	L-097	MISC.					36	RES: IM, OBG, PTH
<b>GRAND FORKS A. F. B.</b>								
U. S. A. F. 58201		USAF	35					RES: OBG
<b>OHIO</b>								
<b>AKRON</b>								
Akron City 525 E. Market St. 44309	M-069	NP CORP	650	45	1 11	12 62	7 88	INT: FLEX RES: FP, GS, IM, OBG, OPH, ORS, PTH, PS, U
Akron General 400 Wabash Ave. 44307		NP CORP	555	50		23 55	3 80	INT: FLEX RES: FP, GS, IM, OBG, ORS, PS, U
Children's Hospital of Akron Buchtel Ave. at Bowery St. 44308		NP CORP	253		2	29	38	RES: AN, ORS, PTH, PD, PS

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					For.*	Non-For.*		
<b>OHIO, AKRON</b> —Continued								
St. Thomas 444 North Main St. 44310		CHURCH	374	38	18 22		7 34	INT: FLEX RES: FP, CP, GS, OBG
<b>BARBERTON</b>								
Barberton Citizens Tuscora Park 44203		NP CORP	407	24	19 5		30	INT: FLEX RES: GP
<b>CANTON</b>								
Aultman 2600 Sixth St. S. W. 44710		NP CORP	673	30	13 13	4	4 38	INT: FLEX RES: OR, FP, OBG, PTH, R
<b>CINCINNATI</b>								
Bethesda 619 Oak St. 45206		CHURCH	480	20	3	3	12	RES: OBG
Central Psychiatric Clinic Cincinnati General Hospital 45229	M-067	NP CORP						RES: CHP
Children's Elland Ave. and Bethesda 45229	M-067	NP CORP	215	67				RES: AN, GS, NS, N, NM, OPH, ORS, PTH, PO, POA, POC, PM, TR, U
Children's Psychiatric Center of the Jewish Hospital 3140 Harvey Ave. 45229	L-067	NP CORP	16					RES: CHP
Christ 2139 Auburn Ave. 45219	L-067	NP CORP	689	30	6 2	3	17	INT: FLEX RES: IM, NS, PS, U
Christian R. Holmes Eden and Bethesda Aves. 45219	L-067	CITY	90					RES: TR
Cincinnati General 234 Goodman St. 45229	M-067	CY-CO	649	54		37	46	RES: AN, OR, D, GP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, TR, U
Good Samaritan 3217 Clifton Ave. 45220	L-028, 067	CHURCH	719	43	18	37	57	RES: GS, IM, NS, OBG, ORS, PTH, PD, U
Good Samaritan Hospital Training Program Hamilton County Coroner's Office 3159 Eden Ave. 45219	L-028, 067	MISC. COUNTY			12	5	21 2	RES: GS RES: FOP
Jewish Burnet Ave. 45229	L-067	NP CORP	579	30	7 16	6 5	4 46	INT: FLEX RES: GS, IM, NM, R, TR
Navy Environmental Health Center 3333 Vine St. 45220		USN					1 2	RES: OM
Providence 2366 Kipling Ave. 45239		NP CORP	359	3				RES: GS
Rollman Psychiatric Institute 3009 Burnet Ave. 45219		STATE	124	100	18	6	25	RES: P
U. S. P. H. S. Environmntl. Control Admin. Bur. of Occup. Safety and Hlth. 1014 Broadway 45202		USPHS						RES: OM
University of Cincinnati Hospital Group (Includes Children's Hosp., Children's Psychiatric Center of the Jewish Hosp., Christ Hosp., Cincinnati General Hosp., C. R. Holmes Hosp., Good Samaritan Hosp., Jewish Hosp., and Veterans Admin. Hosp.)	M-067	MISC.			57	39 301	405	INT: FLEX RES: AN, CHP, DR, D, GP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, POC, PM, P, TR, U
Univ. of Cincinnati Coll. of Med., Dept. of Environmental Health 3223 Eden Ave. 45267	G-067	NP CORP				4	16	RES: OM
Veterans Admin. 3200 Vine St. 45220	M-067	VA	429	54				RES: AN, OR, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, P, U
<b>CLEVELAND</b>								
Case Western Reserve University Affiliated Hospitals (Includes University Hospitals of Cleveland, Cleveland Guidance Ctr., Cleveland Metropolitan General Hospital, Highland View Hospital, Mt. Sinai Hospital, St. Luke's Hospital and Veterans Admin. Hospital)	M-068	MISC.			69	214	328	RES: AN, CHP, DR, D, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, NP, PD, PO, PM, PS, P, TR, TS, U
Cleveland Clinic 9500 Euclid Ave. 44106	L-068	NP CORP	1008	53		27 158	5 208	INT: FLEX RES: AN, DR, O, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PS, CRS, P, R, TR, TS, U
Cleveland Clinic—St. Vincent Charity Cleveland Guidance Center 2525 E. 22nd St. 44115	L-068	MISC. NP CORP			12	17	31	RES: GS RES: CHP
Cleveland Metropolitan General 3395 Scranton Rd. 44109	M-068	COUNTY	565	67	15	24 60	6 98	INT: FLEX RES: D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, TS, U
Cleveland Psychiatric Institute 1708 Aiken Ave. 44109		STATE	221	89	16		15	RES: P
Cuyahoga County Coroner's Office 2121 Adelbert Rd. 44106		COUNTY					3	RES: FOP
Fairhill Mental Health Center 12200 Fairhill Rd. 44120		STATE	145		20	1	15	RES: P
Fairview General 18101 Lorain 44111		NP CORP	457	35	17 21		37	INT: FLEX RES: GP, GS, OBG, PTH
Fairview General Hospital—Cleveland Clinic Highland View 3901 Ireland Dr. 44122		NP CORP COUNTY	272	35		9	13	RES: DBG RES: PM
Huron Road 13951 Terrace Rd. 44112		NP CORP	387	32	13 30	2	42	INT: FLEX RES: AN, GS, IM, PTH, U
Huron Road Hospital—Cleveland Clinic Lutheran Medical Center 2609 Franklin Blvd. 44113		NP CORP CHURCH	331	40	12 27	3	33	RES: AN INT: FLEX RES: IM, PTH
Mount Sinai Hospital of Cleveland University Circle 44106	M-068	NP CORP	528	39	1 46	10 21	4 87	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PD, R
Polyclinic 6606 Carnegie Ave. 44103		NP CORP	118	30	8		8	RES: GP
St. Alexis 5163 Broadway Ave. 44127		CHURCH	347	33	10 16		8 25	INT: FLEX RES: GS, PTH
St. John's 7911 Detroit Ave. 44102		CHURCH	323	32	10 18		33	INT: FLEX RES: GP, GS

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<b>OHIO, CLEVELAND—Continued</b>								
St. Luke's 11311 Shaker Blvd. 44104	M-068	NP CORP	426	39	6 37	2 13	55	INT: FLEX RES: GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PS
St. Luke's Hospital—St. Vincent Charity	M-068	MISC.			2		2	RES: PS
St. Vincent Charity 2351 E. 22nd St. 44115		CHURCH	442	33	11 8		8	INT: FLEX RES: GS, NS, OPH, ORS, PTH, PS, TS, U
University Hospitals of Cleveland 2065 Adelbert Rd. 44106	M-D68	NP CORP	963	59	14 53	26 100	100	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PS, P, R, TR, TS, U
Veterans Admin. 10701 East Blvd. 44106	M-068	VA	786	38	27 11	33 54	54	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TR, TS, U
<b>COLUMBUS</b>								
Children's 561 South 17th St. 43205	M-069	NP CORP	301	58	1	41	44	RES: FP, GS, NS, N, ORS, ORS, OTO, PTH, PD, PS, TS, U
Columbus State 1960 W. Broad St. 43223		STATE	1273	22	17	1	14	RES: P
Grant 309 East State St. 43215	M-069	NP CORP	557	25	4	11	34	RES: FP, PTH, CRS
Mount Carmel Medical Center 793 West State St. 43222	M-069	NP CORP	504	38	7	40	53	INT: FLEX RES: FP, GS, IM, OBG, ORS, PM
Ohio State University Affiliated Hospitals (Includes Ohio State University Hospitals, Children's Hospital and Some Positions at Mount Carmel Medical Center, and Riverside Methodist Hospital)	M-069	MISC.			6	60	87	RES: FP, NS, N, ORS, OTO, PM, PS, TS, U
Ohio State University College of Medicine	M-069	STATE						RES: PD
Ohio State Univ. College of Medicine, Dept. of Preventive Medicine 410 W. 10th Ave. 43210	M-069	STATE				2	9	RES: AM, GPM
Ohio State University Hospitals 410 W. 10th Ave. 43210	M-069	STATE	955	38	28	147	235	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PM, PS, P, R, TR, TS, U
Riverside Methodist 3535 Olentangy River Rd. 43214	M-069	CHURCH	841	36	1	20 34	11 46	INT: FLEX RES: FP, GS, IM, NS, N, OBG, ORS, PM, PS, U
Riverside Methodist Hospital—St. Ann's Hospital of Columbus	M-069	CHURCH				10	12	RES: OBG
St. Ann's Hospital of Columbus 1555 Bryden Rd. 43205	M-069	CHURCH	133	25				RES: OBG
<b>CUYAHOGA FALLS</b>								
Fallsview Mental Health Center 330 Broadway East 44222		STATE	108	100	17		16	RES: P
<b>DAYTON</b>								
Children's Medical Center 1735 Chapel St. 45404	M-124	NP CORP	128	60				RES: ORS
Good Samaritan 1425 W. Fairview Ave. 45406	M-124	CHURCH	497	39	4 6	1 2	9 30	INT: FLEX RES: FP, GS, OBG
Miami Valley 1 Wyoming St. 45409	M-124	NP CORP	739	41	1 6	4 19	3 39	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, R
St. Elizabeth Medical Center 601 Miami Blvd. West 45408	M-124	CHURCH	552	40		21	30	RES: FP, PTH
Veterans Admin. Center 4100 West Third St. 45428	M-124	VA	858	45	31	1	33	RES: GS, IM, U
Wright State University Affiliated Hospitals	M-124	MISC.			12	14	30	RES: FP, GS, IM, OBG, ORS, PTH, PS, R, U
<b>ELYRIA</b>								
Elyria Memorial 630 E. River St. 44035		NP CORP	335	34	11 12		9 14	INT: FLEX RES: GP, ORS, PTH, R
<b>EUCLID</b>								
Euclid General East 185th St. & Lake Erie 44119		NP CORP	345	31	9 9		14	INT: FLEX RES: GP
<b>KETTERING</b>								
Charles F. Kettering Memorial 3535 Southern Blvd. 45429	M-124	CHURCH	409	39	1 3	7 17	3 27	INT: FLEX RES: GS, IM, PTH, PS
<b>LORAIN</b>								
St. Joseph 205 West 20th St. 44052		CHURCH	339					RES: R
St. Joseph—Elyria Memorial Hospitals		MISC.			9		9	RES: R
<b>RAVENNA</b>								
Robinson Memorial Portage County 449 S. Meridian St. 44266		COUNTY	235	25	14		13	RES: GP, GS
<b>SYLVANIA</b>								
Flower 5200 Harroun Rd. 43560		NP CORP	206	27	7		21	RES: FP
<b>TOLEDO</b>								
Hospital of Medical College of Ohio at Toledo Arlington at Detroit 43614	M-112	STATE	159	72	11	1	6	RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PD, PS, P, U, U
Medical College of Ohio at Toledo P. O. Box 6190 43614	M-112	STATE	159	72				RES: CHP
Medical College of Ohio at Toledo Affiliated Hospitals (Includes Hospital of Medical College of Ohio at Toledo, Mercy Hospital, St. Vincent Hospital and Medical Center, Toledo Hospital, Toledo Mental Health Center)	M-112	MISC.			98	8 48	12 193	INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PD, PS, P, U
Mercy 2221 Madison Ave. 43624	M-112	CHURCH	350	33	3 6	2 7	18	INT: FLEX RES: FP, GS, IM, OBG, PTH, PD
St. Charles 2600 Navarre Ave. 43616		NP CORP	266	25	2		12	RES: GP
St. Vincent Hospital and Medical Center 2213 Cherry St. 43608	M-112	NP CORP	619	32				RES: DR, GS, IM, OBG, OPH, ORS, PD, PS, P, U

CONSOLIDATED LIST OF HOSPITALS

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<b>OHIO, TOLEDO</b> —Continued								
Toledo 2142 N. Cove Blvd. 43606	M-112	NP CORP	644	40	7	4	14	RES: AN, FP, GS, IM, OBG, ORS, PD
Toledo Mental Health Center 930 S. Detroit Ave. 43603	M-112	STATE	15D1	38				RES: P
<b>WORTHINGTON</b>								
Harding 445 E. Granville Rd. 43085	L-069	NP CORP	120		2	3	9	RES: P
<b>WRIGHT-PATERSON A. F. B.</b>								
U. S. A. F. Medical Center Wright-Patterson A. F. B. 45433		USAF	325	66	1 2	10 11	30	INT: FLEX RES: FP
<b>YOUNGSTOWN</b>								
St. Elizabeth 1044 Belmont Ave. 44505		CHURCH	675	25	15 46	6 3	4 91	INT: FLEX RES: GP, GS, IM, OBG, PTH, R
Youngstown S. Unit Oak Hill and Francis Sts.; N. Unit, Gypsy Lane-Goleta Ave. 44501		NP CORP	866	36	16 45	2 13	4 93	INT: FLEX RES: AN, GS, IM, PTH, PD, R
<b>OKLAHOMA</b>								
<b>CLAREMORE</b>								
U. S. Public Health Service Indian W Will Rogers Blvd. 74017		USPHS	66					RES: OBG
<b>NORMAN</b>								
Central State Griffin Memorial Box 151 73069	L-070	STATE	1276	11	9	4	16	RES: DR, GS, P
<b>OKLAHOMA CITY</b>								
Baptist Medical Center of Oklahoma 3300 Northwest Expwy. 73112	L-070	CHURCH	493	25		9 6	6 20	INT: FLEX RES: OR, PTH
Bone and Joint 605 N. W. 10th St. 73102		CORP.	74	100				RES: ORS
Office of Chief Medical Examiner P. O. Box 26901 73190		STATE					2	RES: FOP
Oklahoma Children's Memorial 940 N. E. 14th St. 73126	M-070	STATE	147	63	6	20	40	RES: PD, PDC, PS, TS
Presbyterian N. E. 13th St. at Lincoln Blvd. 73104	M-070	CHURCH	270	31				RES: DR, FP, GS, PS
St. Anthony 601 Northwest Ninth 73102	L-070	CHURCH	610	33		12 4	8 20	INT: FLEX RES: DR, GS, NS, OBG, OPH, ORS, PTH
State of Oklahoma Dept. of Health N. E. 10th at Stonewall 73106		STATE						RES: PH
University Family Practice Program	M-070	MISC.				18	27	RES: FP
University of Oklahoma Health Sciences Center (Includes University Hospital and Clinics, Bone and Joint Hosp., Oklahoma Children's Memorial Hosp., Presbyterian Hosp., St. Anthony Hosp., Veterans Admin. Hosp., & Central State Griffin Memorial Hosp. (Norman) P. O. Box 26901, 800 N. E. 13th St. 73190	M-070	MISC.			18	28 176	7 243	INT: FLEX RES: AN, AM, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OM, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
University Hospital and Clinics 800 N. E. 13th St. 73190	M-070	STATE	243	42		18	21	RES: AN, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PS, P, TR, TS, U
Veterans Admin. 921 N. E. 13th St. 73104	M-070	VA	463	40				RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PS, P, TS, U
<b>TULSA</b>								
Doctor's 2323 S. Harvard Ave. 74114		NP CORP	184					RES: FP
Hillcrest Medical Center Utica On the Park 74104	L-070	NP CORP	491	28	1	5 1	4	INT: FLEX RES: FP, GS, IM, OBG, PTH, PD
St. Francis 6161 South Yale 74135	L-070	CHURCH	600	23			4	RES: FP, GS, IM, OBG, PTH, PD
St. John's 1923 South Utica 74104	L-070	NP CORP	542	31		7 3	4	INT: FLEX RES: FP, GS, IM, OBG, PTH, PD
Tulsa Affiliated Hospitals	L-070	MISC.				9	14	RES: OBG
Tulsa Combined Residency		MISC.				16	20	RES: IM
Tulsa Family Practice Foundation		MISC.				4	15	RES: FP
Tulsa Pediatric Educational Program		MISC.			5	3	12	RES: PD
Tulsa Surgical Education Trust		MISC.			1	7	12	RES: GS
<b>OREGON</b>								
<b>PORTLAND</b>								
Emanuel 2801 N. Gantenbein Ave. 97227	L-071	CHURCH	554	49		19 15	5 43	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, R
Good Samaritan Hospital and Medical Center 1015 N. W. 22nd 97210	L-071	CHURCH	505	48	3	33	41	INT: FLEX RES: GS, IM, NS, N, OPH, PTH, PS
Providence 700 N. E. 47th Ave. 97213		CHURCH	448	33		12 2	12 13	INT: FLEX RES: IM, PTH
St. Vincent Hospital and Medical Center 9205 S. W. Barnes Rd. 97225	G-071	CHURCH	413	51	5	10	30	RES: GS, IM, PTH, TR
Shriners Hospital for Crippled Children 8200 N. E. Sandy Blvd. 97220	G-071	NP CORP	60					RES: ORS
University of Oregon Affiliated Hospitals (Includes University of Oregon Health Sciences Center Hospitals and Clinics, Emanuel Hospital, Good Samaritan Hospital, Shriners Hospital, St. Vincent's Hospital and Medical Center, and Veterans Admin. Hospital)	M-071	MISC.			8	182	229	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, P, TR, TS, U
Univ. of Oregon Hlth. Sciences Ctr. Dept. of Pub. Hlth. & Prev. Med. 3181 S. W. Sam Jackson Park Rd. 97201		STATE				1	3	RES: PH

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<b>OREGON, PORTLAND—Continued</b>							
University of Oregon Health Sciences Center Hospitals and Clinics 3181 S. W. Sam Jackson Park 97201	M-071	STATE	500	53	12	83	116 RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, P, TR, TS, U
Veterans Admin. Sam Jackson Park 97207	M-071	VA	527	81	2	3	5 RES: AN, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PM, TS, U
<b>SALEM</b>							
Oregon State 2600 Center St. N. E. 97310		STATE	958	36	1	8	10 RES: P
<b>PENNSYLVANIA</b>							
<b>ABINGTON</b>							
Abington Memorial 1200 York Rd. 19001	M-074 G-072	NP CORP	469	31		40	62 RES: FP, GS, IM, OBG, ORS, PTH, R, U
<b>ALLENTOWN</b>							
Allentown 17th & Chew Sts. 18102	G-075	NP CORP	524	32	4	16 12	6 INT: FLEX 30 RES: GS, IM, OBG, PTH, PS, CRS
Allentown Affiliated Hospitals	G-075	NP CORP			7	8	17 RES: GS, PS, CRS
Allentown and Sacred Heart Hospital Center 1200 S. Cedar Crest Blvd. 18103	L-075	NP CORP					RES: GS, PS
Sacred Heart Fourth & Chew 18102	G-075	NP CORP	289	27	3	1	4 INT: FLEX 21 RES: FP, CRS, R
<b>ALTOONA</b>							
Altoona 701 Howard Ave. 16603		NP CORP	424	17	13 3	1 2	6 INT: FLEX 15 RES: GP, PTH
<b>BETHLEHEM</b>							
St. Luke's 801 Ostrum St. 18015	L-076	NP CORP	435	33	4 11	3 2	2 INT: FLEX 16 RES: GS, OBG, PTH
<b>BRISTOL</b>							
Lower Bucks Bath Rd. & Orchard Ave. 19007		NP CORP	316	19	6		12 RES: GP
<b>BRYN MAWR</b>							
Bryn Mawr Bryn Mawr Ave. 19010	M-073 L-075	NP CORP	391	38	1 13	13 15	3 INT: FLEX 48 RES: DR, FP, GS, IM, ORS, PTH, PS, U
<b>CHESTER</b>							
Crozer—Chester Medical Center 15th St. & Upland Ave. 19013	M-072	NP CORP	428	39			RES: GS, IM, N, OBG
<b>COATESVILLE</b>							
Veterans Admin. 19320	M-073	VA	1444	66	4		11 RES: N, P
<b>DANVILLE</b>							
Geisinger Medical Center 17821	M-110 L-074	NP CORP	400	47	1 7	20 60	7 INT: FLEX 123 RES: DR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, U
<b>DARBY</b>							
Fitzgerald Mercy Division Lansdowne Ave. and Baily Rd. 19023		CHURCH	393	38			RES: DR, GS, IM, OBG, PTH, PD, R
<b>DREXEL HILL</b>							
Delaware County Memorial 501 N. Lansdowne Ave. 19026		NP CORP	305		8 4		12 INT: FLEX RES: GP
<b>EASTON</b>							
Easton 21st and Lehigh Sts. 18042	M-072	NP CORP	330	26	4 14	1	28 INT: FLEX RES: GS, IM
<b>ELIZABETHTOWN</b>							
Elizabethtown Hospital for Children and Youth 17022	G-072, 073	STATE	115				RES: ORS
<b>ERIE</b>							
Hamot Medical Center 4 E. Second St. 16512	G-065	NP CORP	550	36	11 10	1 5	10 INT: FLEX 41 RES: FP, GS, ORS, PTH, PS, U
Hamot Medical Center—St. Vincent		MISC.			7	1	9 RES: U
St Vincent Health Center 232 W. 25th St. 16512		NP CORP	458	35	11 3	8 1	8 INT: FLEX 10 RES: PTH, CRS, U
Shriners Hospital for Crippled Children 1645 W. 8th St. 16505		NP CORP	30				RES: ORS
<b>HARRISBURG</b>							
Harrisburg S Front St. 17101	M-110	NP CORP	518	34	13 2	5 13	4 INT: FLEX 47 RES: DR, FP, GS, IM, OBG, ORS, PD, PS, U
Harrisburg Polyclinic 2601 N. 3d St. 17110	M-110	NP CORP	676	27	2 2	13 26	28 INT: FLEX RES: GS, IM, ORS, PD, PS, R
Pennsylvania Dept. of Health P. O. Box 90 17120		STATE					2 RES: PH
<b>HERSHEY</b>							
Milton S. Hershey Medical Center of the Pennsylvania State University 500 University Dr. 17033	M-110	STATE	350	68	12	10 89	4 INT: FLEX 140 RES: AN, FP, GS, IM, N, OBG, ORS, OTO, PTH, PD, PS, P, R, U
Pennsylvania State University Affiliated Hospitals	M-110	MISC.			1	10	19 RES: ORS, PS
<b>JEANNETTE</b>							
Monsour Hospital and Clinic 70 Lincoln Way E. 15644		NP CORP	242	26			9 RES: FP
<b>JOHNSTOWN</b>							
Conemaugh Valley Memorial 1086 Franklin St. 15905		NP CORP	555		9	12	46 RES: AN, FP, GS, IM, R
<b>KINGSTON</b>							
Nesbitt Memorial 562 Wyoming Ave. 18704		NP CORP	189	8			RES: FP

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<b>PENNSYLVANIA—Continued</b>								
<b>LANCASTER</b> Lancaster General 555 N. Duke St. 17604	M-074	NP CORP	555	28		22	24	RES: FP
<b>LATROBE</b> Latrobe Area W. 2d Ave. 15650	M-073	NP CORP	352	22	1	2	9	RES: FP
<b>MC KEESPORT</b> Mc Keesport 1500 Fifth Ave. 15132	L-077	NP CORP	517	21	12 10	3	12 46	INT: FLEX RES: FP, GS, IM
<b>NANTICOKE</b> Nanticoke State General W. Washington St. 18634		STATE	111					RES: FP
<b>NORRISTOWN</b> Central Montgomery Mental Health/Mental Retardation Center 1100 Powell St. 19401		NP CORP				2	3	RES: CHP
Norristown State Stanbridge & Sterigere Sts. 19401		STATE	1983	38	13	5	28	RES: P
Sacred Heart 1430 De Kalb St. 19401		CHURCH	224	24	12		12	RES: GP, GS
<b>PHILADELPHIA</b> Albert Einstein Medical Center (Includes Northern Division and Southern Division) York & Tabor Rds. 19141	M-073, 074	NP CORP	630	25	16 70	8 50	159	INT: FLEX RES: AN, CHP, DR, GS, IM, NS, N, OBG, ORS, PTH, PD, PM, P, R, TR, U
American Oncologic Central & Shelmire Aves. 19111		NP CORP	89	9	2	1	5	RES: GS, TR
Chestnut Hill 8835 Germantown Ave. 19118	M-073 G-074	NP CORP	208	33		5 3	5 16	INT: FLEX RES: FP, GS, PTH
Children's Hospital of Philadelphia 1740 Bainbridge St. 19146	M-075 G-072, 073	NP CORP	230	69	8	60	62	RES: AN, D, GS, NS, N, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, TS, U
Eastern Pennsylvania Psychiatric Institute Henry Ave. & Abbotsford Rd. 19129	M-074, 076	STATE	122		5	12	15	RES: P
Episcopal Front St. & Lehigh Ave. 19125	M-074	CHURCH	322	45	1 37	2 6	40	INT: FLEX RES: DR, GS, IM, NS, OBG, PTH, TS
Frankford Frankford Ave. & Wakeling 19124	G-076	NP CORP	213	28	10 1		10 3	INT: FLEX RES: OPH, PTH
Germantown Dispensary and Hospital E. Penn & E. Wister Sts. 19144	M-074	NP CORP	304	31	4	4	3	RES: GS, IM, PTH, R
Graduate Hospital of the University of Pennsylvania 19th & Lombard Sts. 19146	M-075	NP CORP	285	38	5 20	5 15	40	INT: FLEX RES: DR, D, GS, IM, N, NM, OPH, ORS, OTO, PTH, NP, PS, R, TS, U
Hahnemann Medical College Affiliated Hospitals	M-072	MISC.			2 29	39 95	10 132	INT: FLEX RES: GS, IM, N, OBG, ORS, U
Hahnemann Medical College and Hospital 230 N. Broad St. 19102	M-072	NP CORP	500	3	30	75	119	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, ORS, PTH, PO, P, TR, U
Hospital of the Medical College of Pennsylvania 3300 Henry Ave. 19129	M-076	NP CORP	329	35		31	74	INT: FLEX RES: GS, IM, N, OBG, ORS, PTH, PD, P, R, U
Hospital of the University of Pennsylvania 3400 Spruce St. 19104	M-075	NP CORP	694	50	1 12	48 40	2 82	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PTH, NP, PM, PS, P, R, TR, TS, U
Institute of the Pennsylvania Hospital 111 N. 49th St. 19139	L-075	NP CORP	194	25		18	21	RES: P
Lankenau Lancaster & City Line Aves. 19151	M-073	NP CORP	425	34	9	37	51	RES: GS, IM, OBG, OPH, ORS, PTH, PS
Medical College of Pennsylvania Affiliated Hospitals	M-076	MISC.			1 12	15 33	4 62	INT: FLEX RES: IM, N, PTH
Medical College of Pa.—Eastern Pennsylvania Psychiatric Institute Henry Ave. and Abbotsford Rd. 19129	M-076	NP CORP			2	6	12	RES: CHP
Mercy Catholic Medical Center (Includes Misericordia Division and Fitzgerald Mercy Division (Darby)) 54th St. and Cedar Ave. 19143	M-073	CHURCH			7 29	11 32	8 82	INT: FLEX RES: DR, GS, IM, OBG, PTH, PD, R
Methodist 2301 S. Broad St. 19148	M-073	CHURCH	249	12	1	1		INT: FLEX RES: GS, OBG, ORS
Misericordia Division 54th St. & Cedar Ave. 19143	M-073	CHURCH	329	28				RES: DR, GS, IM, OBG, PTH, PD, R
Moss Rehabilitation 12th St. & Tabor Rd. 19141	M-074	NP CORP	145					RES: PM
Naval Regional Medical Center 17th & Pattison Ave. 19145	M-072, 073	USN	900	38	1 5	18 102	5 138	INT: FLEX RES: AN, D, GS, IM, OBG, OPH, ORS, OTO, PD, P, R, U
Nazareth 2601 Holme Ave. 19152	L-074	CHURCH	359	22	15 7	2	6 15	INT: FLEX RES: GS, PTH, R
Office of the Medical Examiner, City of Philadelphia Dept of Health 321 University Ave. 19104		CY-CO					3	RES: FOP
Pennsylvania Eighth & Spruce Sts. 19107	M-075	NP CORP	425	41	7	16 47	77	INT: FLEX RES: DR, D, GS, IM, NS, N, OBG, OPH, ORS, PTH, PS, R, U
Philadelphia Child Guidance Clinic 34th St. and Civic Center Blvd. 19104		NP CORP	24		1	7	8	RES: CHP
Philadelphia General 700 Civic Center Blvd. 19104	M-072, 075	CY-CO	984	16	36	13	57	RES: DR, PTH, NP, PD, R, U
Philadelphia General Hospital, Hahnemann Medical College Service 700 Civic Center Blvd. 19104	M-072	CY-CO			4	9		INT: FLEX RES: ORS
Philadelphia General Hospital, University of Pennsylvania Service 700 Civic Center Blvd. 19104	M-075	CY-CO			9 8	19 15	76	INT: FLEX RES: D, GS, IM, N, OBG, OPH, PM, PS, P

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<b>PENNSYLVANIA, PHILADELPHIA—Continued</b>								
Philadelphia Psychiatric Center Ford Rd. & Monument Ave. 19131	L-075	NP CORP	152	100	5	5	16	RES: P
Philadelphia State Roosevelt Blvd. & Southampton Rd. 19114	L-073 G-076	STATE	1455	14	6	6	30	RES: P
Presbyterian—University of Pennsylvania Medical Center 51 N. 39th St. 19104	M-075	CHURCH	347	47	6 23	13 18	5 57	INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, ORS, OTO, PTH
St. Agnes 1900 S. Broad St. 19145	M-072	NP CORP	264	10				RES: GS, IM, OBG
St. Christopher's Hospital for Children 2600 N. Lawrence St. 19133	M-074 G-072, 073	NP CORP	146	87	8	6	13	RES: AN, CHP, OR, GS, NS, N, OPH, ORS, PTH, PD, PDA, POC, TS, U
Scheie Eye Institute 51 N. 39th St. 19104		NP CORP						RES: OPH
Shriners Hospital for Crippled Children 8400 Roosevelt Blvd. 19152		NP CORP	80					RES: ORS
Temple University Affiliated Hospitals (Incl. Temple Univ. Hosp., Moss Rehab. Hosp., St. Christopher's Hosp., Some Positions at Albert Einstein Med. Ctr., Episcopal Hosp., Germantown Disp. and Hosp., Shriners' Hosp., & Abington Mem. Hosp. (Abington))	M-074	MISC.			28	141	165	RES: GS, IM, NS, N, ORS, PD, PM, TS, U
Temple University 3401 N. Broad St. 19140	M-074	NP CORP	535	46	38	20 52	97	INT: FLEX RES: AN, OR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, CRS, P, TR, TS, U
Thomas Jefferson University Affiliated Hospitals (Incl. Thomas Jefferson Univ. Hosp., Chestnut Hill Hosp., Lankenau Hosp., Methodist Hosp., Bryn Mawr Hosp. (Bryn Mawr), Veterans Admin. Hosp. (Wilmington, Del.), Wilmington Med. Ctr. (Wilmington, Del.))	M-073	MISC.			14	80	103	RES: FP, GS, OBG, OPH, ORS, OTO, TS, U
Thomas Jefferson University 11th & Walnut Sts. 19107	M-073	NP CORP	664	37	41	26 117	4 176	INT: FLEX RES: AN, OR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, TR, TS, U
University of Pennsylvania Affiliated Hospitals (Incl. Hospital of the Univ. of Pa., Children's Hosp., Frankford Hosp., Graduate Hosp. of the U. of Pa., Pennsylvania Hosp., Philadelphia Gen. Hosp., Presby-U. of Pa. Med. Ctr., Scheie Eye Inst., and V. A. Hosp.)	M-075	MISC.			32	267	367	RES: OR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, NP, PM, PS, P, R, TR, TS, U
Veterans Admin. University & Woodland Aves. 19104	M-075, 076	VA	475	40	2	1	4	RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, P, R, TR, TS, U
Wills Eye Hospital and Research Institute 1601 Spring Garden St. 19130	M-073	NP CORP	140					RES: OPH
Wills Eye Hospital and Research Institute—Temple University 19130	M-073, 074	NP CORP			3	28	31	RES: OPH
<b>PITTSBURGH</b>								
Allegheny General 320 E. North Ave. 15212	L-077	NP CORP	649	30	13 53	2 8	86	INT: FLEX RES: AN, OR, GS, IM, OBG, OPH, PTH, TR, TS
Children's Hospital of Pittsburgh (See Also Hospitals of the University Health Center of Pittsburgh) 125 De Soto St. 15213	M-077	NP CORP	225	73		10	11	RES: AN, DR, D, GS, GS, NS, N, OPH, ORS, PTH, NP, PD, PDA, POC, PS, TS, U
Eye and Ear Hospital of Pittsburgh (See Also Hospitals of the University Health Center of Pittsburgh) 230 Lothrop St. 15213	M-077	NP CORP	172	18				RES: AN, OPH, OTO, PTH, NP
Forbes Health System 500 Finley St. 15206		MISC.			3		3	RES: OBG
Hospitals of the University Health Center of Pittsburgh (Includes Children's Hospital, Eye and Ear Hospital, Magee-Womens Hospital, Mercy Hospital, Montefiore Hospital, Presbyterian-University Hospital, Veterans Admin. Hospital, Western Psychiatric Inst. and Clinic) 3550 Terrace St. 15213	M-077	MISC.			56	290	405	RES: AN, CHP, DR, D, GS, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, POC, PS, P, TR, TS, U
Magee—Womens (See Also Hospitals of the University Health Center of Pittsburgh) Forbes Ave. and Halket St. 15213	M-077	NP CORP	331	45				RES: AN, OR, OBG, PTH, NP, PD, TR
Mercy 1400 Locust St. 15219	L-077	NP CORP	604	36	29	20 52	7 104	INT: FLEX RES: AN, DR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, U
Montefiore (See Also Hospitals of the University Health Center of Pittsburgh) 3459 Fifth Ave. 15213	M-077	NP CORP	414	31	2	22 25	2 27	INT: FLEX RES: AN, DR, GS, IM, NS, OPH, PTH, NP
Office of the Medical Examiner 542 4th Ave. 15219		COUNTY		51	1	1	2	RES: FOP
Pittsburgh Health Center 6655 Frankstown Ave. 15206		NP CORP	204	13	5			INT: FLEX RES: OBG
Presbyterian—University (See Also Hospitals of the University Health Center of Pittsburgh) 230 Lothrop St. 15213	M-077	NP CORP	546	46	1	40		INT: FLEX RES: AN, DR, D, GS, IM, NS, N, ORS, PTH, NP, PS, TR, TS, U
St. Clair Memorial 1000 Bower Hill Rd. 15243		NP CORP	288	21				RES: OBG
St. Francis General 45th St. and Penn Ave. 15201	L-077	NP CORP	781	29	18 32	3 14	87	INT: FLEX RES: DR, GS, IM, OBG, OPH, ORS, PM, P, R, TR
St. Francis General—Western Pennsylvania Hospitals	L-077	NP CORP				3	3	RES: OPH

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<b>PENNSYLVANIA, PITTSBURGH—Continued</b>								
St. Margaret Memorial 265 - 46th St. 15201	G-077	NP CORP	250	32	4 3	18	24	INT: FLEX RES: FP, PTH
Shadyside 5230 Centre Ave. 15232		NP CORP	426	22	11 12	1 10	9 49	INT: FLEX RES: FP, GS, IM, OBG, PTH
Veterans Admin. (See Also Hospitals of the University Health Center of Pittsburgh) University Dr. C 15240	M-077	VA	741	32				RES: AN, DR, D, GS, IM, NS, OPH, ORS, OTO, PTH, NP, PS, TS, U
Western Pennsylvania 4800 Friendship Ave. 15224	L-077	NP CORP	610	37	3 25	6 32	2 74	INT: FLEX RES: AN, D, GS, IM, OBG, OPH, PTH, PS, R, U
Western Psychiatric Institute and Clinic (See Also Hospitals of the University Health Center of Pittsburgh) 3811 O' Hara St. 15213	M-077	NP CORP	100				3	INT: FLEX RES: CHP, P
<b>PITTSBURGH</b>								
Pittston 18640		NP CORP	115					RES: FP
<b>POTTSVILLE</b>								
Good Samaritan E. Norwegian and Tremont Sts. 17901		CHURCH	214	8	6		6	RES: GP
Pottsville Hospital and Warne Clinic 420 S. Jackson St. 17901		NP CORP	266	24	6 4		8	INT: FLEX RES: GP
<b>READING</b>								
Reading 6th & Spruce St. 19603	L-074, 075	NP CORP	596	36		19 32	52	INT: FLEX RES: DR, FP, IM, OBG, ORS, PTH
<b>SAYRE</b>								
Robert Packer 200 S. Wilbur Ave. 18840	M-072	NP CORP	323	52		39	19	RES: GS, IM, OPH, R
<b>WARREN</b>								
Warren State Jamestown Rd. 16365		STATE	1369	34	19	3	27	RES: P
<b>WASHINGTON</b>								
Washington 155 Wilson Ave. 15301		NP CORP	490	29	1	8	14	RES: FP
<b>WILKES-BARRE</b>								
Childrens Service Center of Wyoming Valley 335 S. Franklin St. 18702		NP CORP	13				2	RES: CHP
Mercy 196 Hanover St. 18703		NP CORP	242					RES: FP
United Health and Hospital Services P. O. Box 5090 18710		NP CORP					12	RES: FP
Veterans Admin. 1111 East End Blvd. 18711	G-074	VA	500	28				RES: FP, GS
Wilkes-Barre General N. River & Auburn Sts. 18702		NP CORP	362					RES: FP
Wyoming Valley 149 Dana St. 18711		NP CORP	106	9				RES: FP
<b>WILKINSBURG</b>								
Columbia Health Center 312 Penn Ave. 15221		CORP.	259	15	6			INT: FLEX RES: OBG
<b>WILLIAMSPORT</b>								
Williamsport 777 Rural Ave. 17701	L-075	NP CORP	370	18	1	5	21	RES: FP
<b>YORK</b>								
York 1001 South George St. 17405	M-039	NP CORP	507	45	3 5	12 41	4 57	INT: FLEX RES: FP, GS, IM, OBG, PTH
<b>PUERTO RICO</b>								
<b>CAGUAS</b>								
Caguas Sub—Regional 172 Puerto Rico Rd. 00625	L-078	STATE	282	29	28	13	72	RES: GS, IM, OBG, PD, U
<b>MAYAGUEZ</b>								
Mayaguez Medical Center Highway 1 00708	L-078	DIST.	300	49	18 27	3 10	56	INT: FLEX RES: GS, IM, OBG, PD
<b>PONCE</b>								
Hospital De Damas Ponce By Pass 00731		NP CORP	350	20	1 6		4 7	INT: FLEX RES: AN, GS
Ponce District General Bo. Machuelo 00731	L-078	STATE	615	47	6 36	2 7	6 68	INT: FLEX RES: GS, IM, OBG, PD
<b>SAN JUAN</b>								
I. Gonzalez Martinez P. O. Box 1811 00935	L-078	NP CORP	139	28	1	2	3	RES: GS, NS, OTO, U
Industrial Puerto Rico Medical Center 00935		STATE	265					RES: AN, DR
Institute of Legal Medicine, University of Puerto Rico Puerto Rico Medical Center 00935		STATE					1	RES: FOP
Puerto Rico Institute of Psychiatry P. O. Box 789 00919		NP CORP	15		15		28	RES: CHP, P
Puerto Rico Nuclear Center Puerto Rico Medical Center 00935		NP CORP			1	1	4	RES: NM, TR
Puerto Rico Rehabilitation Center Puerto Rico Medical Center 00935		STATE						RES: PM
San Juan City Puerto Rico Medical Center 00935	L-078	CITY	566	62	17 57	10 15	10 115	INT: FLEX RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, U



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<b>PUERTO RICO, SAN JUAN—Continued</b>								
University District Puerto Rico Medical Center 00935	M-078	STATE	413	60	17	65	136	RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, U
University of Puerto Rico Affiliated Hospitals Puerto Rico Medical Center 00935	M-078	MISC.			4 74	19 81	19 167	INT: FLEX RES: AN, DR, GS, NS, N, NM, OPH, ORS, OTO, PTH, PM, TR, U
University of Puerto Rico School of Medicine Department of Psychiatry G. P. O. Box 5067 00936	L-078	STATE	977	100	4	11	12	RES: CHP, P
Veterans Admin. Center G. P. O. Box 4867 00936	M-078	VA	692	58	7 24	4 10	86	INT: FLEX RES: DR, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, P, U
<b>RHODE ISLAND</b>								
<b>CRANSTON</b>								
Rhode Island Med. Ctr.—Institute of Mental Health & Div. of Alcoholism Box 8281 02920		STATE	1770	25	13	1	20	RES: P
<b>PAWTUCKET</b>								
Memorial Prospect St. 02860	M-101	NP CORP	302		12 21		6 40	INT: FLEX RES: D, FP, IM, PTH
<b>PROVIDENCE</b>								
Brown University Div. of Biological and Medical Sciences 02912	M-101	NP CORP	1906	36		1	2	RES: NP
Brown University Affiliated Hospitals	M-101	MISC.			22	28	72	RES: O, FP, GS, IM, PTH, PD, P, U
Butler 333 Grotto Ave. 02906	M-101	NP CORP	84					RES: P
Miriam 164 Summit Ave. 02906	M-101	NP CORP	247			18 30	36	INT: FLEX RES: D, IM, PTH, P
Rhode Island 593 Eddy St. 02902	M-101	NP CORP	730	36	13	33 87	126	INT: FLEX RES: DR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, U
Roger Williams General 825 Chalkstone Ave. 02908	M-101	NP CORP	248	40	2 1	15 11	17	INT: FLEX RES: D, IM, PTH, U
St. Joseph's 21 Peace St. 02907		CHURCH	494	24	4		4	RES: PTH
Veterans Admin. Davis Park 02908	L-101	VA	353	57	6	8	34	RES: IM, U
Women and Infants Hospital of Rhode Island 50 Maude St. 02908	M-042, 101	NP CORP	182	58				RES: OBG, PD
Women and Infants Hospital—Rhode Island Hospital	M-042, 101	MISC.			5	7	12	RES: OBG
<b>RIVERSIDE</b>								
Emma Pendleton Bradley 1011 Veterans Memorial Pkwy. 02915	L-101	NP CORP	56		1		2	RES: CHP, P
<b>SOUTH CAROLINA</b>								
<b>CHARLESTON</b>								
Charleston County 326 Calhoun 29401	M-079	COUNTY	151					RES: GS, IM, OPH, ORS, OTO, PTH, PS, R, TS, U
Medical University of South Carolina 80 Barre St. 29401	M-079	STATE	475	56	6	75	111	RES: AN, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, FOP, NP, PD, PDC, PM, PS, P, R, TS, U
Medical University of South Carolina Teaching Hospitals (Includes Medical University of South Carolina Hospital, Charleston County Hospital, Veterans Admin. Hospital, and some positions at Naval Regional Medical Center)	M-079	MISC.			15	36 143	235	INT: FLEX RES: AN, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TS, U
Naval Regional Medical Center Naval Base 29408	L-079	USN	421	40		18	27	RES: FP, ORS, PTH
Veterans Admin. 109 Bee St. 29403	M-079	VA	403	46				RES: AN, GS, IM, NS, OPH, ORS, OTO, PTH, PS, P, R, TS, U
<b>COLUMBIA</b>								
Richland Memorial 3301 Harden St. 29203	L-079	COUNTY	576	23		7 17	10 75	INT: FLEX RES: FP, GS, IM, OBG, ORS, PD
William S. Hall Psychiatric Institute 2100 BuH St. 29202		STATE	130		4	17	32	RES: CHP, P
<b>GREENVILLE</b>								
Greenville Hospital System 701 Grove Rd. 29602	L-079	NP CORP	1108	24		12 55	12 71	INT: FLEX RES: FP, GS, OBG, ORS, PD
Shriners Hospital for Crippled Children 2100 N. Pleasantburg Dr. 29609	G-065	NP CORP	60			4	4	RES: ORS
<b>SPARTANBURG</b>								
Spartanburg General 101 E. Wood St. 29303	L-079	COUNTY	525	26	1	9 34	6 56	INT: FLEX RES: FP, GS
<b>SOUTH DAKOTA</b>								
<b>SIOUX FALLS</b>								
Family Practice Center 1800 S. Summit 57105	M-080	NP CORP						RES: FP
Mc Kennan 800 E. 21st St. 57101	M-080	NP CORP	301	27				INT: FLEX RES: FP
Sioux Falls Family Practice Residency	M-080	MISC.				9	24	RES: FP
Sioux Valley 1100 S. Euclid Ave. 57105	M-080	NP CORP	357	40				INT: FLEX RES: FP, PTH
University of South Dakota Affiliated Hospitals	M-080	MISC.				9	8	INT: FLEX RES: PTH
<b>YANKTON</b>								
Sacred Heart West 4th St. 57078	M-080	NP CORP	178	39	2	8	16	RES: GS, IM, OBG
University of South Dakota Affiliated Hospitals	M-080	MISC.						RES: IM

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<b>TENNESSEE</b>								
<b>CHATTANOOGA</b>								
Baroness Erlanger 241 Wiehl St. 37403	M-081	CY-CO	652	25	17	35	78	RES: GS, IM, OBG, OPH, ORS, PTH, PS, R
T. C. Thompson Children's 910 Blackford St. 37403	M-081	CY-CO	100	50	8		12	RES: OPH, PD
Tennessee Valley Authority, Division of Medical Services 320 Edney Bldg. 37401		OTHER					1	RES: OM
University of Tennessee Clinical Education Center		MISC.			3	11	14	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PD, PS, R
<b>JACKSON</b>								
Jackson—Madison County General 708 W. Forest Ave. 38301		CY-CO	580	5			24	RES: FP
<b>KNOXVILLE</b>								
East Tennessee Affiliated Hospitals		MISC.				8	12	RES: ORS
East Tennessee Baptist 137 Blount Ave. 37901		CHURCH	398					RES: ORS
East Tennessee Children's 1912 Laurel Ave. 37916		NP CORP	74					RES: PD
Fort Sanders Presbyterian 1909 Clinch Ave. S. W. 37916		NP CORP	535					RES: ORS
St. Mary's Memorial Oak Hill Ave. 37917		CHURCH	485	14				RES: ORS
University of Tennessee Memorial Research Center and Hospital 1924 Alcoa Highway 37920	M-081	STATE	482	34	3	16 40	6 74	INT: FLEX RES: AN, FP, GS, IM, OBG, ORS, PTH, PD, R
<b>MEMPHIS</b>								
Baptist Memorial 899 Madison Ave. 38103	M-081	CHURCH	1804	20	1 6	38 105	20 177	INT: FLEX RES: DR, GS, IM, NS, NM, OBG, ORS, PTH, PS, R
Campbell Clinic 869 Madison Ave. 38104	G-081	CHURCH						RES: ORS
Campbell Foundation and University of Tennessee (Includes Baptist Memorial Hospital, Campbell Clinic, City of Memphis Hospitals, Le Bonheur Children's Hospital, Methodist Hospital, Crippled Children's Hospital School, and Veterans Admin. Hospital)	M-081	MISC.				23	24	RES: ORS
City of Memphis Hospitals 860 Madison Ave. 38103	M-081	COUNTY	711	33	15	54 25	24 67	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, TR, TS, U
Crippled Children's Hospital School 2009 Lamar Ave. 38114	L-081	NP CORP						RES: ORS
Le Bonheur Children's 848 Adams Ave. 38103	M-081	NP CORP	140	55				RES: NS, ORS, PD, R
Methodist 1265 Union Ave. 38104	G-081	NP CORP	960	21	1	15 29	5 38	INT: FLEX RES: GS, IM, NS, OPH, ORS, OTO, PTH, R
St. Joseph 220 Overton Ave. 38101		NP CORP	432	26				RES: PD
St. Joseph Hospital East 5959 Park Ave. 38117		NP CORP	529	20			24	RES: FP
St. Jude Children's Research 332 North Lauderdale St. 38101	L-081	NP CORP	25	82	10	4	18	RES: PD
Tennessee Psychiatric Hospital and Institute 865 Poplar Ave. 38105	M-081	STATE	196					RES: CHP, P
University of Tennessee Affiliated Hospitals (Includes City of Memphis Hosps., Baptist Mem. Hosp., Le Bonheur Children's Hosp., Methodist Hosp., St. Joseph Hosp. East, Tennessee Psych. Hosp. and Inst., Veterans Admin. Hosp., West Tenn. Chest Disease Hosp.)	M-081	MISC.			43	182	294	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, OTO, PD, PDC, PS, P, TR, TS, U
University of Tennessee—Institute of Pathology 858 Madison Ave. 38103	M-081	STATE				1	2	RES: FOP
University of Tennessee Mental Health Center 42 N. Dunlap St. 38103	M-081	STATE						RES: CHP
Veterans Admin. 1030 Jefferson Ave. 38104	M-081	VA	923	45		2	5	RES: DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PS, P, R, TS, U
West Tennessee Chest Disease 842 Jefferson Ave. 38103	M-081	STATE	230					RES: IM, TS
<b>NASHVILLE</b>								
Baptist 2000 Church St. 37236		CHURCH	594	14	5	6	12	RES: GS, OBG, PS
George W. Hubbard Hospital of the Meharry Medical College 1005 18th Ave. N. 37208	M-082	NP CORP	216		12	36	88	RES: FP, GS, IM, OBG, OPH, PTH, PD, P, R
Meharry Med. College School of Med., Dept. of Family & Community Hlth. 1005 18th Ave. N. 37208		STATE					3	RES: GPM
Nashville Metropolitan General 72 Hermitage Ave. 37210	M-083	CY-CO	178	34				RES: DR, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PS, TS, U
St. Thomas 2000 Hayes St. 37203	L-083	CHURCH	333	36	12	14	16	RES: GS, IM
State of Tennessee Department of Health Cordell Hull Bldg. 37219		STATE					1	RES: PH
Vanderbilt University 1161 21st Ave. South 37232	M-083 G-082	NP CORP	503	43	10	23	46	RES: AN, CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDC, PS, P, TR, TS, U
Vanderbilt University Affiliated Hospitals	M-083 G-082	MISC.			13	32 205	4 287	INT: FLEX RES: DR, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDC, PS, P, TS, U

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<b>TENNESSEE, NASHVILLE</b> —Continued									
Veterans Admin. 1310 24th Ave., South 37203	M-083	VA	488	37				RES: OR, GS, IM, NS, N, OPH, ORS, PTH, PS, TS, U	
<b>TEXAS</b>									
<b>AMARILLO</b>									
Regional Academic Health Center P. O. Box 3638 79106		STATE	1049		1	3	14	RES: FP	
<b>AUSTIN</b>									
Austin State 4110 Guadalupe 78751		STATE	1250	60	10	13	29	RES: CHP, P	
Brackenridge 15th & East Ave. 78701	M-085	NP CORP	342	29	1	19	14	INT: FLEX RES: FP, GS, IM, PTH, PD	
State of Texas Dept. of Health 1100 W. 49th St. 78756		STATE				1	2	RES: PH	
<b>BROOKS AIR FORCE BASE</b>									
U. S. Air Force School of Aerospace Medicine 78235		USAF					28	78	RES: AM, GPM
<b>CORPUS CHRISTI</b>									
Ada Wilson Hospital of Physical Medicine and Rehabilitation 3511 S. Alameda St. 78411		NP CORP	52						RES: ORS
Oriscoll Foundation Children's 3533 S. Alameda, P. O. Drawer 6530 78411	M-085	NP CORP	69		10	1	12	RES: PD	
Memorial Medical Center 2606 Hospital Blvd. 78405		DIST.	501	19	4	8	24	INT: FLEX RES: FP, OBG	
<b>DALLAS</b>									
Baylor University Medical Center 3500 Gaston Ave. 75246	L-084	CHURCH	1125	32		29	10	106	INT: FLEX RES: DR, GS, IM, OBG, ORS, PTH, PM, PS, CRS, R, TR, TS, U
Child Psychiatry Clinic 2600 Stemmons 75207		STATE							RES: CHP
Children's Medical Center 1935 Amelia 75235	M-084	NP CORP	122	58	2	38	44	RES: DR, NS, N, OTO, PD, PDC, R, TR, TS, U	
Dallas Child Guidance Clinic 2101 Welborn 75219		NP CORP							RES: CHP
Methodist Hospital of Dallas 301 W. Colorado 75208	L-084	CHURCH	473	26	3	16	29	INT: FLEX RES: GS, IM, OBG, PTH, R	
Parkland Memorial 5201 Harry Hines Blvd. 75235	M-084	DIST.	797	42	3	78	3	108	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
Presbyterian Hospital of Dallas 8200 Walnut Hill Ln. 75231	L-084	CHURCH	508	23		1	1		RES: PS, CRS, P, U
St. Paul 5909 Harry Hines Blvd. 75235	L-084	CHURCH	489	30	1	12	2	51	INT: FLEX RES: DR, GS, IM, NS, OBG, PTH, R, TR
Southwestern Institute of Forensic Sciences P. O. Box 35728 75235		COUNTY					1	2	RES: FOP
Texas Scottish Rite Hospital for Crippled Children 2201 Welborn 75219	L-084	NP CORP	78						RES: ORS
Timberlawn Psychiatric 4600 Samuel Blvd. 75223		CORP.	152		1	14	15		RES: P
University of Texas Southwestern Medical School 5323 Harry Hines Blvd. 75235	M-084	STATE					2	12	RES: CHP
University of Texas Southwestern Medical School Affiliated Hospitals (Includes Children's Med. Ctr., Parkland Memorial Hosp., Presbyterian Hosp. of Dallas, Texas Scottish Rite Hosp., Veterans Admin. Hosp., John Peter Smith Hosp. (Fort Worth), and Terrell State Hosp. (Terrell))	M-084	MISC.			3	237	302		RES: DR, GS, IM, NS, N, OPH, ORS, OTO, PS, P, R, TR, TS, U
Veterans Admin. 4500 S. Lancaster 75216	M-084	VA	764	46	6	2	12		RES: GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TS, U
<b>EL PASO</b>									
R. E. Thomason General 4815 Alameda Ave. 79905	M-121	DIST.	295	60			6	18	INT: FLEX RES: OBG, ORS, PD
William Beaumont Army Medical Center Alabama and Mc Kelligon Dr. 79920	L-085, 096, 121	USA	573	76	5	4	28	12	INT: FLEX RES: GS, IM, NM, OBG, ORS, PTH, PD
<b>FORT WORTH</b>									
Fort Worth Affiliated Hospitals		MISC.					17	35	RES: OBG, ORS
Fort Worth Children's Hospital—Fort Worth Medical Center 1400 Cooper 76104		NP CORP	102	52					RES: ORS
Harris Hospital—Fort Worth Medical Center 1300 W. Cannon 76104		CHURCH	577	27			2		RES: OBG, ORS, PTH
John Peter Smith 1500 S. Main St. 76104	L-084	DIST.	297	43		30	14	48	INT: FLEX RES: FP, GS, OBG, ORS, OTO, U
<b>GALVESTON</b>									
University of Texas Medical Branch Hospitals 8th & Mechanic Sts. 77550	M-085	STATE	1075	38	1	33	209	313	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, TR, TS, U
<b>HOUSTON</b>									
Baylor College of Medicine Affiliated Hospitals	M-086	MISC.			1	77	18	605	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U
Ben Taub General 1502 Taub Loop 77025	M-086	OIST.	471	63					INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U

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<b>TEXAS, HOUSTON—Continued</b>								
Children's Mental Health Services 3214 Austin 77004		NP CORP						RES: CHP
Hermann 1203 Ross Sterling Ave. 77025	M-120 L-085	NP CORP	520	44	5	19	61	RES: DR, GS, IM, OBG, OPH, ORS, OTO, PTH, PO, PS, CRS, P, R, U
Jefferson Davis 1801 Allen Parkway 77019	M-086	OIST.	272	43				RES: AN, DR, IM, OBG, PTH, PD, PM
Memorial Hospital System 1100 Louisiana 77002	M-120	NP CORP	1091	22	10	6	24	RES: FP
Methodist 6516 Bertner 77025	M-086	NP CORP	1031	48				RES: AN, DR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS
St. Joseph 1919 La Branch 77002	M-120 L-085	CHURCH	779	38				INT: FLEX RES: DR, GS, IM, OBG, OPH, ORS, PTH, PS, R, U
St. Luke's Episcopal 6720 Bertner 77025	M-086	CHURCH	735	48	1	3	8	RES: AN, DR, FP, GS, IM, NM, OBG, PTH, PM, PS, TS, U
Shriners Hospital for Crippled Children 1402 Outer Belt Dr. 77025	M-086 G-120	NP CORP	40					RES: ORS
Texas Children's 6621 Fannin 77025	M-086	NP CORP	242	76	2	4	6	RES: AN, CHP, DR, FP, GS, NS, NM, OPH, ORS, PTH, PD, PDC, PM, PS, TS, U
Texas Heart Institute P. O. Box 20345 77025		NP CORP	977	66		3	3	RES: AN, NM, TS
Texas Institute for Rehabilitation and Research 1333 Moursund Ave. 77025	L-086	NP CORP	80	78				RES: PM
Texas Research Institute of Mental Sciences 1300 Moursund Ave. 77025	L-086	STATE	60					RES: CHP, P
University of Texas Affiliated Systems	M-120	MISC.			6	3	12	RES: OBG
University of Texas at Houston Affiliated Hospitals	M-120	MISC.			2	18	11	INT: FLEX RES: DR, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PS, CRS, P, R, U
University of Texas M. D. Anderson Hospital and Tumor Institute 6723 Bertner Ave. 77025	M-120	STATE	294	63	14	20	47	RES: DR, GS, IM, NS, NM, OPH, OTO, PTH, PD, PS, R, TR, U
Veterans Admin. 2002 Holcombe Blvd. 77031	M-086	VA	1252	47				RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, P, TR, TS, U
<b>LUBBOCK</b>								
Methodist 3615-19th St. 79410	M-121	CHURCH	422	31			2	RES: PTH
South Plains Area Health Education Center P. O. Box 4269 79409		STATE		33	6	5	24	RES: FP
Texas Tech University Affiliated Hospitals	M-121	MISC.						RES: FP
<b>SAN ANTONIO</b>								
Baptist Memorial 111 Dallas St. 78205	G-111	CHURCH	1058	23	7	3	11	RES: OPH, ORS, PTH, R
Bexar County Teaching 4502 Medical Dr. 78229	M-111	DIST.	482	25	11	60	89	RES: AN, DR, FP, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, P, R, U
Brooke Army Medical Center Fort Sam Houston 78234	L-111	USA	700	72		31	13	INT: FLEX RES: AN, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, OTO, PTH, PD, PM, TS, U
Community Guidance Center of Bexar County 2135 Babcock Rd. 78229		NP CDRP	40			3	8	RES: CHP
Lutheran General 701 S. Zarzamora St. 78297		CHURCH	170				12	RES: FP
Robert B. Green Memorial 527 N. Leona St. 78207		NP CORP						RES: FP
Santa Rosa Medical Center 745 W. Houston St. 78207	M-111	CHURCH	971	24				RES: OR, ORS, OTO, PTH, PD, PDC, PM, R, U
University of Texas at San Antonio Teaching Hospitals	M-111	MISC.			34	56	276	INT: FLEX RES: AN, CHP, DR, FP, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, P, R, U
Veterans Admin. 7400 Merton Minter Blvd. 78284		VA	434	53				RES: DR, IM, OPH, ORS, PM, P, R
Wilford Hall U. S. A. F. Medical Center Lackland A. F. B. 78236	M-111 L-085	USAF	1000	85		206	254	RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, TS, U
<b>TEMPLE</b>								
Santa Fe Memorial 600 S. 25th St. 76501		NP CORP	130					RES: ORS
Scott and White Memorial 2401 S. 31st St. 76501	L-085, 086	NP CORP	308	44		18	5	INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PD, U
Veterans Admin. Center South First St. 76501		VA	715	45		47	86	RES: GS, ORS, U
<b>TERRELL</b>								
Terrell State Box 70 75160	G-084	STATE	2080	37				RES: P
<b>WACO</b>								
Hillcrest Baptist 3000 Herring Ave. 76708		CHURCH	320	11				RES: FP
Mc Lennan County Family Practice Program 1700 Providence Dr., P. O. Box 2089 76703		COUNTY			2	13	19	RES: FP
Providence 1700 Providence Dr., P. O. Box 2089 76703		CHURCH	219	14				RES: FP
<b>UTAH</b>								
<b>OGDEN</b>								
Mc Kay—Dee Hospital Center 3939 Harrison Blvd. 84402	G-087	CHURCH	335	34				RES: FP, GS
<b>PROVO</b>								
Utah State 1500 East Center 84601	G-087	STATE	368	12				RES: P

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1974 For.*	Non- For.*	Pos. Off. July 1, 1976	Approved Program
<b>UTAH—Continued</b>								
<b>SALT LAKE CITY</b>								
Holy Cross Hospital of Salt Lake City 1045 East First South 84102	L-087	CHURCH	343	33		1	1	RES: AN, FP, GS, NS, ORS, PTH
Latter—Day Saints 325-8th Ave. 84103	L-087	CORP.	570	37		16 37	8 39	INT: FLEX RES: AN, GP, GS, IM, OBG, ORS, PTH, PS, TR, TS
Office of State Medical Examiner—University of Utah Medical Center 44 Medical Dr. 84112		STATE					1	RES: FOP
Primary Children's Medical Center 320 Twelfth Ave. 84103	G-087	CHURCH	135	73				RES: AN, CHP, DR, ORS, PD, PDC, PS, TS
St. Mark's 1200 East 3900 South 84117	G-087	CHURCH	306	35				RES: AN, ORS
Salt Lake Community Mental Health Center 837 E. South Temple 84102		CY-CO						RES: CHP, P
Shriners Hospital for Crippled Children Fairfax at Virginia Sts., Box 1865 84103	L-087	NP CORP	45					RES: AN, ORS
University 50 North Medical Dr. 84132	M-087	STATE	292	51	1	1	6	RES: AN, CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, TR, TS, U
University of Utah Affiliated Hospitals (Includes University Hosp., Holy Cross Hosp., Latter-Day Saints Hosp., Primary Children's Hosp., St. Mark's Hosp., Shriners Hosp., Veterans Hosp., Mc Kay-Dee Hosp. Ctr. (Ogden), and Utah State Hosp. (Provo))	M-087	MISC.			19	38 232	310	INT: FLEX RES: AN, CHP, DR, FP, GS, IM, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, TS, U
University of Utah Department of Family and Community Medicine 50 N. Medical Dr. 84132	M-087	STATE				1	6	RES: GPM
Utah State Division of Health 44 Medical Dr. 84113		STATE				2	4	RES: PH
Veterans Admin. 500 Foothill Dr. 84113	M-087	VA	506	67				RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, PS, P, TS, U
<b>VERMONT</b>								
<b>BURLINGTON</b>								
Medical Center Hospital of Vermont Colchester Ave. 05401	M-088	NP CORP	510	54	4	15 121	151	INT: FLEX RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, ORS, OTO, PTH, PD, P, R, TR, U
<b>WHITE RIVER JUNCTION</b>								
Veterans Admin. Center North Hartland Rd. 05001	M-052	VA	224	59				RES: D, GS, IM, NS, N, ORS, PTH, P, U
<b>VIRGINIA</b>								
<b>ANNANDALE</b>								
Woodburn Center for Community Mental Health 3340 Woodburn Rd. 22003		COUNTY			1		2	RES: CHP
<b>ARLINGTON</b>								
Arlington 1701 N. George Mason Dr. 22205	M-019	NP CORP	325	43				RES: GS, ORS, PD
National Orthopaedic and Rehabilitation 2455 Army Navy Dr. 22206		NP CORP	141	33	4	4	8	RES: ORS
<b>CHARLOTTESVILLE</b>								
University of Virginia Jefferson Park Ave. 22903	M-089	STATE	584	44		36 14 183	8 270	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PS, P, TR, TS, U
University of Virginia Affiliated Hospitals	M-089	MISC.			2	49	73	RES: GS, IM, ORS, U
<b>DANVILLE</b>								
Memorial 142 South Main St. 24541		NP CORP	425	29	2	4	7	RES: PTH, U
<b>FALLS CHURCH</b>								
Fairfax 3300 Gallows Rd. 22046	M-019 L-020	NP CORP	618	29	1	7	22	RES: FP, GS, OBG, PTH, PD
Northern Virginia Mental Health Institute 3302 Gallows Rd. 22046		STATE	120	100	3	4	9	RES: P
<b>FORT BELVOIR</b>								
De Witt Army Bldg. 808 22060		USA	250	60		11	16	RES: FP
<b>HAMPTON</b>								
Veterans Admin. Center 23667	M-122	VA	420	64				RES: PS, P
<b>NEWPORT NEWS</b>								
Riverside J. Clyde Morris Blvd. 23602	L-090	NP CORP	641	28		7 47	8 56	INT: FLEX RES: FP, OBG, PTH, R
<b>NORFOLK</b>								
Children's Hospital of the King's Daughters 609 Colley Ave. 23507	M-122	NP CORP	88	72	4	9	16	RES: FP, ORS, PD, U
Community Mental Health Center and Psychiatric Institute 721 Fairfax Ave., P. O. Box 1980 23501		CITY	60					RES: P
De Paul Kingsley Lane and Granby St. 23505	M-122 L-090	NP CORP	392	28	12 14	4 2	4 19	INT: FLEX RES: GS, PTH, R
Eastern Virginia Medical School Affiliated Hospitals	M-122	MISC.			5	1	42	RES: FP, P
Norfolk General 600 Gresham Dr. 23507	M-122	NP CORP	722	30		27 31	9 93	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, PS, P, U
Norfolk General—Children's Hospital of the King's Daughters	M-122	MISC.			3	3	12	RES: ORS, U

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<b>VIRGINIA—Continued</b>								
<b>PETERSBURG</b>								
Central State Box 271 23803		STATE	1939	19	13		12	RES: P
<b>PORTSMOUTH</b>								
Maryview 3636 High St. 23707	L-122	CHURCH	306	25	10		10	RES: GP
Naval Regional Medical Center 23708	M-122 L-028	USN	1032	61	2 2	26 102	7 140	INT: FLEX RES: AN, GS, IM, OBG, ORS, PTH, PD, P, U
Portsmouth General 900 Leckie St. 23704	L-122	NP CORP	311	22	10		10	RES: GP
Portsmouth Psychiatric Center Fort Lane and Crawford Pkwy. 23704		CORP	90					RES: P
<b>RICHMOND</b>								
Crippled Children's 2924 Brook Rd. 23220	G-090	NP CORP	88					RES: ORS
Medical College of Virginia Box 41 23219	M-090	STATE					3	RES: FOP, NP
Medical College of Virginia Hospitals 1200 E. Broad St. 23219	M-090	STATE	917	39	18	108	133	RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TR, U
Richmond Memorial 1300 Westwood Ave. 23227	G-090	NP CORP	486	14				RES: GS, U
State of Virginia Dept. of Public Health 109 Governor St. 23219		STATE					3	RES: PH
Veterans Admin. 1201 Broad Rock Rd. 23219	M-090	VA	875	41			3	RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, U
Virginia Commonwealth University M. C. V. Affiliated Hospitals (Includes Medical College of Va. Hosps., Crippled Children's Hosp., Richmond Mem. Hosp., Veterans Admin. Hosp., Virginia Treatment Ctr. for Children, Fairfax Hosp. (Falls Church), Riverside Hosp. (Newport News))	M-090	MISC.			27	63 205	6 210	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TR, U
Virginia Treatment Center for Children 515 North 10th St. 23219	M-090	STATE	40		1		2	RES: CHP
<b>ROANOKE</b>								
Community Hospital of Roanoke Valley 101 Elm Ave., P. O. Box 2201 24009	L-089	NP CORP	400	27	5 8		15	INT: FLEX RES: GS
Roanoke Memorial Hospitals Bellevue at Jefferson St., P. O. Box 1367 24033	M-089	NP CORP	725	25		12 25	8 56	INT: FLEX RES: DR, FP, GS, IM, ORS, R
<b>SALEM</b>								
Veterans Admin. 1970 Boulevard, Roanoke 24153	M-089	VA	949	41				RES: GS, IM, ORS, U
<b>SUFFOLK</b>								
Louise Obici Memorial Windsor Rd. 23434	L-122	NP CORP	208	18	7		7	RES: GP
<b>VIRGINIA BEACH</b>								
General Hospital of Virginia Beach 1060 First Colonial Rd. 23454	L-122	CITY	244	26		11	18	RES: FP
Tidewater Psychiatric Institute 1701 Will-O-Wisp 23454		CORP.	122					RES: P
<b>WILLIAMSBURG</b>								
Eastern State Drawer A 23185		STATE	1793	9	12	1	14	RES: P
<b>WASHINGTON</b>								
<b>OLYMPIA</b>								
St. of Wash. Dept. of Social & Hlth. Sciences, Hlth. Service Division Mail Stop 1-1, P. O. Box 1788 98504		STATE						RES: PH
<b>RICHLAND</b>								
Hanford Environmental Health Foundation P. O. Box 100 99352		NP CORP					1	RES: OM
<b>SEATTLE</b>								
Boeing Company P. O. Box 3707, M. S. 1D-27 98124		CORP.					2	RES: OM
Children's Orthopedic Hospital and Medical Center 4800 Sand Point Way N. E. 98105	M-091	NP CORP	166	79		4	4	RES: AN, DR, GS, N, OPH, ORS, OTO, PTH, PD, PDA, PM, TR
Doctors 909 University St. 98101	L-091	NP CORP	177	43		20	18	RES: FP
Group Health Medical Center 200 15th Ave. E. 98112	L-091	NP CORP	268	32		12	12	RES: FP
Harborview Medical Center 325 Ninth Ave. 98104	M-091	COUNTY	245	80				RES: AN, DR, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, U
Providence Medical Center 500 17th Ave. 98122	L-091	CHURCH	345	45	3	10	20	RES: FP, GS
Swedish Hospital Medical Center 747 Summit Ave. 98104	L-091	NP CORP	420	40		12 14	15	INT: FLEX RES: DR, GS, OBG, ORS, OTO, PTH, R, TR
U. S. Public Health Service 1131 14th Ave. S., Box 3145 98114	M-091	USPHS	257					RES: GS, IM, NM, OBG, OPH, OTO, PTH, PM, U
University 1959 N. E. Pacific St. 98195	M-091	STATE	301	75	1	14	15	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, P, TR, U

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Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1974 For.*	Non- For.*	Pos. Off. July 1, 1976	Approved Program
<b>WASHINGTON, SEATTLE</b> —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-091	MISC.			31	26 380	4 421	INT: FLEX RES: AN, CHP, DR, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, P, TR, U
University of Washington School of Public Health & Community Medicine Health Sciences Sc-30 98195		STATE					6	RES: GPM
Veterans Admin. 4435 Beacon Ave. S. 98108	M-091	VA	354	77				RES: AN, DR, GS, IM, NS, N, NM, OPH, ORS, PTH, PM, P, U
Virginia Mason 925 Seneca St. 98101	L-091	NP CORP	287	55	5	17 42	6 64	INT: FLEX RES: AN, DR, GS, IM, OBG, PTH, TR, U
<b>SPOKANE</b>								
Deaconess 800 W. Fifth Ave. 99210	L-091	NP CORP	314	50			9	INT: FLEX RES: FP
Inland Empire Hospital Services Association South 511 Pine St. 99202	L-091	NP CORP					14 18	RES: FP
Sacred Heart Medical Center W. 101 Eighth Ave. 99204	L-091	CHURCH	518	54		8 7	10 11	INT: FLEX RES: DR, FP, OBG, PTH, R
St. Luke's Memorial S. 711 Cowley St. 99210	L-091	NP CORP	146	26	1			RES: FP
Shriners Hospital for Crippled Children North 820 Summit Blvd. 99201	G-091	NP CORP	40					RES: ORS
<b>TACOMA</b>								
Madigan Army Medical Center 98431	L-091	USA	856	76		22 77	10 110	INT: FLEX RES: FP, GS, IM, OBG, ORS, OTO, PTH, PD, U
Tacoma General 315 South K St. 98405	G-091	NP CORP	259	25		1	1	RES: AN, PTH
<b>WEST VIRGINIA</b>								
<b>BECKLEY</b>								
Appalachian Regional Box 1149 25801	L-092	NP CORP	221	29	11		12	RES: GS, PTH
<b>CHARLESTON</b>								
Charleston Area Medical Center 1210 Elmwood Ave. 25325	M-092	NP CORP	911	25	1 24	11 18	6 76	INT: FLEX RES: FP, GS, IM, OBG, PTH, PD, P, U
<b>CLARKSBURG</b>								
United Hospital Center Box 1680 26301		NP CORP	538	22			8	RES: FP
Veterans Admin. 26301	L-092	VA	99					RES: GS
<b>HUNTINGTON</b>								
Cabell Huntington 1340 16th St. 25701		NP CORP	280	18			4	RES: PTH
<b>MARTINSBURG</b>								
Veterans Admin. Center 25401	G-020	VA	690	34				RES: OPH
<b>MORGANTOWN</b>								
Monongalia General Van Voorhis Rd. 26505	G-092	NP CORP	116	7				RES: ORS
West Virginia University Medical Center	M-092	MISC					18	RES: GS
West Virginia University Medical Center 26506	M-092	STATE	440	47	6 53	9 95	2 176	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, P, U
<b>SOUTH CHARLESTON</b>								
Herbert J. Thomas Memorial 4605 Mac Corkle Ave S. W. 25309	G-092	NP CORP	229	16				RES: FP
Kanawha Valley Program		MISC.					5 12	RES: FP
<b>WHEELING</b>								
Ohio Valley Medical Center 2000 Eoff St. 26003	M-092	NP CORP	453	30	7 25	5	4 43	INT: FLEX RES: GS, IM, OBG, PTH, R
Wheeling 109 Main St. 26003		NP CORP	229	26	10		12	INT: FLEX RES: FP
<b>WISCONSIN</b>								
<b>EAU CLAIRE</b>								
Eau Claire Regional Educational Consortium		MISC.					12	RES: FP
Luther 310 Chestnut St. 54701		NP CORP	310	45				RES: FP
Sacred Heart 900 W. Clairmont Ave. 54701		NP CORP	373	30				RES: FP
<b>LA CROSSE</b>								
La Crosse Lutheran Hospital and Gundersen Clinic 1836 South Ave. 54601	M-093	NP CORP	427	60		11 18	6 22	INT: FLEX RES: GS, IM, PD
<b>MADISON</b>								
Child—Adolescent Center 3814 Harper Rd. 53704		STATE						RES: CHP
Madison General 202 S. Park St. 53715	M-093	NP CORP	453	46	3	1	4	RES: GS, IM, NS, OBG, ORS, OTO, PTH, PD, U
Mendota Mental Health Institute 301 Troy Dr. 53704		STATE	544					RES: P
Methodist 309 W. Washington Ave. 53703	M-093	CHURCH						RES: GS
St. Marys Hospital Medical Center 720 S. Brooks St. 53715	M-093	CHURCH	301	40		33	36	RES: FP, GS, OBG, ORS, PD, U

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<b>WISCONSIN, MADISON—Continued</b>								
State of Wisconsin Division of Health, Bureau of State—Local Relations 1 W. Wilson St., P. O. Box 309 53701		STATE					2	RES: PH
University Hospitals 1300 University Ave. 53706	M-093	STATE	625	71	2	13	4 19	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PS, P, TR, TS, U
University of Wisconsin Affiliated Hospitals (Includes University Hosps., Child Adolescent Center, Madison General Hosp., Methodist Hosp., St. Marys Hosp. Medical Center, Veterans Admin. Hosp., Mendota Health Institute, and Marshfield Clinic (Marshfield))	M-093	MISC.			29	243	315	RES: AN, CHP, DR, D, FP, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, P, TS, U
Veterans Admin. 250D Overlook Terr. 53705	M-093	VA	438	75				RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, NP, TS, U
<b>MARSHFIELD</b>								
Marshfield Clinic 650 S. Central Ave. 54449	G-093	CORP.						RES: D, GS, IM, PD
Marshfield—University of Wisconsin Affiliated Hospitals	M-093	MISC.					22	RES: GS, IM, PD
St. Joseph's 611 St. Joseph Ave. 54449	M-093	CHURCH	422	46				RES: GS, IM, PD
<b>MILWAUKEE</b>								
Allis—Chalmers Mfg. Co. 1126 S 70th St. 53214		CORP.						RES: OM
Columbia 3321 N. Maryland Ave. 53211	L-094	NP CORP	382	51			3	RES: GS, ORS, R, U
Curative Workshop of Milwaukee 10437 W. Watertown Plank Rd. 53226		NP CORP						RES: PM
Evangelical Deaconess 620 North 19th St. 53233	L-094	CHURCH	292	31	4	7	22	RES: FP, R
Lutheran Hospital of Milwaukee 2200 W. Kilbourn Ave. 53233	L-094	NP CORP	395	28				RES: GS, U
Medical College of Wisconsin Affiliated Hospitals (Includes Milwaukee Children's Hosp., Milwaukee County General Hosp., Veterans Admin. Center (Wood), and Some Positions at Columbia Hosp., Lutheran Hosp., St. Luke's Hosp., Milwaukee Psych. Hosp. (Wauwatosa))	M-094	MISC.			48	50 233	20 411	INT: FLEX RES: AN, DR, D, FP, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, PS, P, R, TR, TS, U
Medical College of Wisconsin Division of Preventive Medicine 1725 W Wisconsin Ave 53233	M-094	NP CORP			1	3	6	RES: GPM
Milwaukee Children's 1700 W. Wisconsin Ave. 53233	M-094	NP CORP	200	70	2	3	10	RES: CHP, DR, GS, N, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, R, TR, TS, U
Milwaukee County General 8700 W. Wisconsin Ave. 53226	M-094	COUNTY	558	50		12	12	RES: AN, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, PS, R, TR, TS, U
Milwaukee County Mental Health Center 9191 Watertown Plank Rd. 53226	M-094	COUNTY	503	100				RES: P
Mount Sinai Medical Center 950 N. 12th St., P. O. Box 342 53201	L-093, 094	NP CORP	362	35	1 16	5 10	52	INT: FLEX RES: GS, IM, OBG, PTH, U
St. Francis 3237 S. 16th St. 53215		NP CORP	248	16			2	RES: PTH
St. Joseph's 5000 W. Chambers 53210	L-094	NP CORP	580	42	2 4	7 19	8 41	INT: FLEX RES: DR, GS, OBG, PTH, R, TR, TS, U
St. Luke's 2900 W. Oklahoma Ave. 53215	L-094	NP CORP	503	32		5 7	10 34	INT: FLEX RES: DR, FP, GS, NM, OTO, PTH, TS
St. Mary's 2320 N. Lake Dr. 53211	L-094	CHURCH	281	34	4	4	20	RES: FP, OBG, PTH
St. Michael 2400 West Villard Ave. 53209		NP CORP	312	33	11	6	18	RES: FP
Veterans Admin. Center (Wood) 5000 W. National Ave. 53193	M-094	VA	889	65	5			RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
<b>WAUWATOSA</b>								
Milwaukee Psychiatric 1220 Dewey Ave. 53213	M-094	NP CORP	135					RES: P
<b>WINNEBAGO</b>								
Winnebago Mental Health Institute Butler Ave., Box H 54985		STATE	792	6		7	9	RES: P



# ABBREVIATIONS AND NOTES

## Symbols in Column for Medical School Affiliations:

10 through 124—see list on Page 94-95 for names of medical schools, under heading of "Medical School Affiliations."

M	Major Affiliation
L	Limited Affiliation
G	Affiliation for Graduate Programs

## Abbreviations Used in Column for Control:

AEC	Atomic Energy Commission
CHURCH	Church Related
CY-CO	City and County
CORP	Corporation
DIST	District
FED	Federal
HEW	Department of Health, Education, and Welfare
NP CORP	Nonprofit corporation
PART	Partnership
TVA	Tennessee Valley Authority
VA	Veterans Administration
USAF	U.S. Air Force
USA	U.S. Army
USN	U.S. Navy
USPHS	U.S. Public Health Service
MISC	Miscellaneous

## Other Symbols and Abbreviations Used in Directory:

Nec	Necropsy
For.	Foreign (medical graduate)
Non-For.	Non-Foreign (medical graduate)—Graduates of medical schools in the United States, Canada, Puerto Rico.

## For Orthopedic Surgery Residencies:

A	Adult Orthopedics
C	Children's Orthopedics
F	Fractures

## Abbreviations Used for Residencies:

INT	Internship
RES	Residencies
AM	Aerospace Medicine
AN	Anesthesiology
CHP	Child Psychiatry
CRS	Colon and Rectal Surgery
D	Dermatology
DR	Diagnostic Radiology
FOP	Forensic Pathology
FP	Family Practice
GP	General Practice
GPM	General Preventive Medicine
IM	Internal Medicine
NS	Neurological Surgery
N	Neurology
NM	Nuclear Medicine
NP	Neuropathology
OBG	Obstetrics-Gynecology
OM	Occupational Medicine
OPH	Ophthalmology
ORS	Orthopedic Surgery
OTO	Otolaryngology
PTH	Pathology
PDA	Pediatric Allergy
PD	Pediatrics
PDC	Pediatric Cardiology
PM	Physical Medicine and Rehabilitation
PS	Plastic Surgery
P	Psychiatry
PH	Public Health
R	Radiology
GS	Surgery
TR	Therapeutic Radiology
TS	Thoracic Surgery
U	Urology

## Types of First-Year Program in Residencies

C	Categorical First Year (entirely in specialty field designated)
*	Categorical* First Year (some diversity of assignments and/or goals, but major assignments fulfill specialty requirements)
F	Flexible First Year, to provide a broad clinical base for entry to two or more specialties
Flex	Flexible First Year (see above)

# Medical School Affiliations

Numbers 10 to 124 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships and graduate education.

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. University of Alabama School of Medicine, Birmingham, Ala.
11. University of Arkansas School of Medicine, Little Rock, Ark.
12. Loma Linda University School of Medicine, Loma Linda, California
13. The UCLA School of Medicine, Los Angeles
14. University of Southern California School of Medicine, Los Angeles
15. Stanford University School of Medicine, Stanford, Calif.
16. University of California School of Medicine, San Francisco
17. University of Colorado School of Medicine, Denver
18. Yale University School of Medicine, New Haven
19. Georgetown University School of Medicine, Washington, D. C.
20. George Washington University School of Medicine, Washington, D. C.
21. Howard University College of Medicine, Washington, D. C.
22. University of Florida College of Medicine, Gainesville, Fla.
23. University of Miami School of Medicine, Miami, Fla.
24. Medical College of Georgia School of Medicine, Augusta, Georgia
25. Emory University School of Medicine, Atlanta, Ga.
26. University of Health Sciences, The Chicago Medical School, Chicago
27. Northwestern University Medical School, Chicago
28. Loyola University of Chicago Stritch School of Medicine, Maywood, Illinois
29. University of Chicago Division of Biological Sciences and The Pritzker School of Medicine, Chicago
30. University of Illinois College of Medicine, Chicago
31. Indiana University School of Medicine, Indianapolis
32. 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 School of Medicine, Detroit
45. University of Minnesota Medical School, Minneapolis
46. University of Mississippi School of Medicine, Jackson, Miss.
47. University of Missouri-Columbia 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. CMDNJ-New Jersey Medical School, Newark, New Jersey
54. Albany Medical College of Union University, Albany, N. Y.
55. State University of New York at Buffalo School of Medicine, Buffalo, N. Y.
56. Albert Einstein College of Medicine of Yeshiva University, New York City
57. Columbia University College of Physicians and Surgeons, New York City
58. Cornell University Medical College, New York City
59. New York Medical College Flower and Fifth Avenue Hospitals, New York City
60. New York University School of Medicine, New York City
61. State University of New York Downstate Medical Center, Brooklyn
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 and Hospital, Philadelphia
73. Jefferson Medical College of Thomas Jefferson University, Philadelphia
74. Temple University of the Commonwealth System of Higher Education School of Medicine, Philadelphia
75. University of Pennsylvania School of Medicine, Philadelphia
76. 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 University of South Carolina College of Medicine, 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 at Dallas, Dallas
85. University of Texas Medical Branch at Galveston, Galveston
86. Baylor College of Medicine, Houston, Tex.
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 Health Sciences Division of 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. Medical College of Wisconsin, 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. CMDNJ-Rutgers Medical School, Piscataway, New Jersey

## Medical School Affiliations (continued)

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|---|--|
| 100. University of Arizona College of Medicine, Tucson  | 112. Medical College of Ohio at Toledo, Toledo, Ohio   |
| 101. Brown University Division of Biological and Medical Sciences, Providence, R. I.                            | 113. Mayo Medical School, Rochester, Minnesota   |
| 102. University of California, Davis, School of Medicine, Davis   | 114. University of South Alabama College of Medicine, Mobile, Alabama                          |
| 103. University of California, San Diego, School of Medicine, San Diego   | 115. University of South Florida College of Medicine, Tampa, Florida                           |
| 104. University of Connecticut School of Medicine, Farmington   | 116. Southern Illinois University School of Medicine, Springfield, Illinois                    |
| 105. University of Hawaii School of Medicine, Honolulu, Hawaii  | 117. University of Minnesota, Duluth, School of Medicine, Duluth, Minnesota                    |
| 106. Louisiana State University School of Medicine in Shreveport, Shreveport, Louisiana                         | 118. University of Missouri, Kansas City, School of Medicine, Kansas City, Missouri            |
| 107. University of Massachusetts Medical School, Worcester, Massachusetts                                       | 119. University of Nevada, Reno School of Medical Sciences, Reno, Nevada                       |
| 108. Mount Sinai School of Medicine of the City University of New York, New York, New York                      | 120. University of Texas Medical School at Houston, Houston, Texas                             |
| 109. State University of New York at Stony Brook Health Sciences Center, Stony Brook, New York                  | 121. Texas Tech University School of Medicine, Lubbock, Texas                                  |
| 110. Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey, Pennsylvania | 122. Eastern Virginia Medical School, Norfolk Area Medical Center Authority, Norfolk, Virginia |
| 111. University of Texas Health Sciences Center at San Antonio Medical School, San Antonio                      | 123. Rush Medical College, Chicago, Illinois   |
|   | 124. Wright State University School of Medicine, Dayton, Ohio                                  |

## SPECIAL NOTICE

### Internships and Residency Programs in Canada

For a number of years, a list of internships offered in Canadian hospitals and approved by the Canadian Medical Association has been included in each edition of the *Directory of Approved Internships and Residencies*.

The list was published simply as a courtesy, to provide information to those who might wish to obtain graduate training in Canada; however, the purpose of its publication was misunderstood, and many persons assumed that these programs had been evaluated and approved by the Council on Medical Education of the American Medical Association.

To avoid misunderstanding, publication of the list has been discontinued. Information on approved internships offered in Canadian hospitals can be obtained from the Canadian Medical Association, 1867 Alta Vista Drive, Ottawa, Ontario, Canada.

Residencies in Canada are evaluated by the Royal College of Physicians and Surgeons of Canada, 74 Stanley Avenue, Ottawa, Ontario, Canada.

A table in the section in this Directory containing information on Medical Licensure indicates the policies of each State in the United States on licensure for citizens of Canada. This is a summary table, for quick reference only, and anyone who wishes to determine the policy of a specific State of the United States is urged to write to the corresponding officer of that state licensing board. These names of officers are also listed in the section on Medical Licensure at the back of this issue of the Directory.

## The National Intern and Resident Matching Program

The Directory of Approved Residencies lists all of the hospitals with resident training programs approved by the Liaison Committee on Graduate Medical Education. For the past 25 years, over 98% of the hospitals approved for such training have participated in the National Intern and Resident Matching Program. The NIRMP is limited to those hospitals which have signed an agreement to participate for the coming year and to abide by the rules and regulations.

Because essentially all specialty boards have made significant modifications in their requirements, it is now possible for medical students to apply for a first year of graduate medical education or a first year of residency in most specialties. Most specialty boards still recognize other types of first-year experience for credit toward specialty board certification at a future date.

These recent policy changes have made it possible for new medical graduates to select their first year of graduate medical education from a much broader program base. Medical students as well as the organizations sponsoring the NIRMP are of the opinion that the first year of graduate medical education should continue to be included in the matching program.

Assignment of a code number to a residency program has exactly the same significance as assignment of a number to an internship previously had. It applies only to the initial year, and is available only if a program director elects to offer a first-year residency to medical students.

In this Directory the federal services, except for the Veterans Administration, are listed first. Please note that the Air Force will not be participating in the matching program covering 1977 appointments. This is related to a cutback in personnel and federal funding and also to the fact that students who are Air Force sponsored are subject to government control.

The Army and Navy have also announced that they will not be participating in the 1977 Matching Program. The Army and Navy have a sufficient number of scholarship recipients who will be required to stay on active duty while attending medical school and who will subsequently be required to serve their graduate medical education in service-based hospitals.

Persons applying for training in the Public Health Service should apply directly to the hospital involved. If there is more than one choice of a Hospital, each hospital should be listed as a separate choice on the ranking list. All Public Health Service Hospitals will be acting as independent agents in the selection of candidates under the National Intern and Resident Matching Program again this year. Matching will take place to a specific Public Health Service Hospital rather than to the Federal Service itself. The government services do not

issue 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 Program Director.

The Directory 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 each list but will be found along with certain other basic data in the Consolidated List of Hospitals with approved graduate training programs.

A list of programs participating in the 1977 NIRMP will be sent to students in the program by the NIRMP in October 1976. A code number designates each specific type of program at any individual hospital. It is to be used by the students on the confidential preference blank they send to NIRMP to indicate their choice among the programs for which they have applied. The code is a device to increase the accuracy of identification.

If students are applying to a hospital which offers several different types of programs, they must indicate on their confidential preference blank their preference for the specific type of program in that hospital for which they have applied. For example, if students apply for a residency in surgery and also a flexible program at the same hospital, they must rank these just as if they were in separate hospitals.

In a few of the larger hospitals the situation is complex. A large city hospital may be a major, integrated part of the surgical program of each of the medical schools in its area. Students must indicate in their order of choice the program or programs for which they have applied.

Because of the intense desire of some hospitals to secure candidates and because of an equally strong desire of some students to serve 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 students and hospital. Moreover, in the matching plan only the confidential rating blanks of hospital and of the students are official and what is given there and confirmed is final.

The matching plan does not penalize either group from taking "flyers." Should students apply to a hospital in which they think their chances of acceptance are poor, their chances at their second choice hospital are just as good as if they had rated it first. Similarly, if a hospital rates as its first choice an applicant 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 applicants as if it had rated them first.

### WHAT THE PARTICIPATING STUDENT DOES

The students participating in the matching program for appointment in 1977 should complete in turn each of the following steps:

1. They register with the plan by signing an agreement to abide by the regulations and paying a basic fee of \$5.00. The dean of each medical school has full information and the agreement forms. The students retain a copy of the agreement on the reverse side of which is a schedule of dates.

2. They correspond with, visit, and learn about the hospitals in which they are interested. Students participating in the matching program may apply to any participating residency program in any NIRMP member hospital listed in the NIRMP List. The listed hospitals and participating programs have agreed not to offer appointments to anyone not in the plan.

There are programs in nearly 700 hospitals. NIRMP agreements are with hospitals as corporate entities. All of the programs in those hospitals must participate in the matching program. A supplementary list is published in December and made available to students so that they can identify any changes in programs participating in the NIRMP.

3. They apply for appointment to any hospital listed in the directory by filing an application, taking tests, being interviewed, etc., according to the requirements of the hospital.

In their relations with the hospital participating students have agreed that they will not request or demand that the hospital state how it will rank them and they have indicated that they understand that both they and the hospital have the right to change their minds at any time prior to the submission of the official confidential rating blank.

4. They request their dean to supply credentials and letters of recommendation to the hospital where they have applied. This material will be sent by the dean between October 1 and January 2, 1977.

5. The students submit, on a form sent by NIRMP, the confidential rank order list of their preference among the positions for which they have applied. This list is to be mailed so as to arrive at the NIRMP office in Evanston by January 12, 1977. The confidential lists should be submitted as early as students have definitely decided about the rank order of their hospitals.

6. The student will receive by February 4, 1977, a confirmation of their rank order list. Any errors in this list should be reported immediately to the NIRMP in writing. Corrections cannot be made after February 18, 1977, when the matching process takes place.

7. The students will receive on March 14, the name of the hospital with which they have been matched. This information will be given to the students by their dean.

8. The students will receive from the hospital confirmation of the fact that they are to serve there and will complete arrangements with the hospital.

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

The NIRMP is a central clearing agency.

# "Informal List" of Flexible Programs

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago 60610

Revised to include residencies approved to July 1, 1975

Number of Programs, 317

In pre-1975 editions of the Directory of Approved Internships and Residencies, this space was used to list the approved internships. Because the first year of graduate training is now a part of the continuum of medical education, the use of the term "internship" in relationship to the first year of graduate training has been discontinued in favor of listing the first years of graduate education as a categorical, categorical\*, or a flexible program.

These changes are explained more fully in the section of this edition of the Directory of Approved Residencies under the heading of "Special Reports, Announcements, Notices."

The three types of first-year programs are as follows:

1. *Categorical First Year*—These are first-year programs planned, sponsored, and conducted by a single approved residency program as a part of that residency. The content of such a first year will be limited to the specialty field of the sponsoring residency program. Information concerning the categorical first year is found in the list of residency programs under that specialty.

2. *Categorical\* First Year*—The asterisk designates a first-year program that will be planned, sponsored, and supervised by a single, approved residency program as a part of that residency's program of graduate medical education. The content will not be limited to a single specialty of the sponsoring residency program but may include experience in one or more specialty fields as determined by the sponsoring program. These programs are indicated in the residency listing with the number of positions followed by the asterisk.

3. *Flexible First Year*—The first year will be listed as a flexible program if the program has been sponsored by two or more approved residencies, and is jointly planned and supervised by the sponsoring residencies. Such a first year is designed to give a broad clinical experience for: (1) Students who feel the need for this type of first year; (2) Program directors who feel that such an experience will best serve the purpose of subsequent graduate education in their fields; and (3) Students who have not yet decided on their specialty but may wish to choose among several fields during their first graduate year. The content of the flexible first year must include four months of internal medicine, but the remainder of the year may be designed in accordance with the purposes of the two or more sponsoring residency programs, with due regard to the interests and needs of the students.

In the listing of flexible programs under this section, it will be noted that some hospitals or groups of hospitals offer more than one flexible program. The first flexible program, in all cases, is listed as program A; if there is a second program offered in the same hospital or group of hospitals, it has been designated as the "B" program; in a few cases there is also a "C" program. Each of these A, B, or C programs has been assigned a separate matching code number.

Although the list indicates the specialties sponsoring each of the flexible programs, the candidate who completes the flexible program is not required to enter one of these specialties, although it would be expected that he would have developed sufficient interest in one of the sponsoring specialties

to wish to continue training in that area.

In some of the listings the names of hospitals are shown in parentheses following the specialty. This notation indicates that the residency in that specialty has been approved in the name of the hospital or hospitals listed, but the flexible program is being offered at the hospital whose name appears in the first column of the listing itself.

In some other listings, there is a statement in parentheses that the positions are at another institution or group of institutions rather than the institution or program for which they have been listed. In some cases these represent flexible programs being offered by medical school complexes, in which the residencies are approved in the name of the University hospital and its other affiliated institutions, but may be offered at a community hospital, under the supervision of the directors of the residencies in the university-sponsored program or in the integrated program offered through two or more community hospitals.

In some instances the number of positions being offered in a flexible program may have been revised, but any subsequent changes, such as additions or deletions of flexible programs will be indicated, insofar as the information has become available, in the supplementary list that will be issued by the National Intern and Resident Matching Program to participants in the Matching Program and to sponsoring hospitals.

In listing integrated programs in the list of flexible programs, the same style has been followed as appeared in the residency listing, with the names of participating affiliated hospitals listed by indentation under the program heading, but with the information concerning the director of the program, the number of positions, and the matching code number on the top line of the listing, as in the listings of residency programs.

The same abbreviations have been used in the column under "Specialties Sponsoring Programs" as appear in the consolidated list section of this Directory. The specialties and their abbreviations are as follows:

AN	Anesthesiology	OTO	Otolaryngology
D	Dermatology	PTH	Pathology
DR	Diagnostic Radiology	PD	Pediatrics
FP	Family Practice	PM	Physical Medicine and Rehabilitation
GP	General Practice	PS	Plastic Surgery
IM	Internal Medicine	P	Psychiatry
NS	Neurological Surgery	R	Radiology
N	Neurology	GS	Surgery
OBG	Obstetrics-Gynecology	TR	Therapeutic Radiology
OPH	Ophthalmology	TS	Thoracic Surgery
ORS	Orthopedic Surgery	U	Urology

## INFORMAL LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
<b>UNITED STATES ARMY</b>				
<b>CALIFORNIA</b>				
<b>SAN FRANCISCO</b> Letterman Army Medical Center	R. E. George, E. P. Flannery	A	13	AN, D, IM, OBG, OPH, ORS, PD, DR, GS, U
<b>COLORADO</b>				
<b>DENVER</b> Fitzsimons Army Medical Center	R. W. Blohm, Jr.	A	8	IM, OBG, PD, GS
<b>DISTRICT OF COLUMBIA</b>				
<b>WASHINGTON</b> Walter Reed Army Medical Center	S. B. Reid, R. R. Blanck	A	7	D, IM, OBG, OPH, ORS, GS
<b>HAWAII</b>				
<b>HONOLULU</b> Tripler Army Medical Center	H. T. Uhrig	A	17	IM, OBG, ORS, PTH, DR, GS
<b>TEXAS</b>				
<b>EL PASO</b> William Beaumont Army Medical Center	A. P. Killam	A	12	IM, OBG, PTH, PD, GS
<b>SAN ANTONIO</b> Brooke Army Medical Center	J. R. Simmons	A	13	AN, D, IM, OBG, OPH, ORS, OTO, DR, GS, U
<b>WASHINGTON</b>				
<b>TACOMA</b> Madigan Army Medical Center		A	10	IM, OBG, ORS, PD, GS, U
<b>UNITED STATES NAVY</b>				
<b>CALIFORNIA</b>				
<b>OAKLAND</b> Naval	V. L. Goller	A	14	AN, OPH, ORS, OTO, DR, U
<b>SAN DIEGO</b> Naval Regional Medical Center	C. R. Sargent	A	15	AN, D, OPH, OTO, R, U
<b>MARYLAND</b>				
<b>BETHESDA</b> National Naval Medical Center	R. J. Van Houten	A B	5 3	AN, D, IM, N, R OPH, ORS, OTO
<b>PENNSYLVANIA</b>				
<b>PHILADELPHIA</b> Naval Regional Medical Center	B. L. Johnson B. R. Blais J. F. McGrail	A B C	2 2 1	AN, P ORS, OTO, U D, R
<b>VIRGINIA</b>				
<b>PORTSMOUTH</b> Naval Regional Medical Center	N. Lewis, J. Collier	A	7	AN, ORS, U
<b>U. S. PUBLIC HEALTH SERVICE</b>				
<b>CALIFORNIA</b>				
<b>SAN FRANCISCO</b> U. S. Public Health Service	F. Dykstra	A	10	IM, OPH, ORS, GS
<b>LOUISIANA</b>				
<b>NEW ORLEANS</b> U. S. Public Health Service	D. L. Wright	A	14	OBG, OPH, PTH, GS
<b>MARYLAND</b>				
<b>BALTIMORE</b> U. S. Public Health Service	K. Wong	A	2	OPH, R
<b>MASSACHUSETTS</b>				
<b>BOSTON</b> U. S. Public Health Service	R. H. Thurm	A	6	IM, GS (Boston Univ. Affiliated Hospitals)
<b>NEW YORK</b>				
<b>NEW YORK (STATEN ISLAND)</b> U. S. Public Health Service	E. Stein	A	20	AN, D, IM, OPH, ORS, R, U
<b>OTHER FEDERAL</b>				
<b>CANAL ZONE</b>				
<b>BALBOA HEIGHTS</b> Gorgas	J. W. Ransone	A	14	IM, OBG, OPH, ORS, PTH, PD, GS, U

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

# INFORMAL LIST OF FLEXIBLE PROGRAMS

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Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
<b>NON-FEDERAL AND VETERANS ADMINISTRATION</b>				
<b>ALABAMA</b>				
<b>BIRMINGHAM</b>				
Baptist Medical Centers	J. M. Packard	A	9	IM, R, GS
Baptist Medical Center-Montclair				
Baptist Medical Center-Princeton				
Carraway Methodist Medical Center	E. D. Haigler, Jr.	A	6	IM, OBG, PTH, GS, U
<b>FAIRFIELD</b>				
Lloyd Noland	M. Putnoi	A B	4 6	D, IM, PD AN, GS
<b>MOBILE</b>				
University of South Alabama Medical Center	R. Kreisberg	A	5	IM, GS
Hospital and Clinics		B	4	OBG, PD
<b>ARIZONA</b>				
<b>PHOENIX</b>				
Good Samaritan	D. J. Crosby, R. A. Price	A	4	FP, IM
Maricopa County General	H. F. Lenhardt	A	15	IM, OBG, PTH, GS
<b>TUCSON</b>				
Tucson Hospitals Medical Education Program	E. G. Ramsay	A	15	IM, GS
Pima County General				
Tucson Medical Center				
<b>ARKANSAS</b>				
<b>LITTLE ROCK</b>				
University of Arkansas Medical Center	W. Boop	A	16	ORS, OTO, GS, U
University		B	17	AN, D, N, OPH, PTH, P, DR
Veterans Admin. Consolidated				
<b>CALIFORNIA</b>				
<b>BAKERSFIELD</b>				
Kern County General	D. Roberts, J. Watts	A	4	IM, OBG, GS
<b>FRESNO</b>				
Valley Medical Center of Fresno	J. S. Harris	A	13	IM, OBG, OPH, PD, GS
<b>LOS ANGELES</b>				
Hospital of the Good Samaritan Medical Center	H. L. Sargent	A	2	IM, DR
Los Angeles County—U.S.C. Medical Center	W. E. Nerlich	A	39	AN, IM,
		B	10	NS, ORS, OTO, GS, U
Veterans Administration Center—Wadsworth	J. Jorgens, E. Wright	A	10	D, R, DR
White Memorial Medical Center	I. Sanders	A	8	OBG, PTH, PD, R
	L. R. House	B	6	OPH, ORS, OTO
	S. H. Fritz	C	6	GS, U
<b>OAKLAND</b>				
Highland General	N. Foreman	A B	10 14	IM, P PTH, GS
<b>SAN BERNARDINO</b>				
San Bernardino County Medical Center	J. P. Drinkard	A	8	FP, OBG
<b>SAN DIEGO</b>				
Mercy Hospital and Medical Center	W. Perkins	A	17	AN, IM, OBG, GS
<b>SAN FRANCISCO</b>				
Pacific Medical Center and Affiliated Hospitals	B. E. Spivey	A	10	N, OPH, PTH, P, TR
Pacific Medical Center—Presbyterian				
St. Mary's Hospital and Medical Center	C. H. Lithgow	A	8	IM, P, DR, GS
University of California Program	House Staff Committee	A	11	AN, OTO, TR,
	M. Grossman	B	4	FP, PTH
	H. Williams	C	3	D, N
	L. H. Smith	D	4	IM, P
	M. M. Grumbach	E	3	OBG, PD
H. C. Moffitt—Univ. of California				
San Francisco General				
<b>SAN JOSE</b>				
Santa Clara Valley Medical Center	R. M. Manson	A	8	AN, IM, DR
<b>SANTA BARBARA</b>				
Santa Barbara General—Cottage Hospitals	L. F. Smith	A	8	GP, P, DR, TR, GS
<b>STOCKTON</b>				
San Joaquin General	J. D. Kortzeborn	A	8	FP, IM, OBG, GS
<b>TORRANCE</b>				
Los Angeles County Harbor General	J. A. Turner	A	20	AN, FP, OBG, OPH, ORS, PTH, P, DR, TR, GS
<b>COLORADO</b>				
<b>DENVER</b>				
Mercy	R. G. Ratcliff	A	3	FP, AN (Univ. of Colo. Med. Ctr.)
Presbyterian Medical Center	M. A. Lubchenco	A	6	IM, PTH, R, TR
St. Luke's	J. F. Mueller	A	11	IM, PTH, R, OBG (Univ. of Colo. Community Program)

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS



Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
<b>CONNECTICUT</b>				
<b>BRIDGEPORT</b> Bridgeport St. Vincent's	N. P. R. Spinelli M. Garrell	A A	2 4	IM, PD OBG, PTH, R, GS
<b>DANBURY</b> Danbury	G. D. Robilotti	A	2	IM, PTH
<b>HARTFORD</b> Hartford	D. L. Brown	A	12	AN, IM, OBG, PTH, DR, GS (Univ. of Conn. Affil. Hospitals Program)
St. Francis	W. J. Lahey	A	6	IM, OBG, PTH, GS (Univ. of Conn. Affil. Hospitals Program)
<b>NEW HAVEN</b> Hospital of St. Raphael	R. P. Zanes, Jr.	A	10	IM, GS
<b>WATERBURY</b> Waterbury	T. T. Amatruda, Jr.	A	3	IM, DR (Yale—New Haven Med. Ctr.)
<b>DELAWARE</b>				
<b>WILMINGTON</b> Wilmington Medical Center	E. W. Martz	A	6	FP, IM, OBG, PTH, PD, R, TR, GS
<b>DISTRICT OF COLUMBIA</b>				
<b>WASHINGTON</b> Howard University	H. W. Williams, Jr.	A B	3 3	D, N, P OBG, ORS, GS
Georgetown University	D. P. Jackson	A	8	AN, PD, P, DR
Providence	T. E. Curtin	B A B	4 2 2	IM, N, OPH, TR IM, OBG GS, OS
<b>FLORIDA</b>				
<b>MIAMI</b> University of Miami Affiliated Hospitals Jackson Memorial	H. Cohen	A	5	AN, IM
<b>PENSACOLA</b> Pensacola Educational Program Baptist Sacred Heart University	W. C. White	A	12	IM, OBG, PD, GS
<b>GEORGIA</b>				
<b>ATLANTA</b> Emory University Affiliated Hospitals Emory University Grady Memorial Henrietta Egleston Hospital for Children Veterans Admin. (Decatur) Georgia Baptist	R. W. Blumberg	A	6	IM, PD
G. Fletcher, J. Wilson	G. Fletcher, J. Wilson	A	9	IM, OBG, GS
<b>AUGUSTA</b> Medical College of Georgia Hospitals Eugene Talmadge Memorial University Veterans Administration	M. M. Page	A	10	AN, D, FP, N, OBG, PTH, PD, P, DR, GS
<b>COLUMBUS</b> Medical Center	C. D. Cabaniss	A	4	AN, OBG, P, DR (all Emory Univ. Affil. Hosps. Program)
<b>MACON</b> Medical Center of Central Georgia	J. L. Achord	A	6	FP, OBG, GS
<b>SAVANNAH</b> Memorial Medical Center		A	4	IM, GS
<b>HAWAII</b>				
<b>HONOLULU</b> University of Hawaii Affiliated Hospitals Queen's Medical Center St. Francis Hawaii State (Kaneohe) Kapiolani Maternity and Gynecological Kauaikeolani Children's	T. Whelan	A	16	IM, OBG, PD, P, GS
<b>ILLINOIS</b>				
<b>CHICAGO</b> Columbus-Cuneo-Cabrini Medical Center Columbus Frank Cuneo	C. T. McHugh	A B	16 6	IM, GS OBG, PTH, R
Cook County Illinois Masonic Medical Center Louis A. Weiss Memorial McGaw Medical Center of Northwestern University Northwestern Memorial Veterans Administration Research Evanston (Evanston)	J. L. Berman T. H. Ainsworth H. E. Bessinger T. Killip	A A A A	15 12 3 6	AN, FP, OBG, R, GS AN, IM, OBG, PD, R IM, PTH AN, IM
Mount Sinai Hospital Medical Center of Chicago South Chicago Community	B. Lieb	A A	4 12	IM, GS FP (South Chicago Community Program only) IM, OBG, (Univ. of Chicago Program)
<b>EVANSTON</b> St. Francis	D. J. Murphy	A B	3 3	OBG, PTH, GS GP, IM, PD

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

**INFORMAL LIST OF FLEXIBLE PROGRAMS**

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
<b>ILLINOIS—Continued</b>				
<b>MAYWOOD</b> Loyola University Affiliated Hospitals	J. R. Tobin	A B C	8 3 4	AN, P OBG, PTH GS, PD (all positions at Resurrection Hospital, Chicago)
Foster G. McGaw Veterans Administration (Hines)				
<b>OAK PARK</b> West Suburban	R. C. Muehrcke	A	6	FP, R
<b>PARK RIDGE</b> Lutheran General	M. D. Bischel	A	4	IM, PD
<b>PEORIA</b> St. Francis	C. D. Branch	A B	4 12	IM, PD OBG, ORS, GS
<b>INDIANA</b>				
<b>EVANSVILLE</b> St. Mary's	W. T. Spain	A	2	FP, OBG
<b>INDIANAPOLIS</b> Methodist Hospital of Indiana St. Vincent	J. H. Hall S. R. Stouder	A A B	11 6 2	FP, IM, OBG, OTO, PTH, PD, GS, U FP, IM OBG, PTH
<b>MUNCIE</b> Ball Memorial	J. L. Cullison	A	6	FP, IM
<b>IOWA</b>				
<b>IOWA CITY</b> University of Iowa Affiliated Hospitals University of Iowa Hospitals	S. L. Sands	A	4	D, OBG (Positions at Broadlawns Polk County Hospital, Des Moines)
<b>LOUISIANA</b>				
<b>BATON ROUGE</b> Louisiana State University Affiliated Hospitals Earl K. Long Memorial	G. T. McKnight	A	9	FP, PD
<b>LAFAYETTE</b> Louisiana State University Affiliated Hospitals Lafayette Charity	A. Pitchenik	A	8	IM, PD
<b>NEW ORLEANS</b> Charity Hospital of Louisiana Louisiana State University Division Charity Hospital of Louisiana Tulane University Division	J. T. Crapanzano F. P. Chirino	A A	18 17	OBG, ORS, P, U A, D, N
<b>SHREVEPORT</b> Confederate Memorial Medical Center	I. Muslow	A	24	FP, OBG, OPH, ORS, OTO, PTH, GS, U
<b>MARYLAND</b>				
<b>BALTIMORE</b> Greater Baltimore Medical Center Lutheran Hospital of Maryland Maryland General South Baltimore General	T. E. Prout R. Weber C. Fratto C. Heinritz	A A A A	3 12 4 13	IM, OBG OBG, GS IM, OBG, OPH, GS IM, OBG, PTH, GS
<b>BETHESDA</b> Suburban	E. Libre, J. Shaver	A	10	GP, PTH
<b>MASSACHUSETTS</b>				
<b>BOSTON</b> Boston University Affiliated Hospitals Boston City University	B. Polansky	A B	6 6	AN, P (Brockton Hospital) OPH, R (Carney Hospital)
<b>CAMBRIDGE</b> Cambridge	F. L. Comunale	A	3	AN, IM
<b>FRAMINGHAM</b> Framingham Union	F. V. Coco	A	12	OBG, PMR (Boston Univ. Affil. Hosps. Program), IM, PTH (Framingham Program)
<b>WORCESTER</b> Worcester City	V. Di Domenico	A B	4 2	IM, GS FP, PD

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
<b>MICHIGAN</b>				
<b>ANN ARBOR</b> St. Joseph Mercy	R. B. Carbeck	A	6	IM, OBG
<b>DEARBORN</b> Oakwood	J. W. Moynihan	A	10	FP, IM, R
<b>DETROIT</b> Detroit-Macomb Hospitals Detroit Memorial South Macomb (Warren) Grace Henry Ford Mount Carmel Mercy Hospital and Medical Center St. John	P. T. Lee, A. A. Hodari  K. L. Bergsman F. Cox Coordinator of Medical Education	A  A A B A B	15  4 13 6 6 6 6	OBG, GS  IM, OBG, GS D, OPH, OTO, DR IM, PD PTH, GS OBG, PD IM, GS
Wayne State University Affiliated Hospitals Detroit General Harper Hutzel Veterans Administration (Allen Park)	W. E. Rush	A	17	IM, R, DR, TR, GS, U
<b>FLINT</b> Hurley St. Joseph	E. M. Goldberg L. Simon, W. Eaton	A A	12 2	IM, OBG, PD, GS FP, PTH
<b>GRAND RAPIDS</b> Blodgett Memorial Butterworth St. Mary's	R. L. Tupper L. Moorhead J. C. Peirce	A A A	9 6 7	IM, PTH, R IM, OBG, R, U IM, OBG, ORS, PTH, PD, GS
<b>KALAMAZOO</b> Southwestern Michigan Area Health Education Center Bronson Methodist Borgess	R. M. Nicholson	A	12	ORS, PTH, GS, OPH (Univ. of Michigan Affil. Hosp.)
<b>LANSING</b> Edward W. Sparrow	R. W. Pomeroy	A B	6 2	FP, OBG, PTH, R IM, PD (Michigan State Univ. Assoc. Hosp. programs)
<b>PONTIAC</b> Pontiac General  St. Joseph Mercy	J. Schirle  N. Haque, J. Marshall A. Silbergleit, E. Keffe	A B A B	4 4 3 4	IM, OBG PTH, GS OBG, PD PTH, DR, GS
<b>ROYAL OAK</b> William Beaumont	J. Welsh	A	12	IM, OBG, PTH, R, DR, TR, GS, U
<b>SAGINAW</b> Saginaw Cooperative Hospitals Saginaw General St. Luke's St. Mary's	W. R. Engleman	A	8	OBG, GS
<b>SOUTHFIELD</b> Providence	E. Zobl	A	12	AN, IM, OBG, OPH, PTH, R, GS
<b>MINNESOTA</b>				
<b>MINNEAPOLIS</b> Hennepin County Medical Center		A	13	PTH, GS D, P, R (Univ. of Minn. Program)
<b>ST. PAUL</b> United Hospitals Miller Division St. Luke's Division	R. E. Lindell	A	5	PTH, R, DR (Miller Division), GS (United Hospitals)
<b>MISSISSIPPI</b>				
<b>JACKSON</b> University of Mississippi Medical Center	B. B. Johnson	A	10	AN, FP, IM, N, OBG, OPH
<b>MISSOURI</b>				
<b>KANSAS CITY</b> University of Missouri at Kansas City Affiliated Hospitals Kansas City General Hospital and Medical Center St. Luke's	W. R. Snider  R. R. Hall	A  A	1  8	IM, GS  IM, OBG, GS
<b>ST. LOUIS</b> Deaconess Homer G. Phillips Missouri Baptist	R. C. Kingsland E. N. Mitchell F. J. Catanzaro	A A A	15 20 9	PTH, GS OBG, OPH, OTO, GS OBG (Deaconess-Missouri Baptist Hospital), PTH
St. John's Mercy Medical Center St. Louis University Group of Hospitals  Firmen Desloge General St. Louis County Cardinal Glennon Memorial Hospital for Children St. Louis City Veterans Administration	P. C. Higgins R. J. Dames C. K. Hoffing	A A B	10 4 4	FP, IM, OBG OBG, OPH, OTO, R, U IM, P

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
<b>NEW JERSEY</b>				
<b>ATLANTIC CITY</b> Atlantic City	M. J. Elovitz	A	10	IM, GS
<b>CAMDEN</b> Cooper	S. Garrison	A	6	IM, OBG, PD, GS
<b>HACKENSACK</b> Hackensack	W. C. Black	A	4	AN, IM, P, R
<b>LIVINGSTON</b> St. Barnabas Medical Center	A. H. Islami	A	4	IM, GS
<b>MORRISTOWN</b> Morristown Memorial	J. S. Thompson	A	13	IM, DR, GS
<b>NEWARK</b> CMDNJ-New Jersey Medical School Affiliated Hospitals Martland Veterans Administration (East Orange) St. Michael's Medical Center United Hospital Medical Center-Presbyterian	A. H. Levy B. Minnefor T. M. Gocke	A A A	6 8 12	AN, OPH, ORS, DR, U IM, OBG, PTH (All programs of CMDNJ-New Jersey Medical School Affil. Hosps.) IM, PD (Program of CMDNJ-New Jersey Med. School Affil. Hosps.)
<b>PATERSON</b> St. Joseph's Hospital and Medical Center	K. P. Lance, M.D.	A	2	IM, GS
<b>PERTH AMBOY</b> Perth Amboy General	N. F. Kemp	A	8	GP, PTH, GS
<b>PLAINFIELD</b> Muhlenberg	P. K. Johnson	A	6	IM, OBG, PTH
<b>SUMMIT</b> Overlook	D. F. Kent	A	6	FP, IM, PD, P, R
<b>NEW YORK</b>				
<b>BUFFALO</b> Deaconess Hospital of Buffalo Millard Fillmore Sisters of Charity S.U.N.Y. at Buffalo Affiliated Hospitals Buffalo General Children's Hospital of Buffalo Edward J. Meyer Memorial Veterans Administration	M. K. O'Mara L. H. Golden C. J. O'Connell E. Calkins	A A A A	7 3 6 6	FP, OPH, PTH, R, GS AN, IM IM, OBG, GS IM, GS
<b>COOPERSTOWN</b> Mary Imogene Bassett	J. S. Lunn	A	9	IM, OBG, P, GS
<b>JOHNSON CITY</b> Charles S. Wilson Memorial	E. M. Wyso	A	2	FP, IM
<b>MINEOLA</b> Nassau	W. C. Hollis	A	8	IM, OBG, ORS, PTH, PD, R, GS, U
<b>MOUNT VERNON</b> Mount Vernon	M. Goldiner	A	11	IM, OBG, PTH, GS
<b>NEW ROCHELLE</b> New Rochelle Hospital Medical Center	W. McCann, F. Iaquina	A	6	IM, GS
<b>NEW YORK</b> Brooklyn-Cumberland Medical Center Cabrin Health Care Center-Columbus Hospital Division Flushing Hospital and Medical Center Harlem Hospital Center Jamaica Jewish Memorial Long Island College Methodist St. John's Episcopal St. Vincent's Hospital and Medical Center of New York Staten Island S.U.N.Y. Downstate Medical Center Kings County Hospital Center State University Veterans Administration (Brooklyn)	V. Tricomi A. Taranta, L. Rosati J. Creedon, D. Leahy J. DeHoff, L. Pedersen G. E. Thomson B. D. Gussoff J. M. Cohen W. G. Mullin V. Larkin F. Taubman R. J. Bolter T. McGinn, G. Lustig M. Metz	A A A B A A A A A A A A A A A A A A A	6 8 2 2 13 2 10 25 2 19 19 8 14	OBG, PD, GS IM, GS OBG, GS IM, PD AN, IM, PTH, P IM, PD OBG, PTH, PD, GS IM, OBG, OTO, PTH, PD, R, DR, GS, U IM, OBG, GS IM, OBG, GS IM, N, OBG, PTH, PD, P, DR, TR, GS IM, GS AN, FP, IM, N, OBG, PTH, PD, P, GS
<b>ROCHESTER</b> Highland Hospital of Rochester Rochester General Strong Memorial Hospital of the University of Rochester University of Rochester Associated Hospitals  Strong Memorial Hospital of the University of Rochester Genesee Highland Hospital of Rochester Rochester General	J. W. Holler T. H. Casey      J. W. Holler T. H. Casey	A A A A A A A A A A A A A	6 2 2 2 2	IM, OBG OBG, PTH, P, DR OBG, P IM (Univ. of Rochester Assoc. Hosps.), PD (Univ. of Rochester Community Pediatrics Program)
<b>SCHENECTADY</b> Ellis	G. D. Vlahides	A	10	PTH, GS
<b>SYRACUSE</b> St. Joseph's Hospital Health Center	L. T. Wolf	A	6	FP, GS

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<b>NORTH CAROLINA</b>				
<b>CHAPEL HILL</b> North Carolina Memorial	F. W. Denny	A	4	IM, PD
<b>WILMINGTON</b> New Hanover Memorial	E. E. Werk, Jr.	A	2	IM, OBG
<b>NORTH DAKOTA</b>				
<b>FARGO</b> St. Luke's Hospitals	R. T. Keller, E. Donatelle	A	6	FP, IM
<b>OHIO</b>				
<b>AKRON</b> Akron City	M. A. Flynn	A	7	FP, IM, OBG, OPH, ORS, GS, U
Akron General	J. C. Johns	A	3	FP, IM
St. Thomas	O. S. Steinreich	B	4	ORS, GS
		A	7	OBG, GS
<b>CANTON</b> Aultman	J. W. McFadden	A	4	OBG, R
<b>CINCINNATI</b> Jewish	E. G. Margolin	A	4	IM, GS
<b>CLEVELAND</b> Cleveland Clinic	W. M. Michener	A	5	AN, D, IM, N, OPH, P, R
Cleveland Metropolitan General	C. H. Rammelkamp	A	6	D, IM, N, PTH, PD
Mount Sinai Hospital of Cleveland	B. Freidman	A	4	IM, OBG, OPH, PD, R, GS
St. Alexis	C. Lulenski, A. Naji	A	8	PTH, GS
<b>COLUMBUS</b> Mount Carmel		A	4	IM, OBG, ORS, GS
Riverside Methodist	D. J. Vincent	A	11	IM, ORS, GS
<b>DAYTON</b> Good Samaritan	J. G. Greene, Jr.	A	9	FP, GS
Miami Valley	A. Hicks, II	A	3	IM, OBG, R, GS
<b>ELYRIA</b> Elyria Memorial	W. H. Sigalove	A	9	GP, ORS, PTH, R
<b>KETTERING</b> Charles F. Kettering Memorial	E. C. Hedrick	A	3	PTH, GS
<b>TOLEDO</b> Medical College of Ohio at Toledo Affiliated Hospitals	K. A. Kropp	A	12	AN, IM, OBG, PD, P, DR, GS, U
Hospital of Medical College of Ohio at Toledo				
Mercy Hospital				
St. Vincent Hospital and Medical Center				
Toledo Hospital				
Toledo Mental Health Center				
<b>YOUNGSTOWN</b> St. Elizabeth	L. P. Caccamo	A	4	GP, IM
Youngstown	R. A. Wiltsie	A	4	PTH, GS
		B	4	AN, R
		C	4	IM, PD
<b>OKLAHOMA</b>				
<b>OKLAHOMA CITY</b> Baptist Medical Center of Oklahoma	F. H. McGregor	A	6	PTH, DR
St. Anthony	L. O. Laughlin	A	8	OBG, PTH, GS
University of Oklahoma Health Sciences Center	F. McGregor	A	7	AN, D, IM, PTH, P, DR, U
University of Oklahoma Hospital and Clinics				
Presbyterian				
Veterans Administration				
<b>OREGON</b>				
<b>PORTLAND</b> Emanuel	H. Uhland	A	5	IM, GS
Good Samaritan Hospital and Medical Center	S. Meighan	A	5	IM, NS, OPH, PTH, GS
University of Oregon Health Sciences Center				
Hospitals-Veterans Admin.	W. W. Krippaehne	A	24	AN, NS, OPH, ORS, OTO, R, TR, GS, U
Veterans Administration				

# INFORMAL LIST OF FLEXIBLE PROGRAMS

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Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
<b>PENNSYLVANIA</b>				
<b>ALLENTOWN</b> Allentown Sacred Heart	F. D. Fister P. L. Hermany	A A	6 4	IM, OBG, PTH, GS FP, R
<b>ALTOONA</b> Altoona	R. Barenberg	A	6	GP, PTH
<b>BETHLEHEM</b> St. Luke's	P. V. Kiehl, W. R. Thompson	A	2	OBG, PTH, GS
<b>BRYN MAWR</b> Bryn Mawr	T. J. Berry	A	3	FP, PTH, DR
<b>DANVILLE</b> Geisinger Medical Center	H. M. Klinger	A	7	OTO, GS, U
<b>ERIE</b> Hamot St. Vincent Health Center	M. L. Brockmyer R. T. Renz, H. J. McLaren	A A	10 8	ORS, GS, U PTH, U
<b>HARRISBURG</b> Harrisburg	T. F. Fletcher	A	4	FP, IM
<b>HERSHEY</b> Milton S. Hershey Medical Center of the Pennsylvania State University	H. A. Muller	A	4	IM, GS
<b>JOHNSTOWN</b> Conemaugh Valley Memorial	T. M. Dugan	A	16	AN, FP, IM, PTH, R, GS
<b>McKEESPORT</b> McKeesport	R. Buck, D. Zubritzky	A	12	FP, IM
<b>PHILADELPHIA</b> Chestnut Hill Frankford	H. P. Close R. E. Cohn	A A	5 10	FP, PTH Im (Hospital of the Medical Coll. of Pa.), PTH AN, IM, OBG, GS
Hahnemann Medical College Affiliated Hospitals Hahnemann Medical College and Hospital Philadelphia General Crozer-Chester Medical Center (Chester) St. Agnes	H. Price	A	10	
Hospital of the University of Pennsylvania Medical College of Pennsylvania Affiliated Hospitals	A. S. Relman D. K. Wagner	A A	2 4	IM, N IM, GS
Hospital of the Medical College of Pennsylvania Veterans Administration Mercy Catholic Medical Center Nazareth Presbyterian-University of Pennsylvania Medical Center Thomas Jefferson University	W. O'Sullivan, N. Cohen P. R. Casey R. G. Trout J. M. Hunter	A A A A	8 6 5 4	IM, GS PTH, R, GS AN, OBG, PTH, DR AN, N, OPH, ORS, TR, U
<b>PITTSBURGH</b> Mercy Montefiore	J. P. Zaccardi H. Mendelow	A A	7 2	AN, IM, PD, DR, GS AN, IM, N, PTH, P, DR (All integrated programs of Hosps. of the Univ. Health Center of Pittsburgh)
Shadyside Western Pennsylvania	K. W. Franz	A A	9 2	IM, GS AN, PD
<b>YORK</b> York	M. S. Bacastow	A	4	IM, OBG, GS
<b>PUERTO RICO</b>				
<b>PONCE</b> Hospital de Damas Ponce District General	F. Cortés H. F. Rodríguez R. A. Armstrong	A A B	4 3 3	AN, GS IM, PD OBG, GS
<b>SAN JUAN</b> San Juan City University of Puerto Rico Affiliated Hospitals University District Veterans Administration Center	L. A. Román G. Escalera P. J. Santiago-Borrero	A B A	5 5 19	IM, R GS, OBG AN, D, IM, N, OPH, GS
<b>SOUTH CAROLINA</b>				
<b>COLUMBIA</b> Richland Memorial	E. J. Dennis H. C. McGown	A B	5 5	OBG, PD ORS, GS
<b>GREENVILLE</b> Greenville Hospital System	R. C. Ramage	A	12	OBG, ORS, PD, GS
<b>SPARTANBURG</b> Spartanburg General	R. D. Collins	A	6	FP, GS

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
<b>SOUTH DAKOTA</b>				
<b>SIoux FALLS</b> University of South Dakota Affiliated Hospitals McKenna Sioux Valley	R. Donahoe, R. Friess	A	8	FP, PTH
<b>TENNESSEE</b>				
<b>CHATTANOOGA</b> University of Tennessee Clinical Education Center Baroness Erlanger T. C. Thompson Children's	H. B. Heywood	A	14	IM, OBG, OPH, PTH, PD, R, GS
<b>KNOXVILLE</b> University of Tennessee Memorial Research Center and Hospital	A. D. Beasley	A B	2 4	IM, PD ORS, GS
<b>MEMPHIS</b> Baptist Memorial City of Memphis Hospitals Methodist	J. D. Upshaw, Jr. P. George T. V. Stanley	A A A	20 24 5	IM, OBG, R, DR, GS AN, D, IM, N, OBG, OPH IM, PTH, R, GS
<b>NASHVILLE</b> Vanderbilt University Affiliated Hospitals Vanderbilt University Nashville Metropolitan General Central State Psychiatric Veterans Administration		A	4	OPH, P
<b>TEXAS</b>				
<b>AUSTIN</b> Brackenridge	K. Teel, J. Moncrief	A	14	FP, IM, PTH, PD
<b>CORPUS CHRISTI</b> Memorial Medical Center	V. C. Calma	A	6	FP, OBG
<b>DALLAS</b> Baylor University Medical Center St. Paul	M. H. Reese E. Poulos	A A	10 2	IM, OBG, PMR, DR, GS AN (U. of Texas SW. Med. Sch. Hospitals), IM, GS
<b>EL PASO</b> R. E. Thomason General	A. Rodriguez	A	6	OBG, PD
<b>FORT WORTH</b> John Peter Smith	D. J. Pillow, Sr.	A	14	OBG, ORS (Fort Worth Affiliated Hosps.), GS (Baylor Univ. Med. Center, Dallas)
<b>HOUSTON</b> Baylor College of Medicine Affiliated Hospitals Ben Taub General Jefferson Davis Methodist St. Luke's Episcopal Veterans Administration University of Texas at Houston Affiliated Hospitals Hermann St. Joseph	G. L. Jordan, Jr.     H. L. Fred	A     A	18     11	AN, D, IM, ORS, PMR, DR, TR, GS, U     DR, GS
<b>TEMPLE</b> Scott and White Memorial	M. K. Mendenhall D. E. Pizar	A B	2 3	AN, IM ORS, U
<b>UTAH</b>				
<b>SALT LAKE CITY</b> Latter-Day Saints	C. D. Schmidt	A	8	GP, IM, TR
<b>VIRGINIA</b>				
<b>CHARLOTTESVILLE</b> University of Virginia	R. M. Epstein, E. Hook J. Buckman, E. Hook	A B	4 4	AN, IM N, P
<b>NEWPORT NEWS</b> Riverside	T. E. Temple, Jr.	A	8	FP, R
<b>NORFOLK</b> DePaul Norfolk General	J. Foster, R. Faulconer R. T. Manning	A A	4 9	PTH, R IM, OBG, GS
<b>RICHMOND</b> Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals Veterans Administration	J. Harbison, O. Zalis	A	6	N, P
<b>ROANOKE</b> Roanoke Memorial Hospitals	C. L. Crockett, Jr.	A	8	FP, IM, R, GS

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<b>WASHINGTON</b>				
<b>SEATTLE</b>				
University of Washington Affiliated Hospitals	T. J. Phillips	A	4	FP, IM
Harborview Medical Center				
University				
U.S. Public Health Service				
Veterans Administration				
Virginia Mason	R. M. Hegstrom	A	6	AN, DR
<b>SPOKANE</b>				
Sacred Heart Medical Center	R. G. Rowberg	A	10	OBG, PTH, DR
<b>WEST VIRGINIA</b>				
<b>CHARLESTON</b>				
Charleston Area Medical Center	W. O. McMillan, Jr.	A	6	IM, GS
<b>MORGANTOWN</b>				
West Virginia University	W. Spradlin, E. B. Flink	A	2	IM, P
<b>WHEELING</b>				
Ohio Valley Medical Center	R. O. Strauch	A	4	IM, OBG, GS
<b>WISCONSIN</b>				
<b>LA CROSSE</b>				
LaCrosse Lutheran Hospital and Gundersen Clinic	E. L. Overholt	A	6	IM, GS
<b>MADISON</b>				
University Hospitals	D. T. Fullerton	A	4	AN, D, OPH, P (Positions offered at Marshfield Clinic, Marshfield, Wi.)
<b>MILWAUKEE</b>				
Medical College of Wisconsin Affiliated Hospitals	J. M. Cerletty	A	20	D, IM, N, PTH, PM, P, DR, TR, U
Milwaukee County General				
Milwaukee Children's				
Veterans Administration (Wood)				
St. Joseph's	K. E. Sauter	A	8	OBG, PTH, R, GS
St. Luke's	J. A. Palese	A	10	FP, PTH, DR, GS



## Informal List of Flexible Programs

The following abbreviations have been used to indicate the approved residency programs sponsoring the flexible programs:

AN	Anesthesiology	OTO	Otolaryngology
D	Dermatology	PTH	Pathology
DR	Diagnostic Radiology	PD	Pediatrics
FP	Family Practice	PM	Physical Medicine and Rehabilitation
GP	General Practice	PS	Plastic Surgery
IM	Internal Medicine	P	Psychiatry
NS	Neurological Surgery	R	Radiology
N	Neurology	GS	General Surgery
OBG	Obstetrics-Gynecology	TR	Therapeutic Radiology
OPH	Ophthalmology	TS	Thoracic Surgery
ORS	Orthopedic Surgery	U	Urology

It should be noted that an approved residency in a specialty may sponsor a flexible program even though the flexible program does not provide any training in the specialty of the approved residency program; for example, a flexible program may be sponsored by an approved residency in anesthesiology and an approved residency in radiology, in which the flexible program consists of rotations to internal medicine, pediatrics and surgery (and does not provide training in anesthesiology or radiology).

It should also be noted that all flexible programs must provide four months of training in internal medicine. It is not a requirement, however, that hospitals offering a flexible program have an approved residency in internal medicine. To be eligible to offer a flexible program, a hospital or group of hospitals must be able to certify that the flexible program is sponsored by, and under the supervision of, two or more approved residency programs. In the case of residencies approved as integrated programs, it is expected that the overall director of the residency will certify that he will assume responsibility for the supervision of the flexible program, along with his counterparts in the other residency programs sponsoring the program, and that candidates completing the program in a satisfactory manner would be eligible to appointment to his residency program if the candidate so desires.

The content of the flexible program will be considered whenever one of the residencies sponsoring the flexible program is being evaluated by the appropriate residency review committee. If, over a reasonable period of time, few if any candidates from the flexible program receive appointments to the sponsoring specialty residencies, the appropriate residency review committee may determine that the flexible program is not accomplishing its purpose and may recommend that the residency in this specialty withdraw its sponsorship of the flexible program.

# Directory of Approved Residencies

Liaison Committee on Graduate Medical Education  
c/o Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago 60610

Revised to July 1, 1975

Hospitals, Institutions, and Agencies: 1,671

Residency Positions Offered, as of July 1, 1975: 57,681

Residency training programs in the following specialties or subspecialties have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the Residency Review Committee in that specialty field, as meeting the requirements of the *Essentials of Approved Residencies*, published in this Directory beginning on page 333. The Liaison Committee is composed of representatives of the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council on Medical Specialty Societies. The Residency Review committees consist of representatives appointed by the Council on Medical Education of the AMA, by the specialty boards concerned, and, in some fields, by the national professional association in that specialty field. The Residency Review committees make recommendations on individual programs, which recommendations are then acted upon by the Liaison Committee on Graduate Medical Education at one of its six meetings annually.

Beginning July 1, 1975, the first year of each program has been designated as a categorical year (with the abbreviation C following the number of positions offered), or a categorical<sup>o</sup> year (with the abbreviation<sup>o</sup> following the number of positions offered), or a flexible year (with the abbreviation F). The complete name and address of the hospital, institution, or agency, along with information on pertinent features, will be found in the Consolidated List, which begins on page 44.

The average daily census for each specialty service usually reflects a 12-month period ending September 30, 1974.

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. For some hospitals, statistics on discharges may have been supplied instead of admissions. Outpatient visits may include emergency room visits as well.

The tabulations of residencies show the number of positions offered for the first year of the program and for all years of the program. In some instances, the total of residencies offered may be greater than the sum of those offered for the number of years of training approved for the program, 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 residency. The absence of numbers does not indicate that positions are not planned for that year but simply 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.

Salary information has been omitted from this edition.

Numerical and other references are on Pages 94, 95-96, and 208-210.

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## 1. AEROSPACE MEDICINE

The programs in Aerospace Medicine that have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, List 27A.

## 2. ANESTHESIOLOGY

Residency programs in the following hospitals have been accredited for THREE years of training, or for ONE year of specialized training at the third year level by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association and the American Board of Anesthesiology, through the Residency Review Committee for Anesthesiology.

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>UNITED STATES AIR FORCE</b>							
<b>TEXAS</b>							
Wilford Hall U. S. A. F. Medical Center, San Antonio	F. J. Dannemiller	10,000	400	3	6C	020	17,100
<b>UNITED STATES ARMY</b>							
<b>CALIFORNIA</b>							
Letterman Army Medical Center, San Francisco	J. A. Meyer	4,128	62	3	2C 1F	009	
<b>DISTRICT OF COLUMBIA</b>							
Walter Reed Army Medical Center, Washington	M. W. Lichtmann	7,300	400	3	2*	012	
<b>TEXAS</b>							
Brooke Army Medical Center, San Antonio	R. R. Ritter	7,337	74	3	2* 1F	016	
<b>UNITED STATES NAVY</b>							
<b>CALIFORNIA</b>							
Naval Regional Medical Center, Oakland	J. L. Steffenson	5,090	118	3	4C 4F	016	
Naval Regional Medical Center, San Diego	C. W. Jones	10,900	750	3	6C 4F	022	
<b>MARYLAND</b>							
National Naval Medical Center, Bethesda	R. J. Van Houten	5,540	197	3	4C 1F	014	
<b>PENNSYLVANIA</b>							
Naval Regional Medical Center, Philadelphia	D. R. Davis, 2d	4,000	50	3	2C 2F	009	
<b>VIRGINIA</b>							
Naval Regional Medical Center, Portsmouth	R. H. Norton	10,749	405	3	3C 2F	014	
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>							
<b>NEW YDRK</b>							
U. S. Public Health Service (Staten Island), New York City	J. A. Shoukas	1,958	92	3	3C 3F	009	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
University of Alabama Medical Center	F. R. Brosch			3	3*	017	
University of Alabama Hospitals	G. Corssen	13,853	1,018				10,200
Children's	G. Corssen	4,660					
Veterans Admin.	G. Corssen, F. Gutierrez	3,300	200				10,600
<b>FAIRFIELD</b>							
Lloyd Noland	R. W. Grady	4,815	268	3	2C 2F	006	12,000
<b>ARIZONA</b>							
<b>TUCSON</b>							
University of Arizona Affiliated Hospitals	B. Brown, Jr.			3	5*	010	
University		3,807	1,844				10,300
Veterans Admin.		1,946	124				9,650
<b>ARKANSAS</b>							
<b>LITTLE ROCK</b>							
University	D. S. Thompson	7,432	402	3	1* 4F	015	9,300
<b>CALIFORNIA</b>							
<b>DAVIS</b>							
University of California (Davis) Affiliated Hospitals	H. S. Davis, M. A. Carnes			3	2*	017	10,900
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		4,239	452				
<b>LOMA LINDA</b>							
Loma Linda University Affiliated Hospitals							
Loma Linda University	B. Brandstater	7,531	240	3	4C	016	
<b>LDS ANGELES</b>							
Childrens Hospital of Los Angeles	G. B. Lewis, Jr.	6,841	52	1		009	12,500
Los Angeles County—U.S.C. Medical Center	J. S. Denson	19,100	525	3	6* 12F	052	12,612

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>CALIFORNIA, LOS ANGELES—Continued</b>							
U. C. L. A. Affiliated Hospitals U. C. L. A. Hospital and Clinics, Center for the Health Sciences	R. L. Katz	24,832	218	3	22C	049	13,000
<b>PALO ALTO</b>							
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)							
<b>SACRAMENTO</b>							
University of California (Davis) Sacramento Medical Center (See University of Calif. (Davis) Affil. Hospitals, Davis)							
<b>SAN DIEGO</b>							
Mercy Hospital and Medical Center	G. E. Kinyon	14,093	58	3	1C 4F	006	11,700
University of California (San Diego) Affiliated Hospitals University of California, San Diego—University Hospital Veterans Admin.	L. J. Saidman	5,968 2,274	419 75	3	3*	022	12,300 13,316
<b>SAN FRANCISCO</b>							
University of California Program	W. K. Hamilton			3	10C 3* 4F	042	
H. C. Moffitt—University of California Hospitals San Francisco General Veterans Admin.	W. K. Hamilton B. Fairley R. F. Hickey	11,420 5,000 1,660	101 1,000 75				10,800 10,800 12,300
<b>SAN JOSE</b>							
Santa Clara Valley Medical Center	P. A. Olsen	4,511	300	3	2* 2F	009	12,966
<b>STANFORD</b>							
Stanford University Affiliated Hospitals	C. P. Larson, Jr.			3	10C 2*	027	11,500
Stanford University Veterans Admin. (Palo Alto)	C. P. Larson, Jr. R. I. Mazze	5,064 2,167	944 421				
<b>TORRANCE</b>							
Los Angeles County Harbor General	R. Katz	6,385		3	10C 2F	019	15,732
<b>COLORADO</b>							
<b>DENVER</b>							
Children's University of Colorado Affiliated Hospitals	C. H. Lockhart P. J. Cohen	3,800	350	1 3	2C 4C 4F	002 036	
University of Colorado Medical Center Denver General Veterans Admin.	P. J. Cohen F. M. Galloway C. J. Kopriva	6,691 5,213 2,980	150 485 30				10,800 10,800 12,883
<b>CONNECTICUT</b>							
<b>HARTFORD</b>							
Hartford	E. T. Welch, Jr.	23,163	133	3	3* 1F	012	10,950
<b>NEW HAVEN</b>							
Yale—New Haven Medical Center Yale—New Haven	N. M. Greene	18,525	3,726	3	5C 2*	018	11,190
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
Georgetown University	T. E. Macnamara	8,125	150	3	2*	013	11,519
George Washington University	H. D. Weintraub	14,943	1,803	3	6*	023	11,526
Howard University	M. R. Mc Laren	5,780	12	3	8C	008	13,181
<b>FLORIDA</b>							
<b>GAINESVILLE</b>							
University of Florida Affiliated Hospitals William A. Shands Teaching Hosp. and Clinics Veterans Admin.	J. H. Modell	9,233 4,095	4,465 615	3	5*	029	9,044 9,891
<b>MIAMI</b>							
University of Miami Affiliated Hospitals	N. W. B. Craythorne			3	25C 4F	050	
Jackson Memorial Variety Children's Veterans Admin.	N. W. B. Craythorne A. Freeman D. Holaday	15,900 3,030 3,888	655 230 1,000				12,222 14,215 12,322
<b>MIAMI BEACH</b>							
Mount Sinai Medical Center of Greater Miami	F. Moya	6,990	750	3	2C	006	13,247
<b>GEORGIA</b>							
<b>ATLANTA</b>							
Emory University Affiliated Hospitals	J. E. Steinhaus			3	12C 5* 1F	029	9,960
Grady Memorial Emory University		8,624 6,853	1,031				
<b>AUGUSTA</b>							
Medical College of Georgia Hospitals Eugene Talmadge Memorial	Z. W. Gramling	3,739		3	3C 1F	014	10,100
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Cook County	V. J. Collins	12,500	1,200	3	4* 3F	028	11,600
Illinois Masonic Medical Center	A. D. Ivankovich	7,735	789	3	6C 2F	014	12,280

## 2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>ILLINOIS, CHICAGO—Continued</b>							
Mc Gaw Medical Center of Northwestern University	E. A. Brunner			3	5* 2F	037	11,680
Children's Memorial	F. Seleny	4,972	92				
Northwestern Memorial	E. A. Brunner	15,472	8,971				
Veterans Admin. Research	A. Ovassapian	3,221	1,473				
Evanston (Evanston)	H. Epstein	9,842	241				
Michael Reese Hospital and Medical Center	R. F. Albrecht	12,500	350	3	9C	022	12,363
University of Chicago Hospitals and Clinics	D. W. Benson	10,550	138	3	9*	018	11,925
University of Illinois	A. P. Winnie	7,476	4,795	3	12*	042	12,500
<b>EVANSTON</b>							
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)							
<b>HINES</b>							
Veterans Admin.	R. C. Balagot	11,501	617	3	4C	010	11,000
<b>MAYWOOD</b>							
Loyola University Affiliated Hospitals Foster G. Mc Gaw	A. A. El-Etr	6,460	230	3	4* 4F	016	11,000
<b>SPRINGFIELD</b>							
Southern Illinois University Affiliated Hospitals St. Johns Memorial Medical Center	R. Boettner	10,419 9,521	1,280	3	3*	005	10,500
<b>INDIANA</b>							
<b>INDIANAPOLIS</b>							
Indiana University Medical Center	V. K. Stoelting			3	12*	046	
Indiana University Hospitals	V. K. Stoelting	20,500					10,250
Marion County General	G. Dryden	7,974	36				10,250
Veterans Admin.		3,598	177				10,648
<b>IOWA</b>							
<b>IOWA CITY</b>							
University of Iowa Affiliated Hospitals University of Iowa Hospitals Veterans Admin.	J. Moyers	17,250 2,633	1,250 30	3	9*	030	
<b>KANSAS</b>							
<b>KANSAS CITY</b>							
University of Kansas Medical Center	R. T. Parmley	11,308	65	3	6C	020	12,000
<b>KENTUCKY</b>							
<b>LEXINGTON</b>							
University of Kentucky Medical Center University Veterans Admin.	J. D. Hasbrouck	5,500 1,661	800 24	3	10*	016	
<b>LOUISVILLE</b>							
University of Louisville Affiliated Hospitals Louisville General Norton—Children's Hospitals Veterans Admin.	J. A. Aldrete	2,673 1,667	207 2	3	7C	021	9,600
<b>LOUISIANA</b>							
<b>NEW ORLEANS</b>							
Charity Hospital of Louisiana	J. Adriani	15,500	500	3	5C 6F	015	9,450
Ochsner Foundation	S. G. Welborn			3	3*	012	8,437
<b>MAINE</b>							
<b>PORTLAND</b>							
Maine Medical Center	H. Sawyer	11,935	478	3	2*	008	12,500
<b>MARYLAND</b>							
<b>BALTIMORE</b>							
Johns Hopkins Affiliated Hospitals Baltimore City Hospitals Johns Hopkins University of Maryland Affiliated Hospitals University of Maryland	H. S. Lim P. Chodoff H. S. Lim M. Helrich	3,862 22,232 10,000	385 164 1,800	3 3 3	7* 3*	021 024	12,450 11,350
<b>MASSACHUSETTS</b>							
<b>BOSTON</b>							
Beth Israel	J. Hedley-Whyte	8,294	1,299	3	4C	013	12,300
Boston Hospital for Women	M. H. Alper	14,100	300	1	3C	003	14,300
Children's Hospital and Medical Center	R. M. Smith	9,125	122	1	6C	006	14,300
Massachusetts General	R. J. Kitz	17,665	1,738	3	12C 2*	047	12,000
New England Medical Center	R. N. Reynolds	5,661	430	3	5*	015	12,411
Peter Bent Brigham	L. D. Vandam	6,705	400	3	9* 4F	022	12,300
St. Elizabeth's Hospital of Boston University	E. J. Fruggiero B. J. Kripke	10,243 4,882	756 45	3 3	3C 2* 3F	007 014	12,320
Veterans Admin.	D. L. Mahler	3,139	100	3	2C	006	12,186
<b>CAMBRIDGE</b>							
Cambridge	F. L. Comunale	3,566	297	3	1C 1F	014	
<b>PITTSFIELD</b>							
Berkshire Medical Center	R. Jacobs	7,862	176	3	1*	003	12,037
<b>SPRINGFIELD</b>							
Medical Center of Western Massachusetts	F. R. Dinale	15,907	534	3	1C 1*	006	11,500
<b>MICHIGAN</b>							
<b>ANN ARBOR</b>							
University of Michigan Affiliated Hospitals University Veterans Admin.	R. B. Sweet R. B. Sweet	10,317 1,824	9	3	6C	023	11,650

## 2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MICHIGAN—Continued</b>							
<b>DETROIT</b>							
Children's Hospital of Michigan	S. Austin	7,752	100	1	3C	012	
Sinai Hospital of Detroit	E. M. Brown	20,420	3,214	3	3C	009	11,075
<b>SOUTHFIELD</b>							
Providence	A. Kane	14,779	250	3	1C 1* 1F	006	12,050
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
University of Minnesota Affiliated Hospitals							
University of Minnesota Hospitals	F. H. Van Bergen	10,416	1,300	3	4*	018	
<b>ROCHESTER</b>							
Mayo Graduate School of Medicine	R. A. Theye	17,603	1,277	3	6*	024	11,500
Rochester Methodist		23,345	2,636				
St. Mary's							
<b>MISSISSIPPI</b>							
<b>JACKSON</b>							
University of Mississippi Medical Center	J. F. Arens			3	2C 2F	016	10,000
University	J. F. Arens	8,657	630				
Veterans Admin. Center	H. L. Gee	4,030	32				
<b>MISSOURI</b>							
<b>COLUMBIA</b>							
University of Missouri Medical Center	G. W. N. Eggers, Jr.	4,482	50	3	3*	011	10,100
<b>KANSAS CITY</b>							
Children's Mercy	E. S. Brown	2,494	19	1	1C	001	12,000
<b>ST. LOUIS</b>							
Barnes Hospital Group	C. R. Stephen	23,536		3	6C	014	11,500
<b>NEBRASKA</b>							
<b>OMAHA</b>							
University of Nebraska	D. W. Wingard	4,048	221	3	4*	010	11,385
<b>NEW HAMPSHIRE</b>							
<b>HANOVER</b>							
Mary Hitchcock Memorial	W. P. Sy	7,500	2,500	3	2*	006	11,110
<b>NEW JERSEY</b>							
<b>EAST ORANGE</b>							
Veterans Admin. (See CMDNJ-New Jersey Medical School Affil. Hosp., Newark)							
<b>HACKENSACK</b>							
Hackensack	A. R. Wollack	12,333	250	3	2C 1F	007	12,295
<b>JERSEY CITY</b>							
Jersey City Medical Center (See CMDNJ-New Jersey Medical School Affil. Hosp., Newark)							
<b>LIVINGSTON</b>							
St. Barnabas Medical Center	R. K. Egge	17,420	600	3	2C	004	11,941
<b>LONG BRANCH</b>							
Monmouth Medical Center	B. C. Kaye	9,070	21	3	2C	006	12,942
<b>NEWARK</b>							
CMDNJ—New Jersey Medical School Affiliated Hospitals	S. Bongiovanni			3	3C 3* 1F	019	12,295
Martland United Hospitals Medical Center—Children's Hospital of Newark	S. Bongiovanni	4,941	102				12,295
United Hospitals Medical Center—Newark Eye and Ear Infirmary							
United Hospitals Orthopedic Center—Hospital for Crippled Child.—Adults							
Veterans Admin. (East Orange)	M. I. Aleniewski	2,257	75				13,662
Jersey City Medical Center (Jersey City)	J. V. Presbitero	3,106					12,000
Newark Beth Israel Medical Center	C. Beverly	11,351	450	3	2C	006	12,295
<b>PATERSON</b>							
St. Joseph's Hospital and Medical Center	C. Hupert	8,837	200	3	6C	009	13,192
<b>NEW YORK</b>							
<b>ALBANY</b>							
Albany Medical Center	W. B. Mc Cafferty	13,675	130	3	2*	009	12,000
<b>BUFFALO</b>							
Buffalo General	R. N. Terry	11,541	48	3	1*	015	11,300
Children's Hospital of Buffalo	M. J. Downey, Jr.	13,251		1	5C	005	12,300
Millard Fillmore	J. Cullen, J. Barlow	12,405	534	3	4C 2F	009	10,800
S.U.N.Y. at Buffalo Affiliated Hospitals	R. Markello			3	3*	007	
Deaconess Hospital of Buffalo	N. P. Mac Allister	8,617	10				11,300
Edward J. Meyer Memorial	R. Markello	4,383	245				
<b>EAST MEADOW</b>							
Nassau County Medical Center—Meadowbrook Div.	E. C. Sinnott	5,475	462	3	4C 1*	010	11,874
<b>NEW HYDE PARK</b>							
Long Island Jewish—Hillside Medical Center Program	S. Surks, L. Steinberg			3	6C	017	
Long Island Jewish—Hillside Medical Center	S. Surks	17,128	2,125				14,700
Queens Hospital Center (New York City)	L. Steinberg	5,560	1,079				14,500

## 2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW YORK—Continued</b>							
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals	L. R. Orkin			3	12*	035	
Bronx Municipal Hospital Center	L. R. Orkin	6,447	7,015				
Hospital of the Albert Einstein College of Medicine	C. Andrews	7,843	156				
Lincoln	J. Mehta	2,982	341				
Beth Israel Medical Center	S. Joffe	9,782	3,664	3	9C	018	16,780
Brookdale Hospital Center	A. Abadir	13,962	900	3	5*	015	15,400
French and Polyclinic Medical School and Health Center	G. S. Weinberger	6,217	228	3	3C	009	15,200
Harlem Hospital Center	H. G. Cave	8,648	379	3	4C 2F	010	14,700
Maimonides Medical Center Training Program	P. Sechzer			3	4C	011	14,000
Maimonides Medical Center	P. Sechzer	13,666	2,500				
Coney Island	C. Lomanto	4,454	740				
Methodist	R. Tempesta	9,400	50	3	3C	009	14,100
Montefiore Hospital Training Program	D. Duncalf			3	7C	022	
Montefiore Hospital and Medical Center		8,728	1,255				
Morrisania City		3,979	377				
Mount Sinai Hospital Training Program	L. Rendell-Baker			3	17C	040	
Mount Sinai	L. Rendell-Baker	16,635	800				15,100
City Hospital Center at Elmhurst	V. Bhardwaj	7,507	793				14,700
Hospital for Joint Diseases and Medical Center	A. M. Betcher	3,845	126				14,500
Veterans Admin. (Bronx)	L. Rendell-Baker	3,142	399				16,001
New York Hospital—Cornell Medical Center and Affiliated Hospitals	J. F. Artusio, Jr.			3	6*	016	14,700
New York Hospital	J. F. Artusio, Jr.	17,150	350				
Memorial Hospital for Cancer and Allied Diseases	W. Howland	7,050	500				
Hospital for Special Surgery	J. L. Fox, A. H. Goulet	3,224	30				
New York Medical College—Metropolitan Hospital Center	D. Bizzarri, J. Giuffrida			3	10*	031	14,700
Unit 1—Flower and Fifth Avenue Hospitals	D. Bizzarri	7,172	149				
Unit 2—Metropolitan Hospital Center	D. Bizzarri, J. Giuffrida	6,919	8,335				
Westchester County Medical Center (Valhalla)	D. Bizzarri, K. Shibutani	1,633	2,760				
New York University Medical Center	H. Turndorf			3	2C 8*	031	
Bellevue Hospital Center		8,473	335				
University		13,443	492				15,280
Veterans Admin. (Manhattan)		4,123	145				16,001
Presbyterian	H. H. Bendixen	18,644	442	3	9C	041	15,500
Queens Hospital Center (See L. I. Jewish-Hillside Med. Center Program, New Hyde Park)							
St. Luke's Hospital Center	L. S. Blancato	10,598	25	3	6*	018	14,830
St. Vincent's Hospital and Medical Center of New York	R. G. Hicks	7,767	1,051	3	3C	009	15,055
S.U.N.Y. Downstate Medical Center	B. D. King			3	8C	024	
Kings County Hospital Center		15,192					14,700
State University		4,473	170				15,629
<b>ROCHESTER</b>							
Strong Memorial Hospital of the University of Rochester	A. J. Gillies	10,305	475	3	4C	012	12,300
<b>SYRACUSE</b>							
St. Joseph's Hospital Health Center	H. K. Morrell, Jr.	9,300	341	3	2F	009	11,672
S.U.N.Y. Upstate Medical Center	E. T. Thomas			3	6C	018	13,225
State University	E. T. Thomas	6,500	200				
Crouse Irving—Memorial	J. Egnatinsky	13,000	150				
Veterans Admin.	L. Eisenberg	2,472	63				
<b>VALHALLA</b>							
Westchester County Medical Center (See N. Y. Med. Coll.—Metropolitan Hosp. Ctr., New York City)							
<b>NORTH CAROLINA</b>							
<b>CHAPEL HILL</b>							
North Carolina Memorial	K. Sugioka	6,624	705	3	8*	024	10,000
<b>CHARLOTTE</b>							
Charlotte Memorial Hospital and Medical Center	H. A. Ferrari	15,747	160	3	1C	004	10,920
<b>DURHAM</b>							
Duke University Affiliated Hospitals	L. C. Hollandsworth			3	3*	015	
Duke University Medical Center	M. H. Harmel	15,700					11,385
Veterans Admin.	L. C. Hollandsworth	2,425	468				11,935
<b>WINSTON-SALEM</b>							
Bowman Gray School of Medicine Affiliated Hospitals							
North Carolina Baptist	T. H. Irving	9,533	103	3	3*	012	10,000
<b>OHIO</b>							
<b>AKRON</b>							
Children's Hospital of Akron	D. S. Nelson	8,315	122	1	1C	001	11,500
<b>CINCINNATI</b>							
University of Cincinnati Hospital Group	N. W. B. Craythorne			3	8C	024	
Children's	C. N. Melampy	7,673	350				
Cincinnati General	N. W. B. Craythorne	9,274	22				10,244
Veterans Admin.	N. W. B. Craythorne	2,844	101				12,158
<b>CLEVELAND</b>							
Case Western Reserve University Affiliated Hospitals	J. S. Gravenstein			3	12*	042	
University Hospitals of Cleveland		15,000	500				11,100
Veterans Admin.		3,956	26				12,237
Huron Road Hospital—Cleveland Clinic	E. R. Malia, J. F. Viljoen			3	8C 3*	040	
Huron Road	E. R. Malia	7,038	183				11,100
Cleveland Clinic	E. R. Malia, J. F. Viljoen	20,258	1,275				12,000

## 2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>OHIO—Continued</b>							
<b>COLUMBUS</b>							
Ohio State University Hospitals	W. Hamelberg	13,000	400	3	5*	015	11,500
<b>TOLEDO</b>							
Medical College of Ohio at Toledo Affiliated Hospitals	L. E. Morris	1,900	300	3	1C 1F	002	10,795
Hospital of Medical College of Ohio at Toledo Toledo	P. J. Ditmyer	12,815	292	3	3C 2F	002	10,795
<b>YOUNGSTOWN</b>							
Youngstown	H. L. Allen	16,393	1,067	3	2* 2F	014	11,000
<b>OKLAHOMA</b>							
<b>OKLAHOMA CITY</b>							
University of Oklahoma Health Sciences Center	S. Deutsch			3	3* 1F	017	
University Hospital and Clinics	S. Deutsch	6,216	1,200				10,803
Veterans Admin.	C. A. Carmack	2,211	125				10,023
<b>OREGON</b>							
<b>PORTLAND</b>							
University of Oregon Affiliated Hospitals	N. A. Bergman	8,708	1,250	3	16C 5F	024	9,900
University of Oregon Health Sciences Center Hospitals and Clinics	N. A. Bergman	8,708	1,250				
Veterans Admin.	M. L. Darsie	3,438	21				10,969
<b>PENNSYLVANIA</b>							
<b>HERSHEY</b>							
Milton S. Hershey Medical Center of the Pennsylvania State University	A. E. Yeake	4,675	524	3	2*	015	11,160
<b>JOHNSTOWN</b>							
Conemaugh Valley Memorial	P. C. Lund	10,946	2,130	3	1C 2* 1F	008	
<b>PHILADELPHIA</b>							
Albert Einstein Medical Center	B. Goldstein	13,313	96	3	3C	010	11,100
Hahnemann Medical College and Hospital	H. L. Price	6,430	375	3	4* 2F	013	11,500
Hospital of the University of Pennsylvania	H. Wolfman	15,500	700	3	18*	064	11,400
Children's Hospital of Philadelphia	J. J. Downes, Jr.	5,500	800				14,000
Veterans Admin.	J. L. Neigh	2,401	480				13,000
Presbyterian—University of Pennsylvania Medical Center	S. S. Bloom	4,457	115	3	2C 2F	008	11,400
Temple University	M. R. W. Reardon	7,507	459	3	3*	012	11,150
St. Christopher's Hosp. for Children	B. W. Mayer	4,255	40				
Thomas Jefferson University	J. Jacoby	10,831	650	3	2C 3* 1F	019	11,800
<b>PITTSBURGH</b>							
Allegheny General	D. J. Torpey, Jr.	10,586	1,620	3	3C	008	12,285
Hospitals of the University Health Center of Pittsburgh	P. Safar, B. Smith	49,938	7,600	3	6* 1F	018	12,965
Presbyterian—University Children's Hospital of Pittsburgh Eye and Ear Hospital of Pittsburgh	J. H. Marcy R. B. Smith R. Mc Kenzie						
Magee—Womens. Montefiore Veterans Admin.	B. Kirimli E. S. Siker	11,068	495	3	2* 1F	011	12,300
Mercy							
Western Pennsylvania	O. C. Phillips	9,352	389	3	3C 1F	008	12,600
<b>PUERTO RICO</b>							
<b>PONCE</b>							
Hospital De Damas	J. L. Jimenez-Velez	5,216	62	3	1C 1F	003	9,600
<b>SAN JUAN</b>							
University of Puerto Rico Affiliated Hospitals	N. R. De Jesus	17,198	1,095	3	7C 7F	018	
Industrial San Juan City University District							
<b>SOUTH CAROLINA</b>							
<b>CHARLESTON</b>							
Medical University of South Carolina Teaching Hospitals	J. E. Mahaffey	8,729	328	3	6C	014	9,700
Medical University of South Carolina Veterans Admin.		1,536	50				10,440
<b>TENNESSEE</b>							
<b>KNOXVILLE</b>							
University of Tennessee Memorial Research Center and Hospital	W. F. Powell	6,841	54	3	1C	003	9,487
<b>MEMPHIS</b>							
University of Tennessee Affiliated Hospitals City of Memphis Hospitals	W. C. North	10,358	578	3	4C 4F	020	11,496
<b>NASHVILLE</b>							
Vanderbilt University	B. E. Smith	8,812	310	3	4*	013	9,482



## 2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>TEXAS</b>							
<b>DALLAS</b>							
Parkland Memorial	M. T. Jenkins	24,032	662	3	18* 1F	041	9,180
<b>GALVESTON</b>							
University of Texas Medical Branch Hospitals	C. R. Allen	11,337	813	3	4*	024	11,400
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals	L. F. Schuhmacher, Jr.			3	4C 4F	024	10,140
Ben Taub General	L. F. Schuhmacher, Jr.	7,670	31				
Jefferson Davis	L. F. Schuhmacher, Jr.	8,214	15				
Methodist	P. H. Chalmers	23,307					
St. Luke's Episcopal	C. J. Turner	12,040					
Texas Children's	C. J. Turner	5,112					
Veterans Admin.	W. H. Mannheimer	5,589	47				
Texas Heart Institute	A. S. Keats	4,500		1	6C	006	
<b>SAN ANTONIO</b>							
University of Texas at San Antonio Teaching Hospitals Bexar County Teaching	H. L. Zauder	10,500	350	3	6C	020	9,800
<b>TEMPLE</b>							
Scott and White Memorial	M. K. Mendenhall	7,800	174	3	2C 1F	006	10,500
<b>UTAH</b>							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals	W. S. Jordan			3	6*	021	
University	W. S. Jordan	5,511	25				10,500
Holy Cross Hospital of Salt Lake City	A. Brakensiek	11,614	75				10,500
Latter—Day Saints	E. S. Maier	16,168	236				11,200
Primary Children's Medical Center	R. A. Elwyn	6,029					11,200
St. Mark's	C. D. Holloway	6,855					10,500
Shriners Hospital for Crippled Children	W. S. Jordan	326					
Veterans Admin.	A. S. Paterson	4,139	2				10,500
<b>VERMONT</b>							
<b>BURLINGTON</b>							
Medical Center Hospital of Vermont	J. Abajian, Jr.	10,000	3,000	3	3*	009	9,250
<b>VIRGINIA</b>							
<b>CHARLOTTESVILLE</b>							
University of Virginia	R. M. Epstein	10,067	3,204	3	3C 2F	020	9,900
<b>RICHMOND</b>							
Virginia Commonwealth Univ. M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals	C. P. Boyan	10,608	492	3	4*	011	9,900
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals Children's Orthopedic Hospital and Medical Center	J. J. Bonica			3	6*	032	
Harborview Medical Center	K. E. Eather	4,681	259				
University	F. Freund	3,133	400				
Veterans Admin.	J. J. Bonica	3,000	1,200				9,252
Tacoma General (Tacoma)	G. M. Aasheim	1,684	100				9,672
Virginia Mason	P. H. Backup	10,157	184				9,780
	P. O. Bridenbaugh	10,220	637	3	5C 5F	018	10,204
<b>TACOMA</b>							
Tacoma General (See University of Washington Affiliated Hospitals, Seattle)							
<b>WEST VIRGINIA</b>							
<b>MORGANTOWN</b>							
West Virginia University	R. B. Knapp	6,755	50	3	4*	017	10,200
<b>WISCONSIN</b>							
<b>MADISON</b>							
University of Wisconsin Affiliated Hospitals	S. C. Alexander			3	7* 1F	019	
University Hospitals	S. C. Alexander	5,200	830				10,800
Veterans Admin.	D. C. Bohlman	2,198	32				
<b>MILWAUKEE</b>							
Medical College of Wisconsin Affiliated Hospitals Milwaukee County General Veterans Admin. Center (Wood)	E. O. Henschel	6,017 3,510	882 1,295	3	6*	032	10,537 10,537 11,809

## 3. CHILD PSYCHIATRY

The programs in Child Psychiatry that have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association 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, as List 28D.

## 4. COLON AND RECTAL SURGERY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>CALIFORNIA</b>							
<b>LOS ANGELES</b> Queen of Angels	B. R. Jackson	9	494		1C	001	15,747
<b>ILLINOIS</b>							
<b>CHICAGO</b> Cook County	H. Abcarian	17	842	4,571	2C	002	14,600
<b>URBANA</b> Carle Foundation	G. B. Thow		10,415	3,300	1C	001	
<b>LOUISIANA</b>							
<b>NEW ORLEANS</b> Ochsner Foundation	J. E. Ray	16	609	12,268	2C	002	11,602
<b>MARYLAND</b>							
<b>BALTIMORE</b> Greater Baltimore Medical Center	J. Rosin		160	180	1C 1*	002	14,000
<b>MASSACHUSETTS</b>							
<b>BOSTON</b> Lahey Clinic	M. C. Veidenheimer	38	540	12,777	2C	002	15,250
<b>MICHIGAN</b>							
<b>GRAND RAPIDS</b> Ferguson—Droste—Ferguson	W. P. Mazier	96	4,338	17,778	5C	005	11,500
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b> University of Minnesota Affiliated Hospitals University of Minnesota Hospitals Veterans Admin.	S. M. Goldberg	5 5	300 141	5,000 1,130	2C	002	12,700
<b>ROCHESTER</b> Mayo Graduate School of Medicine Rochester Methodist St. Mary's	R. J. Spencer	9 23	803 601	26,951	2C	002	13,500
<b>NEW JERSEY</b>							
<b>PLAINFIELD</b> Muhlenberg	E. P. Salvati	7	326	103	2C	002	15,000
<b>NEW YORK</b>							
<b>BUFFALO</b> Buffalo General Deaconess Hospital of Buffalo	J. E. Alford B. A. Portin	8 11	315 442	398 304	1C 1C	001 001	12,800 13,300
<b>OHIO</b>							
<b>CLEVELAND</b> Cleveland Clinic	R. B. Turnbull	52	1,219	6,505	3C	003	15,000
<b>COLUMBUS</b> Grant	R. B. Samson	27	759	85	1C	001	12,600
<b>PENNSYLVANIA</b>							
<b>ALLENTOWN</b> Allentown Affiliated Hospitals Allentown Allentown and Sacred Heart Hospital Center Sacred Heart	G. L. Kratcher	15	441	106	2C	002	13,550
<b>ERIE</b> St. Vincent Health Center	F. J. Theuerkauf, Jr.	12	529	533	1C	001	13,600
<b>PHILADELPHIA</b> Temple University	A. R. Gennaro	4	166	2,038	2C	002	14,000
<b>TEXAS</b>							
<b>DALLAS</b> Baylor University Medical Center Presbyterian Hospital of Dallas	W. Bailey R. J. Rowe	22 7	1,136 286	131 3,200	1C 1C	001 001	11,868
<b>HOUSTON</b> University of Texas at Houston Affiliated Hospitals Hermann	J. W. Harris	19	950	364	1C	001	9,792

## 5. DERMATOLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association and the American Board of Dermatology, through the Residency Review Committee for Dermatology, as offering acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1976-1977	1st Yr.	All Yrs.	Annual Salary (Min.)
<b>UNITED STATES AIR FORCE</b>									
<b>TEXAS</b>									
Wilford Hall U. S. A. F. Medical Center, San Antonio	C. S. Thurston	5	54	29,135	3	3C	009		20,582
<b>UNITED STATES ARMY</b>									
<b>CALIFORNIA</b>									
Letterman Army Medical Center, San Francisco	R. B. Odom	2	44	15,985	3	2C 1F		007	
<b>COLORADO</b>									
Fitzsimons Army Medical Center, Denver	D. D. Nuss	3	66	17,078	3	2C		006	
<b>DISTRICT OF COLUMBIA</b>									
Walter Reed Army Medical Center, Washington	O. G. Rodman	4	74	14,485	3	3C 1F		009	
<b>TEXAS</b>									
Brooke Army Medical Center, San Antonio	C. W. Lewis	2	41	27,308	3	1C 1F		013	
<b>UNITED STATES NAVY</b>									
<b>CALIFORNIA</b>									
Naval Regional Medical Center, San Diego	F. M. Highly, Jr.	18	240	49,160	3	5C 2F		014	
<b>MARYLAND</b>									
National Naval Medical Center, Bethesda	W. M. Narva	5	28	24,876	3	1F		007	
<b>PENNSYLVANIA</b>									
Naval Regional Medical Center, Philadelphia	B. L. Johnson, Jr.	8	71	12,500	3	3C 2F		009	
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>									
<b>MARYLAND</b>									
National Institutes of Health—Clinical Center, Bethesda					2				
<b>NEW YORK</b>									
U. S. Public Health Service (Staten Island), New York City	J. P. Fields	22	150	10,550	2	2C 2F		006	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>									
<b>ALABAMA</b>									
<b>BIRMINGHAM</b>									
University of Alabama Medical Center University of Alabama Hospitals Veterans Admin.	R. O. Noojin	5	108	31,044 2,084	3	2C		008	10,900 10,600
<b>FAIRFIELD</b>									
Lloyd Noland	P. G. Reque	1	5	7,747	2	1C 1F		004	12,000
<b>ARKANSAS</b>									
<b>LITTLE ROCK</b>									
University of Arkansas Medical Center	G. T. Jansen				3	2C 1F		006	
University Veterans Admin. Consolidated		1	39 188	9,654 3,005					9,600 11,206
<b>CALIFORNIA</b>									
<b>IRVINE</b>									
University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange) Veterans Admin. (Long Beach)	J. E. Graham	16	357	2,634 11,380	3	4C		012	12,300 16,138
<b>LONG BEACH</b>									
Veterans Admin. (See Univ. of California (Irvine) Affiliated Hosps., Irvine)									
<b>LOS ANGELES</b>									
Los Angeles County—U.S.C. Medical Center	N. E. Levan	13	320	18,502	3	3*		019	15,752
Martin Luther King, Jr. General	A. P. Kelly	8	250	6,500	3	2*		006	15,732
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	R. M. Reisner	7	157	15,765	3	3C		009	12,300
Veterans Admin. Center—Wadsworth	E. T. Wright	11	145	9,990	3	2C 3F		005	16,138
<b>ORANGE</b>									
Orange County Medical Center (See Univ. of California (Irvine) Affiliated Hosps., Irvine)									
<b>PALO ALTO</b>									
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)									
<b>SAN DIEGO</b>									
University of California, San Diego—University Hospital	R. B. Stoughton	2	50	3,627	3	1C		005	12,300

## 5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1976-1977		Annual Salary (Min.)
						1st Yr.	All Yrs.	
<b>CALIFORNIA—Continued</b>								
<b>SAN FRANCISCO</b>								
Pacific Medical Center—Presbyterian (See Stanford University Affiliated Hospitals, Stanford)								
University of California Program	W. L. Epstein				3	4C 1F	015	
H. C. Moffitt—University of California Hospitals	W. L. Epstein	11	305	12,797				10,300
San Francisco General	W. Hennessy		3	2,616				10,300
Veterans Admin.	P. M. Elias	3	120	7,809				12,300
<b>STANFORD</b>								
Stanford University Affiliated Hospitals	E. M. Farber				3	4C	012	11,500
Stanford University	E. M. Farber	9	333	12,720				
Veterans Admin. (Palo Alto)	N. M. Price	10	335	1,353				
Pacific Medical Center—Presbyterian (San Francisco)	H. Schneidman	1	24	1,956				10,068
<b>COLORADO</b>								
<b>DENVER</b>								
University of Colorado Affiliated Hospitals	W. M. Sams, Jr.				3	3C	009	
University of Colorado Medical Center	W. M. Sams, Jr.	1	52	6,800				10,800
Denver General	L. E. Goltz	1	40	6,000				10,800
Veterans Admin.	E. G. Thorne			2,425				12,883
<b>CONNECTICUT</b>								
<b>NEW HAVEN</b>								
Yale—New Haven Medical Center								
Yale—New Haven	A. B. Lerner	8	172	10,000	3	2C	006	12,500
<b>DISTRICT OF COLUMBIA</b>								
<b>WASHINGTON</b>								
George Washington University	M. L. Elgart	2	21	9,779	3	1C	003	12,799
Howard University	J. A. Kenney, Jr.	23	25	3,546	3	6C 1F	014	13,181
<b>FLORIDA</b>								
<b>MIAMI</b>								
University of Miami Affiliated Hospitals	H. Blank				3	5C	016	
Jackson Memorial		29	330	8,946				12,222
Veterans Admin.		8	358	5,172				12,322
<b>MIAMI BEACH</b>								
Mount Sinai Medical Center of Greater Miami	P. Frost	4	139	715	3	1C	003	12,222
<b>GEORGIA</b>								
<b>ATLANTA</b>								
Emory University Affiliated Hospitals	J. A. Broyles, H. Sturm				3	3C	008	10,440
Grady Memorial	J. A. Broyles, H. Sturm			5,964				
Emory University	J. A. Broyles	3	190	1,542				
Veterans Admin. (Decatur)	I. Willis							
<b>AUGUSTA</b>								
Medical College of Georgia Hospitals	J. G. Smith, Jr.				3	3C	008	10,100
Eugene Talmadge Memorial University		2	70	5,423 1,168 1,457				
Veterans Admin.								
<b>DECATUR</b>								
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)								
<b>ILLINOIS</b>								
<b>CHICAGO</b>								
Cook County	S. Barsky	6	685	17,705	3	3*	012	11,600
Mc Gaw Medical Center of Northwestern University	S. M. Bluefarb				3	2*	008	11,680
Veterans Admin. Research	J. Hasegawa	11	573	5,756				
Rush—Presbyterian—St. Luke's Medical Center	F. D. Malkinson	2	30	6,800	3	1C	003	12,654
University of Chicago Hospitals and Clinics	A. L. Lorincz	11	190	6,811	3	3C	009	11,125
University of Illinois Affiliated Hospitals	L. M. Solomon				3	3C	009	
University of Illinois		5	295	15,803				13,125
Veterans Admin. (Hines)		4	178	2,680				11,000
<b>HINES</b>								
Veterans Admin. (See Univ. of Ill. Affiliated Hosps., Chicago)								
<b>INDIANA</b>								
<b>INDIANAPOLIS</b>								
Indiana University Medical Center	V. C. Hackney				3	1C	004	
Indiana University Hospitals				3,183				10,800
Marion County General				8,682				10,250
<b>IOWA</b>								
<b>IOWA CITY</b>								
University of Iowa Hospitals	R. G. Carney, Sr.	70	458	17,671	3	4C 1F	012	
<b>KANSAS</b>								
<b>KANSAS CITY</b>								
University of Kansas Medical Center	J. Kalivas	2	51	2,071	3	1C	003	10,500
<b>KENTUCKY</b>								
<b>LOUISVILLE</b>								
University of Louisville Affiliated Hospitals	L. G. Owen				3	3C	009	
Louisville General		4	57	14,399 2,023				9,600
Veterans Admin.								9,420
<b>LOUISIANA</b>								
<b>NEW ORLEANS</b>								
Charity Hospital of Louisiana	V. J. Derbes, H. J. Jolly	13	121	24,536	3	6C 5F	017	9,450

## 5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>MARYLAND</b>								
<b>BALTIMORE</b>								
Johns Hopkins	G. W. Hambrick, Jr.			5,285	3	3C	006	12,450
University of Maryland Affiliated Hospitals								
University of Maryland	H. M. Robinson, Jr.	2	30	13,500	3	2C	008	10,500
<b>MASSACHUSETTS</b>								
<b>BOSTON</b>								
Lahey Clinic	S. L. Moschella	4	243	18,760	2	1C	001	13,100
Massachusetts General	T. B. Fitzpatrick	32	274	10,779	3	4C	012	12,500
University	H. Mescon	12		15,000	3	3*	009	12,320
<b>MICHIGAN</b>								
<b>ALLEN PARK</b>								
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)								
<b>ANN ARBOR</b>								
University of Michigan Affiliated Hospitals	J. J. Voorhees				3	5C	015	
University	J. J. Voorhees	14	350	10,820				12,250
Veterans Admin.	J. J. Voorhees, R. Bishop			859				11,650
<b>DETROIT</b>								
Henry Ford	C. S. Livingood	20	547	42,753	3	5C 5F	020	12,000
Wayne State University Affiliated Hospitals	D. J. Birmingham	31	396	11,139	3	3C	010	
Veterans Admin. (Allen Park)	D. J. Birmingham	20	261	4,910				12,304
Detroit General								11,400
Harper								11,400
<b>MINNESOTA</b>								
<b>MINNEAPOLIS</b>								
University of Minnesota Affiliated Hospitals	R. W. Goltz				3	2* 1F	017	11,000
University of Minnesota Hospitals	R. W. Goltz	3	94	6,763				
Hennepin County Medical Center	B. J. Bart	1	24	4,942				
Veterans Admin.	R. W. Goltz	10	198	3,955				
St. Paul—Ramsey (St. Paul)	H. G. Ravits	2	45	5,113				
<b>ROCHESTER</b>								
Mayo Graduate School of Medicine	R. K. Winkelmann				3	6C	018	12,000
Rochester Methodist	R. K. Winkelmann	45	859	36,879				
<b>ST. PAUL</b>								
St. Paul—Ramsey (See University of Minnesota Affiliated Hosps., Minneapolis)								
<b>MISSOURI</b>								
<b>COLUMBIA</b>								
University of Missouri Medical Center	P. C. Anderson	9	100	12,340	3	2* 6F	008	10,600
<b>ST. LOUIS</b>								
Barnes Hospital Group	A. Z. Eisen	75	303	15,900	3	3C	010	12,000
<b>NEBRASKA</b>								
<b>OMAHA</b>								
University of Nebraska Affiliated Hospitals	R. M. Fusaro	6	267		3	2C	006	11,385
University of Nebraska				3,285				
Bishop Clarkson Memorial		6	267					
Veterans Admin.		2		702				
<b>NEW HAMPSHIRE</b>								
<b>HANOVER</b>								
Dartmouth Medical School Affiliated Hospitals	R. D. Baughman				3	2C	008	11,110
Mary Hitchcock Memorial		15	392	11,889				
Veterans Admin. Center (White River Junction, Vt.)		15	40	1,850				
<b>NEW MEXICO</b>								
<b>ALBUQUERQUE</b>								
University of New Mexico Affiliated Hospitals	E. B. Smith				3	1C	003	9,400
Bataan Memorial	C. R. Merwin		4	10,127				
Bernalillo County Medical Center	E. B. Smith		16	2,516				
Veterans Admin.	E. B. Smith	2	146	2,570				
<b>NEW YORK</b>								
<b>ALBANY</b>								
Albany Medical Center Affiliated Hospitals	L. F. Lumpkin				3	2C	007	12,675
Albany Medical Center		4	108	4,921				
Veterans Admin.		7	360	2,505				
<b>BUFFALO</b>								
Roswell Park Memorial Institute	H. L. Stoll, Jr.	8	105	5,196	1	1C	001	11,236
S.U.N.Y. at Buffalo Affiliated Hospitals	R. L. Oobson				3	4*	016	11,300
Buffalo General		16	423	21,854				
Children's Hospital of Buffalo		16	423	21,854				
Edward J. Meyer Memorial		16	423	21,854				
Veterans Admin.		5	41	4,162				
<b>NEW YORK CITY</b>								
Albert Einstein College of Medicine Affiliated Hospitals	M. Fisher				3	5C	010	
Bronx Municipal Hospital Center		4	64	7,455				
Hospital of the Albert Einstein College of Medicine		1	4	1,800				
Montefiore Hospital and Medical Center	G. Lazarus	4	40	7,000				
Morrisania City	G. Lazarus			5,000				
Columbia University Affiliated Hospitals	L. C. Harber				3	2C	005	15,500
Presbyterian	L. C. Harber	11	194	17,724				
St. Luke's Hospital Center	A. W. Young, Jr.	2	44	9,021	2	1*	003	16,150
Mount Sinai Hospital Training Program	H. Shatin				3	2C	007	
Mount Sinai	H. Shatin	1	30	8,548				16,380
City Hospital Center at Elmhurst	I. Kantor	1	25	7,765				14,700

## 5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1976-1977		Annual Salary (Min.)
						1st Yr.	All Yrs.	
<b>NEW YORK, NEW YORK CITY—Continued</b>								
New York Hospital	F. Daniels, Jr.	50	9	12,420	3	4C	009	14,700
New York Medical College—Metropolitan Hospital Center	E. H. Mandel				3	2C	006	14,700
Unit 1—Flower and Fifth Avenue Hospitals		3	31	9,095				
Unit 2—Metropolitan Hospital Center								
Unit 3—Bird S. Coler Memorial Hospital and Home		22	3	165				
New York University Medical Center	R. L. Baer	15	214	16,179	3	11*	023	
Bellevue Hospital Center		18	390	23,461				
University		29	499	2,115				16,001
Veterans Admin. (Manhattan)					3	2C	006	
S. U. N. Y. Downstate Medical Center	A. Shalita	7	111	11,181				14,700
Kings County Hospital Center	A. Shalita	4	89	1,607				15,629
State University	Y. Rapp	10	244	1,956				16,001
Veterans Admin. (Brooklyn)	Y. L. Lynfield				2	2C	004	16,001
Veterans Admin. (Bronx)	L. Kornblee	29	452	4,430				
<b>NORTH CAROLINA</b>								
<b>CHAPEL HILL</b>								
North Carolina Memorial	C. E. Wheeler, Jr.	3	438	13,300	3	3C	011	11,000
<b>DURHAM</b>								
Duke University Medical Center	J. L. Callaway	4	316	2,771	3	2C	006	11,385
<b>OHIO</b>								
<b>CINCINNATI</b>								
University of Cincinnati Hospital Group	L. Goldman	6	166	6,984	3	3C	010	10,244
Cincinnati General								
<b>CLEVELAND</b>								
Case Western Reserve University Affiliated Hospitals	B. Michel	5	157	4,466	3	3*	009	11,700
University Hospitals of Cleveland		12	49	780				11,637
Veterans Admin.		22	632	18,117	3	3C	012	12,000
Cleveland Clinic	H. H. Roenigk					1F		
Cleveland Metropolitan General	J. Pomeranz	3	56	9,311	3	2C	007	11,700
						1F		
<b>COLUMBUS</b>								
Ohio State University Hospitals	E. D. Lowney	4	132	2,780	3	1C	004	10,400
<b>OKLAHOMA</b>								
<b>OKLAHOMA CITY</b>								
University of Oklahoma Health Sciences Center					3	3C	006	
						1F		
University Hospital and Clinics		1	32					11,390
Veterans Admin.	M. A. Everett	1	37	2,015				10,023
<b>OREGON</b>								
<b>PORTLAND</b>								
University of Oregon Affiliated Hospitals	W. C. Lobitz, Jr.				3	4C	012	
University of Oregon Health Sciences Center		3	73	8,003				9,900
Hospitals and Clinics				1,185				10,969
Veterans Admin.								
<b>PENNSYLVANIA</b>								
<b>DANVILLE</b>								
Geisinger Medical Center	D. F. Miller, 3d	1	5	24,757	3	2*	008	11,300
<b>PHILADELPHIA</b>								
Hahnemann Medical College and Hospital	R. Fleischmajer	25	315	6,000	3	1*	003	11,500
Temple University	F. Urbach	8	183	24,152	3	3C	009	12,000
Thomas Jefferson University	H. A. Luscombe	1	18	4,555	3	1C	003	12,800
University of Pennsylvania Affiliated Hospitals	W. B. Shelley				3	3C	009	
Children's Hospital of Philadelphia								
Graduate Hospital of the University of Pennsylvania	M. H. Samitz	4	25	1,423				12,500
Hospital of the University of Pennsylvania	W. B. Shelley	1	144	7,980				11,400
Pennsylvania	P. R. Gross	1	28	2,710				11,100
Philadelphia General	C. L. Heaton	5	88	5,020				11,200
Veterans Admin.	J. W. Petrozzi	6	167	1,720				13,000
<b>PITTSBURGH</b>								
Hospitals of the University Health Center of Pittsburgh	J. J. Leonard	10	213	9,615	3	2C	007	12,965
Children's Hospital of Pittsburgh	N. Nieland							
Presbyterian—University	N. Nieland							
Veterans Admin.	M. L. Nieland							
Western Pennsylvania								
<b>PUERTO RICO</b>								
<b>SAN JUAN</b>								
University District	J. L. Sanchez	16	147	19,731	3	1F	009	10,320
<b>RHODE ISLAND</b>								
<b>PAWTUCKET</b>								
Memorial								
(See Brown University Affiliated Hospitals, Providence)								
<b>PROVIDENCE</b>								
Brown University Affiliated Hospitals	C. J. Mc Donald	5	150	8,586	3	3C	009	11,868
Roger Williams General	C. J. Mc Donald			397				13,100
Miriam	C. J. Mc Donald	4	37	2,966				11,950
Rhode Island	C. S. Sawyer	1	18	156				
Memorial (Pawtucket)	B. L. Schiff							
<b>TENNESSEE</b>								
<b>MEMPHIS</b>								
University of Tennessee Affiliated Hospitals	E. W. Rosenberg				3	4C	009	
						3F		
City of Memphis Hospitals	E. W. Rosenberg	1	44	4,735				10,920
Veterans Admin.	K. Hashimoto	14	297	2,140				12,635

## 5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1976-1977		Annual Salary (Min.)
						1st Yr.	All Yrs.	
<b>TEXAS</b>								
<b>DALLAS</b> Parkland Memorial	J. H. Herndon, Jr.	3	1	5,681	3	1C	003	9,660
<b>GALVESTON</b> University of Texas Medical Branch Hospitals	J. F. Mullins	11	145	14,555	3	2C	006	12,100
<b>HOUSTON</b> Baylor College of Medicine Affiliated Hospitals	J. M. Knox				3	4C 2F	013	10,140
Ben Taub General	J. M. Knox	1	33	8,756				
Veterans Admin.	A. H. Rudolph	10	321	6,412				
<b>VERMONT</b>								
<b>WHITE RIVER JUNCTION</b> Veterans Admin. Center (See Dartmouth Medical School Affil. Hosps., Hanover, N.H.)								
<b>VIRGINIA</b>								
<b>CHARLOTTESVILLE</b> University of Virginia	E. P. Cawley	5	129	11,457	3	2C	006	10,449
<b>RICHMOND</b> Virginia Commonwealth University M.C.V. Affiliated Hospitals	W. K. Blaylock	7	163	20,622	3	3C	009	10,450
Medical College of Virginia Hospitals		3	91	4,770				10,634
Veterans Admin.								
<b>WASHINGTON</b>								
<b>SEATTLE</b> University	G. F. Odland, W. B. Baker			2,966	3	1C	003	
<b>WEST VIRGINIA</b>								
<b>MORGANTOWN</b> West Virginia University	W. A. Welton	2	50	5,385	3	1C	003	10,500
<b>WISCONSIN</b>								
<b>MADISON</b> University of Wisconsin Affiliated Hospitals	D. J. Cripps				3	2* 1F	006	
University Hospitals	D. J. Cripps	4	155	7,714				11,500
Veterans Admin.	D. J. Cripps	1	43	1,738				
Marshfield Clinic (Marshfield)	W. F. Schorr	3	91	14,855				11,000
<b>MARSHFIELD</b> Marshfield Clinic (See University of Wisconsin Affiliated Hospitals, Madison)								
<b>MILWAUKEE</b> Medical College of Wisconsin Affiliated Hospitals	T. Russell, S. Tonkeris				3	2C	008	10,537
Milwaukee County General	T. J. Russell			5,955				10,537
Veterans Admin. Center (Wood)	G. B. Theil	3	62	4,265				

## 6. DIAGNOSTIC RADIOLOGY

Residency programs in Diagnostic Radiology that have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association and the American Board of Radiology, through the Residency Review Committee for Radiology, are listed following programs in Radiology, and are indicated as List 30B.

## 7. FAMILY PRACTICE

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Board of Family Practice, and the American Academy of Family Physicians, through the Residency Review Committee for Family Practice, as offering THREE years of training.

	Director of Program	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
			1st Yr.	All Yrs.	
<b>UNITED STATES AIR FORCE</b>					
<b>DISTRICT OF COLUMBIA</b>					
Malcolm Grow U.S.A.F. Medical Center, Washington	J. Hoch	315,673	8C	024	13,000
<b>ILLINOIS</b>					
U.S.A.F. Medical Center, Scott A.F.B.	W. J. Fiden	306,296	6C 2F	018	15,018
<b>OHIO</b>					
U.S.A.F. Medical Center, Wright—Patterson A.F.B.	M. F. Wildemann	42,189	9C	030	13,030
<b>UNITED STATES ARMY</b>					
<b>CALIFORNIA</b>					
Silas B. Hays Army, Fort Ord	D. L. Swanson	12,520	5C	014	
<b>GEORGIA</b>					
Martin Army, Fort Benning	K. E. Holtzaple	20,110	6C	018	13,734
Dwight David Eisenhower Army Medical Center, Fort Gordon	F. A. Moorhead	230,013	15C	033	

## 7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
			1st Yr.	All Yrs.	
<b>UNITED STATES ARMY—Continued</b>					
<b>HAWAII</b>					
Tripler Army Medical Center, Honolulu	W. H. Brownlee	2,986	5C	018	
<b>NORTH CAROLINA</b>					
Womack Army, Fort Bragg	M. T. Smith	9,931	7C	018	13,800
<b>VIRGINIA</b>					
De Witt Army, Fort Belvoir	H. C. Reister, 3d	5,567	6C	016	
<b>WASHINGTON</b>					
Madigan Army Medical Center, Tacoma	A. M. Vazquez	36,000	9C	023	
<b>UNITED STATES NAVY</b>					
<b>CALIFORNIA</b>					
Naval Regional Medical Center, Camp Pendleton	J. W. Norton	487,237	9C	027	
<b>FLORIDA</b>					
Naval Regional Medical Center, Jacksonville	J. C. Baggett, Jr.	37,000	9C	027	
Naval, Pensacola	J. L. Wilson	20,000	6C	018	
<b>SOUTH CAROLINA</b>					
Naval Regional Medical Center, Charleston	R. W. Higgins	422,046	9C	027	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>					
<b>ALABAMA</b>					
<b>HUNTSVILLE</b>					
University of Alabama Program Huntsville	R. A. Brown	10,090	12C	028	11,500
<b>TUSCALOOSA</b>					
University of Alabama College of Community Health Sciences	R. O. Rutland, Jr.	2,940	12C	036	11,500
<b>ARIZONA</b>					
<b>PHOENIX</b>					
Good Samaritan	R. A. Price	7,500	8C 2F	022	9,425
St. Joseph's Hospital and Medical Center	D. E. Mc Hard	1,250	4C	010	11,220
<b>SCOTTSDALE</b>					
Scottsdale Memorial	R. W. Brazie		4C	012	
<b>TUCSON</b>					
University	H. W. Griffith	11,760	9C	024	10,300
<b>ARKANSAS</b>					
<b>LITTLE ROCK</b>					
University of Arkansas Medical Center University Arkansas Children's St. Vincent Infirmary Baptist Medical Center	J. M. Tudor, Jr.	44,750	20C	060	9,300
<b>CALIFORNIA</b>					
<b>DAVIS</b>					
University of California (Davis) Affiliated Hospitals University of Calif. (Davis) Sacramento Medical Center (Sacramento)	J. P. Geyman		14C	036	10,900
		7,000			
<b>FONTANA</b>					
Kaiser Foundation	R. W. Pickering	582,912	4C	012	11,273
<b>FRESNO</b>					
University of California (S.F.) Affiliated Hospital Valley Medical Center of Fresno	F. X. Mohaupt	6,666	6C	018	12,468
<b>GLENDALE</b>					
Glendale Adventist Medical Center	F. Gaspar	6,500	6C	018	
<b>IRVINE</b>					
University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange)	R. C. Anderson	25,659	16C	040	10,900
<b>LOMA LINDA</b>					
Loma Linda University	W. P. Ordelheide		1C	003	
<b>LONG BEACH</b>					
Memorial Hospital Medical Center	E. Beebe	1,565	4C	012	9,925
<b>LDS ANGELES</b>					
Kaiser Foundation	I. Rasgon	153,785	6*	018	11,267
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	L. R. Martin	6,000	4C	012	12,300
<b>MODESTO</b>					
Scenic General	A. C. Nadler		4C	012	12,000
<b>RIVERSIDE</b>					
Riverside General	L. Ritchie	2,796	4C	010	11,696
<b>SACRAMENTO</b>					
University of California (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)					
<b>SALINAS</b>					
Natividad Medical Center	R. H. Whitworth	18,412	4C	009	13,800
<b>SAN BERNARDINO</b>					
San Bernardino County Medical Center	W. L. Ogden	68,868	12C 4F	036	10,908
<b>SAN DIEGO</b>					
University of California, San Diego—University Hospital	R. M. Baker		6C	016	10,900



## 7. FAMILY PRACTICE—Continued

		Director of Program	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
				1st Yr.	All Yrs.	
<b>CALIFORNIA—Continued</b>						
<b>SAN FRANCISCO</b>						
San Francisco General (University of California Program)		R. Massad	7,587	8C 2F	020	9,429
University of California Program Valley Medical Center (Fresno) (See Univ. of California (S. F.) Affiliated Hospital, Fresno)		H. Vandervoort				
San Francisco General (See San Francisco General (Univ. of California Program))						
Community Hospital of Sonoma County (Santa Rosa) (See Univ. of Calif. (S. F.) Affiliated Hospital, Santa Rosa)						
<b>SANTA MONICA</b>						
Santa Monica Hospital Medical Center		S. Bloom	11,118	6C	020	12,600
<b>SANTA ROSA</b>						
University of California (S. F.) Affiliated Hospital Community Hospital of Sonoma County		R. C. Barnett		8C	020	10,680
<b>STOCKTON</b>						
San Joaquin General		F. N. Fowler	1,613	5C 2F	015	12,516
<b>TORRANCE</b>						
Los Angeles County Harbor General		P. Bower	660	3C 3F	016	12,612
<b>VENTURA</b>						
General Hospital Ventura County		D. C. Fainer	70,677	9C	027	10,696
<b>COLORADO</b>						
<b>DENVER</b>						
Mercy		C. Flaxer	4,857	8C 1F	025	10,000
St. Joseph		J. D. Atkin	7,431	3C	009	10,800
University of Colorado Medical Center		H. R. Brettell	50,983	6C	019	
<b>GREELEY</b>						
Weld County General		D. E. Bates		4C	012	10,000
<b>CONNECTICUT</b>						
<b>FARMINGTON</b>						
University of Connecticut Affiliated Hospitals John Dempsey		A. Berger	650	8C	024	10,815
<b>MIDDLETOWN</b>						
Middlesex Memorial		J. C. Wright		4C	012	
<b>DELAWARE</b>						
<b>WILMINGTON</b>						
Wilmington Medical Center		D. T. Walters	5,506	6C 1F	018	12,183
<b>DISTRICT OF COLUMBIA</b>						
<b>WASHINGTON</b>						
Howard University		W. E. Matory	2,747	14C 1F	030	12,319
<b>FLORIDA</b>						
<b>DAYTONA BEACH</b>						
Halifax Hospital Medical Center		R. W. Dodd	9,478	6C	018	9,000
<b>GAINESVILLE</b>						
University of Florida Affiliated Hospitals Alachua General		R. A. Henry	7,310	6C	016	9,044
St. Vincent's (Jacksonville)		B. J. Blaxall	4,503	6C	018	9,825
Tallahassee Memorial (Tallahassee)		H. W. Barrick, Jr.		6C	008	9,975
<b>JACKSONVILLE</b>						
St. Vincent's (See University of Florida Affiliated Hospitals, Gainesville)						
<b>MIAMI</b>						
University of Miami Affiliated Hospitals Jackson Memorial		B. J. Engebretsen	45,000	16C	048	12,222
<b>ORLANDO</b>						
Florida		R. O. West		8C	020	
<b>ST. PETERSBURG</b>						
Bayfront Medical Center		C. E. Aucremann	6,000	6C	018	10,680
<b>TALLAHASSEE</b>						
Tallahassee Memorial (See Univ. of Florida Affiliated Hospitals, Gainesville)						
<b>GEORGIA</b>						
<b>AUGUSTA</b>						
Medical College of Georgia Hospitals		J. C. Calvert		6C 1F	018	9,600
Eugene Talmadge Memorial University			4,800 16,199			
<b>COLUMBUS</b>						
Medical Center		H. G. Vigrass	38,000	12C	036	10,000
<b>MACON</b>						
Medical Center of Central Georgia		J. Q. Sewell	36,642	6C 2F	018	10,200
<b>ILLINOIS</b>						
<b>BERWYN</b>						
Mac Neal Memorial		K. F. Kessel	23,100	6C	015	11,630

## 7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)
			1976-1977 1st Yr.	All Yrs.	
<b>ILLINOIS—Continued</b>					
<b>CARBONDALE</b>					
Doctors Memorial	W. H. Stover		4C	004	10,500
<b>CHICAGO</b>					
Cook County	J. Prieto	4,047	12C 2F	037	11,600
Illinois Masonic Medical Center	C. W. Huff		4C	012	12,000
St. Joseph	M. Serio, Sr.	2,945	4C	012	11,000
St. Mary of Nazareth Hospital Center	R. T. Swastek	1,390	8C	015	12,000
South Chicago Community	C. W. Scruggs	28,577	3C 4F	009	10,500
Swedish Covenant	P. D. Anderson	6,177	5C	015	9,189
<b>DANVILLE</b>					
Danville Family Practice Center (See University of Illinois Affiliated Institutions, Urbana)					
Lake View Memorial (See University of Illinois Affiliated Institutions, Urbana)					
St. Elizabeth (See University of Illinois Affiliated Institutions, Urbana)					
<b>OAKLAWN</b>					
Christ	R. Heck	252	8C	024	12,000
<b>OAK PARK</b>					
West Suburban	A. L. Burdick, Jr.	8,224	6C 5F	023	11,000
<b>PARK RIDGE</b>					
Lutheran General	P. Heller	3,252	6C	012	11,835
<b>PEORIA</b>					
University of Illinois—Peoria School of Med. Affiliated Institutions	D. Bordeaux, F. White	12,536	8C	024	11,200
Methodist Hospital of Central Illinois St. Francis	C. F. Neuhoff	18,393	4C 8F	022	10,500
<b>ROCKFORD</b>					
Rockford Medical Education Foundation Rockford Memorial St. Anthony Swedish—American	L. P. Johnson	32,412	12C	036	11,400
<b>SPRINGFIELD</b>					
Southern Illinois University Affiliated Hospitals St. Johns	W. L. Stewart	10,000	6C	018	10,500
<b>URBANA</b>					
University of Illinois Affiliated Institutions Danville Family Practice Center (Danville) Lake View Memorial (Danville) St. Elizabeth (Danville)	L. W. Tanner	8,400 71,359 47,150	4C	010	12,000
<b>INDIANA</b>					
<b>BEECH GROVE</b>					
St. Francis Hospital Center (See Indiana University Affiliated Hospitals, Indianapolis)					
<b>EVANSVILLE</b>					
St. Mary's	R. W. Nicholson, Jr.	3,248	4C 1F	012	10,800
<b>FORT WAYNE</b>					
Fort Wayne Medical Education Program Lutheran Hospital of Fort Wayne Parkview Memorial St. Joseph's Hospital of Fort Wayne	A. J. Haley	3,000	6C	018	10,000
<b>INDIANAPOLIS</b>					
Indiana University Affiliated Hospitals Campus Program Indiana University Hospitals Marion County General Veterans Admin.	A. Fischer		5C	015	10,150
St. Francis Hospital Center (Beech Grove)	R. B. Chevalier	6,000	6C	016	10,500
Methodist Hospital of Indiana	R. G. Blankenbaker	11,142	8C 1F	024	11,316
St. Vincent	F. Blix	5,676	5C 1F	013	12,158
<b>MUNCIE</b>					
Ball Memorial	R. Egger, A. Carter		6C 3F	018	10,000
<b>SOUTH BEND</b>					
Memorial Hospital of South Bend St. Joseph's	L. L. Frank, Jr. J. A. Serwatka	10,287 8,882	8C 8C	018 024	10,400 10,400
<b>IOWA</b>					
<b>CEDAR RAPIDS</b>					
Cedar Rapids Family Practice Program Mercy St. Luke's Methodist	C. R. Aschoff	24,338 7,297	8C	024	13,800
<b>DAVENPORT</b>					
Mercy—St. Luke's Hospitals Mercy St. Luke's	F. W. Smith	53,836	4C	012	11,000
<b>DES MOINES</b>					
Broadlawns Polk County	L. F. Parker	35,877	8C 1F	024	11,400
Iowa Lutheran	L. E. Masters	2,693	6C	018	9,975

## 7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
			1st Yr.	All Yrs.	
<b>IOWA—Continued</b>					
<b>IOWA CITY</b> University of Iowa Hospitals	R. E. Rakel	10,621	10C	030	10,500
<b>KANSAS</b>					
<b>KANSAS CITY</b> University of Kansas Medical Center	J. D. Walker	14,000	8C	024	11,000
<b>WICHITA</b> St. Joseph Hospital and Rehabilitation Center	J. M. Donnell	15,001	6C	022	12,600
Wesley Medical Center	S. J. Mosier, V. Vorhees	17,000	8C	022	10,050
<b>KENTUCKY</b>					
<b>COVINGTON</b> St. Elizabeth	R. A. Allnutt	3,250	8C	020	12,500
<b>LEXINGTON</b> University of Kentucky Medical Center	J. A. Burdette	10,800	8C	019	9,500
University Central Baptist		19,487			
<b>LOUISVILLE</b> University of Louisville Affiliated Hospitals	W. J. Vonder Haar	31,300	12C	036	
Louisville General St. Anthony		14,566			
<b>MADISONVILLE</b> Hopkins County Hospital and Trover Clinic Foundation	C. R. Fisher, D. A. Martin	259,000	4C	012	9,500
<b>LOUISIANA</b>					
<b>BATON ROUGE</b> Louisiana State University Affiliated Hospitals Earl K. Long Memorial	V. G. Byars	6,183	6C 6F	018	6,930
<b>LAKE CHARLES</b> Lake Charles Charity (See Louisiana State Univ. Affiliated Hosps., New Orleans)					
<b>NEW ORLEANS</b> Louisiana State University Affiliated Hospitals Lake Charles Charity (Lake Charles)	D. S. Paraguya		2C	006	
<b>SHREVEPORT</b> L. S. U. (Shreveport) Affiliated Hospitals	I. Muslow	4,562	8C 8F	018	8,196
Confederate Memorial Medical Center Schumpert Memorial Willis—Knighton Memorial					
<b>MAINE</b>					
<b>AUGUSTA</b> Central Maine Family Practice Program	A. M. Mc Phedran	4,389	6C	016	12,476
Augusta General	A. M. Mc Phedran	79,330			
Central Maine General (Lewiston)	C. A. Hannigan	861			
St. Mary's General (Lewiston)	C. P. Lape				
Veterans Admin. Center (Togus)	R. L. Ohler				
Thayer (Waterville)	R. E. Chamberlin	800			
<b>LEWISTON</b> Central Maine General (See Central Maine Family Practice Program, Augusta)					
St. Mary's General (See Central Maine Family Practice Program, Augusta)					
<b>PORTLAND</b> Maine Medical Center	R. M. True	3,836	4C	009	10,333
<b>TOGUS</b> Veterans Admin. Center (See Central Maine Family Practice Program, Augusta)					
<b>WATERVILLE</b> Thayer (See Central Maine Family Practice Program, Augusta)					
<b>MARYLAND</b>					
<b>BALTIMORE</b> Franklin Square University of Maryland Affiliated Hospitals	W. Reichel	104,978	8C	018	9,800
University of Maryland	L. T. Davis	12,000	20C	060	11,350
<b>CHEVERLY</b> Prince George's General	A. Roth	17,938	4C	012	11,566
<b>TAKOMA PARK</b> Washington Adventist	M. Quinnam	1,000	4C	017	9,000
<b>MASSACHUSETTS</b>					
<b>HOLDEN</b> Holden District (See Univ. of Massachusetts Coordinated Program, Worcester)					
<b>WORCESTER</b> University of Massachusetts Coordinated Program	R. F. Walton		12C 1F	026	
Worcester City	R. F. Walton	19,850			
Worcester Hahnemann Holden District (Holden)		11,542			

## 7. FAMILY PRACTICE—Continued

Director of Program	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
		1st Yr.	All Yrs.	
<b>MICHIGAN</b>				
<b>DEARBORN</b> Oakwood	E. M. Wakeman	4,556	6C 2F	020 12,000
<b>DETROIT</b> St. John Wayne State University Affiliated Hospitals Grace	E. J. Cetnar J. W. Hess	6,882	3C 10C	009 025 11,400
<b>FLINT</b> St. Joseph	L. Simoni, L. Bingley, Jr.	52,598	12C 1F	036 10,000
<b>GRAND RAPIDS</b> Grand Rapids Area Medical Education Center Blodgett Memorial Butterworth St. Mary's	J. P. Newton	11,821	8C	022 10,800 8,643
<b>GROSSE POINTE</b> Bon Secours	A. W. Bedell	2,788	8C	014 12,000
<b>LANSING</b> Edward W. Sparrow	H. E. Crow	18,923	8C	018 12,200
<b>MIDLAND</b> Midland	C. Schoff		6C	019 12,500
<b>SAGINAW</b> Saginaw Cooperative Hospitals Saginaw General St. Luke's St. Mary's	R. J. Toteff	11,959	8C	022 11,033
<b>MINNESOTA</b>				
<b>DULUTH</b> Duluth Graduate Medical Educational Council St. Luke's Miller—Dwan Hospital and Medical Center St. Mary's	W. E. Jacott	30,232	8C	024 11,800
<b>MINNEAPOLIS</b> Hennepin County Medical Center University of Minnesota Affiliated Hospitals University of Minnesota Hospitals Fairview North Memorial Medical Center St. Mary's Methodist (St. Louis Park) Bethesda Lutheran Medical Center (St. Paul) St. John's (St. Paul)	E. G. Berglund E. W. Ciriacy D. L. Spencer R. F. Avant D. L. Spencer J. H. Flinn, H. Racer D. S. Asp L. J. Nesvacil	17,245 6,110 15,536 5,775 15,536 38,733 25,000 16,661	12C 41C	036 123 11,300 9,800 11,500 11,300 9,800
<b>ST. LOUIS PARK</b> Methodist (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)				
<b>ST. PAUL</b> Bethesda Lutheran Medical Center (See University of Minnesota Affil. Hospitals, Minneapolis) St. John's (See Univ. of Minnesota Affil. Hospitals, Minneapolis) St. Paul—Ramsey	V. R. Hunt	14,201	8C	024 11,000
<b>MISSISSIPPI</b>				
<b>JACKSON</b> University of Mississippi Medical Center Doctors Hospital of Jackson Hinds General Mississippi Baptist St. Dominic—Jackson Memorial University	W. R. Gillis	15,000	12C 2F	036 10,000
<b>MISSOURI</b>				
<b>COLUMBIA</b> University of Missouri Medical Center	J. M. Colwill	16,000	10C	026 10,100
<b>KANSAS CITY</b> Baptist Memorial	W. J. Steilmach	1,398	6C	018 11,000
<b>ST LOUIS</b> St. John's Mercy Medical Center	J. J. Lauber		4C 3F	013 9,876
<b>NEBRASKA</b>				
<b>OMAHA</b> Creighton University Affiliated Hospitals Creighton Memorial St. Joseph's University of Nebraska	M. J. Haller M. D. Faith	14,831 20,311	10C 20C	033 042 11,440 11,385
<b>NEW JERSEY</b>				
<b>FLEMINGTON</b> Hunterdon Medical Center	P. J. Rizzolo	14,840	6C	018 8,480
<b>LONG BRANCH</b> Monmouth Medical Center	J. E. Allen	17,282	6C	018 12,942
<b>SOMERVILLE</b> Somerset	C. F. Meier	2,087	6C	014 13,033
<b>SUMMIT</b> Overlook	D. F. Kent	11,190	6C 2F	020 13,000

## 7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
			1st Yr.	All Yrs.	
<b>NEW MEXICO</b>					
<b>ALBUQUERQUE</b>					
University of New Mexico Affiliated Hospitals Bernalillo County Medical Center	W. A. Heffron	3,875	4C	012	9,400
<b>NEW YORK</b>					
<b>BAY SHORE</b>					
Southside	M. G. Rosen	60,800	8C	024	11,420
<b>BUFFALO</b>					
S. U. N. Y. at Buffalo Affiliated Hospitals Deaconess Hospital of Buffalo	R. H. Seller	9,201	15C 2F	047	10,800
<b>EAST MEADOW</b>					
Nassau County Medical Center—Meadowbrook Div.	C. J. Boccacini		4C	012	11,176
<b>GLEN COVE</b>					
Community Hospital at Glen Cove	J. H. Danby	3,030	6C	018	11,500
<b>JOHNSON CITY</b>					
Charles S. Wilson Memorial	S. L. Erney	15,631	6C 1F	020	10,400
<b>NEW YORK CITY</b>					
Brookdale Hospital Center	S. Falkow	3,347	8C	013	15,400
Lutheran Medical Center	E. Fanta	5,083	3C	008	13,500
Montefiore Hospital and Medical Center	H. Wise	170,000	10C	014	13,500
S.U.N.Y. Downstate Medical Center	C. M. Plotz		6C 1F	018	
Kings County Hospital Center State University		2,052			14,700 15,629
<b>ROCHESTER</b>					
Univ. of Rochester Sch. of Medicine—Highland Hosp. of Rochester	E. S. Farley, Jr.	24,400	10C	036	12,300
<b>SYRACUSE</b>					
S.U.N.Y. Upstate Medical Center—St. Joseph's St. Joseph's Hospital Health Center State University	L. T. Wolff	14,766	12C 2F	036	11,672
<b>YONKERS</b>					
St. Joseph's	A. H. Bruckheim	425	6C	020	13,000
<b>NORTH CAROLINA</b>					
<b>CHAPEL HILL</b>					
North Carolina Memorial	R. Smith	4,500	6C	018	10,000
<b>CHARLOTTE</b>					
Charlotte Memorial Hospital and Medical Center	D. S. Citron	1,500	5C	013	10,030
<b>DURHAM</b>					
Duke University Affiliated Hospitals Duke University Medical Center Watts	W. J. Kane	12,000 5,010	12C	036	11,385 10,450
<b>GREENSBORO</b>					
Moses H. Cone Memorial	W. B. Herring	6,051	8C	028	10,000
<b>NORTH DAKOTA</b>					
<b>FARGO</b>					
St. Luke's Hospitals	E. P. Donatelle		4C 3F	012	10,500
<b>OHIO</b>					
<b>AKRON</b>					
Akron City	E. J. Shahady	17,474	5C 1F	015	10,500
Akron General	J. P. Schlemmer	8,006	4C 1F	015	10,500
St. Thomas	G. E. East		4C	012	11,000
<b>CANTON</b>					
Aultman	J. W. Mc Fadden		4C	012	11,000
<b>COLUMBUS</b>					
Grant	G. W. Burrier	7,558	10C	030	11,300
Mount Carmel Medical Center	W. Ferris	24	3C	009	10,936
Ohio State University Affiliated Hospitals Ohio State University Hospitals Children's	P. T. Williams	6,884	6C	018	10,008
Riverside Methodist	D. R. Rudy	13,240	4C	012	9,500
<b>DAYTON</b>					
Wright State University Affiliated Hospitals Good Samaritan	J. Greene, Jr., W. Stowe		6C 2F	018	12,360
Wright State University Affiliated Hospitals Miami Valley	R. K. Bartholomew		4C	012	11,000
Wright State University Affiliated Hospitals St. Elizabeth Medical Center	R. A. Lane	94,512	10C	030	
<b>SYLVANIA</b>					
Flower	F. B. Ruwe	56,733	9C	021	10,795
<b>TOLEDO</b>					
Mercy	A. M. Yetis	3,189	4C	012	10,795
Toledo	F. F. Snyder		4C	012	10,795
<b>OKLAHOMA</b>					
<b>OKLAHOMA CITY</b>					
University of Oklahoma Health Sciences Center University Family Practice Program University Hospital and Clinics Presbyterian	N. L. Haug	37,000 954	12C	027	10,803 10,023

7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1976-1977 1st Yr. All Yrs.	Annual Salary (Min.)
<b>OKLAHOMA—Continued</b>				
<b>TULSA</b>				
Tulsa Family Practice Foundation	B. O. Bliss		8C 015	10,023
Hillcrest Medical Center	B. O. Bliss			
Doctor's				
St. Francis	R. G. Tompkins	24,678		
St. John's	D. J. Alexander			
<b>OREGON</b>				
<b>PORTLAND</b>				
Emanuel	W. R. Reynolds		4C 012	10,596
University of Oregon Affiliated Hospitals				
University of Oregon Health Sciences Center				
Hospitals and Clinics	L. G. Case	4,605	8C 024	9,900
<b>PENNSYLVANIA</b>				
<b>ABINGTON</b>				
Abington Memorial	F. S. Wilson	424	3C 009	11,000
<b>ALLENTOWN</b>				
Sacred Heart	P. L. Hermany	8,100	4C 2F	11,000
<b>BRYN MAWR</b>				
Bryn Mawr	D. S. Woodruff		3C 1F	12,000
<b>ERIE</b>				
Hamot Medical Center	R. E. Miller	33,843	5C 015	10,100
<b>HARRISBURG</b>				
Harrisburg	B. K. Strock	2,327	6C 1F	10,634
<b>HERSHEY</b>				
Milton S. Hershey Medical Center of the				
Pennsylvania State University	T. L. Leaman	24,064	6C 015	11,160
<b>JEANNETTE</b>				
Monsour Hospital and Clinic	J. E. Nemeec	112,049	3C 009	
<b>JOHNSTOWN</b>				
Conemaugh Valley Memorial	C. F. Reeder	15,600	6C 5F	018
<b>KINGSTON</b>				
Nesbitt Memorial				
(See United Health and Hospital Services,				
Wilkes-Barre)				
<b>LANCASTER</b>				
Lancaster General	N. J. Zervanos	37,800	8C 024	11,500
<b>LATROBE</b>				
Latrobe Area				
(See Thomas Jefferson Univ. Affil. Hospitals,				
Philadelphia)				
<b>MC KEESPORT</b>				
Mc Keesport	R. L. Buck	45,459	6C 6F	11,000
<b>NANTICOKE</b>				
Nanticoke State General				
(See United Health and Hospital Services,				
Wilkes-Barre)				
<b>PHILADELPHIA</b>				
Hahnemann Medical College and Hospital	L. E. Fuller, Sr.	12,000	8C 022	11,500
Thomas Jefferson University Affiliated Hospitals	P. C. Brucker	8,000	3C 3F	11,000
Chestnut Hill	H. A. Kaplan			
Thomas Jefferson University Affiliated Hospitals				
Thomas Jefferson University	P. C. Brucker	500	6C 018	11,800
Thomas Jefferson University Affiliated Hospitals				
Latrobe Area (Latrobe)	R. S. Gordon, J. R. Govi	86,202	3C 009	10,500
<b>PITTSBURGH</b>				
St. Margaret Memorial	P. W. Dishart	31,799	10C 023	11,700
Shadyside	M. E. Roth	7,500	6C 015	9,600
<b>PITTSTON</b>				
Pittston				
(See United Health and Hospital Services,				
Wilkes-Barre)				
<b>READING</b>				
Reading	J. B. Wagner	9,421	3C 009	11,800
<b>WASHINGTON</b>				
Washington	G. C. Schmieler	146,104	6C 014	9,600
<b>WILKES-BARRE</b>				
United Health and Hospital Services	D. W. Kistler		4C 012	12,000
Mercy				12,700
Veterans Admin.				
Wilkes-Barre General				
Wyoming Valley				
Nesbitt Memorial (Kingston)				
Nanticoke State General (Nanticoke)				
Pittston (Pittston)				
<b>WILLIAMSPORT</b>				
Williamsport	A. R. Taylor	7,383	7C 021	12,000
<b>YDRK</b>				
York	P. L. Roseberry	15,000	6C 018	11,360
<b>RHOODE ISLAND</b>				
<b>PAWTUCKET</b>				
Memorial				
(See Brown University Affiliated Hospitals,				
Providence)				

## 7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
			1st Yr.	All Yrs.	
<b>RHODE ISLAND—Continued</b>					
<b>PROVIDENCE</b>					
Brown University Affiliated Hospitals Memorial (Pawtucket)	D. Greer		12C	024	11,077
<b>SOUTH CAROLINA</b>					
<b>CHARLESTON</b>					
Medical University of South Carolina	H. B. Curry	18,000	15C	045	9,900
<b>COLUMBIA</b>					
Richland Memorial	J. R. Hewson		10C	030	10,000
<b>GREENVILLE</b>					
Greenville Hospital System	E. F. Gaynor	6,406	10C	030	10,000
<b>SPARTANBURG</b>					
Spartanburg General	D. K. Stokes	6,648	12C 4F	040	10,000
<b>SOUTH DAKOTA</b>					
<b>SIOUX FALLS</b>					
Sioux Falls Family Practice Residency	L. J. Sweeney	12,000	8C 7F	024	9,960
Mc Kennan Sioux Valley Family Practice Center					
<b>TENNESSEE</b>					
<b>JACKSON</b>					
Jackson—Madison County General (See University of Tennessee Affiliated Hospitals, Memphis)					
<b>KNOXVILLE</b>					
University of Tennessee Memorial Research Center and Hospital	R. F. Lash	7,500	8C	024	9,487
<b>MEMPHIS</b>					
University of Tennessee Affiliated Hospitals Jackson—Madison County General (Jackson)	T. E. Bryan	30,000	8C	024	10,500
University of Tennessee Affiliated Hospitals St. Joseph Hospital East	P. J. Murphy		8C	024	10,500
<b>NASHVILLE</b>					
George W. Hubbard Hospital of the Meharry Medical College	J. E. Arradondo	56,000	6*	012	
<b>TEXAS</b>					
<b>AMARILLO</b>					
Regional Academic Health Center (See Texas Tech Univ. Affil. Hosps., Lubbock)					
<b>AUSTIN</b>					
Brackenridge	P. W. Schedler	468	4C 4F	018	11,760
<b>CORPUS CHRISTI</b>					
Memorial Medical Center	E. L. Holt	22,717	5C 4F	019	10,000
<b>FORT WORTH</b>					
John Peter Smith	D. J. Pillow, Sr.	116,180	16C	048	12,000
<b>GALVESTON</b>					
University of Texas Medical Branch Hospitals	A. A. O'Connell	5,200	6C	017	11,400
<b>HOUSTON</b>					
Baylor College of Medicine Affiliated Hospitals St. Luke's Episcopal Texas Children's Memorial Hospital System	C. Vallbona M. Cowart M. Cowart C. F. Webber	2,296 22,875 14,166	6C	012	9,540
<b>LUBBOCK</b>					
Texas Tech University Affiliated Hospitals Regional Academic Health Center, (Amarillo)	M. E. Dyer	4,863	8C	014	10,500
Texas Tech University Affiliated Hospitals South Plains Area Health Education Center	B. N. Squyres	13,329	8C	024	10,500
<b>SAN ANTONIO</b>					
Lutheran General University of Texas at San Antonio Teaching Hospitals Bexar County Teaching Robert B. Green Memorial	W. R. Lawler			4C 6C	012 018
		23,667			9,800
<b>WACO</b>					
Mc Lennan County Family Practice Program Providence Hillicrest Baptist	C. N. Ramsey	25,795 9,667	6C	019	9,000
<b>UTAH</b>					
<b>OGDEN</b>					
Mc Kay—Dee Hospital Center (See University of Utah Affiliated Hospitals, Salt Lake City)					
<b>SALT LAKE CITY</b>					
University of Utah Affiliated Hospitals Mc Kay—Dee Hospital Center (Ogden) Holy Cross Hospital of Salt Lake City	C. H. Castle G. F. Snell C. H. Castle	6,643 94,478 6,000	14C	039	10,500
<b>VERMONT</b>					
<b>BURLINGTON</b>					
Medical Center Hospital of Vermont	E. E. Friedman	10,800	2C 2F	006	9,250
<b>VIRGINIA</b>					
<b>CHARLOTTESVILLE</b>					
University of Virginia	R. W. Lindsay	5,828	6C	018	9,900

## 7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
			1st Yr.	All Yrs.	
<b>VIRGINIA—Continued</b>					
<b>FALLS CHURCH</b>					
Fairfax (See Va. Commonwealth Univ. M.C.V. Affil. Hosp., Richmond)					
<b>NEWPORT NEWS</b>					
Riverside (See Va. Commonwealth Univ. M.C.V. Affil. Hosp., Richmond)					
<b>NORFOLK</b>					
Eastern Virginia Medical School Affiliated Hospitals	R. L. Cassidy		6C	018	11,100
Norfolk General		1,517			
Children's Hospital of the King's Daughters		463			
<b>RICHMOND</b>					
Virginia Commonwealth University M.C.V. Affiliated Hospitals	F. Mayo				
Medical College of Virginia Hospitals	A. E. Harris, Jr.	28,000	6C	018	9,900
Virginia Commonwealth University M. C. V. Affiliated Hospitals					
Fairfax (Falls Church)	A. Mackintosh	4,809	6C	018	
Virginia Commonwealth University M. C. V. Affiliated Hospitals					
Riverside (Newport News)	G. S. Mitchell, Jr.	43,227	12C 6F	036	10,600
Virginia Commonwealth University M.C.V. Affiliated Hospitals					
General Hospital of Virginia Beach (Virginia Beach)			6C	018	9,400
<b>ROANOKE</b>					
Roanoke Memorial Hospitals	G. E. Clapsaddle	28,898	10C 8F	030	7,275
<b>VIRGINIA BEACH</b>					
General Hospital of Virginia Beach (See Va. Commonwealth Univ. M.C.V. Affil. Hosp., Richmond)					
<b>WASHINGTON</b>					
<b>SEATTLE</b>					
Doctors	J. N. Scardapane	10,996	6C	018	10,000
Group Health Medical Center	R. V. Tinker, J. S. Gilson		4C	012	9,127
Providence Medical Center	R. H. Layton	278	4C	013	9,252
University of Washington Affiliated Hospitals					
University	J. A. Lincoln	11,000	6C 2F	018	9,252
<b>SPOKANE</b>					
Inland Empire Hospital Services Association	K. E. Gudgel	12,815	6C	018	9,765
Deaconess	K. E. Gudgel, D. Corpron				
Sacred Heart Medical Center					
St. Luke's Memorial	L. A. Gothberg				
<b>WEST VIRGINIA</b>					
<b>CHARLESTON</b>					
Charleston Area Medical Center (See Kanawha Valley Program, South Charleston)					
<b>CLARKSBURG</b>					
United Hospital Center	L. D. Simmons	32,345	4C	008	12,000
<b>MORGANTOWN</b>					
West Virginia University	J. W. Traubert		6C	018	10,200
<b>SOUTH CHARLESTON</b>					
Kanawha Valley Program	C. C. Tully		4C	012	9,900
Herbert J. Thomas Memorial		38,519			
Charleston Area Medical Center (Charleston)		9,500			
<b>WHEELING</b>					
Wheeling	G. M. Kellas	21,655	4C	012	12,000
<b>WISCONSIN</b>					
<b>EAU CLAIRE</b>					
Eau Claire Regional Educational Consortium (See University of Wisconsin Affil. Hosp., Madison)					
Luther (See University of Wisconsin Affil. Hosp., Madison)					
Sacred Heart (See University of Wisconsin Affil. Hosp., Madison)					
<b>MADISON</b>					
University of Wisconsin Affiliated Hospitals	J. H. Renner				
Eau Claire Regional Educational Consortium (Eau Claire)	L. L. Hanley		6C	012	10,800
Luther (Eau Claire)					
Sacred Heart (Eau Claire)					
University of Wisconsin Affiliated Hospitals	J. H. Renner				
St. Mary's Hospital Medical Center	L. A. Phelps	17,379	12C	036	10,800
University of Wisconsin Affiliated Hospitals	J. H. Renner				
St. Mary's (Milwaukee)	G. H. Thomson		4C	012	10,500
<b>MILWAUKEE</b>					
Medical College of Wisconsin Affiliated Hospitals					
Evangelical Deaconess	A. Liebman	745	6C	018	10,532
Medical College of Wisconsin Affiliated Hospitals					
Milwaukee County General	A. Liebman				
Medical College of Wisconsin Affiliated Hospitals					
St. Luke's	J. A. Palese	2,369	4C 4F	012	10,500



## 7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
			1st Yr.	All Yrs.	
<b>WISCONSIN, MILWAUKEE—Continued</b>					
St. Mary's (See University of Wisconsin Affil. Hosps., Madison)					
St. Michael	N. G. Bauch	67,361	6C	018	10,800

## 8. FORENSIC PATHOLOGY

Residency programs in Forensic Pathology that have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Pathology through the Residency Review Committee for Pathology, are listed following the programs in Pathology, as List 21B.

## 9. GENERAL PRACTICE

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association and the American Academy of Family Physicians, through the Residency Review Committee for General Practice, as offering acceptable training in this field.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1976-1977		Annual Salary (Min.)
						1st Yr.	All Yrs.	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>								
<b>CALIFORNIA</b>								
<b>BAKERSFIELD</b>								
Kern County General	D. F. Brayton	156	8,364	55,218	2	1C	002	14,400
<b>MARTINEZ</b>								
Contra Costa County Medical Services	J. L. Aiken	176	11,371	159,184	2	10C	016	
<b>MODESTO</b>								
Scenic General	A. C. Nadler	79	2,923	34,785	2	4C	008	12,000
<b>SANTA BARBARA</b>								
Santa Barbara General—Cottage Hospitals	L. F. Smith				2	6C 4F	018	11,000
Santa Barbara Cottage		309	14,756					
Santa Barbara General		50	2,720	12,640				
<b>DISTRICT OF COLUMBIA</b>								
<b>WASHINGTON</b>								
Rogers Memorial	J. H. Choi	86	4,030	7,912	2	8C	015	11,000
<b>ILLINOIS</b>								
<b>CHICAGO</b>								
Grant Hospital of Chicago	L. C. Johnston	275	10,947	33,633	2	20C	048	11,676
Jackson Park	M. I. Shapiro	178	7,887	747	2	7C	014	12,660
Louis A. Weiss Memorial	H. E. Bessinger	244	10,382	7,809	2	3C	005	11,630
Norwegian—American	G. T. Murphy	204	12,127	3,653	2	12C	023	10,200
Ravenswood Hospital Medical Center	L. Callaway, Jr., W. Boelam	138	4,761	2,660	2	8C	016	12,500
St. Elizabeth's	M. Gonzalez	261	11,917	8,044	2	2C	004	10,548
<b>EVANSTON</b>								
St. Francis	L. N. Giannasi	182	6,565	1,326	2	1C 1F	004	11,000
<b>MARYLAND</b>								
<b>BETHESDA</b>								
Suburban	E. P. Libre	126	4,484	1,152	2	4C 8F	015	9,450
<b>MICHIGAN</b>								
<b>DETROIT</b>								
Evangelical Deaconess	J. F. Fennessey	144	5,698	15,335	2	4*	008	13,334
Kirwood General	L. N. Yuille	123	4,197	2,880	2	6C	010	12,000
<b>NEW JERSEY</b>								
<b>HOBOKEN</b>								
St. Mary	J. E. Scerbo	276	9,773	35,864	2	4*	012	11,820
<b>PERTH AMBOY</b>								
Perth Amboy General	N. F. Kemp	442	19,100	15,760	2	5C 5F	014	10,000
<b>SOMERS POINT</b>								
Shore Memorial	A. J. Deitch	208	10,347	2,801	2	4C	008	12,000
<b>NEW YORK</b>								
<b>YONKERS</b>								
Yonkers General	A. A. Migliaccio	148	5,014	50,110	2	5*	015	11,200
<b>OHIO</b>								
<b>AKRON</b>								
St. Thomas	G. E. East	58	2,089	8,403	2	4C	004	11,000
<b>BARBERTON</b>								
Barberton Citizens	L. M. Brown	172	8,557	6,109	2	18*	030	7,800
<b>CINCINNATI</b>								
University of Cincinnati Hospital Group Cincinnati General	J. W. Agna	320	540	64,356	2	6C	012	10,244
<b>CLEVELAND</b>								
Fairview General	G. Hahnel	422	18,361	9,289	3	3*	008	12,000
Polyclinic	R. V. Bachman	97	4,714	6,889	3	3C	008	9,600
St. John's	R. J. McCaffery	310	10,136	8,574	3	11C	033	11,400

9. GENERAL PRACTICE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1976-1977 1st Yr. All Yrs.	Annual Salary (Min.)
<b>OHIO—Continued</b>							
<b>ELYRIA</b> Elyria Memorial	W. H. Sigalove	226	14,467	3,808	2	3C 3F 006	9,900
<b>EUCLID</b> Euclid General	M. Pazirandeh	318	12,853	57,305	3	8C 014	10,500
<b>RAVENNA</b> Robinson Memorial Portage County	K. F. Rupp	219	13,131	5,801	3	6C 013	10,500
<b>TOLEDO</b> St. Charles	M. Yuce	239	11,018	50,640	2	6C 012	9,600
<b>YOUNGSTOWN</b> St. Elizabeth	L. Zeller	631	26,697	13,820	2	2* 2F 006	10,800
<b>PENNSYLVANIA</b>							
<b>ALTOONA</b> Altoona	R. L. Barenberg	340	13,709	952	2	3C 4F 009	12,300
<b>BRISTOL</b> Lower Bucks	H. A. Hidalgo	283	14,044	5,666	2	6* 012	10,200
<b>DREXEL HILL</b> Delaware County Memorial	J. H. A. Bomberger	263	10,306	50,000	2	12C 012	9,300
<b>NORRISTOWN</b> Sacred Heart	B. R. Marger	116	5,312	3,209	2	4C 006	10,000
<b>POTTSVILLE</b> Good Samaritan	N. M. Wall	196	9,163	51,163	2	3C 006	10,800
Pottsville Hospital and Warne Clinic	E. W. Cubler	231	9,254	17,878	2	8* 008	9,600
<b>UTAH</b>							
<b>SALT LAKE CITY</b> Latter—Day Saints	J. H. Cook	486	29,653	6,864	2	2C 1F 002	11,200
<b>VIRGINIA</b>							
<b>PORTSMOUTH</b> Maryview	C. J. Hoffman	255	9,153	124,969	2	5C 010	10,560
Portsmouth General	J. G. Setter	262	11,954	11,809	2	5C 010	11,400
<b>SUFFOLK</b> Louise Obici Memorial	B. L. Critzer	176	7,938		2	3C 007	11,000

10. INTERNAL MEDICINE

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977 1st Yr. All Yrs.	Annual Salary (Min.)
<b>UNITED STATES AIR FORCE</b>						
<b>CALIFORNIA</b>						
David Grant U. S. A. F. Medical Center, Fairfield	E. M. Bradley	79	2,679	83,492	8C 024	
<b>MISSISSIPPI</b>						
U. S. A. F. Medical Center, Biloxi	P. J. Phillippi	108	3,904	92,871	4C 6* 018	16,000
<b>TEXAS</b>						
Wilford Hall U. S. A. F. Medical Center, San Antonio	G. W. Parker	250	6,924	46,259	23C 050	17,100
<b>UNITED STATES ARMY</b>						
<b>CALIFORNIA</b>						
Letterman Army Medical Center, San Francisco	J. J. Deller, Jr.	83	2,235	305,065	8C 1F 022	
<b>CDLORADO</b>						
Fitzsimons Army Medical Center, Denver	J. J. Bergin	140	4,100	190,200	8C 3F 029	
<b>DISTRICT OF COLUMBIA</b>						
Walter Reed Army Medical Center, Washington	R. K. Modlin	167	3,838	91,293	9C 9* 1F 038	
<b>HAWAII</b>						
Tripler Army Medical Center, Honolulu	E. J. Kamin, 3d	126	4,599	111,302	8C 4F 026	
<b>TEXAS</b>						
William Beaumont Army Medical Center, El Paso	J. L. Pitcher	115	5,186	249,428	8C 5F 025	
Brooke Army Medical Center, San Antonio	A. J. Ognibene	147	3,916	514,000	10C 4F 038	
<b>WASHINGTON</b>						
Madigan Army Medical Center, Tacoma	E. B. Cooper	78	2,954	89,286	8C 2F 024	

## 10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES NAVY</b>							
<b>CALIFORNIA</b>							
Naval Regional Medical Center, Oakland	J. W. Davis	104	2,165	53,425	3C 1*	020	
Naval Regional Medical Center, San Diego	J. D. Bloom	272	4,000	63,000	12C	036	
<b>MARYLAND</b>							
National Naval Medical Center, Bethesda	D. O. Castell	126	2,359	139,871	4C 4* 1F	026	
<b>PENNSYLVANIA</b>							
Naval Regional Medical Center, Philadelphia	C. R. Bemiller	140	2,330	84,000	7C 1*	036	
<b>VIRGINIA</b>							
Naval Regional Medical Center, Portsmouth	J. W. Lea, Jr.	208	5,588		6C 6*	036	
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>							
<b>CALIFORNIA</b>							
U. S. Public Health Service, San Francisco	D. Mason	104	2,322	20,495	5C 4F	017	
<b>MARYLAND</b>							
U. S. Public Health Service, Baltimore	J. H. Hammann	35	944	13,472	5C 1F	007	
<b>MASSACHUSETTS</b>							
U. S. Public Health Service, Boston	R. H. Thurm	15	440	3,013	1C	003	14,934
<b>NEW YORK</b>							
U. S. Public Health Service (Staten Island), New York City	A. B. Barr	125	1,965	24,008	8C 7F	024	
<b>WASHINGTON</b>							
U. S. Public Health Service (See University of Washington Affiliated Hospitals, Seattle)							
<b>OTHER FEDERAL</b>							
<b>CANAL ZONE</b>							
Gorgas, Balboa Heights	P. Anderson	77	3,191	28,805	1C 2F	008	13,023
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
Baptist Medical Centers	J. M. Mc Mahon				16C 4F	030	10,338
Baptist Medical Center—Montclair	J. D. Bancroft	198	7,930	261			
Baptist Medical Center—Princeton	J. M. Mc Mahon	17	4,520	617			
Carraway Methodist Medical Center	E. D. Haigler, Jr.	118	4,575	29,454	6C 4* 2F	024	10,080
St. Vincent's	K. W. Berry, Jr.	290	4,024	3,773	4C 8*	015	10,800
University of Alabama Medical Center	T. N. James	214	5,891	17,852	29*	073	10,500
University of Alabama Hospitals	T. N. James	141	4,903	6,483			10,600
Veterans Admin.	T. N. James, T. W. Sheehy						
<b>FAIRFIELD</b>							
Lloyd Noland	C. E. Porter	121	4,094	52,669	4C 2F	012	12,000
<b>MOBILE</b>							
University of South Alabama Affiliated Hospitals							
University of South Alabama Medical Center Hospital and Clinics	R. A. Kreisberg	43	2,154	14,031	8C 3F	030	10,704
<b>MONTGOMERY</b>							
Montgomery Regional Medical Foundation	J. J. Kirschenfeld				7C	028	
Montgomery Baptist	J. J. Kirschenfeld	185	10,274	12,466			10,875
Veterans Admin.	B. F. Montague, Jr.	111	2,618	29,312			10,600
<b>ARIZONA</b>							
<b>PHOENIX</b>							
Good Samaritan	D. J. Crosby	181	8,913	3,538	6C 5* 2F	030	9,425
Maricopa County General	J. W. Heaton, Jr.	109	3,424	53,107	9C 4F	023	14,502
St. Joseph's Hospital and Medical Center	E. Murray	110	4,550	4,684	8*	017	12,593
<b>TUCSON</b>							
Tucson Hospitals Medical Education Program	M. Fuchs				6* 8F	026	10,000
Pima County General		48	2,059	16,590			
Tucson Medical Center		270	10,270	6,775			
University of Arizona Affiliated Hospitals	W. F. Denny				12C	052	10,300
University	W. F. Denny	132	4,011	39,931			
Veterans Admin.	J. W. Smith	39	1,742	14,945			
<b>ARKANSAS</b>							
<b>LITTLE ROCK</b>							
University of Arkansas Medical Center	R. S. Abernathy				13C	042	
University	R. S. Abernathy	52	2,388	11,480			9,300
Veterans Admin. Consolidated	J. H. Bates	140	5,551	5,119			11,206

## 1D. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>CALIFORNIA</b>							
<b>BAKERSFIELD</b>							
Kern County General	D. L. Roberts	60	2,091	12,960	6C	017	14,400
<b>DAVIS</b>							
University of California (Davis) Affiliated Hospitals University of Calif. (Davis) Sacramento Medical Center (Sacramento)	R. J. Bolt	87	4,353	28,946	8C	056	10,900
<b>FRESNO</b>							
Valley Medical Center of Fresno	R. K. Larson	85	3,854	14,306	5C 6F	015	15,540
<b>IRVINE</b>							
University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange) Memorial Hospital Medical Center (Long Beach) Veterans Admin. (Long Beach)	J. Tilles J. Tilles M. Cohen J. L. Steinfeld	93 308 666	5,032 8,450 13,698	20,626 665 32,235	24C 7* 18C	055 015 110	10,900 9,925 13,871
<b>LOMA LINDA</b>							
Loma Linda University	H. W. Emori	166	6,725		21C	045	10,392
<b>LONG BEACH</b>							
Memorial Hospital of Long Beach (See Univ. of California (Irvine) Affiliated Hosps., Irvine)							
St. Mary Medical Center	Y. B. Bickel	130	5,041	2,138	12C 2*	031	12,000
Veterans Admin. (See Univ. of California (Irvine) Affiliated Hosps., Irvine)							
<b>LOS ANGELES</b>							
Cedars—Sinai Medical Center Cedars of Lebanon Hospital Division Mount Sinai Hospital Division Hospital of the Good Samaritan Medical Center	J. R. Klinenberg S. Cryst	107 111 155	5,109 5,970 6,170	20,011 7,584	18C 4C 4* 2F	046 010	11,580 10,800
Kaiser Foundation Los Angeles County—U.S.C. Medical Center	F. D. Riley J. E. Bethune	149 501	4,683 30,952	239,381 89,287	4C 78C 12F 14*	020 214	11,267 15,732
Martin Luther King, Jr. General U. C. L. A. Hospital and Clinics, Center for the Health Sciences	D. D. Ulmer R. G. Schultze	72 144	2,817 5,018	17,228 62,378	23C 8*	042 081	15,732 10,900
Veterans Admin. (Sepulveda) Veterans Admin. Center—Wadsworth	S. G. Korenman S. Dayton	316 201	5,417 7,851	64,355 50,970	14C 24C	043 098	16,138 13,871
<b>MARTINEZ</b>							
Veterans Admin.	M. C. Geokas	160	3,647	7,200	8C	042	14,205
<b>OAKLAND</b>							
Highland General	H. D. Cutting	64	3,285	10,542	4C 4* 6F	032	10,860
Kaiser Foundation	M. A. Shearn	48	2,192	193,038	9C	019	11,880
<b>ORANGE</b>							
Orange County Medical Center (See Univ. of California (Irvine) Affil. Hosps., Irvine)							
<b>PALO ALTO</b>							
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)							
<b>PANORAMA CITY</b>							
Kaiser Foundation	J. E. Ruderman	78	3,899	83,956	3C	007	14,087
<b>PASADENA</b>							
Huntington Memorial	R. J. Bing	148	6,100	9,400	4C 5*	022	10,965
<b>RIVERSIDE</b>							
Riverside General	D. L. John	64	5,106	11,226	4C	011	11,696
<b>SACRAMENTO</b>							
Kaiser Foundation University of Calif. (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)	R. H. Swerdlow	59	2,436	98,656	3C	009	10,920
<b>SAN DIEGO</b>							
Mercy Hospital and Medical Center	J. Geller	164	6,012	16,442	4C 6F	019	11,700
University of California (San Diego) Affiliated Hospitals University of California, San Diego—University Hospital Veterans Admin.	H. Ranney H. Ranney S. Rapaport	109 139	4,044 5,162	14,610 55,687	24C	080	10,900 11,839
<b>SAN FRANCISCO</b>							
Children's Hospital and Adult Medical Center Kaiser Foundation Mount Zion Hospital and Medical Center	H. I. Griffeath M. Janin S. Levin	76 79 144	3,131 2,993 5,686	11,164 171,689 15,580	7C 11C 6C 4*	019 025 022	10,459 10,320 10,900
Pacific Medical Center and Affiliated Hospitals Pacific Medical Center—Presbyterian	J. R. Gamble	80	3,519	8,400	6C 6*	028	10,068
St. Mary's Hospital and Medical Center	J. J. Furlong	98	3,744	12,646	10C 1F	026	11,120
University of California Program	L. H. Smith				10C 29* 2F	100	
H. C. Moffitt—University of California Hospitals San Francisco General Veterans Admin.	L. H. Smith, Jr. W. Williams M. H. Slesinger	101 147 107	3,875 5,585 3,114	35,179 33,805 17,135			10,300 10,300 12,300

## 10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>CALIFORNIA—Continued</b>							
<b>SAN JOSE</b>							
Santa Clara Valley Medical Center	R. A. O' Reilly	61	235	75,000	50C 2* 4F	021	12,966
<b>SANTA CLARA</b>							
Kaiser Foundation	E. S. Wolfe	59	1,893	272,899	6C	014	10,320
<b>STANFORD</b>							
Stanford University Affiliated Hospitals	M. G. Perloth	67	3,045	22,828	17C	051	11,500
Stanford University	M. G. Perloth	62	1,718	5,440			
Veterans Admin. (Palo Alto)	K. B. Taylor						
<b>STOCKTON</b>							
San Joaquin General	J. C. Zener	49	2,836	18,964	3* 2F	011	14,160
<b>TORRANCE</b>							
Los Angeles County Harbor General	W. D. Odell	126	9,019	34,048	12C 22*	061	12,612
<b>COLORADO</b>							
<b>DENVER</b>							
Presbyterian Medical Center	F. W. Platt, W. J. Schorr	147	5,888	4,732	6C 3* 3F	027	10,000
St. Joseph	M. E. Mc Dowell	158	7,199	1,898	6C 5*	022	10,800
St. Luke's	J. F. Mueller	175	5,967	2,047	6* 4F	015	11,600
University of Colorado Affiliated Hospitals	J. V. Weil				24C	067	
Denver General	A. B. Organick	57	2,837	23,000			10,000
General Rose Memorial	E. Miller	125	5,526				
University of Colorado Medical Center	J. V. Weil	61	2,760	8,848			10,000
Veterans Admin.	K. E. Sussman	108	5,764	8,450			12,883
<b>CONNECTICUT</b>							
<b>BRIDGEPORT</b>							
Bridgeport	P. E. Perillie	195	6,679	6,962	8C 1F	023	11,665
St. Vincent's	M. Garrell	144	4,836	2,643	8C 2* 1F	032	12,210
<b>DANBURY</b>							
Danbury	J. L. Belsky	105	3,625	4,180	7C 2F	021	11,650
<b>FARMINGTON</b>							
University of Connecticut Affiliated Hospitals	F. Davidoff					10C	036
John Dempsy		15					
Veterans Admin. (Newington)		66	1,992	18,969			
<b>HARTFORD</b>							
Hartford	R. F. Reinfrank	249	8,038	24,900	16C 4F	045	10,950
Mount Sinai	A. L. Aronson	80	3,103	2,246	9C	020	10,815
St. Francis	S. B. Sulavik	225	7,128	4,966	8C 1F	023	10,950
<b>NEW BRITAIN</b>							
New Britain General	H. Levine	113	3,829	1,381	5C	016	11,600
<b>NEW HAVEN</b>							
Hospital of St. Raphael	D. S. Oock	391	15,270	21,312	9C 7* 5F	035	11,190
Yale—New Haven Medical Center	S. O. Thier				22C	060	
Yale—New Haven		175	6,082	30,893			11,190
Veterans Admin. (West Haven)		95	5,023	14,010			11,996
<b>NEWINGTON</b>							
Veterans Admin. (See University of Connecticut Affil. Hosps., Farmington)							
<b>NORWALK</b>							
Norwalk	M. H. Floch	180	6,444	3,138	6C 4* 4F	032	10,100
<b>STAMFORD</b>							
Stamford	N. I. Robin	135	4,833	2,270	6C	016	11,000
<b>WATERBURY</b>							
St. Mary's	R. L. Piscatelli	134	5,401	3,553	7C 4*	022	9,523
Waterbury	G. F. Thornton	161	5,647	3,097	6C 2* 2F	024	11,904
<b>WEST HAVEN</b>							
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)							
<b>DELAWARE</b>							
<b>WILMINGTON</b>							
Veterans Admin.	A. Courter	145	2,338	2,560	2C	002	13,801
Wilmington Medical Center	L. P. Lang	434	11,380	13,071	9C 1F	027	12,183
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
District of Columbia General	L. M. Fox	98	1,598	8,246	16C	040	
Georgetown University Service	J. N. Sheagren	106	1,959	8,000	12C 6*	044	
Howard University Service							

## 10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>DISTRICT OF COLUMBIA, WASHINGTON—Continued</b>							
Doctors	S. A. Schwartz	116	2,696	689	9C	017	10,817
Georgetown University	D. P. Jackson	100	3,486	6,353	18C 1F	055	11,519
George Washington University	W. N. Jensen	172	6,192	58,012	32C	080	11,526
Howard University	J. L. Townsend	63	1,527	15,759	10C	033	12,319
Providence	H. Weiss	126	3,566	5,886	6*	010	11,190
Veterans Admin.	H. J. Zimmerman	228	8,136	130,169	22C	104	11,525
Washington Hospital Center	J. A. Curtin	202	5,416	14,625	21C	037	11,087
<b>FLORIDA</b>							
<b>GAINESVILLE</b>							
University of Florida Affiliated Hospitals	L. E. Cluff				15C	045	
William A. Shands Teaching Hosp. and Clinics	L. E. Cluff	59	2,159	13,056			9,044
Veterans Admin.	R. R. Streiff	122	3,706	42,941			9,891
<b>JACKSONVILLE</b>							
Jacksonville Hospitals Educational Program	W. R. Keene	125	4,975		12C	036	9,825
Baptist Memorial							
University Hospital of Jacksonville	A. G. Vandevelde	56	1,875	17,736			
<b>MIAMI</b>							
University of Miami Affiliated Hospitals	J. H. Sanders				43C 1F	122	
Jackson Memorial	J. H. Sanders	190	5,920	46,474			12,222
Veterans Admin.	W. J. Harrington	300	8,403	104,461			12,322
<b>MIAMI BEACH</b>							
Mount Sinai Medical Center of Greater Miami	M. A. Sackner	287	10,276	5,283	14C	048	12,222
<b>ORLANDO</b>							
Orange Memorial	A. W. Anderson	193	8,048	46,968	5C	016	10,081
<b>PENSACOLA</b>							
Pensacola Educational Program	C. J. Kahn, R. Lawrence				2C 2* 2F	010	10,680
Baptist		212	7,915				
Sacred Heart		112	5,134	15,214			
University		24	1,075	2,221			
<b>TAMPA</b>							
University of South Florida Affiliated Hospitals	R. H. Behnke				24C	080	
Veterans Admin.		173	4,977	30,265			11,031
Tampa General		190	7,234	3,919			10,837
<b>GEORGIA</b>							
<b>ATLANTA</b>							
Emory University Affiliated Hospitals	J. W. Hurst				90C 3F	141	
Grady Memorial	J. W. Hurst	140	6,866	58,097			9,960
Crawford W. Long Memorial	H. S. Ramos	138	5,116	10,221			10,440
Emory University	J. W. Hurst	117	4,767				9,960
Veterans Admin. (Decatur)	J. E. Hardison	187	6,755	52,520			
Georgia Baptist	G. F. Fletcher	107	4,391	2,036	3C 4F	017	10,320
<b>AUGUSTA</b>							
Medical College of Georgia Hospitals	J. P. Bailey, Jr.				16C	068	9,600
Eugene Talmadge Memorial	J. P. Bailey, Jr.	68	1,882	12,432			
University	J. P. Bailey, Jr.	183	7,097	16,042			
Veterans Admin.	P. D. Webster, Jr.	121	2,323	3,485			
<b>DECATUR</b>							
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)							
<b>SAVANNAH</b>							
Memorial Medical Center	J. T. Waller	96	3,916	14,823	8* 2F	017	9,648
<b>HAWAII</b>							
<b>HONOLULU</b>							
University of Hawaii Affiliated Hospitals	C. Gulbrandsen				19C	059	
Queen's Medical Center	J. A. Orbison	86	3,543	10,763			11,400
Kaiser Foundation	J. H. C. Kim	50	2,513	51,142			
Kuakini	R. T. Huffman	95	3,850				
St. Francis	N. C. Bruce	109	3,880	7,442			12,180
Straub Clinic and Hospital		40	2,041				
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Columbus—Cuneo—Cabrini Medical Center	H. P. Russe				5C 10F	025	11,750
Columbus		198	6,376	11,643			
Frank Cuneo		42	2,790	4,393			
Cook County	Q. D. Young	366	15,770	99,246	20C 20*	155	11,600
Illinois Masonic Medical Center	E. Feldman, S. M. Kahn	205	5,717	5,989	12C 8* 3F	036	12,200
Louis A. Weiss Memorial	H. E. Bessinger	180	6,581	5,226	10C 4* 1F	026	11,630
Mc Gaw Medical Center of Northwestern University	R. Patterson				28C 14* 4F	126	11,680
Northwestern Memorial	R. Patterson	293	8,398	12,385			
Veterans Admin. Research	E. Dordal	199	12,130	80,054			
Evanston (Evanston)	T. Killip	213	7,234	6,839			

## 10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>ILLINOIS, CHICAGO—Continued</b>							
Mercy Hospital and Medical Center	H. Dizadji	203	4,812	24,571	6C	021	10,680
Michael Reese Hospital and Medical Center	L. M. Sherwood	305	7,046	13,752	30C	100	12,363
Mount Sinai Hospital Medical Center of Chicago	P. Freedman	141	5,533	9,676	8C	029	12,000
					3*		
					2F		
Rush—Presbyterian—St. Luke's Medical Center	T. B. Schwartz	273	8,163	30,000	14C	064	12,000
					10*		
St. Joseph	J. L. Murphy	238	6,551	13,440	8*	026	11,000
University of Chicago Hospitals and Clinics	R. L. Byrny	160	5,821	44,835	20C	050	11,125
University of Illinois Affiliated Hospitals	M. D. Bogdonoff	107	2,751	42,103	30C	135	12,500
University of Illinois	M. D. Bogdonoff	107	2,751	42,103			
Veterans Admin. (West Side)	C. G. Pilz	204	4,133	77,546			
<b>EVANSTON</b>							
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)							
St. Francis	R. E. Casas	182	6,565	2,561	10C	027	11,000
					1F		
<b>HINES</b>							
Veterans Admin.	A. Littman	426	15,025	23,765	30C	090	11,000
<b>MAYWOOD</b>							
Loyola University Affiliated Hospitals Foster G. Mc Gaw	J. R. Tobin, Jr.	110	3,193	23,425	8C	031	11,000
<b>OAK LAWN</b>							
Christ	T. Ing, J. Oyama	265	7,020	3,300	10C	026	12,000
<b>PEORIA</b>							
St. Francis	D. E. Rager	286	8,547	50,849	2*	012	10,500
					3F		
<b>SPRINGFIELD</b>							
Southern Illinois University Affiliated Hospitals	S. Rabinovich				16C	038	10,500
St. Johns		159	6,320				
Memorial Medical Center		160	5,858				
<b>INDIANA</b>							
<b>INDIANAPOLIS</b>							
Indiana University Medical Center	W. J. Daly				30*	080	10,250
Indiana University Hospitals	W. J. Daly	95	3,200	10,000			
Marion County General	J. Mamlin	79	2,745	33,299			
Veterans Admin.		252	7,101	30,128			
Methodist Hospital of Indiana	R. W. Campbell	274	9,505	3,966	4*	020	
					2F		
St. Vincent	S. R. Stouder	164	4,710	1,663	6*	030	12,158
					5F		
<b>MUNCIE</b>							
Ball Memorial	J. L. Cullison	203	7,631	1,816	4C	012	10,000
					3F		
<b>IOWA</b>							
<b>IOWA CITY</b>							
University of Iowa Affiliated Hospitals	J. Clifton				22C	022	
University of Iowa Hospitals		133	5,435	27,853			
Veterans Admin.		108	4,295	11,623			10,500
<b>KANSAS</b>							
<b>KANSAS CITY</b>							
University of Kansas Affiliated Hospitals	N. J. Greenberger				23C	095	
University of Kansas Medical Center	N. J. Greenberger	111	4,769	29,486			11,000
Stormont—Vail (Topeka)	N. J. Greenberger	121	4,417	13,759			
Veterans Admin. (Kansas City, Mo.)	R. N. Schimke	147	5,023	3,528			10,000
<b>TOPEKA</b>							
Stormont—Vail (See University of Kansas Affiliated Hospitals, Kansas City)							
<b>WICHITA</b>							
St. Francis Hospital—Wesley Medical Center	D. M. Voth				13C	042	10,050
					3*		
St. Francis	H. E. Hynes	288	11,811	4,248			
Wesley Medical Center	E. W. Crow	218	9,656	3,980			
<b>KENTUCKY</b>							
<b>LEXINGTON</b>							
University of Kentucky Medical Center	J. W. Hollingsworth				17C	066	
University		91	3,182	19,471			
Veterans Admin.		76	2,940	3,940			10,423
<b>LOUISVILLE</b>							
St. Joseph Infirmary	R. D. Wolfe	155	6,230	3,905	2C	012	10,500
					2*		
University of Louisville Affiliated Hospitals	L. G. Horan	81	2,618	11,622	21C	076	9,600
Louisville General	L. G. Horan	81	2,618	11,622			9,420
Veterans Admin.	J. C. Johnson	115	2,208	1,148			
<b>LOUISIANA</b>							
<b>BATON ROUGE</b>							
Earl K. Long Memorial (See La. State Univ. Affil. Hosps. Program 3, New Orleans)							
<b>LAFAYETTE</b>							
Lafayette Charity (See La. State Univ. Affil. Hosps. Program 2, New Orleans)							
<b>NEW ORLEANS</b>							
Charity Hospital of Louisiana—Tulane University Division	C. T. Ray	82	2,718	48,010	22C	060	8,200
					8*		

## 10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>LOUISIANA, NEW ORLEANS—Continued</b>							
Louisiana State University Affiliated Hospitals Charity Hospital of Louisiana	F. Allison, Jr. F. Allison, Jr.	67	2,217	58,990	10C 6*	064	8,200
Earl K. Long Memorial (Baton Rouge) Lafayette Charity (Lafayette)	T. B. Cocke A. Pitchenik	54 29	2,014 949	10,417 19,207	3C 2C 2*	009 012	6,996
Ochsner Foundation	W. D. Davis, Jr.	123	5,221	78,769	4F 7C 4*	033	9,492
Touro Infirmary	S. Jacobs	126	4,102	10,731	8C	024	9,782
Veterans Admin.	A. E. Ruiz	252	5,258	65,539	12*	012	9,871
<b>SHREVEPORT</b>							
Confederate Memorial Medical Center	M. D. Hargrove, Jr.	88	3,469	23,038	12C	036	9,456
<b>MAINE</b>							
<b>PORTLAND</b>							
Maine Medical Center	A. Aranson	170	5,555	13,687	4C	016	10,333
<b>MARYLAND</b>							
<b>BALTIMORE</b>							
Baltimore City Hospitals Franklin Square	P. D. Zieve K. B. Lewis	103 111	3,538 3,922	29,237 13,586	17C 8C 6*	039 026	9,300
Greater Baltimore Medical Center	T. E. Prout	88	2,557	3,136	4C 4*	018	12,500
Johns Hopkins Good Samaritan Maryland General	V. A. Mc Kusick C. A. Fratto	219 145	7,179 3,729	55,196 6,386	2F 31*	043	11,800
Mercy St. Agnes Sinai Hospital of Baltimore	J. A. Mead, Jr. E. R. Mohler, Jr. A. I. Mendeloff	98 163 155	3,094 3,983 4,464	12,030 5,700 6,380	12C 2*	033	11,500
South Baltimore General	C. Heinritz	132	3,332	6,373	1F 6C 6C 5*	015 018 026	12,144 11,500 11,500
Union Memorial University of Maryland Affiliated Hospitals University of Maryland	J. H. Mulholland T. E. Woodward	155	4,237	5,557 40,000	4F 12C	012 028	11,550 12,000
<b>CHEVERLY</b>							
Prince George's General	G. Sweeney	459	23,047	17,938	22C	062	
<b>MASSACHUSETTS</b>							
<b>BOSTON</b>							
Beth Israel Boston University Affiliated Hospitals Program 1 Boston City Program 2 University	F. H. Epstein A. S. Cohen J. D. Coffman	129 123 107	4,118 4,993 2,844	26,285 56,192 30,951	17C 36C 15C 3F	041 089 046	12,300 12,070
Carney Lemuel Shattuck—Faulkner Affiliated Hospitals	F. L. Colpoys J. L. Cohen	162	5,094	7,627	12C 6C 6*	028 038	11,791
Lemuel Shattuck Faulkner Massachusetts General	J. L. Cohen A. Huvos A. Leaf	111 97 230	2,066 8 8,245	10,839 68,925	18C 4*	056	11,250 12,500 12,000
New England Deaconess New England Medical Center Peter Bent Brigham	J. L. Tullis W. Schwartz, J. Kassirer E. Braunwald	312 98 145	9,268 3,396 4,837	6,636 39,241 66,771	16C 12C 21C 2F	057 029 052	12,250 11,758 11,800
Veterans Admin. (West Roxbury) St. Elizabeth's Hospital of Boston Veterans Admin.	A. A. Sasahara R. E. Flynn J. G. Caslowitz	55 116 212	950 4,110 2,537	9,800 4,648 44,635	18C 17C	041 065	12,300 12,330 12,186
<b>CAMBRIDGE</b>							
Cambridge Mount Auburn	A. N. Weinberg R. A. Arky	141 106	1,853 3,146	4,779 2,685	6* 2F 6C 1*	008 009	12,000 12,869
<b>FRAMINGHAM</b>							
Framingham Union	I. N. Rosenberg	76	2,972	1,302	4C 3F	014	11,676
<b>NEWTON LOWER FALLS</b>							
Newton—Wellesley	L. B. Page	258	11,481	12,924	4C 6*	019	12,411
<b>PITTSFIELD</b>							
Berkshire Medical Center	L. Seager	152	5,388	14,299	9*	018	12,037
<b>SPRINGFIELD</b>							
Medical Center of Western Massachusetts	C. E. Cassidy	171	5,271	5,840	10C	028	11,500
<b>WORCESTER</b>							
Memorial St. Vincent Worcester City	R. B. Hickler S. M. Ayres J. J. Calabro	114 201 135	3,164 5,273 3,964	2,991 16,771 13,444	9C 11C 6C 4* 2F	024 037 018	11,100 11,100 11,024
<b>MICHIGAN</b>							
<b>ALLEN PARK</b>							
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)							



## 10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MICHIGAN—Continued</b>							
<b>ANN ARBOR</b>							
St. Joseph Mercy	R. B. Carbeck	179	6,044	12,287	9* 5F 38C	031	12,000
University of Michigan Affiliated Hospitals	W. D. Robinson	145	4,642	10,803		121	11,650
University Veterans Admin.	W. D. Robinson	110	5,592	4,710			11,650
Wayne County General (Eloise)	W. Robinson, R. Bishop R. R. Joseph	118	3,844	33,052			12,408
<b>DEARBORN</b>							
Oakwood	J. W. Moynihan	198	5,451	3,228	6C 5F	022	12,000
<b>DETROIT</b>							
Grace	K. L. Bergsman	372	10,240	10,213	13C 6* 1F	043	11,800
Henry Ford	R. W. Smith, Jr.	405	10,404	277,445	28C	116	12,000
Mount Carmel Mercy Hospital and Medical Center	I. D. Fagin	233	8,796	5,126	6C 4* 3F	024	13,020
St. John	C. E. Rupe	204	6,048	6,588	6* 3F	024	12,400
Sinai Hospital of Detroit	A. Axelrod	272	5,790	6,804	16C	041	10,550
Wayne State University Affiliated Hospitals	A. M. Weissler	874	15,524	119,743	36C 6*	214	11,400
Veterans Admin. (Allen Park)							
Detroit General							
Harper							
Hutzel							
<b>EAST LANSING</b>							
Michigan State University Associated Hospitals	R. K. Ferguson				4C 2* 2F	016	12,200
Michigan State University Health Center	S. N. Swisher	5	513	97,214			
Edward W. Sparrow (Lansing)	R. K. Ferguson	103	3,761	5,829			
Ingham Medical Center (Lansing)	R. K. Ferguson	79	3,620	505			
St. Lawrence (Lansing)	R. K. Ferguson	61	2,243	422			
<b>ELOISE</b>							
Wayne County General (See Univ. of Michigan Affil. Hospitals, Ann Arbor)							
<b>FLINT</b>							
Hurley	E. M. Goldberg	176	8,420	3,263	10* 3F	018	9,000
Mc Laren General	N. E. Furstenberg	166	5,127	2,500	3C	012	11,232
<b>GRAND RAPIDS</b>							
Blodgett Memorial—St. Mary's Hospitals	J. H. Townsend				8* 3F	026	11,160
Blodgett Memorial	J. H. Townsend	117	4,786	2,578			
St. Mary's	J. D. Pool	103	4,292	4,818			
Butterworth	L. Feenstra	121	3,889	3,831	8* 1F	022	8,643
<b>KALAMAZOO</b>							
Southwestern Michigan Area Health Education Center Bronson Methodist	D. B. Youel	88	3,058	9,754	12*	036	13,800
<b>LANSING</b>							
Edward W. Sparrow (See Michigan State Univ. Associated Hospitals, East Lansing)							
Ingham Medical Center (See Michigan State Univ. Associated Hospitals, East Lansing)							
St. Lawrence (See Michigan State Univ. Associated Hospitals, East Lansing)							
<b>PONTIAC</b>							
Pontiac General	E. S. Caldwell	112	3,688	3,528	3C 3F	013	12,960
St. Joseph Mercy	B. Bercu	178	4,509	7,531	4C 1*	016	12,190
<b>ROYAL DAK</b>							
William Beaumont	G. S. Weintraub	196	7,790	4,377	12C 3F	049	12,800
<b>SOUTHFIELD</b>							
Providence	E. Zobl	159	4,934	2,842	5C 2* 3F	012	12,050
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
Northwestern Hospital of Minneapolis	R. B. Howard	380	13,774	1,606	6C 4*	025	9,700
University of Minnesota Affiliated Hospitals Track 1	R. V. Ebert				12C 24*	154	
University of Minnesota Hospitals	M. E. Jacobson	86	3,226	13,777			10,200
Veterans Admin.	G. Sarosi	180	6,836	14,185			
St. Paul—Ramsey (St. Paul)	R. O. Mulhausen	68	3,069	17,580			11,000
United Hospitals (St. Paul)	T. J. Rose						11,000
Miller Division (St. Paul)	T. J. Rose	114	4,882	2,663			11,000
University of Minnesota Affiliated Hospitals Track 2							
Hennepin County Medical Center	A. L. Schultz	119	4,179	24,975	15C	058	10,500
<b>ROCHESTER</b>							
Mayo Graduate School of Medicine	J. R. McPherson	141	5,630	452,292	48C	215	11,500
Rochester Methodist		208	9,077				
St. Mary's							

## 10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MINNESOTA—Continued</b>							
<b>ST. PAUL</b>							
Miller Division (See Univ. of Minn. Affil. Hosps. Track 1, Minneapolis)							
St. Paul—Ramsey (See Univ. of Minn. Affil. Hosps. Track 1, Minneapolis)							
United Hospitals (See Univ. of Minn. Affil. Hosps. Track 1, Minneapolis)							
<b>MISSISSIPPI</b>							
<b>JACKSON</b>							
University of Mississippi Medical Center							
	H. K. Hellems				20*	085	
					1F		
University Veterans Admin. Center							
	B. B. Johnson	90	3,762	13,920			10,000
	J. L. Glasgow	189	3,997	2,545			9,583
<b>MISSOURI</b>							
<b>COLUMBIA</b>							
University of Missouri Medical Center							
	C. E. Mengel	115	4,300	30,000	20C	056	10,100
	K. D. Nolph	94	2,844	15,622			
Veterans Admin.							
<b>KANSAS CITY</b>							
Menorah Medical Center							
	W. H. Jacobs	150	5,848	8,632	3C	009	11,600
	R. R. Hall	229	9,997	2,388	5C	023	9,763
					8*		
					3F		
University of Missouri at Kansas City Affiliated Hospitals							
	D. R. Santschi	55	21	37,381	20C	030	10,000
					4*		
					1F		
Veterans Admin. (See Univ. of Kansas Affil. Hosps., Kansas City, Kansas)							
<b>ST. LOUIS</b>							
Barnes Hospital Group							
	D. M. Kipnis	263	8,348	42,096	30C	093	11,500
	R. A. Reider	195	6,200	2,970	6C	023	
					4F		
St. John's Mercy Medical Center							
	R. G. Slavin	210	7,173	40,886	23C	073	11,500
					4*		
					1F		
Firmen Desloge General St. Louis County Veterans Admin.							
		61	2,533	16,271			
		50	1,500	10,000			
		55	1,782	14,515			
St. Luke's							
	R. Paine	144	4,483	4,928	4C	021	9,600
					8*		
					8C	030	10,804
					4*		
St. Mary's Health Center							
	W. A. Knight, Jr.	182	6,122	13,018			
Washington University Medical Center Jewish Hospital of St. Louis							
	J. R. Little, Jr.	182	6,597	8,569	20C	043	11,500
<b>NEBRASKA</b>							
<b>OMAHA</b>							
Creighton University Affiliated Hospitals							
	G. O. Clifford	53	19,064	10,543	21C	041	11,440
	G. O. Clifford	33	844				
Creighton Memorial St. Joseph's Douglas County Veterans Admin.							
	J. F. Sullivan	123	2,685	6,828			10,449
University of Nebraska Affiliated Hospitals							
	J. C. Shipp				20C	065	
					5*		
University of Nebraska Bishop Clarkson Memorial Nebraska Methodist Veterans Admin.							
	J. C. Shipp	90	2,242	20,180			11,385
		102	4,774				
	R. E. Ecklund	123	2,685	6,828			10,449
<b>NEW HAMPSHIRE</b>							
<b>HANOVER</b>							
Dartmouth Medical School Affiliated Hospitals							
	G. Cornwell, 3d, J. Grant				18C	042	10,450
	G. Cornwell, 3d	88	3,248	40,041			
	J. Grant	81	1,768	11,623			
Mary Hitchcock Memorial Veterans Admin. Center (White River Junction, Vt.)							
<b>NEW JERSEY</b>							
<b>ATLANTIC CITY</b>							
Atlantic City							
	J. A. Linsk	199	6,251	3,039	4C	017	10,800
					5F		
<b>CAMDEN</b>							
Cooper							
	W. L. Hingston, S. Levine	228	5,772	2,154	4C	017	11,700
					4*		
					3F		
<b>EAST ORANGE</b>							
Veterans Admin. (See CMDNJ-New Jersey Medical School Affil. Hosps., Newark)							
<b>ELIZABETH</b>							
St. Elizabeth							
	R. G. Oriscello	280	11,121		12C	022	10,900
<b>ENGLEWOOD</b>							
Englewood							
	J. T. Kaim, C. D. Roberts	129	3,694	5,151	5C	017	
<b>GREEN BROOK</b>							
Raritan Valley (See CMDNJ-Rutgers Med. School Affiliated Hosps., Piscataway)							
<b>HACKENSACK</b>							
Hackensack							
	M. D. Yablonski	154	5,742	6,589	6C	024	12,295
					4*		
					1F		

## 10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW JERSEY—Continued</b>							
<b>JERSEY CITY</b>							
Jersey City Medical Center	H. Mark	217	3,538	5,434	13C 14*	046	12,800
<b>LIVINGSTON</b>							
St. Barnabas Medical Center	J. A. Hogan	233	9,451	2,865	4C 1F	017	11,941
<b>LONG BRANCH</b>							
Monmouth Medical Center	J. C. Kirby	182	4,929	6,597	8C	022	12,942
<b>MORRISTOWN</b>							
Morristown Memorial	A. S. Klainer	186	4,096	4,403	6C 6F	016	12,075
<b>NEPTUNE</b>							
Jersey Shore Medical Center—Fitkin	E. Abraham	126	4,198	13,877	2C	006	
<b>NEWARK</b>							
CMDNJ—New Jersey Medical School Affiliated Hospitals	C. M. Leevy				30C 5*	140	
Veterans Admin. (East Orange)	N. H. Ertel	180	3,067	19,220			
Martland	C. M. Leevy	122	3,324	22,269			12,295
Newark Beth Israel Medical Center	M. Kirschner	150	5,713	6,536			
St. Michael's Medical Center	L. G. Smith	187	4,750	9,317	10C 6*	036	12,295
					3F		
United Hospitals Medical Center—Presbyterian	T. M. Gocke	130	3,740	2,685	4C 6F	026	12,295
<b>NEW BRUNSWICK</b>							
New Brunswick Affiliated Hospitals	G. N. French	127	3,972	2,541	10C	022	12,500
Middlesex General	G. N. French	99	2,302	3,947			12,500
St. Peter's Medical Center	G. N. French						12,500
<b>PARAMUS</b>							
Bergen Pines County	M. A. Nevins	626	3,296	11,399	10*	032	10,511
<b>PATERSON</b>							
St. Joseph's Hospital and Medical Center	K. P. Lance	148	2,787	22,284	6C 2*	027	12,296
					1F		
<b>PISCATAWAY</b>							
CMDNJ—Rutgers Medical School Affiliated Hospitals	H. L. Conn, Jr.				10C	030	
Raritan Valley (Green Brook)	H. L. Conn, Jr.	35	996	2,948			12,295
Muhlenberg (Plainfield)	P. K. Johnson	157	4,749	8,608			12,300
Medical Center at Princeton (Princeton)	C. R. Ream	69	2,500	1,080			12,295
<b>PLAINFIELD</b>							
Muhlenberg	P. K. Johnson	157	4,749	8,608	5C 2F	015	12,300
Muhlenberg (See CMDNJ-Rutgers Med. School Affil. Hosps., Piscataway)							
<b>PRINCETON</b>							
Medical Center at Princeton (See CMDNJ-Rutgers Med. School Affiliated Hosps., Piscataway)							
<b>SUMMIT</b>							
Overlook	M. Bernstein	175	2,710	2,113	6C 2F	018	13,000
<b>TRENTON</b>							
Trenton Affiliated Hospitals	M. P. Friedman				14C 9*	048	10,000
Helene Fuld Medical Center	E. German	299	9,228	2,026			9,500
St. Francis Medical Center	M. P. Friedman	193	5,308	3,003			10,000
<b>NEW MEXICO</b>							
<b>ALBUQUERQUE</b>							
University of New Mexico Affiliated Hospitals	R. C. Williams, Jr.				9*	038	
Bernalillo County Medical Center	R. C. Williams, Jr.	37	1,807	34,165			6,782
Veterans Admin.	D. H. Law	151	7,581	7,763			9,400
<b>NEW YORK</b>							
<b>ALBANY</b>							
Albany Medical Center Affiliated Hospitals	E. D. Furth				19C 25*	090	
Albany Medical Center	E. D. Furth	132	5,112	7,401			12,000
Veterans Admin.	E. P. Furth, S. Wallach	354	3,930	38,750			13,092
<b>BUFFALO</b>							
Mercy	M. Maloney	124	3,621	10,731	6* 2F	020	10,800
Millard Fillmore	L. H. Golden	243	6,280	24,936	4C 4*	018	10,800
					1F		
Sisters of Charity	C. J. O'Connell	177	4,742	5,884	2C 2F	016	11,575
S.U.N.Y. at Buffalo Affiliated Hospitals	E. Calkins				18C 12*	110	
					3F		
Buffalo General	J. P. Nolan	237	6,389	19,500			10,800
Edward J. Meyer Memorial	E. Calkins	151	3,201	62,624			10,800
Veterans Admin.	J. T. Aquilina	452	5,138	8,701			11,300
<b>COOPERSTOWN</b>							
Mary Imogene Bassett	J. S. Lunn	52	1,871	18,191	6* 3F	018	11,800
<b>EAST MEADOW</b>							
Nassau County Medical Center—Meadowbrook Div.	C. T. Lambrew	245	4,973	52,309	19C	058	11,176
<b>JOHNSON CITY</b>							
Charles S. Wilson Memorial	E. N. Zinner	198	7,233	38,292	3* 1F	010	10,400

## 10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW YORK—Continued</b>							
<b>MANHASSET</b>							
North Shore University (See N. Y. Hosp.—Cornell Med. Ctr. Affil. Hosps., N. Y. City)							
<b>MINEOLA</b>							
Nassau	W. C. Hollis	178	5,528	3,420	3C 3* 1F	022	14,564
<b>MOUNT VERNON</b>							
Mount Vernon	M. A. Goldiner	135	5,183	30,024	2C 5F	013	11,500
<b>NEW HYDE PARK</b>							
Long Island Jewish—Hillside Medical Center Program 1	E. Meilman, H. Kolodny				23C 10*	053	
Long Island Jewish—Hillside Medical Center Queens Hospital Center (New York City)	E. Meilman H. Kolodny	134 83	2,394 3,296	3,614 43,402			13,500 14,500
Long Island Jewish—Hillside Medical Center Program 2	M. L. Jampol				6C 1*	007	12,500
La Guardia (New York City) Queens Hospital Center (New York City)		100 100	2,200 2,200				
<b>NEW ROCHELLE</b>							
New Rochelle Hospital Medical Center	F. E. Iaquina	148	3,531	3,941	6* 3F	016	9,368
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals	N. S. Bricker				24C	051	
Bronx Municipal Hospital Center	M. Fulop	135	9,546	378,413			
Hospital of the Albert Einstein College of Medicine	S. V. Moroff	140	3,701	12,689			
Arthur C. Logan Memorial	B. E. Krentz	192	5,420	27,120	3C 6*	020	
Beekman—Downtown	J. T. Flynn	158	3,164	8,406	8C	025	11,500
Beth Israel Medical Center	B. Straus	273	5,319	82,952	28C	068	15,400
Booth Memorial	J. H. Dwek	181	4,744	7,645	12C	016	14,280
Bronx—Lebanon Hospital Center	E. E. Fischel	210	5,979	84,004	12C	050	15,200
Brookdale Hospital Center	A. Lyon	248	6,216	21,830	28C	050	15,400
Brooklyn—Cumberland Medical Center	S. M. Fierst	228	6,821	27,871	17C	054	14,500
Cabrini Health Care Center—Columbus Hospital Division	A. Taranta	186	3,200	11,524	8C 4* 4F	035	15,400
Catholic Medical Center of Brooklyn and Queens Mary Immaculate Division Queens Hospital Center (Catholic Medical Center Affiliation)	P. Lo Presti P. Lo Presti	101	2,452	6,044	21C	067	13,500
St. John's Queens Division	W. D' Angelo	56	1,875	9,781			
St. Mary's Division	N. De Francis	114	2,978	1,580			
	J. Seaman	74	1,653	23,021			
City Hospital Center at Elmhurst	S. Seckler	198	6,102	47,193	24C	076	13,500
Coney Island	S. A. Friedman	142	4,429	87,250	16C	056	14,700
Flushing Hospital and Medical Center	L. H. Pedersen	112	2,815	7,453	3C 2* 1F	014	13,900
French and Polyclinic Medical School and Health Center	A. M. Gelb	224	4,477	10,643	6C	018	13,500
Harlem Hospital Center	G. E. Thomson	257	5,335	68,500	25C 7F	082	
Hospital for Joint Diseases and Medical Center Jamaica	J. Grossman B. D. Gussoff	91 97	1,936 2,396	18,661 11,289	5C 6* 1F	014 024	14,500 14,700
Jewish Hospital and Medical Center of Brooklyn Greenpoint	S. L. Lee S. L. Lee	217 49	6,646 1,383	18,720 165,469	24C	047	14,500
Kingsbrook Jewish Medical Center—Unity Kingsbrook Jewish Medical Center Unity	E. E. Mandel E. E. Mandel V. Ginsberg	135 73	3,442 2,151	4,879 4,603	13*	048	14,000 13,000
La Guardia (See L. I. Jewish-Hillside Med. Ctr. Prog. 2, New Hyde Park)							
Lenox Hill	M. S. Bruno	281	5,712	38,423	21C	039	15,767
Lincoln	J. F. Mc Cahan	69	1,209	16,273	12C	031	
Long Island College	J. N. Edson	180	8,979	9,972	8C 6F	038	15,780
Lutheran Medical Center	A. Caccese	117	2,234	29,889	3C	012	14,700
Maimonides Medical Center Training Program Maimonides Medical Center	D. Grob	273	5,602	20,030	23C 3*	026	14,000
Methodist	W. H. Becker	206	3,769	13,603	2C 1F	039	14,100
Misericordia—Fordham Training Program Misericordia Hospital Medical Center Fordham	R. F. Gomprecht	124 101	3,404 2,597	11,406 20,995	18C	055	14,220
Montefiore Hospital Training Program Martin Luther King Jr. Health Center	D. Hamerman, J. Boufford			67,000	6C	024	
Montefiore Hospital Training Program Montefiore Hospital and Medical Center Beth Abraham Morrisania City	D. Hamerman	236 79	6,394 2,236	29,958 30,609	43C	095	
Mount Sinai	R. Gorlin	307	6,740	36,536	24C	068	15,100
New York Hospital—Cornell Medical Center and Affil. Hosps., Program 1 New York Hospital Memorial Hospital for Cancer and Allied Diseases	A. G. Bearn A. G. Bearn W. P. L. Myers	144	2,307	87,000 34,088	33C	079	13,300

## 10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)
					1976-1977 1st Yr.	All Yrs.	
<b>NEW YORK, NEW YORK CITY—Continued</b>							
New York Hospital—Cornell Medical Center and Affil. Hosps., Program 2	L. Scherr				20C	052	15,400
North Shore University (Manhasset)	L. Scherr	160	4,578	30,023			
Memorial Hospital for Cancer and Allied Diseases	W. P. L. Myers	144	2,307	34,088			
New York Infirmary	I. Sharkey	90	2,132	7,762	7C	022	15,780
New York Medical College—Metropolitan Hospital Center	H. Rubin				36C	080	13,500
Unit 1—Flower and Fifth Avenue Hospitals		100	2,432	4,000			
Unit 2—Metropolitan Hospital Center		159	5,251	74,962			
New York University Medical Center	S. J. Farber						
Bellevue Hospital Center—University	S. J. Farber, H. Lawrence				22C	069	
					4*		
Bellevue Hospital Center	S. J. Farber, H. Lawrence	159	1,849				
University	S. J. Farber, H. Lawrence	144	3,609				
New York University Medical Center	S. J. Farber						
University Hospital—Veterans Admin. (Manhattan)	N. Spritz, S. J. Farber				14C	047	
Veterans Admin. (Manhattan)	N. Spritz, S. J. Farber	236	7,309	14,500			16,001
University	S. J. Farber, H. Lawrence	144	3,609				
Presbyterian	C. A. Ragan, Jr.	226	8,574	113,278	16C	051	14,500
Queens Hospital Center							
(See L. I. Jewish-Hillside Med. Ctr. Prog. 2, New Hyde Park)							
Roosevelt	N. P. Christy	199	3,678	16,470	12C	029	14,500
					4*		
St. Clare's Hospital and Health Center	R. F. Grady	120	2,364	12,489	12C	028	15,000
St. John's Episcopal	F. Taubman	107	3,826	16,446	5C	020	15,780
					7F		
St. Luke's Hospital Center	T. B. Van Itallie	224	4,850	40,524	16C	037	14,830
St. Vincent's Hospital and Medical Center of New York	W. J. Grace	243	5,384	28,798	12C	037	13,855
					9F		
St. Vincent's Medical Center of Richmond	J. J. Sibley	130	3,112	9,873	2C	019	15,780
					4*		
Staten Island	T. G. McGinn	116	2,904	8,005	4*	012	13,500
					4F		
S.U.N.Y. Downstate Medical Center	A. J. Bollet				32*	090	
					3F		
Kings County Hospital Center		333	8,058	164,691			13,500
State University		51	1,111	2,057			15,629
Veterans Admin. (Bronx)	J. Wolf, H. A. Weiner	312	8,472	63,205	10C	010	16,001
Veterans Admin. (Brooklyn)	A. A. Polachek	356	5,228	12,016	8C	059	16,001
Wyckoff Heights	V. J. Adams	172	4,228	4,581	8C	020	14,700
<b>NORTHPORT</b>							
Veterans Admin. (See S.U.N.Y. at Stony Brook Affil. Hospitals, Stony Brook)							
<b>ROCHESTER</b>							
Genesee	A. L. Ureles	147	4,616	23,636	5*	032	11,700
Highland Hospital of Rochester	W. W. Faloan	83	2,662	704	4C	013	12,300
					2*		
					3F		
Rochester General	M. W. Brandriss	153	4,280	8,400	8C	028	11,700
					3*		
St. Mary's	R. J. Napodano	109	3,251	2,377	8*	023	11,700
Strong Memorial Hospital of the University of Rochester	D. Kimberg, W. Morgan, Jr.	146	5,394	15,054	18C	038	11,700
University of Rochester Associated Hospitals	L. E. Young				15C	044	11,700
					1*		
					1F		
Genesee	A. L. Ureles	147	4,616	23,636			
Highland Hospital of Rochester	L. E. Young						
Rochester General	M. W. Brandriss	153	4,280	8,400			
Strong Memorial Hospital of the University of Rochester	D. Kimberg, W. Morgan, Jr.	146	5,394	15,054			
<b>STONY BROOK</b>							
S. U. N. Y. at Stony Brook Affiliated Hospitals							
Veterans Admin. (Northport)	H. W. Fritts, Jr.	185	2,874	51,236	13C	050	14,469
<b>SYRACUSE</b>							
S. U. N. Y. Upstate Medical Center	W. J. Williams				22*	053	12,318
Crouse Irving—Memorial	W. Schiess	98	3,152				
State University	W. J. Williams	74	3,436	23,993			
Veterans Admin.	M. Miller	85	1,579	8,748			
<b>VALHALLA</b>							
Westchester County Medical Center	B. Mascarenhas	288	1,744	15,329	4C	029	14,700
					12*		
<b>NORTH CAROLINA</b>							
<b>CHAPEL HILL</b>							
North Carolina Memorial	R. L. Ney	79	3,365	34,078	20C	063	10,000
					2F		
<b>CHARLOTTE</b>							
Charlotte Memorial Hospital and Medical Center	M. M. McCall	169	6,100	16,971	5*	016	10,920
<b>DURHAM</b>							
Duke University Affiliated Hospitals	J. B. Wyngaarden				34C	079	
Duke University Medical Center	J. B. Wyngaarden	232	9,410	155,400			11,385
Veterans Admin.	W. F. Rosse	157	3,661	33,641			11,935
<b>GREENSBORO</b>							
Moses H. Cone Memorial Hospital	W. B. Herring	158	5,716	1,714	2C	004	10,000
<b>WILMINGTON</b>							
New Hanover Memorial	E. E. Werk, Jr.	100	2,162	5,297	4*	006	10,000
					1F		

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977 1st Yr. All Yrs.	Annual Salary (Min.)	
<b>NORTH CAROLINA—Continued</b>							
<b>WINSTON-SALEM</b>							
Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	J. E. Johnson, 3d	164	6,225	9,523	18C 2*	.053 10,000	
<b>NORTH DAKOTA</b>							
<b>GRAND FORKS</b>							
University of North Dakota Affiliated Hospitals	R. T. Keller				8C 3F	028 10,500	
Veterans Admin. Center (Fargo)		129	2,080	7,130			
St. Luke's Hospitals (Fargo)		118	3,281	82,578			
Dakota (Fargo)		36	2,314	39,168			
<b>OHIO</b>							
<b>AKRON</b>							
Akron City	A. Kerr, Jr.	208	6,275	6,877	5* 1F	016 10,500	
Akron General	H. M. Friedman	133	4,112	98,761	8C 2F	028 10,500	
<b>CINCINNATI</b>							
Christ	A. W. Schreiner	125	3,948	296	4C 6*	015 11,400	
Good Samaritan	T. A. Saladin	191	6,280	3,123	6C 5*	026 10,800	
Jewish	E. G. Margolin	223	6,570	6,594	8* 2F	022 11,100	
University of Cincinnati Hospital Group Cincinnati General Veterans Admin.	R. W. Vilter	107 118	4,339 2,306	45,663 5,265	24C	057 9,744 12,158	
<b>CLEVELAND</b>							
Case Western Reserve University Affiliated Hospitals University Hospitals of Cleveland Veterans Admin. Cleveland Metropolitan General Mount Sinai Hospital of Cleveland	C. C. J. Carpenter J. Kowal C. H. Rammelkamp V. Vertes	164 344 127 171	6,649 4,783 3,712 5,121	51,035 2,100 51,206 16,782	18C 14C 18C 2F 8C 4*	069 054 052 027 027 1F	11,100 11,637 11,100 11,000 11,100 12,000
St. Luke's Cleveland Clinic	R. G. Wieland R. Van Ommen, E. Winkelman	110 305	3,607 11,384	15,245 186,829	7C 20C 1F	020 080 018	11,100 12,000 11,100
Huron Road Lutheran Medical Center	M. A. Hanna D. W. Schultz	114 112	4,168 3,573	5,612 58,135	5* 8*	018 030	11,100 11,400
<b>COLUMBUS</b>							
Mount Carmel Medical Center	M. Zangmeister	119	3,671	5,110	9* 1F	016 10,936	
Ohio State University Hospitals Riverside Methodist	J. V. Warren D. J. Vincent	256 223	8,334 7,125	51,977 2,531	22C 8C 3F	057 024 10,000 10,000	
<b>DAYTON</b>							
Wright State University Affiliated Hospitals Miami Valley	B. H. Bolton	285	7,735	5,758	4* 1F	011 11,000	
Wright State University Affiliated Hospitals Veterans Admin. Center	J. T. Taguchi	408	3,039	4,979	8C	018 12,355	
Wright State University Affiliated Hospitals Charles F. Kettering Memorial (Kettering)	A. A. Brust, Jr.	127	5,061	2,226	4*	010 10,200	
<b>KETTERING</b>							
Charles F. Kettering Memorial (See Wright State University Affil. Hosps., Dayton)							
<b>TOLEDO</b>							
Medical College of Ohio at Toledo Affiliated Hospitals	P. White				8C 4F	059 10,795	
Hospital of Medical College of Ohio at Toledo Mercy St. Vincent Hospital and Medical Center Toledo	P. White J. F. Brunner P. White B. M. Wisinger	51 131 199 220	2,127 5,487 6,747 7,658	11,142 2,166 5,673 2,920			
<b>YOUNGSTOWN</b>							
St. Elizabeth	E. Kessler	327	8,651	23,321	2C 12* 2F	028 10,800	
Youngstown	W. H. Bunn, Jr.	344	10,672	20,165	6C 4* 2F	026 11,000	
<b>OKLAHOMA</b>							
<b>OKLAHOMA CITY</b>							
University of Oklahoma Health Sciences Center					18* 1F	054 10,803 10,023	
University Hospital and Clinics Veterans Admin.	J. F. Hammarsten J. F. Hammarsten	47 117	1,894 6,664	15,728 27,195			
<b>TULSA</b>							
Tulsa Combined Residency Hillcrest Medical Center * St. Francis St. John's	R. A. Marshall R. A. Marshall R. G. Tompkins R. I. Lubin	146 584 131	4,692 30,143 5,954	4,231 24,678 2,259	6C	020 10,023	
<b>OREGON</b>							
<b>PORTLAND</b>							
Emanuel	T. M. Andrews	87	3,910	1,758	3C 2* 2F	015 10,596	

## 10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>OREGON, PORTLAND</b> —Continued							
Good Samaritan Hospital and Medical Center	S. F. Rabiner	120	5,298	8,713	5C 2*	016	10,596
Providence	O. N. Gilbert	150	6,648	8,381	1F 4C 9*	013	11,208
St Vincent Hospital and Medical Center	K. E. W. Melvin	90	4,322	800	2C 1*	009	10,752
University of Oregon Affiliated Hospitals University of Oregon Health Sciences Center Hospitals and Clinics Veterans Admin.	J. O. Bristow	93 184	3,990 6,046	28,059 6,654	14C	058	9,900 10,969
<b>PENNSYLVANIA</b>							
<b>ABINGTON</b>							
Abington Memorial	W. B. Kinlaw	188	4,230	2,032	9*	020	11,000
<b>ALLENTOWN</b>							
Allentown	D. F. Oimick	185	5,604	4,158	6* 2F	020	10,750
<b>BRYN MAWR</b>							
Bryn Mawr	J. T. Magee	145	3,600	6,200	4C	014	10,000
<b>CHESTER</b>							
Crozer—Chester Medical Center (See Hahnemann Medical Coll. Affil. Hosps., Philadelphia)							
<b>DANVILLE</b>							
Geisinger Medical Center	J. A. Collins, Jr.	98	3,213	46,523	10C 12*	042	11,300
<b>DARBY</b>							
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)							
<b>EASTON</b>							
Easton	R. Reikin	147	4,617	1,844	4*	012	10,750
<b>HARRISBURG</b>							
Harrisburg	A. T. Andrews	197	5,320	7,280	5C 1F	015	10,634
Harrisburg Polyclinic	J. S. Bray	192	4,917	4,024	3C	009	11,000
<b>HERSHEY</b>							
Milton S. Hershey Medical Center of the Pennsylvania State University	G. H. Jeffries	72	3,026	18,042	8C 2F	040	11,160
<b>JOHNSTOWN</b>							
Conemaugh Valley Memorial	R. J. Lantos	155	2,375	1,620	2C 2F	006	
<b>MC KEESPORT</b>							
Mc Keesport	O. I. Zubritzky	230	5,921	17,201	3C 3* 6F	018	11,000
<b>PHILADELPHIA</b>							
Albert Einstein Medical Center	I. Woldow	235	6,182	8,043	18C	043	10,500
Episcopal	J. Zatuchni	110	3,300	21,758	6C	014	11,700
Graduate Hospital of the University of Pennsylvania Hahnemann Medical College Affiliated Hospitals	H. F. Zinsser E. L. Coodley	143	2,225	9,113	7* 20C 8*	020 054	12,500
Hahnemann Medical College and Hospital Crozer—Chester Medical Center (Chester) St. Agnes	E. L. Coodley J. E. Clark J. Gambescia, J. Cossa	178 203 143	5,105 6,930 8,805	18,455 5,862 2,325			11,500 10,500
Lankenau	F. D. Gray, Jr.	162	4,082	9,382	6C 4*	024	10,500
Medical College of Pennsylvania Affiliated Hospitals	O. Kaye				15C 2F	046	
Hospital of the Medical College of Pennsylvania Veterans Admin.		110 99	2,623 2,067	13,172 12,650			11,000 13,000 11,000
Mercy Catholic Medical Center	N. N. Cohen				10C 4F	028	
Misericordia Division Fitzgerald Mercy Division (Darby)		144 149	4,078 3,596	5,255 3,842			
Pennsylvania	J. E. Wood	107	1,924	7,682	12C	026	11,100
Philadelphia General (University of Pennsylvania Service)	E. S. Cooper	107	1,713	10,782	15C 15*	076	11,200
Presbyterian—University of Pennsylvania Medical Center	F. H. Gardner	125	3,592	15,791	12C 4*	020	11,400
Temple University Affiliated Hospitals Germantown Dispensary and Hospital Temple University	S. Sherry W. G. Mc Cune S. Sherry	122 171	3,341 4,988	9,276 25,369	18C	054	13,000 11,150
Thomas Jefferson University University of Pennsylvania Affiliated Hospitals	R. I. Wise A. S. Relman	201	4,973	15,262	14C 22C 1F	042 067	11,800
Hospital of the University of Pennsylvania Veterans Admin.	A. S. Relman T. G. Schnabel, Jr.	134 106	4,558 2,531	32,271			11,400 13,000
<b>PITTSBURGH</b>							
Allegheny General	C. R. Joyner	195	6,510	28,892	10C	030	11,650
Hospitals of the University Health Center of Pittsburgh	J. J. Leonard	283	9,806	60,625	26C 3*	069	11,770
Presbyterian—University Veterans Admin.	J. J. Leonard A. Eichenholz						
Hospitals of the University Health Center of Pittsburgh Montefiore	P. Troen	216	6,733	11,737	16C 6* 2F	024	10,768

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>PENNSYLVANIA, PITTSBURGH—Continued</b>							
Mercy	F. J. Luparello	220	5,298	13,330	9* 2F	032	11,300
St. Francis General	E. J. Holzinger	227	5,090	15,924	7C 4*	023	11,300
Shadyside	T. S. Danowski	206	6,303	6,281	6C 6F	015	9,600
Western Pennsylvania	C. R. Wilson, Jr.	210	5,600	14,085	5C 5*	017	11,800
<b>READING</b>							
Reading	E. A. Hildreth	151	5,107	31,296	4C	015	11,800
<b>SAYRE</b>							
Robert Packer	B. R. Mac Kay	92	4,461	41,163	3*	008	9,750
<b>YORK</b>							
York	D. M. Shearer	154	4,941	7,009	3C 2* 1F	017	11,360
<b>PUERTO RICO</b>							
<b>CAGUAS</b>							
Caguas Sub—Regional	P. J. Colon Ortiz	47	1,474	26,311	6C	018	9,420
<b>MAYAGUEZ</b>							
Mayaguez Medical Center	J. Ramirez-Rivera	75	3,198	22,532	4C 4*	016	9,000
<b>PONCE</b>							
Ponce District General	H. F. Rodriguez	110	3,156	24,891	4C 2* 2F	024	8,760
<b>SAN JUAN</b>							
San Juan City	L. A. Roman	100	2,870	21,145	7C	031	10,320
University District	M. R. Garcia-Palmieri	90	2,821	56,596	14C 2* 3F	060	
Veterans Admin. Center	M. Martinez-Maldonado	225	8,553	14,382	12C 3*	060	10,354
<b>RHODE ISLAND</b>							
<b>PAWTUCKET</b>							
Memorial (See Brown University Affiliated Hospitals, Providence)							
<b>PROVIDENCE</b>							
Brown University Affiliated Hospitals Memorial (Pawtucket)	M. G. Baldini		3,766		4C 4*	016	11,077
Miriam	H. C. Lichtman	100	3,761	2,186	16C	036	11,776
Rhode Island	M. W. Hamolsky	224	6,667	19,525	24C	056	11,950
Roger Williams General	P. Calabresi	94	2,806	9,585	15C	017	11,868
Veterans Admin.	S. W. Daum	178	4,060	28,955	12C	034	12,371
<b>SOUTH CAROLINA</b>							
<b>CHARLESTON</b>							
Medical University of South Carolina Teaching Hospitals	J. C. Ross	99	2,764	14,069	28C	088	10,440
Medical University of South Carolina Charleston County		25	932				
Veterans Admin.		148	2,611	6,785			
<b>COLUMBIA</b>							
Richland Memorial	J. A. Mc Farland	144	5,600	24,100	2*	008	10,000
<b>SOUTH DAKOTA</b>							
<b>YANKTON</b>							
University of South Dakota Affiliated Hospitals Sacred Heart	T. H. Sattler	42	2,077	34,314	2C	006	10,200
<b>TENNESSEE</b>							
<b>CHATTANOOGA</b>							
University of Tennessee Clinical Education Center Baroness Erlanger	C. E. Richardson	138	6,031	12,371	4C 2* 4F	018	10,800
<b>KNOXVILLE</b>							
University of Tennessee Memorial Research Center and Hospital	A. D. Beasley	145	6,263	6,099	4* 1F	014	9,487
<b>MEMPHIS</b>							
Baptist Memorial	J. P. Milnor, Jr.	513	16,516	23,367	12C 12* 6F	086	10,860
Methodist	R. C. Baskin	314	11,788	2,209	3C 6* 2F	009	11,460
University of Tennessee Affiliated Hospitals	G. H. Stollerman				24* 6F	096	
City of Memphis Hospitals	G. H. Stollerman	147	4,485	22,991			10,236
Veterans Admin.	J. H. Kier	306	6,710	23,640			12,635
West Tennessee Chest Disease	H. L. Davis	115	993	604			
<b>NASHVILLE</b>							
George W. Hubbard Hospital of the Meharry Medical College	K. R. Brown	57	1,403	2,146	2C 2*	012	
St. Thomas	C. K. Meador	111	4,761	1,425			



## 10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>TENNESSEE, NASHVILLE</b> —Continued							
Vanderbilt University Affiliated Hospitals					32C	086	
Nashville Metropolitan General	T. Paine	29	1,125	20,406			
Vanderbilt University	G. W. Liddle	101	3,750	31,030			9,482
Veterans Admin.	R. M. Des Prez	175	5,822	35,813			9,755
<b>TEXAS</b>							
<b>AUSTIN</b>							
Brackenridge	J. W. Moncrief	56	2,571	8,145	5C 5F	014	11,760
<b>DALLAS</b>							
Baylor University Medical Center	R. Tompsett	205	8,934	6,734	7C 4F	018	9,630
Methodist Hospital of Dallas	R. P. Norgaard	163	5,864	3,809	5*	008	10,000
St. Paul	K. L. Walgren	131	5,754	2,910	3C 2* 1F	015	10,080
University of Texas Southwestern Medical School Affiliated Hospitals	D. W. Seldin				38* 1F	115	
Parkland Memorial	D. W. Seldin	148	5,297	44,718			9,180
Veterans Admin.	S. Eisenberg	210	6,744	53,600			10,071
<b>GALVESTON</b>							
University of Texas Medical Branch Hospitals	W. P. Deiss, Jr.	226	6,312	25,144	20C	058	12,000
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals	H. D. Mc Intosh				45C 8* 2F	162	
Ben Taub General	H. D. Mc Intosh	95	4,127	74,026			9,540
Jefferson Davis	H. D. Mc Intosh	48	1,313	10,702			9,540
Methodist	H. D. Mc Intosh	209	7,730				10,140
St. Luke's Episcopal	R. J. Hall	158	8,006	187			10,140
Veterans Admin.	R. J. Luchi	288	5,914	79,193			9,540
University of Texas at Houston Affiliated Hospitals	W. M. Kirkendall				13C	035	
Hermann	W. M. Kirkendall	97	3,628	16,731			9,792
St. Joseph	H. L. Fred	197	8,681	977			9,960
University of Texas M.D. Anderson Hospital and Tumor Institute	C. C. Shullenberger	178	4,059	32,661			
<b>SAN ANTONIO</b>							
University of Texas at San Antonio Teaching Hospitals	L. E. Earley				26C 6*	082	
Bexar County Teaching		74	2,881	24,966			9,800
Veterans Admin.		81	2,143	20,581			10,072
<b>TEMPLE</b>							
Scott and White Memorial	L. M. Brewer	88	3,155	81,769	8C 2* 1F	021	10,500
Veterans Admin.							
<b>UTAH</b>							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals	G. E. Cartwright				17C 1*	048	10,500
University	G. E. Cartwright	56	2,311	27,064			
Veterans Admin.	G. Tikoff	89	2,206	10,061			
University of Utah Affiliated Hospitals							
Latter—Day Saints	C. D. Schmidt	142	7,086	4,470	8C 3F	014	11,200
<b>VERMONT</b>							
<b>BURLINGTON</b>							
Medical Center Hospital of Vermont	B. S. Tabakin	98	5,201	34,489	12*	034	9,250
<b>WHITE RIVER JUNCTION</b>							
Veterans Admin. Center (See Dartmouth Med. Sch. Affiliated Hospitals, Hanover, N.H.)							
<b>VIRGINIA</b>							
<b>CHARLOTTESVILLE</b>							
University of Virginia	E. W. Hook	112	4,121	43,165	14C 2F	072	9,900
University of Virginia Affiliated Hospitals	E. W. Hook				4C 2F	012	
Roanoke Memorial Hospitals (Roanoke)	C. L. Crockett, Jr.	229	6,193	3,190			7,275
Veterans Admin. (Salem)	W. E. Reeve	71	3,329	2,671			12,169
<b>NORFOLK</b>							
Norfolk General	R. T. Manning	272	8,207	13,094	8C 3F	033	11,100
<b>RICHMOND</b>							
Virginia Commonwealth University M.C.V. Affiliated Hospitals	H. J. Fallon				36C 3*	039	
Medical College of Virginia Hospitals	H. J. Fallon	158	6,944	210,000			9,900
Veterans Admin.	J. J. Kelly, 3d	337	7,781	18,341			10,634
<b>ROANOKE</b>							
Roanoke Memorial Hospitals (See Univ. of Virginia Affil. Hosps., Charlottesville)							
<b>SALEM</b>							
Veterans Admin. (See Univ. of Virginia Affil. Hosps., Charlottesville)							

## 10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals	R. G. Petersdorf				26C 2F	087	
Harborview Medical Center	M. Turck	31	2,249	14,927			9,252
University	R. G. Petersdorf	48	1,687	6,356			9,672
U. S. Public Health Service	R. J. Griep	119	4,998	8,500			10,204
Veterans Admin.	P. J. Fialkow	118	5,100	119,693	5C	016	
Virginia Mason	R. M. Hegstrom						
<b>WEST VIRGINIA</b>							
<b>CHARLESTON</b>							
Charleston Area Medical Center	G. Lizarralde	96	4,343	6,094	5C 1* 2F	023	9,900
<b>MORGANTOWN</b>							
West Virginia University	E. B. Flink	84	3,659	29,178	8* 1F	030	10,200
<b>WHEELING</b>							
Ohio Valley Medical Center	M. D. Reiter	99	2,457	2,387	2C 2* 2F	014	12,420
<b>WISCONSIN</b>							
<b>LA CROSSE</b>							
La Crosse Lutheran Hospital and Gundersen Clinic	E. L. Overholt	136	5,687		4C 3F	014	7,200
<b>MADISON</b>							
University of Wisconsin Affiliated Hospitals	O. T. Graham				19C 6*	065	10,800
Madison General	E. Ehrlich	84	3,331				
University Hospitals	D. T. Graham	123	3,774	32,286			
Veterans Admin.	C. M. Kunin	138	4,869	19,790			
<b>MARSHFIELD</b>							
Marshfield—University of Wisconsin Affiliated Hospitals	G. E. Magnin			74,614	2C	006	11,000
Marshfield Clinic		126	4,357	4,774			
St. Joseph's							
<b>MILWAUKEE</b>							
Medical College of Wisconsin Affiliated Hospitals	J. M. Cerletty				20C 4F	095	
Milwaukee County General	D. Mc Carty, J. Cerletty	145	5,871	43,554			10,537
Veterans Admin. Center (Wood)	G. B. Theil	178	5,091	43,600			11,809
Mount Sinai Medical Center	R. E. Rieselbach	106	4,342	7,055	8C 2*	030	10,800

## 11. NEUROLOGICAL SURGERY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Board of Neurological Surgery, and the American College of Surgeons, through the Residency Review Committee for Neurological Surgery, as offering FOUR years of acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES AIR FORCE</b>							
<b>TEXAS</b>							
Wilford Hall U. S. A. F. Medical Center, San Antonio	L. H. Dart, Jr.	53	989	1,804	1C	004	17,100
<b>UNITED STATES ARMY</b>							
<b>DISTRICT OF COLUMBIA</b>							
Walter Reed Army Medical Center, Washington	A. N. Martins	59	819	1,844	1C	006	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
University of Alabama Medical Center	J. G. Galbraith	47	1,601	1,033	2C	005	10,875
University of Alabama Hospitals		13	214	744			10,600
Children's							
Veterans Admin.							
<b>ARIZONA</b>							
<b>PHOENIX</b>							
Barrow Neurological Institute of St. Joseph's	J. R. Green	35	1,482	124	1C	009	12,593
<b>ARKANSAS</b>							
<b>LITTLE ROCK</b>							
University of Arkansas Medical Center	S. Flanigan	20	640	1,002	1C	004	9,600
University		20	547	1,766			11,206
Veterans Admin. Consolidated							
<b>CALIFORNIA</b>							
<b>DAVIS</b>							
University of California (Davis) Affiliated Hospitals	J. R. Youmans	35	1,127	1,955	1C	005	12,300
University of Calif. (Davis) Sacramento Medical Center (Sacramento)							

## 11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>CALIFORNIA—Continued</b>							
<b>IRVINE</b>							
University of California (Irvine) Affiliated Hospitals	E. Foltz				3C	007	
Orange County Medical Center (Orange)	E. Foltz	13	582	556			12,300
Veterans Admin. (Long Beach)	R. W. Porter	32	560	1,135			16,138
<b>LOMA LINDA</b>							
Loma Linda University Affiliated Hospitals	G. Austin	33	1,025	2,349	1C	004	
Loma Linda University							
<b>LONG BEACH</b>							
Veterans Admin. (See Univ. of Calif. (Irvine) Affiliated Hospitals, Irvine)							
<b>LOS ANGELES</b>							
Los Angeles County—U.S.C. Medical Center	T. Kurze	37	1,854	2,297	3*	020	15,732
Huntington Memorial (Pasadena)	C. H. Shelden	24	722	100	2F		12,612
U.C.L.A. Affiliated Hospitals	W. E. Stern				2C	010	
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	W. E. Stern	20	779	1,090			12,300
Veterans Admin. Center—Wadsworth	J. W. Renaudin	11	338	1,040			18,299
Los Angeles County Harbor General (Torrance)	W. E. Stern	39	348	909			15,732
<b>ORANGE</b>							
Orange County Medical Center 999 (See Univ. of Calif. (Irvine) Affiliated Hosps., Irvine)							
<b>PALO ALTO</b>							
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)							
<b>PASADENA</b>							
Huntington Memorial (See Los Angeles County—U.S.C. Medical Center, Los Angeles)							
<b>SACRAMENTO</b>							
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)							
<b>SAN FRANCISCO</b>							
University of California Program	C. B. Wilson				2*	011	
H. C. Moffitt—University of California Hospitals	C. B. Wilson	47	1,702	730			10,300
Ralph K. Davies Medical Center—Franklin	J. Hoff	14	518	653			10,300
San Francisco General	P. R. Weinstein	14	540	1,410			12,300
Veterans Admin.		22	468				
<b>SAN JOSE</b>							
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)							
<b>STANFORD</b>							
Stanford University Affiliated Hospitals	J. W. Hanbery				1C	006	
Stanford University	J. W. Hanbery	18	623	2,471	1*		11,500
Veterans Admin. (Palo Alto)	G. D. Silverberg	17	372	818			11,500
Santa Clara Valley Medical Center (San Jose)	R. D. Hamilton	12	819	1,038			12,966
<b>TORRANCE</b>							
Los Angeles County Harbor General (See U.C.L.A. Affiliated Hospitals, Los Angeles)							
<b>COLORADO</b>							
<b>DENVER</b>							
University of Colorado Affiliated Hospitals	W. M. Kirsch				1*	005	
Denver General	G. D. Vander Ark	13	509	1,300			10,800
University of Colorado Medical Center	W. M. Kirsch	22	555	2,117			10,800
Veterans Admin.	W. M. Kirsch	17	257	750			12,883
<b>CONNECTICUT</b>							
<b>HARTFORD</b>							
Hartford (See Yale-New Haven Medical Center, New Haven)							
<b>NEW HAVEN</b>							
Yale—New Haven Medical Center	W. F. Collins, Jr.				2C	009	
Yale—New Haven	W. F. Collins, Jr.	35	870	2,685			12,500
Hartford (Hartford)	M. P. Roberts	45	1,628	454			11,700
Veterans Admin. (West Haven)	W. F. Collins, Jr.	6	125	356			11,996
<b>WEST HAVEN</b>							
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)							
<b>DELAWARE</b>							
<b>WILMINGTON</b>							
Wilmington Medical Center (See Thomas Jefferson University, Philadelphia, Pa.)							
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
Georgetown University Affiliated Hospitals	A. J. Luessenhop				1C	007	12,799
Georgetown University		31	451	385			
District of Columbia General		17	259	750			
Veterans Admin.		16	154				
George Washington University Affiliated Hospitals	H. V. Rizzoli				2C	008	12,799
George Washington University	H. V. Rizzoli	53	863	3,044			
Children's Hospital National Medical Center	T. H. Milhorat	7	182	306			
Veterans Admin.	J. L. Fox	16	154	130,169			
Washington Hospital Center							

## 11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>FLORIDA</b>							
<b>GAINESVILLE</b>							
University of Florida Affiliated Hospitals	A. L. Rhoton, Jr.	24	420	1,577	2C	007	
William A. Shands Teaching Hosp. and Clinics		25	613	1,339			9,666
Veterans Admin.		26	428	1,540			9,891
<b>MIAMI</b>							
University of Miami Affiliated Hospitals	H. L. Rosomoff				2C	009	
Jackson Memorial		38	875	2,500			14,215
Veterans Admin.		17	242	2,157			12,322
<b>GEORGIA</b>							
<b>ATLANTA</b>							
Emory University Affiliated Hospitals	G. T. Tindall				1C	005	
Emory University	G. T. Tindall	16	451				10,440
Grady Memorial	G. T. Tindall	12	326	1,290			10,920
Henrietta Eggleston Hospital for Children							
Veterans Admin. (Decatur)	N. S. Payne	19	402	1,095			
<b>AUGUSTA</b>							
Medical College of Georgia Hospitals	M. B. Allen				1C	005	10,100
Eugene Talmadge Memorial	M. B. Allen	18	435	1,682			
Veterans Admin.	R. A. Gindin	15	235	731			
<b>DECATUR</b>							
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)							
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Mc Gaw Medical Center of Northwestern University	A. J. Raimondi				4*	022	11,680
Children's Memorial	A. J. Raimondi	14	690	1,855			
Northwestern Memorial	D. Ruge	32	855				
Veterans Admin. Research	A. J. Raimondi	20	268	2,000			
Evanston (Evanston)	J. Tarkington	11	329				
Rush—Presbyterian—St. Luke's Medical Center	W. W. Whisler	24	520	1,650	1*	004	12,000
University of Chicago Hospitals and Clinics	J. F. Mullan	34	712	2,098	1C	005	11,925
University of Illinois Affiliated Hospitals	O. Sugar				2C	012	
					1*		
University of Illinois	O. Sugar	29	568	9,126			12,500
Cook County	R. A. Moody	33	1,460	2,525			12,800
Illinois Masonic Medical Center	O. Sugar	10	361	403			12,280
Mercy Hospital and Medical Center	M. J. Jerva	28	696	415			
<b>EVANSTON</b>							
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)							
<b>HINES</b>							
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)							
<b>MAYWOOD</b>							
Loyola University Affiliated Hospitals	B. M. Bloor				2C	004	11,000
Foster G. Mc Gaw	B. M. Bloor	16	409	1,513			
Veterans Admin. (Hines)	H. C. Voris, R. Manfredi	35	750	1,315			12,200
<b>INDIANA</b>							
<b>INDIANAPOLIS</b>							
Indiana University Medical Center	R. L. Campbell				2C	006	
Indiana University Hospitals	R. L. Campbell	54	1,099	1,330			10,800
Marion County General	H. Feuer	15	432	601			10,250
Methodist Hospital of Indiana	J. M. Goodman	80	2,296	279			13,392
Veterans Admin.	R. L. Campbell	15	492	1,020			10,648
<b>IOWA</b>							
<b>IOWA CITY</b>							
University of Iowa Affiliated Hospitals	G. Perret				2C	008	
University of Iowa Hospitals		34	721	2,200			
Veterans Admin.		16	338	902			12,000
<b>KANSAS</b>							
<b>KANSAS CITY</b>							
University of Kansas Medical Center	C. E. Brackett	15	546	1,404	1C	005	10,500
Veterans Admin. (Kansas City, Mo.)	S. S. Rengachary	30	464	673			10,000
<b>KENTUCKY</b>							
<b>LEXINGTON</b>							
University of Kentucky Medical Center	H. M. Blacker				1C	005	
University	H. M. Blacker	25	737	2,416			
Veterans Admin.	A. B. Young	15	513	777			
<b>LOUISVILLE</b>							
University of Louisville Affiliated Hospitals	H. D. Garretson				1C	004	
Louisville General		12	410	668			
Norton—Children's Hospitals		21	896	862			
Veterans Admin.		15	175	908			
<b>LOUISIANA</b>							
<b>NEW ORLEANS</b>							
Louisiana State University Affiliated Hospitals	D. G. Kline				1C	005	
Charity Hospital of Louisiana	D. G. Kline	12	407	1,274			8,500
Ochsner Foundation	E. S. Connolly	24	806	4,029			9,492
Tulane University Affiliated Hospitals	R. C. Llewellyn				1C	007	
Charity Hospital of Louisiana	R. C. Llewellyn	11	368	1,111			8,000
Ochsner Foundation	E. S. Connolly	24	806	4,029			9,492
Veterans Admin.	R. C. Llewellyn	15	471	1,348			9,871
<b>MARYLAND</b>							
<b>BALTIMORE</b>							
Johns Hopkins	D. M. Long	55	1,100	1,157	2C	011	12,450
Baltimore City Hospitals	J. D. Mc Queen	6	206	1,013			
Veterans Admin.	J. D. Mc Queen	8	165	732			11,200

## 11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MARYLAND, BALTIMORE—Continued</b>							
University of Maryland Affiliated Hospitals	J. G. Arnold, Jr.				2C	010	
University of Maryland Mercy		31	692	745			11,350
		17	448	124			
<b>MASSACHUSETTS</b>							
<b>BOSTON</b>							
Children's Hospital Medical Center—Peter Bent Brigham	W. K. Welch				1C	004	13,100
Children's Hospital Medical Center Peter Bent Brigham		15	523	860			
		14	327	470			
Massachusetts General	W. H. Sweet	64	1,743	1,098	2C	009	12,500
Beth Israel	N. Zervas	15	311	148			12,300
Boston City	V. H. Mark		341	509			
Tufts University Affiliated Hospitals	B. M. Stein				2C	005	12,411
New England Medical Center		20	368	870			
Carney		25	698	470			
Veterans Admin.	W. Shucart	15	380	1,625			
<b>MICHIGAN</b>							
<b>ANN ARBOR</b>							
University of Michigan Affiliated Hospitals	R. C. Schneider				2*	010	
St. Joseph Mercy	S. M. Farhat	21	582	1,722			11,650
University	R. C. Schneider	46	1,270	4,182			11,650
Veterans Admin.	R. C. Schneider	6	128	500			
<b>DETROIT</b>							
Henry Ford	R. S. Knighton	27	653	4,226	2C	008	12,500
Wayne State University Affiliated Hospitals	L. M. Thomas	36	1,234	1,888	1C	006	11,800
Children's Hospital of Michigan	A. B. Eisenbrey		161	218			
Detroit General							
Grace							
Harper							
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
University of Minnesota Affiliated Hospitals	S. N. Chou				2C	010	
University of Minnesota Hospitals		45	1,371	3,548			11,000
Veterans Admin.		24	390	1,425			
<b>ROCHESTER</b>							
Mayo Graduate School of Medicine	R. H. Miller			5,781	2*	020	11,500
St. Mary's	R. H. Miller	72	3,061				
<b>MISSISSIPPI</b>							
<b>JACKSON</b>							
University of Mississippi Medical Center	O. J. Andy				2C	006	
University		29	874	1,287			10,000
Veterans Admin. Center		14	210	1,411			11,087
<b>MISSOURI</b>							
<b>COLUMBIA</b>							
University of Missouri Medical Center	S. P. W. Black	16	348	1,055	1C	004	11,100
St. Luke's (St. Louis)	G. Rouhac	32	1,134	8			
<b>KANSAS CITY</b>							
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)							
<b>ST. LOUIS</b>							
Barnes Hospital Group	S. Goldring		1,000	2,890	2*	008	12,000
St. Louis University Group of Hospitals	K. R. Smith, Jr.	54	1,505	520	1C	005	12,000
Firmin Desloge General							
Cardinal Glennon Memorial Hospital for Children							
St. Mary's Health Center							
St. Luke's (See University of Missouri Medical Center, Columbia)							
<b>NEW HAMPSHIRE</b>							
<b>HANOVER</b>							
Dartmouth Medical School Affiliated Hospitals	E. Sachs, Jr.				1C	005	11,880
Mary Hitchcock Memorial		25	914	2,381			
Veterans Admin. Center (White River Junction, Vt.)		5	96	474			
<b>NEW YORK</b>							
<b>ALBANY</b>							
Albany Medical Center Affiliated Hospitals	R. S. Bourke				1C	004	12,675
Albany Medical Center	R. S. Bourke	31	912	550			
Veterans Admin.	J. C. Goldstein	9	179	535			
<b>BUFFALO</b>							
S.U.N.Y. at Buffalo Affiliated Hospitals	L. Bakay				1C	004	11,800
Buffalo General	L. Bakay	18	431	93			
Children's Hospital of Buffalo	D. M. Klein	7	284	172			
Edward J. Meyer Memorial	L. Bakay	7	228	304			
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals	K. Shulman				2C	010	
Bronx Municipal Hospital Center		17	513	523			
Hospital of the Albert Einstein College of Medicine		10	274	507			
Montefiore Hospital and Medical Center		18	353	267			
Mount Sinai Hospital Training Program	L. I. Malis				2C	010	
Mount Sinai	L. I. Malis	47	960	480			16,075
City Hospital Center at Elmhurst	S. Hollin	17	431	525			14,700
Veterans Admin. (Bronx)	L. Malis	28	292	1,395			16,001
New York Hospital—Cornell Medical Center and Affiliated Hospitals	R. H. Patterson, Jr.				1C	004	13,500
New York Hospital	R. H. Patterson, Jr.	30	581	1,428			
Memorial Hospital for Cancer and Allied Diseases	J. Galicich	3	37	151			

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW YORK, NEW YORK CITY—Continued</b>							
New York University Medical Center	J. Ransohoff				2C	012	
Bellevue Hospital Center	J. Ransohoff	28	291	315			
St. Vincent's Hospital and Medical Center of New York	R. L. Rovit	15	302	221			
University	J. Ransohoff	39	728				
Veterans Admin. (Manhattan)	E. Flamm	17	42	234			
Presbyterian	E. B. Schlesinger	60	1,742	616	2*	010	16,300
Harlem Hospital Center	H. D. Messer	15	252	571			
S.U.N.Y. Downstate Medical Center	A. Cook				2C	010	
Kings County Hospital Center		41	508	1,572			16,000
Long Island College		50	379	350			
State University		12	139	311			15,629
<b>ROCHESTER</b>							
Strong Memorial Hospital of the University of Rochester	J. V. Mc Donald	24	975	344	1C	004	12,300
<b>SYRACUSE</b>							
S.U.N.Y. Upstate Medical Center	R. B. King				2C	010	13,225
Crouse Irving—Memorial	R. B. King	25					
State University	R. B. King	28	747	330			
Veterans Admin.	L. Modesti	17	250	564			
<b>NORTH CAROLINA</b>							
<b>CHAPEL HILL</b>							
North Carolina Memorial	G. S. Dugger	14	455	1,121	1C	005	11,000
<b>OURHAM</b>							
Duke University Affiliated Hospitals	G. L. Odom				2C	008	11,935
Duke University Medical Center	G. L. Odom	40	1,132	7,667			
Veterans Admin.	W. A. Cook	29	469	1,895			
<b>WINSTON-SALEM</b>							
Bowman Gray School of Medicine Affiliated Hospitals	E. Alexander, Jr.	37	1,133	1,423	1*	006	10,000
North Carolina Baptist							
<b>NORTH DAKOTA</b>							
<b>FARGO</b>							
Neuropsychiatric Institute	L. A. Christoferson	46	1,059	2,811	1* 1F	002	11,400
<b>OHIO</b>							
<b>CINCINNATI</b>							
Good Samaritan	F. H. Mayfield	24	1,180	133	1C	004	11,550
Christ		42	1,088	208			12,500
University of Cincinnati Hospital Group	R. L. Mc Laurin				1C	004	
Children's		51	2,981	86			10,244
Cincinnati General		17	463	853			12,158
Veterans Admin.		19	291	585			
<b>CLEVELAND</b>							
Case Western Reserve University Affiliated Hospitals	F. E. Nulsen				2*	007	
Cleveland Metropolitan General	R. J. White	13	271	961			11,700
University Hospitals of Cleveland	F. E. Nulsen	19	489	509			12,300
Veterans Admin.	J. S. Brodkey	14	169	550			12,237
Cleveland Clinic	D. F. Dohn	51	1,491	5,114	2C	010	12,500
St. Vincent Charity	E. J. Bishop	24	454	300			
<b>COLUMBUS</b>							
Ohio State University Affiliated Hospitals	W. E. Hunt				2*	008	
Ohio State University Hospitals	W. E. Hunt	27	797	1,016			10,620
Children's	M. P. Sayers	20	769	455			10,620
Riverside Methodist	J. N. Meagher	41	1,129	45			10,000
<b>OKLAHOMA</b>							
<b>OKLAHOMA CITY</b>							
University of Oklahoma Health Sciences Center	B. J. Rutledge				1C	004	
St. Anthony	A. C. Lisle	50	2,156	3			
University Hospital and Clinics	B. J. Rutledge	6	239	335			11,390
Veterans Admin.	B. J. Rutledge	7	154	800			10,023
<b>OREGON</b>							
<b>PORTLAND</b>							
Good Samaritan Hospital and Medical Center	J. Raaf	44	1,445	794	1C 1F	005	11,388
University of Oregon Affiliated Hospitals	H. D. Paxton				1C 1F	005	
University of Oregon Health Sciences Center		19	588	1,154			9,900
Hospitals and Clinics		12	304	296			10,969
Veterans Admin.							
<b>PENNSYLVANIA</b>							
<b>PHILADELPHIA</b>							
Episcopal	H. A. Shenkin	18	645	355	1C	004	11,700
Hahnemann Medical College and Hospital	J. L. Osterholm	28	501	2,832	1C	005	
Temple University Affiliated Hospitals	W. A. Buchheit				2C	006	
Temple University	W. A. Buchheit	24	698	2,914			12,000
Albert Einstein Medical Center (Northern Division)	W. A. Buchheit	10	190	67			12,000
St. Christopher's Hospital for Children	M. R. Katz	10	252	378			11,852
Thomas Jefferson University	W. A. Buchheit	10	209	155	1C	006	12,800
Wilmington Medical Center (Wilmington, Del.)	J. L. Osterholm	10	270	1,133			12,183
University of Pennsylvania Affiliated Hospitals	L. Olmedo	53	1,270				
Hospital of the University of Pennsylvania	T. W. Langfitt, F. Murtagh	29	684	267	2*	007	11,400
Children's Hospital of Philadelphia	T. W. Langfitt, F. Murtagh	21	487	659			
Pennsylvania	L. Schut		12,091				
Veterans Admin.			6,401				
<b>PITTSBURGH</b>							
Hospitals of the University Health Center of Pittsburgh	P. J. Jannetta	135	2,197	3,092	2C	010	14,160
Children's Hospital of Pittsburgh	O. H. Reigel						
Montefiore	R. G. Seiker						
Presbyterian—University	J. C. Maroon						
Veterans Admin.	P. J. Jannetta						

## 11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>PENNSYLVANIA, PITTSBURGH—Continued</b>							
Mercy	G. H. Gray, Jr.	47	1,396	208	1C	004	
<b>PUERTO RICO</b>							
<b>SAN JUAN</b>							
University of Puerto Rico Affiliated Hospitals University District I. Gonzalez Martinez San Juan City Veterans Admin. Center	N. Rifkinson	20	597	2,410	1C	005	10,200
		8	203	500			12,166
<b>SOUTH CAROLINA</b>							
<b>CHARLESTON</b>							
Medical University of South Carolina Teaching Hospitals Medical University of South Carolina Veterans Admin.	P. L. Perot, Jr.	30	633	1,019	1C	005	10,440
<b>TENNESSEE</b>							
<b>MEMPHIS</b>							
University of Tennessee Affiliated Hospitals Baptist Memorial City of Memphis Hospitals Le Bonheur Children's Methodist Veterans Admin.	J. T. Robertson J. T. Robertson J. T. Robertson C. D. Hawkes E. L. Cashion	150 19	5,238 630	873 984	3C	009	12,720
		112	3,821	500			11,760
		19	474	2,122			12,635
<b>NASHVILLE</b>							
Vanderbilt University Affiliated Hospitals Nashville Metropolitan General Vanderbilt University Veterans Admin.	T. Paine W. F. Meacham W. F. Meacham	6 56 15	286 1,579 310	375 1,151 1,924	2C	007	9,482 10,941
<b>TEXAS</b>							
<b>DALLAS</b>							
University of Texas Southwestern Medical School Affiliated Hospitals Parkland Memorial Children's Medical Center St. Paul Veterans Admin.	W. K. Clark	22	738	1,814 81 183	1C	005	9,660 9,660
		25	758				10,620
		16	374	1,809			10,071
<b>GALVESTON</b>							
University of Texas Medical Branch Hospitals	R. G. Grossman	23	660	1,457	1*	005	12,100
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals Ben Taub General Methodist Texas Children's University of Texas M. D. Anderson Hospital and Tumor Institute Veterans Admin.	G. J. Ehni G. J. Ehni J. Greenwood W. R. Cheek M. E. Leavens G. J. Ehni	17 72 8	757 2,394 102	1,463 108	3C	012	10,140 10,140 10,740
		3	68	546			
		29	341	16,391			
<b>SAN ANTONIO</b>							
University of Texas at San Antonio Teaching Hospitals Bexar County Teaching	J. L. Story	19	803	1,420	1C	005	9,800
<b>UTAH</b>							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals University Holy Cross Hospital of Salt Lake City Veterans Admin.	T. S. Roberts T. S. Roberts C. Powell, M. P. Heilbrun M. P. Heilbrun	6 8 8	364 486 117	916 424	1C	004	11,200 10,500 10,500
<b>VERMONT</b>							
<b>BURLINGTON</b>							
Medical Center Hospital of Vermont	R. M. P. Donaghy	24	915	582	1C	003	11,050
<b>WHITE RIVER JUNCTION</b>							
Veterans Admin. Center (See Dartmouth Med. School Affil. Hospitals, Hanover, N. H.)							
<b>VIRGINIA</b>							
<b>CHARLOTTESVILLE</b>							
University of Virginia	J. A. Jane	29	1,117	2,295	1C	006	10,499
<b>RICHMOND</b>							
Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals Veterans Admin.	D. P. Becker D. P. Becker J. L. Ulmer	35 20	918 179	2,468 601	2C	008	10,450 10,634
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals Harborview Medical Center University Veterans Admin.	A. A. Ward, Jr.	10 11	329 301	488 1,309 1,081	2C	009	9,780 9,672
<b>WEST VIRGINIA</b>							
<b>MORGANTOWN</b>							
West Virginia University	G. R. Nugent	29	1,153	2,921	1C	005	10,500
<b>WISCONSIN</b>							
<b>MADISON</b>							
University of Wisconsin Affiliated Hospitals University Hospitals Madison General Veterans Admin.	M. J. Javid M. J. Javid F. Pitts C. C. Kao	22 16 9	571 235 178	1,648 972	1C	005	11,500

## 11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>WISCONSIN—Continued</b>							
<b>MILWAUKEE</b>							
Medical College of Wisconsin Affiliated Hospitals	S. J. Larson				1C	005	
Milwaukee County General		35	810	2,196			10,537
Veterans Admin. Center (Wood)		32	500	2,017			11,809

## 12A. NEUROLOGY

Residency programs in the following hospitals have been accredited for THREE years of training by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES AIR FORCE</b>							
<b>TEXAS</b>							
Wilford Hall U. S. A. F. Medical Center, San Antonio	E. R. Adelmann	45	594	6,276	2*	008	
<b>UNITED STATES ARMY</b>							
<b>CALIFORNIA</b>							
Letterman Army Medical Center, San Francisco	H. H. Schwamb	15	329	5,306	3C	008	
<b>DISTRICT OF COLUMBIA</b>							
Walter Reed Army Medical Center, Washington	A. D. Huott	22	526	7,190	3*	008	
<b>TEXAS</b>							
Brooke Army Medical Center, San Antonio	C. H. Gunderson	13	434	5,526	2C	006	
<b>UNITED STATES NAVY</b>							
<b>MARYLAND</b>							
National Naval Medical Center, Bethesda	W. L. Brannon, Jr.	45	601	7,057	1F	011	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
University of Alabama Medical Center	J. H. Halsey, Jr.				1C	013	
University of Alabama Hospitals		15	539	1,750	1*		10,875
Veterans Admin.		22	501	2,000			10,600
<b>ARIZONA</b>							
<b>PHOENIX</b>							
St. Joseph's Hospital and Medical Center	J. C. White, Jr.	40	1,344	313	2C	006	12,593
Barrow Neurological Institute of St. Joseph's							
<b>TUCSON</b>							
University of Arizona Affiliated Hospitals	W. A. Sibley				2C	008	
University	W. A. Sibley	6	305	2,519			10,300
Tucson Medical Center	H. W. Buchsbaum	20	677	1,439			
Veterans Admin.	A. L. Ehle	12	249	1,885			11,225
<b>ARKANSAS</b>							
<b>LITTLE ROCK</b>							
University of Arkansas Medical Center	D. D. Lucy, Jr.				2C	007	
University		11	402	3,933	2F		9,600
Veterans Admin. Consolidated		21	323	1,533			11,206
<b>CALIFORNIA</b>							
<b>DAVIS</b>							
University of California (Davis) Affiliated Hospitals	P. M. Dreyfus				2C	008	12,300
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		12	384	2,729	2*		
<b>IRVINE</b>							
University of California (Irvine) Affiliated Hospitals	A. Starr				4C	011	
Orange County Medical Center (Orange)	A. Starr	8	280	895			12,300
Veterans Admin. (Long Beach)	A. Alekoumbides	57	722	2,495			16,138
<b>LONG BEACH</b>							
Veterans Admin. (See Univ. of California (Irvine) Affil. Hosps., Irvine)							
<b>LOS ANGELES</b>							
Kaiser Foundation	J. Wagner	15	113	13,979	1C	003	14,087
Los Angeles County—U. S. C. Medical Center	J. P. Van Der Meulen	35	912	6,908	4*	020	15,732
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	R. D. Walter	9	62	6,968	4F	017	12,300
Veterans Admin. Center—Wadsworth	W. W. Tourtellotte	35	675	2,625	3C	010	16,138
<b>ORANGE</b>							
Orange County Medical Center (See Univ. of California (Irvine) Affil. Hosps., Irvine)							



## 12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>CALIFORNIA—Continued</b>							
<b>PALO ALTO</b>							
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)							
<b>SACRAMENTO</b>							
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hosps., Davis)							
<b>SAN DIEGO</b>							
University of California (San Diego) Affiliated Hospitals	W. C. Wiederholt				4*	016	
University of California, San Diego—University Hospital		12	569	2,318			12,300
Veterans Admin.		41	640	2,005			13,316
<b>SAN FRANCISCO</b>							
Pacific Medical Center and Affiliated Hospitals							
Pacific Medical Center—Presbyterian	A. G. Waltz	10	496	424	1C 1F	003	10,068
University of California Program	R. A. Fishman				5C 1F	018	
H. C. Moffitt—University of California Hospitals	R. A. Fishman	13	647	3,460			11,400
San Francisco General	F. Yatsu	8	385	1,521			11,400
Veterans Admin.	J. R. Baringer	13	362	2,314			12,300
<b>STANFORD</b>							
Stanford University Affiliated Hospitals	D. A. Prince				4C	012	11,500
Stanford University	D. A. Prince	7	315	1,718			
Veterans Admin. (Palo Alto)	R. W. Angel	30	228	1,073			
<b>TORRANCE</b>							
Los Angeles County Harbor General	M. Goldberg	9	367	1,514	1C	003	15,732
<b>COLORADO</b>							
<b>DENVER</b>							
University of Colorado Affiliated Hospitals	J. H. Austin				5C	014	
University of Colorado Medical Center	J. H. Austin	11	467	5,012			10,800
Denver General	P. R. Yarnell	12	552	1,585			10,800
Veterans Admin.	E. Lewin	34	519	2,000			12,883
<b>CONNECTICUT</b>							
<b>NEW HAVEN</b>							
Yale—New Haven Medical Center	G. H. Glaser				3C	009	
Yale—New Haven	G. H. Glaser	17	571	4,356			12,500
Veterans Admin. (West Haven)	L. L. Levy	37	897	3,024			11,996
<b>WEST HAVEN</b>							
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)							
<b>DELAWARE</b>							
<b>WILMINGTON</b>							
Veterans Admin. (See Thomas Jefferson Univ. Hosp., Philadelphia, Pa.)							
Wilmington General (See Thomas Jefferson Univ. Hosp., Philadelphia, Pa.)							
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
Georgetown University Affiliated Hospitals	D. S. O' Doherty				5*	019	
Georgetown University	D. S. O' Doherty	14	302	1,245	1F		12,799
Veterans Admin.	J. F. Kurtzke	59	810	2,530			11,525
George Washington University Affiliated Hospitals	S. O' Reilly				1C	005	12,799
George Washington University	S. O' Reilly	12	364	734			12,799
Children's Hospital National Medical Center	M. J. Malone	5	184	1,178			11,078
Howard University Affiliated Hospitals	D. H. Wood				2C 1F	006	
Howard University		11	153	1,920			13,181
District of Columbia General		13	259	1,637			
<b>FLORIDA</b>							
<b>GAINESVILLE</b>							
University of Florida Affiliated Hospitals	M. Greer				3*	009	
William A. Shands Teaching Hosp. and Clinics		12	508	3,001			9,044
Veterans Admin.		33	658	1,317			9,891
University Hospital of Jacksonville (Jacksonville)				131			
<b>JACKSONVILLE</b>							
University Hospital of Jacksonville (See University of Florida Affil. Hosps., Gainesville)							
<b>MIAMI</b>							
University of Miami Affiliated Hospitals	P. Scheinberg				6C	019	
Jackson Memorial		45	1,245	3,625			13,247
Veterans Admin.		20	436	2,461			12,322
<b>TAMPA</b>							
University of South Florida Affiliated Hospitals	L. D. Prockop				2C	004	
Veterans Admin.		19	286	1,495			11,717
Tampa General			201	384			11,523
<b>GEORGIA</b>							
<b>ATLANTA</b>							
Emory University Affiliated Hospitals	H. R. Karp				2C	006	10,440
Grady Memorial	H. R. Karp	14	414	2,331			
Emory University	H. R. Karp	7	321				
Henrietta Eggleston Hospital for Children							
Veterans Admin. (Decatur)	J. C. Ammons	5		1,165			

## 12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>GEORGIA—Continued</b>							
<b>AUGUSTA</b>							
Medical College of Georgia Hospitals	J. B. Green				2C	008	9,600
Eugene Talmadge Memorial	J. B. Green	18	472	3,635			
Veterans Admin.	D. B. Smith	16	241	638			
<b>DECATUR</b>							
Veterans Admin. (See Emory University Affil. Hosps., Atlanta)							
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Mc Gaw Medical Center of Northwestern University	B. Boshes				4C	012	11,680
Northwestern Memorial	B. Boshes	43	1,163	3,251			
Veterans Admin. Research	H. Koenig	28	369	1,000			
Michael Reese Hospital and Medical Center	H. L. Klawans	14	325	2,300	2C	006	
Mount Sinai—Cook County—Hines Veterans Admin. Hospitals	M. E. Bruetman				4C	012	
Mount Sinai Hospital Medical Center of Chicago	M. E. Bruetman	12	384	717			12,000
Cook County	H. L. Meyers, Jr.	28	823	4,599			12,200
Veterans Admin. (Hines)	F. A. Rubino	71	1,265	2,720			11,000
Rush—Presbyterian—St. Luke's Medical Center	M. M. Cohen	35	300	600	2*	008	12,000
University of Chicago Hospitals and Clinics	S. Schulman	15	342	3,324	3*	006	11,925
University of Illinois Affiliated Hospitals	J. S. Garvin				3*	012	12,500
University of Illinois	J. S. Garvin	29	568	9,126			
Veterans Admin. (West Side)	H. M. Manfredi	21	112	3,001			
<b>HINES</b>							
Veterans Admin. (See Mt. Sinai-Cook County-Hines Vet. Admin. Hosps., Chicago)							
Veterans Admin. (See Loyola University Affil. Hosps., Maywood)							
<b>MAYWOOD</b>							
Loyola University Affiliated Hospitals	J. Brumlik				2C 2F	007	11,000
Foster G. Mc Gaw	J. Brumlik	20	617				
Veterans Admin. (Hines)	F. A. Rubino	71	1,265	2,720			
<b>INDIANA</b>							
<b>INDIANAPOLIS</b>							
Indiana University Medical Center	M. L. Dyken				5C	015	
Indiana University Hospitals	M. L. Dyken	18	628	2,309			10,800
Marion County General	H. Jones	15	432	2,278			10,250
Veterans Admin.	M. L. Dyken	36	432	1,117			11,269
<b>IOWA</b>							
<b>IOWA CITY</b>							
University of Iowa Affiliated Hospitals	M. W. Van Allen				3C	011	
University of Iowa Hospitals		40	1,297	7,791			10,500
Veterans Admin.		16	374	1,580			11,000
<b>KANSAS</b>							
<b>KANSAS CITY</b>							
University of Kansas Medical Center	D. K. Ziegler	10	390	2,500	3*	012	10,500
Veterans Admin. (Kansas City, Mo.)	V. B. Matovich	22	389	987			10,000
<b>KENTUCKY</b>							
<b>LEXINGTON</b>							
University of Kentucky Medical Center	D. B. Clark				2C	009	
University	D. B. Clark	16	493		1*		
<b>LOUISVILLE</b>							
University of Louisville Affiliated Hospitals	E. Roseman				3C	009	
Louisville General		34	884	2,488			9,600
Veterans Admin.		38	383	1,414			9,420
<b>LOUISIANA</b>							
<b>NEW ORLEANS</b>							
Charity Hospital of Louisiana—Louisiana State University Division	R. M. Paddison	9	312	5,548	1*	009	8,200
Tulane University Affiliated Hospitals	R. G. Heath				3C	008	
Charity Hospital of Louisiana	R. D. Paterson	8	278	4,217			9,450
Ochsner Foundation	R. E. Barron, 3d	2	106	2,892			
Veterans Admin.	J. F. Pierce	17*	488	3,848			9,871
<b>MARYLAND</b>							
<b>BALTIMORE</b>							
Johns Hopkins Hospital—Baltimore City Hospitals	G. M. Mc Khann	10	400	1,300	6C	016	11,800
Baltimore City Hospitals	O. S. Marin	27	1,035	7,837	6C	016	11,800
Johns Hopkins	G. M. Mc Khann						
University of Maryland Affiliated Hospitals	E. Nelson	16	400	3,960	4*	016	12,050
University of Maryland							
<b>MASSACHUSETTS</b>							
<b>BOSTON</b>							
Boston City	N. Geschwind	12	252	2,199	2C	008	12,070
Boston University Affiliated Hospitals	R. G. Feldman				6C	021	
University	R. G. Feldman	20	230	530			13,313
Veterans Admin.		114	985	4,640			12,186
Children's Hospital Medical Center—Peter Bent Brigham—Beth Israel	C. F. Barlow				4C	012	12,300
Beth Israel	L. R. Caplan	8	313	771			
Children's Hospital Medical Center	C. F. Barlow	8	376	4,474			
Peter Bent Brigham	H. R. Tyler	14	400	1,816			
Massachusetts General	R. D. Adams, G. F. Winkler	57	1,810	6,381	6C	018	12,000
New England Medical Center	J. F. Sullivan	12	441	3,920	2C	007	12,411
St. Elizabeth's Hospital of Boston	R. E. Flynn	9	351	442			

## 12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MICHIGAN</b>							
<b>ANN ARBOR</b>							
University of Michigan Affiliated Hospitals	R. N. De Jong	23	602	6,567	4C	012	12,250
University	R. N. De Jong	18	428	873			
Veterans Admin.	E. R. Feringa						
<b>DETROIT</b>							
Henry Ford	R. D. Teasdall	12	272	6,313	2C	006	12,500
Wayne State University Affiliated Hospitals	J. Gilroy	46	554	2,980	5C	017	
Detroit General	J. Gilroy						11,400
Harper	J. Gilroy						11,400
Lafayette Clinic	E. A. Rodin	14	221	1,513			14,720
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
University of Minnesota Affiliated Hospitals					1C	032	
					8*		
Hennepin County Medical Center	M. G. Ettinger	19	590	2,725			
University of Minnesota Hospitals	A. B. Baker	41	1,296	7,400			10,500
Veterans Admin.	M. Alter	66	1,090	3,760			
St. Paul—Ramsey, (St. Paul)	R. J. Gumnit	21	716	3,148			11,000
Veterans Admin.	M. Alter	66	1,090	3,760	3C	010	10,410
<b>ROCHESTER</b>							
Mayo Graduate School of Medicine	J. P. Whisnant			23,386	4*	028	11,500
Rochester Methodist		15	423				
St. Mary's		60	2,498				
<b>ST. PAUL</b>							
St. Paul—Ramsey (See University of Minnesota Affiliated Hosps., Minneapolis)							
<b>MISSISSIPPI</b>							
<b>JACKSON</b>							
University of Mississippi Medical Center	R. D. Currier				2C	006	
University		20	596	2,362	1F		10,000
Veterans Admin. Center		18	318	645			11,087
<b>MISSOURI</b>							
<b>KANSAS CITY</b>							
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)							
<b>ST. LOUIS</b>							
St. Louis University Group of Hospitals	S. Horenstein	90	1,676	4,909	5*	018	11,500
Firmin Desloge General							
Cardinal Glennon Memorial Hospital for Children							
St. Louis County							
Veterans Admin. (Cochran)							
Veterans Admin. (Jefferson Barracks)							
Washington University Affiliated Hospitals	W. M. Landau				8C	026	12,000
					2*		
Barnes Hospital Group	W. M. Landau	67	1,836	4,089			
St. Louis Children's	A. L. Prensky, P. R. Dodge	17	726	4,200			12,500
St. Louis City	E. F. Vastola	41	1,079	3,111			
<b>NEBRASKA</b>							
<b>OMAHA</b>							
Creighton—Nebraska Universities Health Foundation	D. R. Bennett			3,422	3C	009	
Creighton Memorial—St. Joseph's	D. R. Bennett	3	163	452			11,300
University of Nebraska	D. R. Bennett	7	372	2,421			11,385
Bishop Clarkson Memorial		13	614	5			
Veterans Admin.	A. S. Lorenzo	13	206	390			10,449
<b>NEW HAMPSHIRE</b>							
<b>HANOVER</b>							
Dartmouth Medical School Affiliated Hospitals	A. G. Reeves				2C	008	11,110
Mary Hitchcock Memorial	A. G. Reeves	20	791	3,006			
Veterans Admin. Center (White River Junction, Vt.)	B. E. Levin	8	300	575			
<b>NEW JERSEY</b>							
<b>EAST ORANGE</b>							
Veterans Admin. (See CMDNJ—New Jersey Medical School Affil. Hosps., Newark)							
<b>NEWARK</b>							
CMDNJ—New Jersey Medical School Affiliated Hospitals	J. T. Kessler				5C	014	
Martland		18	360	750			13,193
Veterans Admin. (East Orange)		77	507	3,100			13,662
<b>NEW MEXICO</b>							
<b>ALBUQUERQUE</b>							
University of New Mexico Affiliated Hospitals	J. M. Bicknell				3C	009	10,100
Bernalillo County Medical Center		22	357	4,596			
Veterans Admin.		27	502	1,150			
<b>NEW YORK</b>							
<b>ALBANY</b>							
Albany Medical Center Affiliated Hospitals	K. D. Barron				4C	013	
Albany Medical Center	K. D. Barron	25	648	1,492			12,000
Veterans Admin.	K. D. Barron, A. Koepfen	37	508	1,855			13,092
<b>BUFFALO</b>							
Edward J. Meyer Memorial	B. H. Smith	29	619	2,855	3C	008	
<b>EAST MEADOW</b>							
Nassau County Medical Center—Meadowbrook Div.	S. Louis	22	359	4,121	2*	008	11,874

## 12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW YORK—Continued</b>							
<b>MANHASSET</b>							
North Shore University (See N. Y. Hosp.—Cornell Med. Ctr. & Affil. Hosp., N. Y. City)							
<b>NEW HYDE PARK</b>							
Long Island Jewish—Hillside Medical Center Program	M. Nathanson				1C	003	14,700
Long Island Jewish—Hillside Medical Center		24	518	1,195			
Queens Hospital Center (New York City)		18	510	1,250			
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals	R. Katzman				8C	032	
Bronx Municipal Hospital Center	R. Katzman	35	627	5,721			
Montefiore Hospital and Medical Center	E. Weitzman	56	1,020	13,685			
Hospital of the Albert Einstein College of Medicine	R. Katzman	23	377	2,016			
Montefiore Hospital and Medical Center (See Albert Einstein Coll. of Med. Affiliated Hospitals)							
Mount Sinai Hospital Training Program	M. D. Yahr	80	1,094	4,026	8C	024	
Mount Sinai	M. D. Yahr						16,380
City Hospital Center at Elmhurst	N. Christoff						14,700
New York Hospital—Cornell Medical Center and Affiliated Hospitals	F. Plum			4,075	5C	015	14,700
New York Hospital	F. Plum	29	475	4,075			
Memorial Hospital for Cancer and Allied Diseases	J. B. Posner	16	271	2,203			
New York Hospital—Cornell Medical Center and Affiliated Hospitals	R. Beresford			750	2C	006	15,400
North Shore University (Manhasset)	R. Beresford	16	350	2,203			
Memorial Hospital for Cancer and Allied Diseases	J. B. Posner	16	271				
New York Medical College—Metropolitan Hospital Center	R. J. Strobo				5C	013	14,700
Unit 1—Flower and Fifth Avenue Hospitals		2	31	883			
Unit 2—Metropolitan Hospital Center		40	740	4,428			
Unit 3—Bird S. Coler Memorial Hospital and Home		24	20				
New York University Medical Center	C. T. Randt				6C	018	
University		32	635				
Bellevue Hospital Center		28	291				
Veterans Admin. (Manhattan)		75	523	788			
Presbyterian	L. P. Rowland	142	2,757	12,544	6C	018	15,500
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)							
St. Vincent's Hospital and Medical Center of New York	J. G. Chusid	39	650	2,669	2C 1F	009	13,855
S. U. N. Y. Downstate Medical Center	H. S. Schutta				3* 1F	017	
State University		29	587	4,487			15,629
Kings County Hospital Center		29	587	4,487			14,700
Veterans Admin. (Bronx)	M. D. Yahr	50	252	1,850			16,001
Veterans Admin. (Brooklyn)—Kingsbrook Jewish Medical Center	I. F. Norstrand	107	727	1,085	5C	010	16,001
Veterans Admin. (Brooklyn)							
Kingsbrook Jewish Medical Center							
<b>ROCHESTER</b>							
Strong Memorial Hospital of the University of Rochester	R. J. Joynt	17	653	1,263	3C	009	12,300
<b>SYRACUSE</b>							
S. U. N. Y. Upstate Medical Center	G. S. Ross				2C	006	12,318
Crouse Irving—Memorial	G. S. Ross	8	249				
State University	G. S. Ross	8	292	3,522			
Veterans Admin.	M. Chipman	25	177	1,344			
<b>NORTH CAROLINA</b>							
<b>CHAPEL HILL</b>							
North Carolina Memorial	T. W. Farmer	12	436	3,423	2C	006	11,000
<b>DURHAM</b>							
Duke University Affiliated Hospitals	S. H. Appel				4C	012	
Duke University Medical Center	S. H. Appel	25	972	8,265			11,385
Veterans Admin.	J. Davis	17	371	720			11,935
<b>WINSTON-SALEM</b>							
Bowman Gray School of Medicine Affiliated Hospitals	J. F. Toole	24	978	1,993	3*	011	10,000
North Carolina Baptist							
<b>OHIO</b>							
<b>CINCINNATI</b>							
University of Cincinnati Hospital Group	C. D. Aring				6C	009	
Cincinnati General	C. D. Aring	25	462	4,545			10,244
Children's	S. A. Shelburne, Jr.			817			
Veterans Admin.	C. D. Aring	22	382	1,985			12,158
<b>CLEVELAND</b>							
Cleveland Clinic	J. P. Conomy	29	907	11,329	5C 1F	010	12,500
Cleveland Metropolitan General	M. Victor	58	861	2,611	2C 1F	005	11,700
University Hospitals of Cleveland	J. M. Foley	20	653	1,769	4C	012	11,700
Veterans Admin.		29	521	1,040			11,637
<b>COLUMBUS</b>							
Ohio State University Affiliated Hospitals	J. N. Allen				3C	009	
Ohio State University Hospitals	J. N. Allen	23	755	1,753			10,500
Children's							
Riverside Methodist	G. W. Paulson	10	750	60			10,000

## 12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>OKLAHOMA</b>							
<b>OKLAHOMA CITY</b>							
University of Oklahoma Health Sciences Center	J. W. Nelson				2*	008	
University Hospital and Clinics	J. W. Nelson	1	5	288			10,803
Veterans Admin.	J. W. Nelson	9	303	1,685			10,023
<b>OREGON</b>							
<b>PORTLAND</b>							
University of Oregon Affiliated Hospitals	F. M. Yatsu				4C	012	
Good Samaritan Hospital and Medical Center	R. S. Dow	32	900	600			10,596
University of Oregon Health Sciences Center Hospitals and Clinics	F. M. Yatsu	9	305	2,154			9,900
Veterans Admin.	C. C. Carter	29	631	524			10,969
<b>PENNSYLVANIA</b>							
<b>CHESTER</b>							
Crozer—Chester Medical Center (See Hahnemann Medical College Affiliated Hospitals)							
<b>COATESVILLE</b>							
Veterans Admin.	R. A. Farmer	44	101	178	2*	003	12,241
<b>HERSHEY</b>							
Milton S. Hershey Medical Center of the Pennsylvania State University	R. W. Brennan	11	384	1,847	1C	003	11,160
<b>PHILADELPHIA</b>							
Hahnemann Medical College Affiliated Hospitals	E. L. Mancall	19	492	2,386			11,500
Hahnemann Medical College and Hospital	E. L. Mancall	10	258	758			
Crozer—Chester Medical Center (Chester)	L. Green						
Medical College of Pennsylvania Affiliated Hospitals	R. A. Burns	8	208	685	1C	006	11,000
Hospital of the Medical College of Pennsylvania				1,040			13,000
Veterans Admin.				1,088			11,700
Pennsylvania	G. R. Haase	7	234		2C	006	
Temple University Affiliated Hospitals	J. U. Toglia				2*	008	
Albert Einstein Medical Center	A. A. Bank	14	382	2,753			11,100
St. Christopher's Hospital for Children	W. D. Grover	10	350	350			13,056
Temple University	J. U. Toglia	9	232	1,357			12,000
Thomas Jefferson University	R. A. Chambers	20	499	1,693	2C	009	11,800
					1F		
Wilmington Medical Center (Wilmington, Del.)	D. A. Nelson	27	496	1,133			12,183
Veterans Admin. (Wilmington, Del.)	L. Katz	3	21	775			13,801
University of Pennsylvania Affiliated Hospitals	A. K. Asbury	22	619	3,483	2*	016	11,400
Hospital of the University of Pennsylvania	A. K. Asbury	8	291	2,509			12,500
Children's Hospital of Philadelphia	P. H. Berman						
Graduate Hospital of the University of Pennsylvania	R. N. Harner	52	381	618			12,500
Philadelphia General	A. J. Sumner		462	3,315			11,200
<b>PITTSBURGH</b>							
Hospitals of the University Health Center of Pittsburgh	H. B. Higman	18	602	3,007	4C	010	12,965
					1F		
Presbyterian—University Children's Hospital of Pittsburgh	H. B. Higman F. J. Samaha						
<b>PUERTO RICO</b>							
<b>SAN JUAN</b>							
University of Puerto Rico Affiliated Hospitals	L. P. Sanchez Longo				3C	011	
					1F		
University District		21	318	2,603			
San Juan City		13	140				
Veterans Admin. Center		19	204	1,225			10,354
<b>SOUTH CAROLINA</b>							
<b>CHARLESTON</b>							
Medical University of South Carolina Teaching Hospitals							
Medical University of South Carolina	E. Hogan	10	334	2,612	3C	016	10,968
<b>TENNESSEE</b>							
<b>MEMPHIS</b>							
University of Tennessee Affiliated Hospitals	S. E. Pitner				3C	011	
					3F		
City of Memphis Hospitals	S. E. Pitner	17	453	6,212			10,920
Veterans Admin.	E. F. Gonyea	17	215	759			12,635
<b>NASHVILLE</b>							
Vanderbilt University Affiliated Hospitals					3*	009	
Vanderbilt University	G. M. Fenichel	7	482	3,670			10,780
Nashville Metropolitan General	T. Paine			414			
Veterans Admin.	F. R. Freemon	18	469	1,150			9,755
<b>TEXAS</b>							
<b>DALLAS</b>							
University of Texas Southwestern Medical School Affiliated Hospitals	R. N. Rosenberg				6C	018	
					1F		
Parkland Memorial	R. N. Rosenberg	4	148	1,981			9,660
Children's Medical Center	R. N. Rosenberg		48	237			
Veterans Admin.	J. E. Walker	11	266	549			10,071
<b>GALVESTON</b>							
University of Texas Medical Branch Hospitals	J. R. Calverley	19	482	4,921	2C	006	12,100
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals	J. S. Meyer				3C	021	10,140
					6*		
					1F		
Ben Taub General		12	441	3,882			
Methodist		37	1,484	3,359			
Veterans Admin.		35	421	3,167			

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UTAH</b>							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals	L. W. Jarcho				3C	010	11,200
University	L. W. Jarcho	9	500	1,977			
Veterans Admin.	E. T. Ajax	32	456	1,259			10,500
<b>VERMONT</b>							
<b>BURLINGTON</b>							
Medical Center Hospital of Vermont	C. M. Poser	18	814	1,937	2C	007	9,850
<b>WHITE RIVER JUNCTION</b>							
Veterans Admin. Center (See Dartmouth Medical School Affil. Hosps., Hanover, N. H.)							
<b>VIRGINIA</b>							
<b>CHARLOTTESVILLE</b>							
University of Virginia	T. R. Johns	25	921	4,464	4*	014	10,499
<b>RICHMOND</b>							
Virginia Commonwealth University M.C.V. Affiliated Hospitals	J. W. Harbison				4C	015	
Medical College of Virginia Hospitals	J. W. Harbison	70	1,370	6,279	3F		9,900
Veterans Admin.	J. R. Taylor	39	498	1,992			10,634
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals	P. D. Swanson				3*	011	
Children's Orthopedic Hospital and Medical Center	C. B. Carlson	1	207	1,675			
Harborview Medical Center	S. M. Sumi		684	1,320			
University	P. D. Swanson	8	374	2,031			9,780
Veterans Admin.	W. E. Crill	14	361	1,000			9,672
<b>WEST VIRGINIA</b>							
<b>MORGANTOWN</b>							
West Virginia University	L. Gutmann	15	649	4,317	1C	006	10,200
<b>WISCONSIN</b>							
<b>MADISON</b>							
University of Wisconsin Affiliated Hospitals	F. M. Forster				4C	016	
University Hospitals	F. M. Forster	21	860	4,525			11,500
Veterans Admin.	B. Messert	28	425	674			
<b>MILWAUKEE</b>							
Medical College of Wisconsin Affiliated Hospitals	M. P. Mc Quillen				4C	012	
Milwaukee County General	M. P. Mc Quillen	13	95	1,133	4F		10,537
Milwaukee Children's	M. P. Mc Quillen	1	10	1,555			10,545
Veterans Admin. Center (Wood)	E. J. Bravo-Fernandez	32	398	507			11,262

12B. NEUROLOGY

Residency programs in the following hospitals have been approved for ONE year of training by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association 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 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.

UNITED STATES PUBLIC HEALTH SERVICE	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MARYLAND</b>							
National Institutes of Health—Clinical Center, Bethesda							

13. NEUROPATHOLOGY

Residency programs in Neuropathology are accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association and the American Board of Pathology, through the Residency Review Committee for Pathology, and are listed following programs in Pathology, as List 21C.

## 14. NUCLEAR MEDICINE

Residency programs in the following institutions have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association and the American Board of Nuclear Medicine (a conjoint board of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Radiology), through the Residency Review Committee for Nuclear Medicine, for TWO YEARS of acceptable training in the specialty.

	Chief of Service or Program Director	Total In Vivo Procedures	Total In Vitro Procedures	Total Therapeutic Procedures	Positions Offered		Annual Salary (Min.)
					1976-1977 1st Yr.	All Yrs.	
<b>UNITED STATES ARMY</b>							
<b>CALIFORNIA</b>							
Letterman Army Medical Center, San Francisco	R. Blumhardt	3,400	22,000	30	1C	002	
<b>DISTRICT OF COLUMBIA</b>							
Walter Reed Army Medical Center, Washington	M. C. Johnson	7,155	8,261	49	1C	001	
<b>TEXAS</b>							
William Beaumont Army Medical Center, El Paso	M. L. Nusynowitz	5,804	31,402	27	1C	002	
<b>UNITED STATES NAVY</b>							
<b>MARYLAND</b>							
National Naval Medical Center, Bethesda	P. T. Kirchner	7,752	44,000	61	2C	004	
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>							
<b>MARYLAND</b>							
National Institutes of Health—Clinical Center, Bethesda	G. Johnston	6,235			1C	002	
<b>WASHINGTON</b>							
U. S. Public Health Service (See University of Washington Affil. Hosps., Seattle, Wash.)							
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
University of Alabama Medical Center	W. N. Tauxe	8,258	48,993	41	3C	003	12,000
University of Alabama Hospitals		8,258	48,993	41			
Veterans Admin.		3,065	4,375	4			
<b>ARIZONA</b>							
<b>TUCSON</b>							
University of Arizona Affiliated Hospitals	R. E. O' Mara				1C	002	11,225
University		2,271	289	35			
Veterans Admin.		3,116	49	24			
<b>ARKANSAS</b>							
<b>LITTLE ROCK</b>							
University of Arkansas Medical Center	C. M. Boyd				1C	002	10,200
University		2,425	1,176	24			
Veterans Admin. Consolidated		4,600	1,520	50			
<b>CALIFORNIA</b>							
<b>DAVIS</b>							
University of California (Davis) Affiliated Hospitals	G. L. De Nardo				3C	006	13,600
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		8,000	4,200	40			
<b>LOS ANGELES</b>							
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	L. R. Bennett	7,028	846	23	1C	002	
Veterans Admin. Center—Wadsworth	W. H. Blahd	6,456	7,559	10	4C	004	16,776
Veterans Admin. (Sepulveda)	M. B. Cohen	4,300	2,800	13	2C	002	16,138
<b>PALO ALTO</b>							
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)							
<b>SACRAMENTO</b>							
University of California (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)							
<b>SAN DIEGO</b>							
University of California (San Diego) Affiliated Hospitals	W. L. Ashburn				1C	002	
University of California San Diego—University Hospital		3,423	14,300	26			13,600
Veterans Admin.		3,694	10,300	7			14,582
<b>SAN FRANCISCO</b>							
University of California Program H. C. Moffitt—University of California Hospitals	P. B. Hoffer	6,376	18,626	102	1C	003	
<b>STANFORD</b>							
Stanford University Affiliated Hospitals	J. P. Kriss				4C	008	
Stanford University	J. P. Kriss	5,107	7,251	22			
Veterans Admin. (Palo Alto)	D. A. Goodwin	2,505	2,494	7			
<b>COLORADO</b>							
<b>DENVER</b>							
University of Colorado Affiliated Hospitals	P. M. Ronai				1C	001	
University of Colorado Medical Center		4,348		32			
Veterans Admin.		3,763	525	10			12,883

## 14. NUCLEAR MEDICINE—Continued

	Chief of Service or Program Director	Total In Vivo Procedures	Total In Vitro Procedures	Total Therapeutic Procedures	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>CONNECTICUT</b>							
<b>FARMINGTON</b>							
University of Connecticut Affiliated Hospitals	R. P. Spencer				3C	006	12,495
John Dempsey		6,923	24,633	36			
Hartford (Hartford)	J. J. Sziklas	6,631	22,051	36			
Veterans Admin. (Newington)		991	3,521				
<b>HARTFORD</b>							
Hartford							
(See Univ. of Connecticut Affiliated Hospitals, Farmington)							
<b>NEW HAVEN</b>							
Yale—New Haven Medical Center	R. Greenspan	7,101	133	7,234	2C	004	13,160
Yale—New Haven	R. Greenspan						
Hospital of St. Raphael	E. K. Prokop	3,402	4,374	32			
<b>NEWINGTON</b>							
Veterans Admin.							
(See Univ. of Connecticut Affiliated Hospitals, Farmington)							
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
Georgetown University	J. C. Harbert	3,979	9,248	40	2*	002	12,799
George Washington University Affiliated Hospitals	V. Varma, R. C. Reba				3C	006	
George Washington University	V. Varma, R. C. Reba	16,014	11,440	115			12,799
Veterans Admin.	B. J. L. Sauerbrunn	3,268	1,535	6			11,525
Washington Hospital Center	R. C. Reba	7,272	5,492	62			11,671
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Mc Gaw Medical Center of Northwestern University	J. L. Quinn, 3d				1C	003	11,680
Children's Memorial	J. Conway	1,576	212				
Northwestern Memorial	J. L. Quinn, 3d	11,144	7,186	60			
Veterans Admin. Research	J. Imarisio	3,792	1,700				
Michael Reese Hospital and Medical Center	S. M. Pinsky	7,571	9,881	56	1C	003	13,699
University of Chicago Hospitals and Clinics	B. E. Oppenheim	5,071	400		1C	002	12,700
<b>KANSAS</b>							
<b>KANSAS CITY</b>							
University of Kansas Medical Center	R. G. Robinson	7,645	1,933	32	1*	002	10,500
<b>LOUISIANA</b>							
<b>NEW ORLEANS</b>							
Touro Infirmary	T. Block	5,965	7,591	18	1C	001	
<b>MARYLAND</b>							
<b>BALTIMORE</b>							
Johns Hopkins	H. N. Wagner, Jr.	8,000	5,000	90	2C	002	13,150
<b>MASSACHUSETTS</b>							
<b>BOSTON</b>							
Peter Bent Brigham Hospital—Children's Hospital Medical Center	S. J. Adelstein				3C	006	13,100
Peter Bent Brigham	S. J. Adelstein	3,600	4,600	30			
Children's Hospital Medical Center	S. Treves	1,510					
<b>MICHIGAN</b>							
<b>ANN ARBOR</b>							
University of Michigan Affiliated Hospitals							
University	W. H. Beierwaltes	6,587	9,920	120	2C	004	13,450
<b>ROYAL OAK</b>							
William Beaumont	H. J. Dworkin	8,000	15,761	32	1C	004	13,925
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
University of Minnesota Affiliated Hospitals	M. K. Loken				4C	004	
University of Minnesota Hospitals	M. K. Loken	5,554	281	30			
Veterans Admin.	R. B. Shafer	26,784	22,823	60			
<b>MISSOURI</b>							
<b>ST. LOUIS</b>							
St. Louis University Group of Hospitals	R. M. Donati, E. A. George	3,604	1,317	18	2C	004	13,000
Firmin Desloge							
David P. Wohl Memorial Mental Health Institute							
Veterans Admin.		5,404	5,543	6			
Washington University Affiliated Hospitals	R. G. Evens	8,496	855	50	4C	004	12,000
Barnes Hospital Group	B. A. Siegel						
Mallinckrodt Institute of Radiology	B. A. Siegel						
<b>NEBRASKA</b>							
<b>OMAHA</b>							
University of Nebraska	P. M. Dettman	4,109	2,267	27	1C	001	11,385
<b>NEW YORK</b>							
<b>ALBANY</b>							
Albany Medical Center Affiliated Hospitals	R. B. Chodos				1C	004	
Albany Medical Center	R. B. Chodos	3,568	20,774	104			12,675
Veterans Admin.	R. B. Chodos, S. S. Ciccio	2,691	4,817	16			13,781
<b>BUFFALO</b>							
S. U. N. Y. at Buffalo Affiliated Hospitals	M. A. Bender				4C	008	
Roswell Park Memorial Institute	M. A. Bender	4,190	211	7			12,360
Veterans Admin.	J. J. Steinbach	4,461	16,058	6			11,800
Mercy	J. Prezio	4,652	6,556	70			11,300
Buffalo General	M. A. Bender	3,039	5,653	44			11,300
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals	M. Blaurox, L. Freeman				2C	004	
Bronx Municipal Hospital Center	M. Blaurox	4,698	10,288	25			
Hospital of the Albert Einstein College of Medicine	L. Freeman	3,682	2,920	29			



## 14. NUCLEAR MEDICINE—Continued

	Chief of Service or Program Director	Total In Vivo Procedures	Total In Vitro Procedures	Total Therapeutic Procedures	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW YORK, NEW YORK CITY—Continued</b>							
Memorial Hospital for Cancer and Allied Diseases	R. S. Benua	5,047	7,774		1C	002	
New York Hospital	J. G. Jacobstein	5,545	13,342	98	1*	002	15,400
Veterans Admin. (Brooklyn)	M. L. Maayan	16,635	3,024	12	2C	002	16,001
<b>ROCHESTER</b>							
Strong Memorial Hospital of the University of Rochester	R. E. O' Mara	4,257	13,980	13	1C	002	
<b>SYRACUSE</b>							
S. U. N. Y. Upstate Medical Center State University	J. G. Mc Afee	5,065	482	74	2C	004	15,172
<b>NORTH CAROLINA</b>							
<b>DURHAM</b>							
Duke University Affiliated Hospitals	R. G. Lester				1C	003	
Duke University Medical Center	R. G. Lester	6,311	19,193	93			11,385
Veterans Admin.	J. K. Goodrich	3,365	10,599	11			11,935
<b>OHIO</b>							
<b>CINCINNATI</b>							
University of Cincinnati Hospital Group	E. L. Saenger				2C	004	
Cincinnati General		4,329	9,515	50			10,749
Jewish							
Veterans Admin.		1,884	2,350	2			12,158
Children's		537	483	2			
<b>OKLAHOMA</b>							
<b>OKLAHOMA CITY</b>							
University of Oklahoma Health Sciences Center					2C	002	11,918
University Hospital and Clinics	C. W. Smith, E. W. Allen	4,894	5,163	66			
Veterans Admin.	E. W. Allen	5,900	3,100	20			10,023
<b>OREGON</b>							
<b>PORTLAND</b>							
University of Oregon Affiliated Hospitals	S. M. Larson				1C	002	
University of Oregon Health Sciences Center							
Hospitals and Clinics	J. E. Heines	2,998	10,442	41			
Veterans Admin.	S. M. Larson	2,113	3,870	9			
<b>PENNSYLVANIA</b>							
<b>PHILADELPHIA</b>							
University of Pennsylvania Affiliated Hospitals	D. E. Kuhl				2C	004	
Hospital of the University of Pennsylvania	D. E. Kuhl	13,866	16,999	188			11,400
Veterans Admin.	J. R. Hansell	2,455	14,685	25			13,000
<b>PUERTO RICO</b>							
<b>SAN JUAN</b>							
University of Puerto Rico Affiliated Hospitals					2C	002	12,166
Veterans Admin. Center		1,947	2,434	14			
Puerto Rico Nuclear Center							
University District							
<b>TENNESSEE</b>							
<b>MEMPHIS</b>							
University of Tennessee Affiliated Hospitals	B. I. Friedman				2C	004	
City of Memphis Hospitals	B. I. Friedman	7,402	7,064	18			11,496
Baptist Memorial	J. F. Rockett	19,737	6,792	107			11,460
Veterans Admin.	M. L. Fields	5,144	2,580	23			13,814
<b>TEXAS</b>							
<b>GALVESTON</b>							
University of Texas Medical Branch Hospitals	R. J. Gorten	9,379	5,723	43	1C	002	14,200
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals, Program 1	J. A. Burdine, Jr.				3C	006	10,740
St. Luke's Episcopal		3,690	8,419	24			
Ben Taub General		5,715	6,160	46			
Texas Children's	J. A. Burdine, Jr.	666	1,588	3			
Texas Heart Institute							
Baylor College of Medicine Affiliated Hospitals, Program 2	F. J. Pircher				3C	005	10,740
Methodist	P. C. Johnson	8,323	7,492	79			
Veterans Admin.	F. J. Pircher	8,560	2,836	59			
University of Texas M.D. Anderson Hospital and Tumor Institute	T. P. Haynie, 3d	6,815	111	27			
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals	W. B. Nelp	6,496	11,844	50	3*	005	
University	W. B. Nelp	1,838	11,844	19			10,860
Harborview Medical Center							
U. S. Public Health Service							
Veterans Admin.	G. W. Hamilton	1,806					9,672
<b>WISCONSIN</b>							
<b>MADISON</b>							
University of Wisconsin Affiliated Hospitals	L. M. Lieberman				1C	002	
University Hospitals	R. E. Polcyn	6,272	13,113	74			
Veterans Admin.	I. Tyson	1,912	6,661	3			
<b>MILWAUKEE</b>							
Medical College of Wisconsin Affiliated Hospitals	R. C. Meade				2C	004	
Veterans Admin. Center (Wood)	R. E. Meade	4,686	5,059	7			12,400
Milwaukee County General	R. A. Holmes	5,253	6,541	42			10,537
St. Luke's	D. J. Kuban	4,703	11,143	33	1C	002	11,000

## 15. OBSTETRICS-GYNECOLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977 1st Yr. All Yrs.	Annual Salary (Min.)
<b>UNITED STATES AIR FORCE</b>							
<b>CALIFORNIA</b>							
David Grant U.S.A.F. Medical Center, Fairfield	J. G. Daley	58	3,891	62,000	4	4C 016	
U. S. A. F., Mather A. F. B.	P. D. Gleason	18	1,400	24,000			
<b>MISSISSIPPI</b>							
U.S.A.F. Medical Center, Biloxi	D. R. Dunnihoo	45	6,822	57,239	3	3C 012	
<b>NORTH DAKOTA</b>							
U. S. A. F. (See Univ. of North Dakota Affil. Hosps., Grand Forks, N.D.)							
<b>TEXAS</b>							
Wilford Hall U. S. A. F. Medical Center, San Antonio	A. L. Brekken	37	3,839	76,000	4	4C 016	
<b>UNITED STATES ARMY</b>							
<b>CALIFORNIA</b>							
Letterman Army Medical Center, San Francisco	D. I. Snyder	21	1,522	23,774	3	2C 1F 011	
<b>COLORADO</b>							
Fitzsimons Army Medical Center, Denver	K. F. Deubler	34	2,585	58,284	3	1C 1F 011	
<b>DISTRICT OF COLUMBIA</b>							
Walter Reed Army Medical Center, Washington	W. E. Patow	42	2,579	32,988	3	3C 1F 010	
<b>HAWAII</b>							
Tripler Army Medical Center, Honolulu	S. A. Chaney	66	6,490	68,308	3	2C 3F 018	
<b>TEXAS</b>							
William Beaumont Army Medical Center, El Paso	W. H. Scragg	40	3,817	71,568	3	2* 2F 016	
Brooke Army Medical Center, San Antonio	W. N. Otterson	36	3,038	47,013	3	2C 1F 011	
<b>WASHINGTON</b>							
Madigan Army Medical Center, Tacoma	D. W. Cox	51	4,655	79,552	3	2C 2F 016	
<b>UNITED STATES NAVY</b>							
<b>CALIFORNIA</b>							
Naval Regional Medical Center, Oakland	T. A. Daane, R. L. Baker	33	2,774	35,000	4	3C 012	
Naval Regional Medical Center, San Diego	B. D. Viele	59	5,100	86,520	4	4C 017	
<b>MARYLAND</b>							
National Naval Medical Center, Bethesda	D. R. Knab	21	2,130	53,593	3	3C 012	
<b>PENNSYLVANIA</b>							
Naval Regional Medical Center, Philadelphia	R. A. Baker		1,453	16,000	3	2C 008	
<b>VIRGINIA</b>							
Naval Regional Medical Center, Portsmouth	R. T. Upton	69	6,211	136,362	3	6* 024	
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>							
<b>ARIZONA</b>							
U. S. Public Health Service Indian, Phoenix (See St. Joseph's Hospital and Medical Center, Phoenix, Ariz.)							
<b>LOUISIANA</b>							
U. S. Public Health Service, New Orleans	A. Landry, Jr.	14	762	9,088	3	1C 3F 003	
<b>OKLAHOMA</b>							
U. S. Public Health Service Indian, Claremore (See Tulsa Affiliated Hospitals, Tulsa, Okla.)							
<b>WASHINGTON</b>							
U. S. Public Health Service, Seattle (See Univ. of Washington Affil. Hospitals, Seattle, Wash.)							
<b>OTHER FEDERAL</b>							
<b>CANAL ZONE</b>							
Gorgas, Balboa Heights	A. Sholk	21	1,945	20,140	4	2F 005	13,023
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
Carraway Methodist Medical Center	C. M. Tyndal	27	1,838	15,013	3	2C 1F 012	10,080
University of Alabama Medical Center University of Alabama Hospitals	C. E. Flowers, Jr.	36	2,295	8,191	3	5* 020	10,200

## 15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
						1st Yr.	All Yrs.	
<b>ALABAMA—Continued</b>								
<b>FAIRFIELD</b> Lloyd Noland	J. P. Hardy	15	988	15,005	3	1C	003	12,000
<b>MOBILE</b> University of South Alabama Affiliated Hospitals University of South Alabama Medical Center Hospital and Clinics	H. W. Mendenhall	36	3,227	21,294	3	4C 2F	016	10,704
<b>ARIZONA</b>								
<b>PHOENIX</b> Good Samaritan	W. B. Cherny	78	6,400	8,600	3	3*	014	9,425
Maricopa County General	J. V. Kelly	51	5,036	14,795	4	4C 4F	016	14,503
St. Joseph's Hospital and Medical Center	R. J. Jennett	27	5,516	6,499	3	3C	012	12,593
U. S. Public Health Service Indian	D. L. Child	22	1,232	12,876				
<b>TUCSON</b> University of Arizona Affiliated Hospitals Pima County General Tucson Medical Center University	C. D. Christian	3 55 18	248 4,017 1,566	5,961 20,719	3	3C	016	
<b>ARKANSAS</b>								
<b>LITTLE ROCK</b> University	D. L. Barclay	41	4,071	15,398	3	4C	016	9,300
<b>CALIFORNIA</b>								
<b>BAKERSFIELD</b> Kern County General	L. E. Smale	166	1,937	9,126	3	2*	008	14,400
<b>DAVIS</b> University of California (Davis) Affiliated Hospitals Sutter Community Hospitals of Sacramento (Sacramento)	K. R. Niswander				3	3*	012	10,900
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	G. A. Fields	494	29,157	89,010				
	K. R. Niswander	15	1,596	10,220				
<b>FONTANA</b> Kaiser Foundation (See San Bernardino County Medical Center, San Bernardino)								
<b>FRESNO</b> Valley Medical Center of Fresno	G. E. La Croix	23	2,859	14,373	3	2C 3F	009	15,540
<b>GLENDALE</b> Glendale Adventist Medical Center	S. Engblom	27	2,301	15,349	3	2C	006	10,212
<b>IRVINE</b> University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange)	W. B. Thompson	36	3,694	15,209	3	6*	016	12,300
<b>LOMA LINDA</b> Loma Linda University Affiliated Hospitals Loma Linda University Riverside General (Riverside)	H. Ziprick, R. Nelson H. Ziprick, R. Nelson W. W. Brown, Jr.	33 19	2,123 1,864	16,460 13,784	4	3*	012	10,392 13,780
<b>LONG BEACH</b> Memorial Hospital Medical Center (See Los Angeles County Harbor General Hospital, Torrance)								
<b>LOS ANGELES</b> California Hospital Medical Center	K. P. Russell	54	4,430	4,305	3	2C 2*	008	12,660
Cedars—Sinai Medical Center								
Cedars of Lebanon Hospital Division	M. E. Wade	39	3,935	6,080	3	2C	014	11,580
Kaiser Foundation	H. K. Ziel	73	8,324	118,158	3	4*	016	11,267
Los Angeles County—U.S.C. Medical Center	E. J. Quilligan	330	20,161	71,925	3	15C	053	12,612
Martin Luther King, Jr. General	E. C. Davidson, Jr.	53	5,244	21,648	4	6*	024	
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	J. G. Moore	54	4,187	16,842	4	6*	021	12,300
White Memorial Medical Center	M. Nakamoto	30	2,807	11,782	3	3C 2F	013	11,764
<b>OAKLAND</b> Kaiser Foundation	S. J. Sallomi	32	3,250	52,125	3	3C	009	10,920
<b>ORANGE</b> Orange County Medical Center (See Univ. of Calif. (Irvine) Affiliated Hosps., Irvine)								
<b>RIVERSIDE</b> Riverside General (See Loma Linda University Affiliated Hospitals, Loma Linda)								
<b>SACRAMENTO</b> Kaiser Foundation	B. R. Marshall	41	3,967	71,846	4	2C	006	10,920
Sutter Community Hospitals of Sacramento (See Univ. of California (Davis) Affiliated Hospitals, Davis)								
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)								
<b>SAN BERNARDINO</b> San Bernardino County Medical Center	W. J. Spanos	14	1,448	10,005	3	1C 4F	010	12,024
Kaiser Foundation (Fontana)	W. G. Mc Cormick	46	5,014	60,950				10,635
<b>SAN DIEGO</b> Mercy Hospital and Medical Center	J. F. Wanless	40	4,671	10,098	3	2C 1* 1F	008	11,700

15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977	Annual Salary (Min.)
						1st Yr. All Yrs.	
<b>CALIFORNIA, SAN DIEGO—Continued</b>							
University of California, San Diego—University Hospital	S. S. C. Yen	24	2,786	12,760	4	4* 015	10,900
<b>SAN FRANCISCO</b>							
Kaiser Foundation	G. Calderwood	43	4,683	51,618	3	3C 009	11,280
Mount Zion Hospital and Medical Center	J. A. Kerner	26	2,429	4,244	3	1C 1* 004	10,900
University of California Program	R. B. Jaffe				4	5C 6* 1F 025	
Children's Hospital and Adult Medical Center	G. A. Webb	45	4,417	5,377			11,520
H. C. Moffitt—University of California Hospitals	R. K. Laros, Jr.	32	2,604	21,075			10,300
San Francisco General	P. Goldstein	17	1,788	12,273			10,300
<b>SAN JOSE</b>							
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)							
<b>SANTA CLARA</b>							
Kaiser Foundation (See Stanford University Affiliated Hospitals, Stanford)							
<b>STANFORD</b>							
Stanford University Affiliated Hospitals	E. J. Lamb				3	6C 018	
Stanford University	E. J. Lamb	33	3,501	10,468			11,500
Santa Clara Valley Medical Center (San Jose)	R. C. Goodlin	17	1,744	11,087			12,966
Kaiser Foundation (Santa Clara)	D. Bebensee	26	5,074	62,842			11,256
<b>STOCKTON</b>							
San Joaquin General	H. N. John	26	2,600	13,295	3	2* 2F 008	14,160
<b>TORRANCE</b>							
Los Angeles County Harbor General	J. Marshall	50	4,918	17,129	4	5C 3F 024	15,732
Memorial Hospital Medical Center (Long Beach)	J. Freeman, J. Gunning	16	5,986	4,046			
<b>COLORADO</b>							
<b>DENVER</b>							
St. Joseph	C. H. Alexander	74	6,252	6,714	4	2C 1* 009	10,800
University of Colorado Affiliated Hospitals	E. S. Taylor				4	4* 022	10,000
University of Colorado Medical Center	E. S. Taylor	41	4,247	21,593			
Denver General	H. E. Thompson	37	3,767	48,745			
University of Colorado Community Program	E. S. Taylor				4	3* 012	10,000
Denver General	H. E. Thompson	37	3,767	48,745			10,000
General Rose Memorial	P. Wexler	49	4,551	3,495			
St. Luke's	R. W. Roessing	53	4,282	3,037			11,600
University of Colorado Medical Center	E. S. Taylor	41	4,247	21,593			
<b>CONNECTICUT</b>							
<b>BRIDGEPORT</b>							
Bridgeport	J. R. Lyddy	19	3,909	4,606	3	2* 008	11,665
St. Vincent's	W. S. Bousa	13	1,755	1,247	3	1C 1F 003	12,210
<b>FARMINGTON</b>							
University of Connecticut Affiliated Hospitals	J. N. Blechner				3	5* 010	10,815
John Dempsey							
New Britain General (New Britain)		48	4,653	4,820			
<b>HARTFORD</b>							
Hartford	R. C. Burchell	100	8,514	14,751	3	2C 2F 009	10,950
Mount Sinai	M. Baggish	36	6,912	5,800	3	2C 010	10,815
St. Francis	J. M. Gibbons	75	6,540	7,730	3	3C 014 2F	10,950
<b>NEW BRITAIN</b>							
New Britain General (See Univ. of Connecticut Affiliated Hospitals, Farmington)							
<b>NEW HAVEN</b>							
Yale—New Haven Medical Center	N. Kase	96	8,600	24,858	3	5* 019	11,190
Yale—New Haven							
<b>STAMFORD</b>							
Stamford	A. Bellwin	31	2,584	3,048	3	2C 008	11,000
<b>DELAWARE</b>							
<b>WILMINGTON</b>							
Wilmington Medical Center	W. G. Slate	85	8,812	8,714	3	4C 1F 014	10,550
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
Georgetown University Affiliated Hospitals	P. D. Bruns				3	5C 021	
Georgetown University	P. D. Bruns	44	4,830	7,057			11,519
District of Columbia General	F. J. Bepko, Jr.	62	4,262	12,043			11,995
George Washington University Affiliated Hospitals	A. B. Weingold				3	9* 036	11,526
George Washington University	A. B. Weingold	58	5,490	12,000			
Columbia Hospital for Women	S. E. Fabro	118	14,435	11,415			10,565
Fairfax (Falls Church, Va.)	N. J. Price	44	8,041	4,023			
Howard University	J. F. J. Clark	124	3,938	12,108	4	6C 1F 026	12,900
District of Columbia General (Howard University Service)	A. O. Godette	62	4,262	12,043			11,995
Providence	A. Robinson	38	3,265	2,585	3	2* 006	11,190
Washington Hospital Center	W. F. Peterson	106	10,218	9,682	3	4C 013	11,087

## 15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
						1st Yr.	All Yrs.	
<b>FLORIDA</b>								
<b>GAINESVILLE</b>								
William A. Shands Teaching Hosp. and Clinics	W. N. Spellacy	56	3,266	39,511	4	4*	016	9,044
<b>JACKSONVILLE</b>								
Jacksonville Hospitals Educational Program	R. J. Thompson				3	7C	021	9,825
Baptist Memorial		43	3,910	3,472				
St. Vincent's		42	3,298	1,329				
University Hospital of Jacksonville		44	4,328	19,137				
<b>MIAMI</b>								
University of Miami Affiliated Hospitals	W. A. Little	135	8,792	18,095	4	10C	033	12,222
Jackson Memorial								
<b>MIAMI BEACH</b>								
Mount Sinai Medical Center of Greater Miami	H. Kraff	49	3,007	5,990	3	2C	006	13,247
<b>ORLANDO</b>								
Orange Memorial	J. R. Jones, Jr.	77	7,490	10,503	3	3C	007	10,081
<b>PENSACOLA</b>								
Pensacola Educational Program	G. T. Couch, W. H. Mc Caw				3	2C 2*	010	10,680
Baptist		48	3,747					
Sacred Heart		33	2,299	742				
University		18	1,496	7,027				
<b>ST. PETERSBURG</b>								
Bayfront Medical Center	W. R. Anderson	46	5,532	15,047	3	2C	006	10,680
<b>TAMPA</b>								
University of South Florida Affiliated Hospitals	J. M. Ingram	124	15,442	5,946	4	4C	016	10,837
Tampa General								
<b>GEORGIA</b>								
<b>ATLANTA</b>								
Emory University Affiliated Hospitals	J. D. Thompson				3	10C 12*	038	
Grady Memorial	J. D. Thompson	121	7,486	58,127				9,960
Crawford W. Long Memorial	J. R. Mc Cain	47	3,801	4,041				10,440
Emory University	J. D. Thompson	27	1,529					9,960
Georgia Baptist	A. H. Ansari	50	4,571	2,518	3	2C 1F	008	10,320
<b>AUGUSTA</b>								
Medical College of Georgia Hospitals	W. A. Scoggin				4	3*	016	9,600
Eugene Talmdge Memorial		35	2,164	13,008				
University		58	4,468	7,969				
<b>MACON</b>								
Medical Center of Central Georgia	J. A. Souma	39	3,294	10,264	3	3*	012	10,200
<b>SAVANNAH</b>								
Memorial Medical Center	D. W. Filfigim	36	2,852	4,192	4	1C	003	10,314
<b>HAWAII</b>								
<b>HONOLULU</b>								
University of Hawaii Affiliated Hospitals	J. A. Krieger				3	4C	010	
Kapiolani	J. A. Krieger	96	11,621	7,185				
Queen's Medical Center	J. M. Ohtani	21	2,672	4,392				11,400
<b>ILLINOIS</b>								
<b>BERWYN</b>								
Mac Neal Memorial	D. M. Farley	19	3,040		4	2C	006	11,630
<b>CHICAGO</b>								
Columbus—Cuneo—Cabrini Medical Center	E. G. Nora				3	2C 1F	003	11,750
Columbus		42	2,944	791				
Frank Cuneo		10	548	2,073				
Cook County	R. C. Stepto	163	14,273	31,318	3	8*	036	11,600
Illinois Masonic Medical Center	J. J. Barton, R. R. Greege	28	4,856	12,268	3	3C 3F	009	12,200
Mc Gaw Medical Center of Northwestern University	A. B. Gerbie	77	5,468	15,500	4	8*	030	11,680
Northwestern Memorial	J. Sciarra	39	2,232	4,500	3			
Evanston (Evanston)	T. W. Mc Elin	55	3,125	8,097	3	2*	008	
Mercy Hospital and Medical Center	C. J. Smith	95	9,093	21,613	4	5C	020	12,363
Michael Reese Hospital and Medical Center	A. Scommegna	46	2,613	8,908	3	3C	009	12,000
Mount Sinai Hospital Medical Center of Chicago	R. C. Stepto	89	5,206	19,000	3	4*	016	12,000
Rush—Presbyterian—St. Luke's Medical Center	H. R. Misenhimer	48	3,483	5,686	3	3*	009	11,000
St. Joseph	D. M. Fahrenbach	99	6,274	31,000	4	6C 4F	021	
University of Chicago Hospitals and Clinics	A. L. Herbst				4	5C	016	12,500
University of Illinois Affiliated Hospitals	R. M. Wynn	50	3,799	24,310				
University of Illinois	R. M. Wynn	33	2,519	2,507				
Ravenswood Hospital Medical Center	R. V. Lobraico							
<b>EVANSTON</b>								
Evanston								
(See Mc Gaw Med. Center of Northwestern University, Chicago)								
St. Francis	J. H. Isaacs	26	1,789	1,861	3	2C 1F	006	11,000
<b>MAYWOOD</b>								
Loyola University Affiliated Hospitals	J. A. O' Leary	40	2,674	15,691	4	1C	008	11,000
Foster G. Mc Gaw								
<b>OAK LAWN</b>								
Christ	E. Axelrod, H. Evenhouse	52	4,715	1,376	3	2C	008	12,000

## 15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>ILLINOIS—Continued</b>								
<b>PEORIA</b>								
St. Francis	L. K. Harman	57	4,860	5,284	3	2C 3F	009	10,500
<b>SPRINGFIELD</b>								
Southern Illinois University Affiliated Hospitals St. Johns Memorial Medical Center	J. W. Roddick, Jr.	38 29	3,215 4,032	9,000	3	3C	008	10,500
<b>INDIANA</b>								
<b>EVANSVILLE</b>								
St. Mary's	C. C. Young, Jr.	45	3,259	5,869	3	2* 1F	005	12,144
<b>INDIANAPOLIS</b>								
Indiana University Medical Center	C. A. Hunter	39	2,937	15,581	3	6*	024	10,250
Indiana University Hospitals	C. A. Hunter, Jr.	51	4,187	18,950				
Marion County General	J. Pearson	85	6,787	7,559	3	3* 1F	012	11,316
Methodist Hospital of Indiana	W. A. Karsell							
St. Vincent	W. E. Graham	52	3,579	4,586	3	1C 1F	008	12,158
<b>IOWA</b>								
<b>IOWA CITY</b>								
University of Iowa Hospitals	W. C. Keettel	100	4,838	37,559	4	5C 1F	018	10,500
<b>KANSAS</b>								
<b>KANSAS CITY</b>								
University of Kansas Medical Center	K. E. Krantz	41	5,499	32,479	3	4C	012	12,250
<b>WICHITA</b>								
Wesley Medical Center	D. K. Roberts	109	11,142	10,635	3	3C 3*	012	10,050
<b>KENTUCKY</b>								
<b>LEXINGTON</b>								
University	J. W. Greene, Jr.	60	3,516	20,970	3	4*	013	
<b>LOUISVILLE</b>								
St. Joseph Infirmary	O. J. Hayes	64	4,766	6,463	3	2*	006	10,500
University of Louisville Affiliated Hospitals	J. T. Queenan	60	15	15,692	3	4C	016	9,600
Louisville General								
Norton—Children's Hospitals								
<b>LOUISIANA</b>								
<b>LAKE CHARLES</b>								
Lake Charles Charity (See Charity Hosp. of Louisiana-L.S.U. Div., New Orleans)								
<b>NEW ORLEANS</b>								
Charity Hospital of Louisiana—Louisiana State University Division	A. Mickal	91	5,961	23,802	3	4C 4* 4F	040	8,200
Lake Charles Charity (Lake Charles)	L. J. Monlezun, Jr.							
Charity Hospital of Louisiana—Tulane University Division	J. H. Collins	85	5,565	21,894	3	6C 4*	040	8,200
Ochsner Foundation	J. B. Holland	18	1,130	24,813	3	2C	008	9,492
<b>SHREVEPORT</b>								
Confederate Memorial Medical Center	E. E. Dilworth	57	4,993	24,342	3	4C 4F	016	9,456
<b>MAINE</b>								
<b>PORTLAND</b>								
Maine Medical Center	R. V. Lorimer	41	3,932	5,665	3	1*	008	11,067
<b>MARYLAND</b>								
<b>BALTIMORE</b>								
Franklin Square	G. A. Glowacki	31	2,768	6,660	3	3C	009	9,800
Greater Baltimore Medical Center	E. S. Diggs	85	6,612	7,200	4	9* 1F	021	12,500
Johns Hopkins Affiliated Hospitals	T. M. King	34	2,334	16,927	4	8C	024	11,800
Baltimore City Hospitals	J. C. Robinson	89	5,158	30,897				11,800
Johns Hopkins	T. M. King	37	3,562	6,317	3*	2* 6F	013	11,000
Lutheran Hospital of Maryland	N. Levin, J. Shell							
Maryland General	G. E. Wells, Jr.	35	2,698	4,577	3	2C 1F	006	11,500
St. Agnes	J. E. Toher	61	4,502	4,659	3	4C	015	11,500
Bon Secours	J. A. Engers, Jr.	29	1,840	3,587				10,800
St. Joseph	C. E. Rybczynski	56	4,169	4,019	3	3C	009	11,200
Sinai Hospital of Baltimore	P. J. Goldstein	71	5,905	11,103	3	4C	012	12,500
South Baltimore General	R. M. Barnett				4	2C 2F	008	
Union Memorial	A. H. Dudley, Jr.	35	2,349	7,343	4	1C	009	12,000
University of Maryland Affiliated Hospitals	A. L. Haskins	40	3,213	25,735	3	8C	020	11,350
University of Maryland Mercy	J. P. Durkan	36	2,586	8,012				12,144
<b>CHEVERLY</b>								
Prince George's General	J. E. Abell	459	23,047	17,938	3	3*	009	11,566
<b>MASSACHUSETTS</b>								
<b>BOSTON</b>								
Beth Israel	E. A. Friedman	59	4,928	14,901	4	4C	016	12,300

## 15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977 1st All Yrs.	Annual Salary (Min.)
<b>MASSACHUSETTS, BOSTON—Continued</b>							
Boston City	E. Lowe	41	3,171	11,932	4	5* 3F	
Framingham Union (Framingham)		35	3,281	158			
Malden (Malden)	B. C. Grodberg	33	2,734	539			12,100
Waltham (Waltham)	L. J. Cibley	11	920	485			11,000
Boston Hospital for Women	K. J. Ryan	174	16,575		4	4*	018
St. Elizabeth's Hospital of Boston	J. Whelton	29	2,302	4,095	3	2C	006
Tufts University Affiliated Hospitals	G. W. Mitchell, Jr.	100	10,975	35,728	3	4*	016
Carney							
New England Medical Center	G. W. Mitchell, Jr.	20	801	14,222			
St. Elizabeth's Hospital of Boston	J. Whelton	29	2,302	4,095			12,330
St. Margaret's	G. W. Mitchell, Jr.	69	5,919	10,265			11,758
Cambridge (Cambridge)	P. P. Mc Govern, Jr.	22	1,680	5,028			12,000
<b>CAMBRIDGE</b>							
Cambridge (See Tufts University Affiliated Hospitals, Boston)							
<b>FRAMINGHAM</b>							
Framingham Union (See Boston City, Boston)							
<b>MALDEN</b>							
Malden (See Boston City, Boston)							
<b>PITTSFIELD</b>							
Berkshire Medical Center	R. Haling	33	2,480	2,623	4	2C	005
<b>SPRINGFIELD</b>							
Medical Center of Western Massachusetts	L. E. Lundy	105	9,524	5,785	4	3*	014
<b>WALTHAM</b>							
Waltham (See Boston City, Boston)							
<b>WORCESTER</b>							
Memorial	R. E. Hunter	24	3,381	4,685	4	2*	008
<b>MICHIGAN</b>							
<b>ANN ARBOR</b>							
St. Joseph Mercy	F. W. Jeffries	50	3,736	5,219	3	2* 1F	009
University of Michigan Affiliated Hospitals	J. R. Willson				3	6C	024
University	J. R. Willson	73	4,555	16,884			11,650
Wayne County General (Eloise)	J. R. G. Gosling	26	2,175	16,221			12,408
<b>DEARBORN</b>							
Oakwood	W. J. Yetzer	84	6,500	4,652	3	3*	012
<b>DETROIT</b>							
Detroit—Macomb Hospitals	A. A. Hodari				4	5* 5F	017
Detroit Memorial		28	2,745	7,533			
St. Joseph Mercy		35	2,553	6,371			
South Macomb (Warren)		25	2,645				
Grace	L. B. Stevenson	74	5,674	1,352	4	1* 1F	014
Henry Ford	B. H. Drukker	53	3,090	35,273	4	3*	012
Mount Carmel Mercy Hospital and Medical Center (See Providence, Southfield)							
St. John	J. M. O' Lane	65	5,741	6,250	4	4* 3F	016
Sinai Hospital of Detroit	M. Goldrath	94	6,375	3,605	3	3C	012
Wayne State University Affiliated Hospitals	T. N. Evans	94	12,456	51,980	4	9C	036
Detroit General							11,400
Harper							
Hutzel							
<b>EAST LANSING</b>							
Michigan State University Health Center (See Lansing Residency Program, Lansing)							
<b>ELOISE</b>							
Wayne County General (See Univ. of Michigan Affiliated Hospitals, Ann Arbor)							
<b>FLINT</b>							
Hurley	D. Wilson	24	4,604	2,668	3	2* 1F	006
<b>GRAND RAPIDS</b>							
Blodgett Memorial—St. Mary's Hospitals	H. C. Visscher				3	3C 3F	012
Blodgett Memorial	R. D. Visscher	53	4,168	12,217			11,160
St. Mary's	R. D. Eward	29	2,254	2,282			
Butterworth	K. Vander Kolk	67	5,553	3,984	3	3C 3F	012
<b>LANSING</b>							
Lansing Residency Program	J. Hazen				3	2C 2F	006
Edward W. Sparrow	J. Hazen	41	6,701	796			
St. Lawrence							
Michigan State University Health Center (East Lansing)	T. Kirschbaum	1	67	1,223			
<b>PONTIAC</b>							
Pontiac General	R. S. Segula	59	4,609	4,110	3	3C 1F	010
St. Joseph Mercy	J. Marshall	49	3,795	1,332	3	2C 1* 1F	009
<b>ROYAL OAK</b>							
William Beaumont	R. R. Margulis	95	8,326	3,046	3	2C 2* 1F	016

## 15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>MICHIGAN—Continued</b>								
<b>SAGINAW</b>								
Saginaw Cooperative Hospitals	R. K. Barton			2,494	3	2C 4F	012	11,033
Saginaw General St. Mary's		68 12	4,946 963					
<b>SOUTHFIELD</b>								
Providence	D. Krohn	68	5,250	2,887	3	4* 2F	012	12,050
Mount Carmel Mercy Hospital and Medical Center (Detroit)		28	1,579	2,889				
<b>WARREN</b>								
South Macomb (See Detroit-Macomb Hospitals, Detroit)								
<b>MINNESOTA</b>								
<b>MINNEAPOLIS</b>								
University of Minnesota Affiliated Hospitals	C. J. Lund				4	3C 4*	029	
Hennepin County Medical Center	D. W. Freeman	18	1,698	14,345				
Metropolitan Medical Center	M. Pincus	16	170	1,381				
St. Mary's	R. Valle	42	3,293	3,828				9,800
University of Minnesota Hospitals	C. J. Lund	31	2,177	18,448				10,800
St. Joseph's (St. Paul)	P. P. Williams	43	3,193					
<b>ROCHESTER</b>								
Mayo Graduate School of Medicine	D. G. Decker			44,541	4	4*	016	11,500
Rochester Methodist		25	1,235					
St. Mary's		43	2,911					
<b>ST. PAUL</b>								
St. Joseph's (See University of Minnesota Affiliated Hosps., Minneapolis)								
St. Paul—Ramsey	E. Y. Hakanson	24	1,795	16,427	4	2C 2*	012	11,000
<b>MISSISSIPPI</b>								
<b>JACKSON</b>								
University of Mississippi Medical Center University	R. C. Boronow	71	5,569	13,600	4	4C 2F	016	10,000
<b>MISSOURI</b>								
<b>COLUMBIA</b>								
University of Missouri Medical Center	D. G. Hall, 3d	50	2,000	15,000	4	3*	009	10,000
<b>KANSAS CITY</b>								
Menorah Medical Center	D. Aks	34	2,738	2,521	3	1C	004	11,600
St. Luke's	R. L. Newman	65	4,654	11,699	3	3C 3F	012	9,763
University of Missouri at Kansas City Affiliated Hospitals								
Kansas City General Hospital and Medical Center	H. S. Jonas	25	2,402	19,983	3	4*	016	10,000
<b>ST. LOUIS</b>								
Barnes Hospital Group	J. C. Warren	130	7,130	35,050	3	6*	018	11,500
Deaconess—Missouri Baptist Hospitals	J. Durkin, Jr. R. Walther	65	4,903	10,109	3	2C 2F	006	10,128
Deaconess Missouri Baptist Homer G. Phillips	S. Monat	41	3,068	5,667	3	4C 4F	013	10,920
St. John's Mercy Medical Center	J. G. Blythe	64	7,509	6,200	3	4C 3F	009	8,544
St. Louis University Group of Hospitals	O. Cavanagh	165	10,667	29,197	3	6* 1F	024	11,500
Firmin Desloge General St. Louis City St. Mary's Health Center	D. Cavanagh D. Cavanagh D. Cavanagh, C. Dahm, Jr.							
Washington University Medical Center Jewish Hospital of St. Louis	S. D. Soule, R. Burstein	44	3,157	5,293	3	3C	009	11,500
<b>NEBRASKA</b>								
<b>OMAHA</b>								
Creighton University Affiliated Hospitals	R. J. Luby				3	3C 1*	010	
Archbishop Bergan Mercy Creighton Memorial St. Joseph's University of Nebraska	W. J. Holden R. J. Luby J. C. Scott, Jr.	49 46 26	3,628 2,844 2,199	10,763 10,763 21,943	3	3C	012	10,392 11,440 11,385
<b>NEW JERSEY</b>								
<b>CAMDEN</b>								
Cooper	R. A. Haines	31	4,426	3,319	3	2C 2* 1F	009	11,700
<b>JERSEY CITY</b>								
Margaret Hague Maternity	J. Dolan		7,114	34,809	3	1C	003	
<b>LIVINGSTON</b>								
St. Barnabas Medical Center	J. L. Breen	100	7,192	23,070	3	4C	016	11,941
<b>LONG BRANCH</b>								
Monmouth Medical Center	J. T. Harrigan	37	3,033	7,117	3	2C	006	12,942
<b>MOUNT HOLLY</b>								
Burlington County Memorial (See Hahnemann Med. Coll. Affil. Hosps., Philadelphia, Pa.)								
<b>NEPTUNE</b>								
Jersey Shore Medical Center—Fitkin	H. Hutchinson	41	3,359	411	3	1C	003	
<b>NEWARK</b>								
Martland	H. A. Kaminetzky	66	4,389	40,038	3	5C	017	12,295



## 15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
						1st Yr.	All Yrs.	
<b>NEW JERSEY, NEWARK—Continued</b>								
Newark Beth Israel Medical Center	P. Pedowitz	63	8,208	7,892	3	4C	008	12,295
St. Michael's Medical Center	J. P. Thompson	15	1,330	4,217	3	2C 1* 2F	008	12,295
<b>PATERSON</b>								
St. Joseph's Hospital and Medical Center	J. A. Dolan	27	3,554	4,348	3	2C	006	12,296
<b>PLAINFIELD</b>								
Muhlenberg	R. L. Malatesta	37	3,214	2,576	3	2C 1* 2F	013	12,300
<b>NEW MEXICO</b>								
<b>ALBUQUERQUE</b>								
University of New Mexico Affiliated Hospitals Bernalillo County Medical Center	R. H. Messer	25	2,931	27,914	3	3*	013	10,100
<b>NEW YORK</b>								
<b>ALBANY</b>								
Albany Medical Center Affiliated Hospitals	D. Swartz				3	3C	018	12,000
Albany Medical Center	D. Swartz	60	5,284	5,148				
St. Peter's	A. Gabriels	61	9,765	2,400				
<b>BUFFALO</b>								
Sisters of Charity	A. A. Macie	67	5,012	1,466	4	2C 2F	012	11,575
<b>S. U. N. Y. at Buffalo Affiliated Hospitals</b>								
Buffalo General	W. L. Johnson	213	26,411	34,624	3	10*	030	11,200
Children's Hospital of Buffalo	D. H. Nichols	52	4,535	6,400				11,300
Deaconess Hospital of Buffalo	V. J. Capraro							
Edward J. Meyer Memorial	E. Zyga	66	5,642	14,275				
Mercy	N. G. Courey	185	1,355					10,800
Millard Fillmore	H. E. Petzing	58	4,776	616				10,800
	M. J. Pleskow	90	6,074	4,285				
<b>COOPERSTOWN</b>								
Mary Imogene Bassett	D. H. Barns	11	746	10,834	3	1* 2F	003	12,800
<b>EAST MEADOW</b>								
Nassau County Medical Center—Meadowbrook Div.	L. I. Mann	40	3,700	16,000	4	3C	013	11,874
Mercy (Rockville Centre)	E. N. Cartnick	56	3,581	1,244				
<b>JOHNSON CITY</b>								
Charles S. Wilson Memorial	T. W. Nowicki	40	3,332	2,950	3	2*	005	10,400
<b>MANHASSET</b>								
North Shore University	A. N. Fenton	70	5,731	5,502	4	3C	009	15,400
<b>MINEOLA</b>								
Nassau	J. H. Malfetano	48	3,854	2,148	3	1* 1F	008	14,564
<b>MOUNT VERNON</b>								
Mount Vernon	N. M. Weinrod	24	1,981	3,392	3	1C 1F	004	12,000
<b>NEW HYDE PARK</b>								
Long Island Jewish—Hillside Medical Center Program	J. J. Rovinsky				4	5*	020	
Long Island Jewish—Hillside Medical Center	J. J. Rovinsky	61	5,024	3,040				13,500
La Guardia (New York City)	W. H. Godsick	25	2,073					12,500
Queens Hospital Center (New York City)	J. Rienzo	35	3,042	31,687				14,500
<b>NEW YORK CITY</b>								
Albert Einstein College of Medicine Affiliated Hospitals	H. Schulman				4	6C	024	
Bronx Municipal Hospital Center		46	3,926	28,909				
Hospital of the Albert Einstein College of Medicine		43	3,672	8,450				
Albert Einstein College of Medicine Affiliated Hospitals								
Lincoln	A. Poliak	33	2,412	23,172	3	3C	012	
Beth Israel Medical Center	G. Blinick	83	4,983	36,442	4	4*	015	15,400
Bronx—Lebanon Hospital Center	G. J. Kleiner	78	5,923	17,441	3	4C	012	14,000
Brookdale Hospital Center	M. L. Tancer	89	7,302	16,542	4	4*	016	15,400
Brooklyn—Cumberland Medical Center	V. Tricomi	114	8,414	22,803	4	5C 2F	020	14,500
Brooklyn Womens	A. A. Katz				3	2C	006	
Catholic Medical Center of Brooklyn and Queens	B. Sicuranza				3	10C	022	13,500
Mary Immaculate Division		24	1,926	4,455				
St. John's Queens Division		36	2,880	2,552				
St. Mary's Division		46	2,215	5,137				
Flushing Hospital and Medical Center	D. J. Leahy	33	2,423	2,179	4	2C 1* 1F	008	13,900
<b>French and Polyclinic Medical School and Health Center</b>								
Center	C. H. Debrovner	34	2,593	2,621	4	2C	008	14,700
Harlem Hospital Center	J. A. Batts, Jr.	85	5,963	50,288	4	5C	020	14,700
Jamaica	M. M. Abitbol	29	3,004	4,598	3	2C	008	14,700
Jewish Hospital and Medical Center of Brooklyn	M. A. Schiffer	54		15,727	4	2C	022	14,700
Greenpoint	M. A. Schiffer	35	3,228	23,769				14,500
Jewish Memorial	R. Landesman	29	2,295	2,978	3	1C 3F	013	11,750
<b>La Guardia (See L. I. Jewish-Hillside Med. Center Program, New Hyde Park)</b>								
Lenox Hill	H. R. K. Barber	58	3,645	11,013	4	2C	008	15,767
Long Island College	H. Freedman	43	2,339	4,283	4	2C 2F	010	15,780
<b>Lutheran Medical Center</b>								
Maimonides Medical Center Training Program	G. S. Zarou	37	2,974	11,992	3	2*	008	14,700
	N. A. Posner				4	2C 3*	005	14,000
<b>Maimonides Medical Center</b>								
Coney Island	N. A. Posner	87	6,992	11,751				
	A. Vasiccka	33	2,552	24,962				

15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
						1st Yr.	All Yrs.	
<b>NEW YORK, NEW YORK CITY—Continued</b>								
Methodist	C. A. B. Clemetson	57	4,449	9,360	4	3C 1F	012	14,100
Misericordia—Fordham Training Program	S. G. Burgess	67	3,992	6,169	3	5C	015	15,492
Misericordia Hospital Medical Center Fordham		43	2,687	39,706				
Montefiore Hospital Training Program	N. Herzig	7	347	2,093	4	3C	012	
Montefiore Hospital and Medical Center Morrisania City		47	4,436	24,358				
Mount Sinai Hospital Training Program	S. B. Gusberg	105	5,760	19,991	4	5C	020	15,100
Mount Sinai	S. B. Gusberg	43	4,230	50,344				14,700
City Hospital Center at Elmhurst New York Hospital	R. Woolf F. Fuchs	111	8,738	25,255	4	2C 4*	022	13,300
New York Infirmary	A. Brockunier, Jr.	15	5,565	4,687	4	2C	010	15,780
New York Medical College—Metropolitan Hospital Center	M. L. Stone	72	4,715	12,800	4	6C	024	13,500
Unit 1—Flower and Fifth Avenue Hospitals		66	3,295	57,271				
Unit 2—Metropolitan Hospital Center								
New York University Medical Center	G. W. Douglas	53	2,365	32,566	4	8C	026	
Bellevue Hospital Center		46	4,955	2,827				14,280
Booth Memorial University		54	3,354	1,380				
Presbyterian	R. L. Vande Wiele	103	6,816	35,952	3	6C	019	15,500
Queens Hospital Center (See L. I. Jewish-Hillside Med. Center Program, New Hyde Park)								
Roosevelt	T. F. Dillon	65	4,060	28,244	4	3C	012	14,500
St. Clare's Hospital and Health Center	M. J. Jordan	26	969	3,434	4	2C	008	15,000
St. John's Episcopal	W. A. Lapp	33	2,153	10,361	4	2C 6F	014	15,780
St. Luke's Hospital Center	R. S. Neuwirth	103	6,811	35,460	3	5C	015	14,830
St. Vincent's Hospital and Medical Center of New York	B. J. Pisani	36	2,445	8,001	4	2C 1F	009	13,855
St. Vincent's Medical Center of Richmond	W. M. Leen	34	2,705	3,943	3	2C 1*	010	15,780
Staten Island	M. S. Rapp	33	3,190	4,582	4	1*	004	13,500
S.U.N.Y. Downstate Medical Center	A. M. Siegler				3	9C 2F	031	
Kings County Hospital Center State University		128	14,017	78,699				13,500
Sydenham		44	2,677	10,688				15,629
Unity	M. R. Cehelsky	24	2,014	5,241	3	2C	003	14,700
Wyckoff Heights	F. Stevens	36	3,030	6,169	3	3C	006	13,000
	R. J. Hessekiel	34	2,558	3,615	3	2C	006	14,700
<b>ROCHESTER</b>								
Genesee	J. H. Schultz	36	4,524	5,833	3	1C	007	11,700
Highland Hospital of Rochester	G. C. Trombetta	40	3,713	2,570	3	1C 3F	003	12,300
Rochester General	D. W. Spratt	54	5,521	6,613	3	2C 1F	006	12,300
St. Mary's	E. T. Mc Donough	29	2,497	2,018	3	2*	004	10,900
Strong Memorial Hospital of the University of Rochester	H. A. Thiede	55	5,293	10,986	3	6C 1F	008	11,700
<b>ROCKVILLE CENTRE</b>								
Mercy (See Nassau County Med. Ctr.—Meadowbrook Div., East Meadow)								
<b>SCHENECTADY</b>								
Schenectady Affiliated Program	W. H. Brown				4	2C 2F	006	11,800
Ellis		28	1,896	2,055				
St. Clare's		27	777	641				
<b>SYRACUSE</b>								
S. U. N. Y. Upstate Medical Center	R. E. L. Nesbitt, Jr.	16	1,010	12,585	3	4C	014	12,318
State University	R. E. L. Nesbitt, Jr.	80	7,260					
Crouse Irving—Memorial	R. E. L. Nesbitt, Jr.	12	1,334	3,729				
St. Joseph's Hospital Health Center	J. T. Thornton							
<b>NORTH CAROLINA</b>								
<b>CHAPEL HILL</b>								
North Carolina Memorial	C. H. Hendricks	47	2,746	26,041	4	5C	020	10,000
Memorial Hospital of Wake County (Raleigh)	F. Wiegand	36	3,133	9,483				
<b>CHARLOTTE</b>								
Charlotte Memorial Hospital and Medical Center	B. A. Rimer	75	6,014	17,554	3	4*	015	10,920
<b>DURHAM</b>								
Duke University Medical Center	R. T. Parker	66	4,725	42,448	4	6C	024	11,385
<b>RALEIGH</b>								
Memorial Hospital of Wake County (See North Carolina Memorial, Chapel Hill)								
<b>WILMINGTON</b>								
New Hanover Memorial	G. F. Rieman	57	4,666	6,529	3	1F	008	11,000
<b>WINSTON-SALEM</b>								
Bowman Gray School of Medicine Affiliated Hospitals	F. C. Greiss, Jr.				4	3C 4*	016	10,000
North Carolina Baptist	F. C. Greiss, Jr.	37	2,842	21,301				
Forsyth Memorial	W. A. Lambeth, D. Whitener	60	5,005	3,125				



## 15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
						1st Yr.	All Yrs.	
<b>PENNSYLVANIA—Continued</b>								
<b>HARRISBURG</b> Harrisburg	K. W. Teich	41	3,062	5,950	3	1C	003	10,634
<b>HERSHEY</b> Milton S. Hershey Medical Center of the Pennsylvania State University	V. G. Stenger	19	934	11,619	3	3C	012	11,160
<b>PHILADELPHIA</b> Albert Einstein Medical Center	P. M. Wapner	68	5,477	9,402	3	4*	012	10,500
Hahnemann Medical College Affiliated Hospitals	H. Balin	111	8,567	23,378	4	6C 1F	024	11,500
Hahnemann Medical College and Hospital	H. Balin							11,700
Episcopal	K. A. Giulian							
St. Agnes	N. A. Policarpo							
Crozer—Chester Medical Center (Chester)	M. Klavan							
Burlington County Memorial (Mount Holly, N. J.)	E. Foord	5	1,991	3,342				
Hospital of the Medical College of Pennsylvania	E. R. Carrington	45	3,318	13,339	3	3C	012	11,000
Lankenau	K. Smith	47	3,967	4,421	3	2*	008	10,500
Mercy Catholic Medical Center	T. F. Toomey, Jr.				4	2*	008	11,000
Misericordia Division		6	1,150	4,459				
Fitzgerald Mercy Division (Darby)		24	3,340	3,990				
Pennsylvania	E. E. Wallach	59	4,773	21,632	4	4*	016	11,100
Presbyterian—University of Pennsylvania Medical Center	W. D. Chamblin	35	1,850	8,125	3	1C 1F	004	11,400
Temple University	M. J. Daly	48	3,906	21,800	3	4C	013	12,000
Thomas Jefferson University Affiliated Hospitals	J. H. Lee, Jr.				3	4*	020	
Thomas Jefferson University	J. H. Lee, Jr.	76	4,707	6,888				11,800
Methodist	W. W. Bare	38	3,079	3,938				11,000
University of Pennsylvania Affiliated Hospitals	L. Mastroianni, Jr.				3	6*	026	
Hospital of the University of Pennsylvania	L. Mastroianni, Jr.	88	6,141	19,064				11,400
Philadelphia General	J. Polin	31	2,397	19,944				11,200
<b>PITTSBURGH</b> Allegheny General	J. Gilmore		3,014	6,730	3	2C	008	11,650
Forbes Health System	R. G. Recio	176	8,189	80,860	3	1C	003	11,400
Pittsburgh Health Center								
Columbia Health Center (Wilkinsburg)								
Hospitals of the University Health Center of Pittsburgh	T. T. Hayashi	240	17,166	48,676	3	6C 7*	030	11,770
Magee—Womens								
Mercy	J. Rivkind	65	4,043	5,787	3	2C	008	12,300
St. Clair Memorial	R. E. Dawson	33	1,927					15,855
St. Francis General	H. R. Dailey	49	2,896	4,765	3	2*	008	11,300
Shadyside	L. J. Frymire	19	1,065	583				
Western Pennsylvania	L. E. Laufe	51	4,237	10,372	3	3*	009	11,800
<b>READING</b> Reading	E. R. Brubaker	60	4,197	3,749	4	2*	008	11,800
<b>WILKINSBURG</b> Columbia Health Center (See Forbes Health System, Pittsburgh)								
<b>YORK</b> York	D. B. Spangler	40	3,514	5,030	3	2* 1F	006	11,360
<b>PUERTO RICO</b>								
<b>CAGUAS</b> Caguas Sub—Regional	P. Roldan Millan	66	6,345	10,674	3	6C 2F	018	9,420
<b>MAYAGUEZ</b> Mayaguez Medical Center	F. Roman Aviles	49	5,030	6,800	3	1C 2*	012	9,000
<b>PONCE</b> Ponce District General	P. A. Castaing, Jr.	75		8,904	3	2* 2F	016	8,760
<b>SAN JUAN</b> San Juan City	W. Axtmayer	129	1,607	14,430	3	2C	022	10,320
University District	I. A. Pelegrina	95	8,832	54,341	4	6*	024	10,320
<b>RHODE ISLAND</b>								
<b>PROVIDENCE</b> Women and Infants Hospital—Rhode Island Hospital	B. H. Buxton, Jr.				3	5C	012	11,941
Women and Infants Hospital of Rhode Island	B. Buxton, Jr., R. Douglas	112	10,387	29,595				
Rhode Island	H. C. Mc Duff, Jr.	14	673	1,859				11,950
<b>SOUTH CAROLINA</b>								
<b>CHARLESTON</b> Medical University of South Carolina Teaching Hospitals	L. L. Hester, Jr.	47	4,058	31,088	4	4C	016	9,900
Medical University of South Carolina								
<b>COLUMBIA</b> Richland Memorial	E. J. Dennis	48	4,343	3,920	3	3C 3F	008	10,000
<b>GREENVILLE</b> Greenville Hospital System	T. A. Galey, Jr.	398	9,518	10,208	3	3C 3F	009	10,000
<b>SOUTH DAKOTA</b>								
<b>YANKTON</b> Sacred Heart	B. Ranney	16	1,078	13,204	3	1C	003	9,200
<b>TENNESSEE</b>								
<b>CHATTANOOGA</b> University of Tennessee Clinical Education Center Baroness Erlanger	R. D. Braun	88	5,395	12,799	3	3C 3F	012	10,200

## 15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>TENNESSEE—Continued</b>								
<b>KNOXVILLE</b>								
University of Tennessee Memorial Research Center and Hospital	G. W. Bates	27	2,723	5,000	4	2C	008	9,487
<b>MEMPHIS</b>								
Baptist Memorial	P. C. Schreier	123	9,556	2,556	3	2* 4F	014	11,460
University of Tennessee Affiliated Hospitals City of Memphis Hospitals	W. L. Wiser	109	9,263	18,613	3	7C 5F	021	10,920
<b>NASHVILLE</b>								
George W. Hubbard Hospital of the Meharry Medical College	H. W. Foster, Jr.	25	2,962	13,790	3	2C	008	9,314
Vanderbilt University Affiliated Hospitals					3	6C	024	
Baptist	N. Loworn	91	7,243					10,075
Nashville Metropolitan General	J. Zelenik	19	2,112	10,722				
Vanderbilt University	J. S. Zelenik	27	2,547	16,346				9,482
<b>TEXAS</b>								
<b>CORPUS CHRISTI</b>								
Memorial Medical Center	L. A. Archer	27	2,616	2,491	3	1C 2F	005	10,000
<b>DALLAS</b>								
Baylor University Medical Center	R. H. Adams	106	9,759	4,925	3	4C 2F	016	10,141
Methodist Hospital of Dallas	D. J. Choi	44	4,292	4,555	3	3*	006	10,000
Parkland Memorial	P. C. Mac Donald	88	9,485	63,118	3	10*	040	9,660
St. Paul	J. D. Strong	52	4,674	10,140	3	2*	011	10,080
<b>EL PASO</b>								
R. E. Thomason General	R. Misenhiemer	27	2,536	10,043	3	1C 2* 3F	012	10,500
<b>FORT WORTH</b>								
Fort Worth Affiliated Hospitals	P. P. Staples				3	2C 6F	016	
John Peter Smith Harris Hospital—Fort Worth Medical Center	P. P. Staples G. D. Tatum, Jr.	35 114	4,314 8,221	22,394				12,600 12,000
<b>GALVESTON</b>								
University of Texas Medical Branch Hospitals University of Texas Medical Branch Hospitals (See University of Texas Affiliated Systems, Houston)	W. Mc Ganity, A. Le Blanc	56	3,697	26,900	3	6C	016	11,500
<b>HOUSTON</b>								
Baylor College of Medicine Affiliated Hospitals	R. H. Kaufman				4	9C	036	9,540
Ben Taub General		26	1,894	16,878				
Jefferson Davis		95	9,472	28,930				
Methodist		83	7,539	985				
St. Luke's Episcopal		20	2,025	517				
University of Texas Affiliated Systems	W. Mc Ganity, A. Le Blanc				3	3*	012	11,500
St. Joseph	J. A. Lucci, Jr.	72	5,497	5,782				
University of Texas Medical Branch Hospitals (Galveston)	J. A. Lucci	56	3,697	26,900				
University of Texas at Houston Affiliated Hospitals Hermann	B. Held	58	4,578	11,703	3	3C	012	9,792
<b>SAN ANTONIO</b>								
University of Texas at San Antonio Teaching Hospitals Bexar County Teaching	J. N. Seitchik	79	7,422	23,858	4	5C	018	9,800
<b>TEMPLE</b>								
Scott and White Memorial	R. V. Cummings, D. P. Baker	35	2,366	17,243	4	2C	008	10,500
<b>UTAH</b>								
<b>SALT LAKE CITY</b>								
University of Utah Affiliated Hospitals	M. A. Stenchever				3	4C	012	11,200
University	M. A. Stenchever	28	2,322	15,574				
Latter—Day Saints	R. M. Hebertson	73	6,836	564				
<b>VERMONT</b>								
<b>BURLINGTON</b>								
Medical Center Hospital of Vermont	J. V. S. Maeck	33	3,161	3,466	4	2C	008	9,250
<b>VIRGINIA</b>								
<b>CHARLOTTESVILLE</b>								
University of Virginia	W. N. Thornton, Jr.	32	2,438	14,335	4	3*	012	9,900
<b>FALLS CHURCH</b>								
Fairfax (See Geo. Washington Univ. Affil. Hosps., Washington, D. C.)								
<b>NEWPORT NEWS</b>								
Riverside	C. W. Nickerson	62	4,719	11,365	4	2*	008	10,500
<b>NORFOLK</b>								
Norfolk General	M. C. Andrews	57	4,784	14,423	3	4C 3F	019	11,100
<b>RICHMOND</b>								
Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals	L. J. Dunn	130	6,878	70,000	3	3C 5*	024	10,450
<b>WASHINGTON</b>								
<b>SEATTLE</b>								
Swedish Hospital Medical Center	L. R. Donohue	29	2,981	2,938	3	1C	003	
University of Washington Affiliated Hospitals	L. R. Spadoni				4	4*	018	
Harborview Medical Center	L. Donohue	7	170	7,383				
U. S. Public Health Service		22	469	4,013				
University	L. R. Spadoni	7	2,004	16,809				9,252
Virginia Mason	M. R. Smith	29	3,200	16,713				



## 18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES NAVY</b>							
<b>CALIFORNIA</b>							
Naval Regional Medical Center, Oakland	P. T. Briska	20	782	25,701	2C 2F	008	
Naval Regional Medical Center, San Diego	D. G. Boyden	23	560	70,110	3C 3F	012	
<b>MARYLAND</b>							
National Naval Medical Center, Bethesda	L. H. Seaton	18	385	28,421	3C 1F	011	
<b>PENNSYLVANIA</b>							
Naval Regional Medical Center, Philadelphia	B. R. Blais	6	151	28,592	3C 2F	008	
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>							
<b>CALIFORNIA</b>							
U. S. Public Health Service, San Francisco	F. Dykstra	6	192	6,221	1* 1F	005	
<b>LOUISIANA</b>							
U. S. Public Health Service, New Orleans	C. D. Sanders	3	130	8,235	1C 2F	003	
<b>MARYLAND</b>							
U. S. Public Health Service, Baltimore	A. E. Iwantsch	5	170	7,560	2C	006	
<b>NEW YORK</b>							
U.S. Public Health Service (Staten Island), New York City	M. Damast	5	160	7,950	2C 2F	006	
<b>WASHINGTON</b>							
U. S. Public Health Service, Seattle (See Univ. of Washington Affiliated Hospitals, Seattle, Wash.)							
<b>DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE</b>							
<b>DISTRICT OF COLUMBIA</b>							
St. Elizabeths, Washington (See George Washington Univ. Affil. Hosps., Washington, D. C.)							
<b>OTHER FEDERAL</b>							
<b>CANAL ZONE</b>							
Gorgas, Balboa Heights	R. Rupp	4	195	12,720	1C 1F	004	13,969
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
University of Alabama Medical Center	H. W. Skalka						
University of Alabama Hospitals	H. W. Skalka	31	2,266	11,353	7C	018	10,825
Children's	N. E. Miles		14				
Eye Foundation	H. W. Skalka	31	2,266	11,353			10,825
Veterans Admin.	H. W. Skalka	5	201	2,220			10,600
<b>TUSKEGEE</b>							
Veterans Admin.	S. H. Settler, Jr.	9	169	4,870	1C	005	10,573
<b>ARIZONA</b>							
<b>TUCSON</b>							
University of Arizona Affiliated Hospitals	H. E. Cross						
University		1	38	1,108	2*	006	10,300
Veterans Admin.		2	126	1,192			9,650
<b>ARKANSAS</b>							
<b>LITTLE ROCK</b>							
University of Arkansas Medical Center	F. T. Fraunfelder						
University	F. T. Fraunfelder	8	370	8,161	3C 2F	014	9,600
Arkansas Children's	F. T. Fraunfelder	2	231	4,344			
Baptist Medical Center							
Veterans Admin. Consolidated	R. S. Wilson	13	439	6,015			11,206
<b>CALIFORNIA</b>							
<b>BAKERSFIELD</b>							
Kern County General	D. H. Wetterholm	1	109	1,633	1C	001	14,400
<b>DAVIS</b>							
University of California (Davis) Affiliated Hospitals	G. L. Portney						
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	G. L. Portney	5	187	7,666	2C	006	12,300
Veterans Admin. (Martinez)	H. N. Ricci	4	107	1,540			12,300 15,906
<b>DOWNEY</b>							
Rancho Los Amigos (See White Memorial Medical Center, Los Angeles)							
<b>FRESNO</b>							
Valley Medical Center of Fresno	R. H. Whitten	2	140	4,379	1C 1F	003	15,540
<b>GLENDALE</b>							
Glendale Adventist (See White Memorial Medical Center, Los Angeles)							
<b>IRVINE</b>							
University of California (Irvine) Affiliated Hospitals	I. Leopold	2	257	4,370			
Orange County Medical Center (Orange)	M. R. Kaplan	12	336	7,355	1C	003	12,300 16,138
Veterans Admin. (Long Beach)							
<b>LOMA LINDA</b>							
Loma Linda University Affiliated Hospitals	R. V. Shearer						
Loma Linda University	R. V. Shearer	12	928	25,868	2C	006	
Riverside General (Riverside)	J. Bristow	1	58	2,470			13,780

18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>CALIFORNIA—Continued</b>							
<b>LONG BEACH</b>							
Veterans Admin. (See University of California (Irvine) Affil. Hosps., Irvine)							
<b>LOS ANGELES</b>							
Hollywood Presbyterian Medical Center	S. Rome	15	1,192	7,438	2*	006	13,200
Los Angeles County—U.S.C. Medical Center	S. J. Ryan, Jr.	12	774	22,143	6*	020	12,612
Martin Luther King, Jr. General	T. V. Scott	2	90	9,640	2*	006	15,732
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	B. R. Straatsma	20	1,441	27,250	4*	016	11,700
Veterans Admin. Center—Wadsworth	R. E. Bartlett	8	406	7,185	2C	005	16,138
White Memorial Medical Center	G. K. Kambara	4	296	16,500	3C	011	11,764
					2F		
Santa Fe Memorial		81	3,672	2,103			
Rancho Los Amigos (Downey)	G. K. Kambara	2	48	1,886			15,732
Glendale Adventist Medical Center (Glendale)	G. K. Kambara	5	458	158			
Olive View Medical Center (Sylmar)	G. J. Barron	7	149	2,707			
<b>MARTINEZ</b>							
Veterans Admin. (See Univ. of California (Davis) Affil. Hosps., Davis)							
<b>OAKLAND</b>							
Highland General (See Pacific Medical Ctr.—Presbyterian Hosp., San Francisco)							
<b>ORANGE</b>							
Orange County Medical Center (See Univ. of California (Irvine) Affil. Hosps., Irvine)							
<b>PALO ALTO</b>							
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)							
<b>RIVERSIDE</b>							
Riverside General (See Loma Linda University Affil. Hosps., Loma Linda)							
<b>SACRAMENTO</b>							
University of Calif. (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)							
<b>SAN FRANCISCO</b>							
Pacific Medical Center—Presbyterian	B. E. Spivey	10	1,072	4,062	2C	009	10,068
					3F		
Highland General (Oakland)	R. Stamper	1	81	3,374			
University of California Program	M. J. Hogan				5C	022	
H. C. Moffitt—University of California Hospitals	M. J. Hogan	8	491	14,153			11,400
Veterans Admin.	S. G. Kramer	7	325	6,330			12,300
<b>SAN JOSE</b>							
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)							
<b>STANFORD</b>							
Stanford University Affiliated Hospitals	A. R. Rosenthal				3C	009	
Stanford University	A. R. Rosenthal	3	139	10,212			11,500
Veterans Admin. (Palo Alto)	M. F. Marmor	5	338	2,869			11,500
Santa Clara Valley Medical Center (San Jose)	R. J. Miller	1	72	3,431			12,966
San Joaquin General (Stockton)	A. R. Rosenthal			2,606			
<b>STOCKTON</b>							
San Joaquin General (See Stanford University Affiliated Hospitals, Stanford)							
<b>SYLMAR</b>							
Olive View Medical Center (See White Memorial Medical Center, Los Angeles)							
<b>TORRANCE</b>							
Los Angeles County Harbor General	A. Orsenbaum	3	238	10,729	2C	007	15,732
					2F		
<b>COLORADO</b>							
<b>DENVER</b>							
University of Colorado Affiliated Hospitals	P. P. Ellis				5C	015	
University of Colorado Medical Center	P. P. Ellis	5	323	14,109			
Denver General	J. R. Cerasoli	6	225	11,285			10,800
Veterans Admin.	D. Pfoff	5	186	1,425			12,883
<b>CONNECTICUT</b>							
<b>FARMINGTON</b>							
University of Connecticut Affiliated Hospitals	J. O' Rourke				1C	003	11,655
John Demosey	J. O' Rourke						
Hartford (Hartford)	W. B. Brewster	16	1,028	1,923			
New Britain General (New Britain)	D. M. Taylor	5	513				
Veterans Admin. (Newington)		4	108	638			
<b>HARTFORD</b>							
Hartford (See Univ. of Connecticut Affil. Hosps., Farmington)							
<b>NEW BRITAIN</b>							
New Britain General (See Univ. of Connecticut Affil. Hosps., Farmington)							
<b>NEW HAVEN</b>							
Yale—New Haven Medical Center							



## 18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>CONNECTICUT, NEW HAVEN—Continued</b>							
Yale—New Haven	M. L. Sears	14	797	14,765	3C	010	12,500
<b>NEWINGTON</b>							
Veterans Admin. (See Univ. of Connecticut Affil. Hosps., Farmington)							
<b>DELAWARE</b>							
<b>WILMINGTON</b>							
Veterans Admin. (See Thomas Jefferson University Affil. Hosps., Philadelphia)							
Wilmington Medical Center (See Thomas Jefferson University Affil. Hosps., Philadelphia)							
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
Georgetown University Affiliated Hospitals	P. Y. Evans				5C 1F	015	
Georgetown University	P. Y. Evans	4	203	3,986			12,799
District of Columbia General	Z. Srajber, S. Limaye	10	247	9,776			13,130
Sibley Memorial	A. M. Reynolds, Jr.	16	526	4,098			12,799
Veterans Admin.	P. Y. Evans, A. Pilkerton	8	151	10,800			
George Washington University Affiliated Hospitals	M. F. Armaly				3*	009	12,799
George Washington University	M. F. Armaly	10	581	13,763			
Armed Forces Institute of Pathology	L. Zimmerman						
Children's Hospital National Medical Center	D. Friendly	6	1,315	5,251			
St. Elizabeths	H. S. Wicker	3	81	4,024			14,120
Veterans Admin. Center (Martinsburg, W. Va.)	I. Harrison	2	82	2,343			
Howard University	G. S. Payseur	38	305	6,750	2C	007	13,181
Washington Hospital Center	W. B. Glew	32	1,922	23,965	2*	012	11,087
<b>FLORIDA</b>							
<b>GAINESVILLE</b>							
University of Florida Affiliated Hospitals	H. E. Kaufman				5C	015	
William A. Shands Teaching Hosp. and Clinics	H. E. Kaufman	28	1,430	23,291			9,666
University Hospital of Jacksonville (Jacksonville)	C. A. Wind	7	389	9,322			
Veterans Admin.	H. E. Kaufman	10	371	5,363			9,891
<b>JACKSONVILLE</b>							
University Hospital of Jacksonville (See University of Florida Affiliated Hospitals, Gainesville)							
<b>MIAMI</b>							
University of Miami Affiliated Hospitals	E. W. Norton, G. O' Grady				6C	018	
Jackson Memorial	E. W. Norton	50	1,925	37,863			13,247
Veterans Admin.	E. W. Norton	7	312	10,548			12,322
<b>TAMPA</b>							
University of South Florida Affiliated Hospitals	W. C. Edwards				2C	007	
Tampa General		4	236	613			10,837
Veterans Admin.		8	250	5,315			11,031
<b>GEORGIA</b>							
<b>ATLANTA</b>							
Emory University Affiliated Hospitals	F. P. Calhoun, Jr.				4C	012	10,440
Grady Memorial	F. P. Calhoun, Jr.	384	7	28,298			
Emory University	F. P. Calhoun, Jr.	3	241				
Veterans Admin. (Decatur)	J. C. Rieser	8	246	3,150			
<b>AUGUSTA</b>							
Medical College of Georgia Hospitals	M. N. Luxenberg				3C	009	10,100
Eugene Talmadge Memorial		6	343	9,029			
University		8	766	991			
Veterans Admin.		3	86	3,034			
<b>DECATUR</b>							
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)							
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Cook County	A. A. Constantaras	9	402	16,761	3*	013	11,600
Mc Gaw Medical Center of Northwestern University	D. Shoch				4*	016	11,680
Children's Memorial	P. E. Romano	6	318	4,572			
Northwestern Memorial	D. Shoch	18	1,095	4,240			
Veterans Admin. Research	R. Wertz	5	236	3,536			
Michael Reese Hospital and Medical Center	M. L. Stillerman	15	939	14,601	3C	009	12,363
Rush—Presbyterian—St. Luke's Medical Center	W. F. Hughes	10	466	7,100	1*	005	12,000
University of Chicago Hospitals and Clinics	F. W. Newell	11	580	8,778	3C	008	11,125
University of Illinois	M. F. Goldberg	36	1,756	60,342	8C	024	13,125
<b>EVANSTON</b>							
Evanston	C. V. Barrett	10	572	1,355	1C	003	11,680
<b>HINES</b>							
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)							
<b>MAYWOOD</b>							
Loyola University Affiliated Hospitals	J. E. Mc Donald				4C	009	11,000
Foster G. Mc Gaw		17	295	4,190			
Veterans Admin. (Hines)		17	295	4,190			
<b>INDIANA</b>							
<b>INDIANAPOLIS</b>							
Indiana University Medical Center	F. M. Wilson				7C	021	
Indiana University Hospitals	F. M. Wilson	21	2,435	19,471			10,800
Marion County General	M. Mann	3	214	9,254			10,250
Veterans Admin.	F. M. Wilson	4	203	2,508			10,648

18A. OPHTHALMOLOGY—Continued

Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
				1st Yr.	All Yrs.	
<b>IOWA</b>						
<b>DES MOINES</b>						
Veterans Admin. (See University of Iowa Affiliated Hosps., Iowa City)						
<b>IOWA CITY</b>						
University of Iowa Affiliated Hospitals	F. C. Blodi			6C	018	
University of Iowa Hospitals	F. C. Blodi	27	2,151			10,500
Veterans Admin.	F. C. Blodi	4				
Veterans Admin. (Des Moines)	L. T. Palumbo	3	91			15,828
<b>KANSAS</b>						
<b>KANSAS CITY</b>						
University of Kansas Medical Center	A. N. Lemoine	10	624		4C 008	10,500
St. Luke's (Kansas City, Mo.)	J. Wurster					
Veterans Admin. (Kansas City, Mo.)	A. N. Lemoine	5	261			10,000
<b>KENTUCKY</b>						
<b>LEXINGTON</b>						
University of Kentucky Medical Center	J. D. Wirtschaffer				2C 1*	010
University		7	566			
Veterans Admin.		5	220			9,425 3,567
<b>LOUISVILLE</b>						
University of Louisville Affiliated Hospitals	A. H. Keeney				3C	009 9,600
Louisville General	A. H. Keeney	10	350			
Norton—Children's Hospitals	T. Lawwill	2	201			4,230
Veterans Admin.	A. M. Potts	3	125			2,273
<b>LOUISIANA</b>						
<b>NEW ORLEANS</b>						
Louisiana State University Affiliated Hospitals	G. M. Haik				4C	012 7,800
Charity Hospital of Louisiana		14	470			16,392
George M. Haik Eye Clinic			642			19,760
Hotel Dieu						
Ochsner Foundation	R. A. Schimek	7	445		2C	009 9,492
Tulane University Affiliated Hospitals	M. G. Holland				7C	020
Charity Hospital of Louisiana	M. G. Holland	12	410			14,549
Eye, Ear, Nose and Throat	M. G. Holland		251			10,398
Touro Infirmary	M. G. Holland	4	278			2,233
Veterans Admin.	M. G. Holland	14	557			5,253 9,782 -9,871
<b>SHREVEPORT</b>						
L.S.U. (Shreveport) Affiliated Hospitals	L. A. Breffeilh				2C 2F	008
Confederate Memorial Medical Center		8	350			10,081
Veterans Admin.		13	484			1,878 9,456 11,358
<b>MARYLAND</b>						
<b>BALTIMORE</b>						
Greater Baltimore Medical Center	R. E. Hoover	86	1,454		3C	009 13,000
Johns Hopkins	A. E. Maumenee	52	2,729		5C	018 12,450
Maryland General	A. A. Filar, Jr.	21	1,076		2C 1F	006 11,500
Sinai Hospital of Baltimore	H. K. Goldberg	6	395		1C	002 12,500
University of Maryland Affiliated Hospitals						
University of Maryland	R. D. Richards	14	622		3C	009 10,082
<b>MASSACHUSETTS</b>						
<b>BOSTON</b>						
Boston University Affiliated Hospitals	H. M. Leibowitz				4* 3F 4*	012 12,070 11,000 12,200
Boston City	S. Lessell		13			8,377
University	H. M. Leibowitz	4	180			6,400
Massachusetts Eye and Ear Infirmary	C. H. Dohlman	103	6,733		8C	022 12,200
Tufts University Affiliated Hospitals	B. Schwartz	2	162		3C	012 12,411
New England Medical Center	B. Schwartz					11,497
Veterans Admin.	L. Wilcox	10	335			1,901 12,186
<b>MICHIGAN</b>						
<b>ALLEN PARK</b>						
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)						
<b>ANN ARBOR</b>						
University of Michigan Affiliated Hospitals	J. W. Henderson				7C	023 11,650
University	J. W. Henderson	27	1,715			17,431
Veterans Admin.	J. Henderson, J. Walter	5	163			1,638
Wayne County General (Eloise)	J. W. Henderson	3	189			5,392 12,408
<b>DETROIT</b>						
Henry Ford	J. S. Guyton	25	1,014		4C 4F	020 12,000
Sinai Hospital of Detroit	H. S. Sugar	13	1,018		2C	006 11,075
Wayne State University Affiliated Hospitals	R. S. Jampel	65	3,500		7C	024 33,700
Veterans Admin. (Allen Park)	R. S. Jampel	5	236			3,116 11,904
Children's Hospital of Michigan	G. T. Davies	5	1,200			5,979 11,400 11,400 11,400 11,400
Detroit General						
Grace						
Harper						
<b>ELOISE</b>						
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)						
<b>SOUTHFIELD</b>						
Providence	C. Heyner	12	805		1* 1F	003 12,050

## 18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
University of Minnesota Affiliated Hospitals	J. E. Harris				3*	018	
University of Minnesota Hospitals	J. E. Harris	18	944	20,546			10,700
Hennepin County Medical Center	H. A. Shaw	5	170	11,436			
Veterans Admin.	J. E. Harris	14	532	6,220			
St. Paul—Ramsey (St. Paul)	R. H. Monahan	3	165	7,105			11,000
<b>ROCHESTER</b>							
Mayo Graduate School of Medicine	R. R. Waller			76,286	7C	020	12,000
Rochester Methodist	R. R. Waller	16	1,199				
<b>ST. PAUL</b>							
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)							
<b>MISSISSIPPI</b>							
<b>JACKSON</b>							
University of Mississippi Medical Center	S. B. Johnson				3C 2F	011	
University		8	421	12,253			10,000
Veterans Admin. Center		4	193	3,600			9,583
<b>MISSOURI</b>							
<b>COLUMBIA</b>							
University of Missouri Medical Center	W. M. Hart	10	625	8,556	3C	009	10,500
<b>KANSAS CITY</b>							
University of Missouri at Kansas City Affiliated Hospitals	F. N. Sabates				2C	006	
Kansas City General Hospital and Medical Center	F. N. Sabates	3	150	5,692			11,500
Children's Mercy	L. W. Hamtil	3	211	2,915			11,400
St. Luke's (See University of Kansas Medical Center, Kansas City, Kan.)							
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kan.)							
<b>ST. LOUIS</b>							
Homer G. Phillips	H. P. Venable	6	184	6,849	5C 4F	019	10,920
St. Louis University Group of Hospitals	S. F. Bowen, Jr., W. Lewin				1F	012	11,500
Firmin Desloge General		3	135	3,735			
Cardinal Glennon Memorial Hospital for Children		5	366	3,514			
Deaconess	W. H. Lewin	10	557	971			
St. Louis—Little Rock Hospitals							
Washington University Affiliated Hospitals	B. Becker				8C	024	
Barnes Hospital Group	B. Becker						
Jewish Hospital of St. Louis	M. L. Wolf	7	450	2,432			
St. Louis City							
Veterans Admin.		6	282	10,660			
<b>NEBRASKA</b>							
<b>OMAHA</b>							
University of Nebraska Affiliated Hospitals	R. E. Records				3C	009	
University of Nebraska		6	303	8,745			11,385
Veterans Admin.		6	178	1,512			10,449
<b>NEW JERSEY</b>							
<b>EAST ORANGE</b>							
Veterans Admin. (See CMDNJ-New Jersey Medical School Affil. Hosp., Newark)							
<b>JERSEY CITY</b>							
Jersey City Medical Center (See CMDNJ-New Jersey Medical School Affil. Hosp., Newark)							
<b>NEWARK</b>							
CMDNJ—New Jersey Medical School Affiliated Hospitals	M. L. Mund				5* 4F	024	
Jersey City Medical Center (Jersey City)	A. Cinotti, B. Maltzman	12	492	4,046			
Martland	G. M. Stephens	4	161	5,664			
United Hospitals Medical Center—Newark Eye and Ear Infirmary	M. L. Mund	34	8,840	6,812			12,295
Veterans Admin. (East Orange)	J. L. Harris	8	175	4,200			
<b>NEW YORK</b>							
<b>ALBANY</b>							
Albany Medical Center Affiliated Hospitals	R. Reinecke				4C	013	
Albany Medical Center	R. Reinecke	12	783	6,417			12,675
Child's	J. C. Cetner	17	1,049	122			
Veterans Admin.	R. Reinecke, R. H. Ward	6	208	2,755			13,781
<b>BUFFALO</b>							
Deaconess Hospital of Buffalo	E. P. Olmsted	11	682	13,239	2C 1F	D07	11,300
Edward J. Meyer Memorial	J. V. Armenia	5	240	11,419	2C	006	10,900
S.U.N.Y. at Buffalo Affiliated Hospitals	C. H. Addington				3C	007	
Buffalo General		11	547	3,239			11,300
Children's Hospital of Buffalo		1,721	308	2,420			11,000
Veterans Admin.		6	134	6,375			11,300
<b>EAST MEADOW</b>							
Nassau County Medical Center—Meadowbrook Div.	E. K. Rahn	12	421	15,997	4*	012	12,571
<b>MANHASSET</b>							
North Shore University	I. H. Kaufman	4	331	2,320	1C	003	15,400

## 18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW YORK—Continued</b>							
<b>NEW HYDE PARK</b>							
Long Island Jewish—Hillside Medical Center Program	P. Ballen				3C	009	14,700
Long Island Jewish—Hillside Medical Center Queens Hospital Center (New York City)		5 5	325 408	1,955 13,860			
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals	P. Henkind				7C	021	
Bronx Municipal Hospital Center		8	415	18,443			
Hospital of the Albert Einstein College of Medicine		4	398	2,613			
Montefiore Hospital and Medical Center		16	766	11,291			
Morrisania City				4,215			
Beth Israel Medical Center	T. G. Farkas	7	310	16,223	3C	009	16,780
Bronx—Lebanon Hospital Center	A. Traykovski	12	506	13,629	2C	007	16,000
Brooklyn Eye and Ear	M. A. Lasky	27	1,578	36,389	4C	012	14,700
Catholic Medical Center of Brooklyn and Queens Hospital of the Holy Family	S. Capone S. Capone	9 8	482 388	6,912 3,041	2C	006	13,500
French and Polyclinic Medical School and Health Center	R. P. Newhouse	5	330	3,336	1C	003	15,200
Harlem Hospital Center	R. L. Farris	4	147	10,997	2C	006	
Edward S. Harkness Eye Institute							
Jewish Hospital and Medical Center of Brooklyn Lenox Hill	M. A. Lasky R. S. Coles	10 13	500 556	7,000 6,532	1C 2C	004 006	14,700 17,050
Manhattan Eye, Ear and Throat Montefiore Hospital and Medical Center (See Albert Einstein College of Medicine Affiliated Hospitals)	S. Schutz	83	5,416	54,376	6C	018	14,700
Mount Sinai Hospital Training Program	S. Podos				5C	015	
Mount Sinai	S. Podos	25	500	10,000			16,380
City Hospital Center at Elmhurst	A. Safir	10	266	16,772			14,700
Veterans Admin. (Bronx)	A. Ferry	10	326	6,680			16,001
New York Eye and Ear Infirmary	G. B. Kara	98	5,630	57,689	7C	021	15,780
New York Hospital	D. M. Shafer	20	935	10,975	2C	006	14,700
New York Medical College—Metropolitan Hospital Center	K. R. Barasch				3C	011	14,700
Unit 1—Flower and Fifth Avenue Hospitals	K. R. Barasch	30	1,524	4,009			
Unit 2—Metropolitan Hospital Center	R. Cavero	43	175	14,906			
Unit 3—Bird S. Coler Memorial Hospital and Home	M. Best	5	30	3,931			
New York University Medical Center	G. M. Breinin				5C	020	
Bellevue Hospital Center		21	330	15,600			
University		15	879	1,241			
Veterans Admin. (Manhattan)		17	495	7,500			
Presbyterian (Edward S. Harkness Eye Institute)	C. J. Campbell	71	4,326	29,332	3C	009	15,500
Queen's Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Prog., New Hyde Park)							
St. Clare's Hospital and Health Center	W. J. Maher	14	948	5,432	1C	001	15,000
St. Luke's Hospital Center	J. C. Newton	9	404	12,020	2C	006	16,150
St. Vincent's Hospital—Cabrin Health Care Center—Columbus Division	R. D'Amico				2C	006	15,055
St. Vincent's Hospital and Medical Center of New York		13	535	6,292			
Cabrin Health Care Center—Columbus Hospital Division		8	386	1,298			
S. U. N. Y. Downstate Medical Center	R. C. Troutman	7	200	4,090	7C	025	
Brooklyn—Cumberland Medical Center	G. M. Gombos	4	138	8,603			
Coney Island	I. Gerberg	15	519	17,079			14,700
Kings County Hospital Center	R. C. Troutman	1	296	1,766			15,180
Long Island College	A. I. Fink	1	487	3,048			
Maimonides Medical Center	J. Goldstein	1	80	6,288			15,629
State University	R. C. Troutman	7	312	4,080			16,001
Veterans Admin. (Brooklyn)	A. M. Levine						
<b>ROCHESTER</b>							
St. Mary's	C. E. De Santis	7	625	2,237	1C	003	10,900
Strong Memorial Hospital of the University of Rochester	A. C. Snell	4	278	6,898	2C	007	12,300
<b>SYRACUSE</b>							
S. U. N. Y. Upstate Medical Center	J. L. Mc Graw				2C	006	13,225
Crouse Irving—Memorial		12	852	4,870			
State University		3	99	2,700			
Veterans Admin.							
<b>VALHALLA</b>							
Westchester County Medical Center	M. Dunn	4	128	5,006	1C	003	14,700
<b>NORTH CAROLINA</b>							
<b>CHAPEL HILL</b>							
North Carolina Memorial (See Mc Pherson Hospital—North Carolina Memorial, Durham)							
<b>DURHAM</b>							
Duke University Affiliated Hospitals	A. C. Chandler, Jr.				4C	012	
Duke University Medical Center	J. A. C. Wadsworth	22	1,287	9,870			11,385
Veterans Admin.	A. C. Chandler, Jr.	9	470	3,865			11,935
Mc Pherson Hospital—North Carolina Memorial	S. D. Mc Pherson, Jr.				3C	008	11,000
Mc Pherson		15	1,143	33,955			
North Carolina Memorial (Chapel Hill)		5	295	8,030			
<b>WINSTON-SALEM</b>							
Bowman Gray School of Medicine Affiliated Hospitals							
North Carolina Baptist	W. Roberts	9	685	7,930	1*	005	10,000

## 18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>OHIO</b>							
<b>AKRON</b>							
Akron City	O. W. Mathias	14	951	3,544	1* 1F	004	10,500
<b>CINCINNATI</b>							
University of Cincinnati Hospital Group	T. Asbury				3C	009	
Children's		2	288	1,487			
Cincinnati General		6	327	4,695			10,244
Veterans Admin.		6	145	2,220			12,158
<b>CLEVELAND</b>							
Case Western Reserve University Affiliated Hospitals	E. W. Purnell				5*	015	
Cleveland Metropolitan General		4	258	8,032			11,700
University Hospitals of Cleveland		13	878	9,087			11,700
Veterans Admin.		18	291	3,000			12,237
Cleveland Clinic	F. A. Gutman	16	1,054	22,646	3C 1F	010	12,000
St. Vincent Charity	H. S. Siegel	9	527	4,636			
Mount Sinai Hospital of Cleveland	J. A. Gans	10	882	5,674	2C 1F	005	11,000
St. Luke's	R. J. Nicholl	12	793	3,634	1C	003	11,100
<b>COLUMBUS</b>							
Ohio State University Hospitals	W. H. Havener	25	2,000	30,000	6C	018	8,000
<b>TOLEDO</b>							
Medical College of Ohio at Toledo Affiliated Hospitals	R. T. Torchia				2C	003	10,795
Hospital of Medical College of Ohio at Toledo	R. T. Torchia	2	70	1,286			
St. Vincent Hospital and Medical Center	O. Marcus	5	310	558			
<b>OKLAHOMA</b>							
<b>OKLAHOMA CITY</b>							
University of Oklahoma Health Sciences Center	T. E. Acers			2,486	3*	009	10,803
University Hospital and Clinics	R. G. Small	6	368	6,000			10,023
Veterans Admin.	W. S. Muenzler	16	1,320	177			
St. Anthony							
<b>OREGON</b>							
<b>PORTLAND</b>							
Good Samaritan Hospital and Medical Center	R. G. Chenoweth	24	1,671	5,434	1* 1F 3C	003 009	10,388
University of Oregon Affiliated Hospitals	K. C. Swan						
University of Oregon Health Sciences Center		9	529	11,619			9,900
Hospitals and Clinics		12	515	1,465			10,969
Veterans Admin.							
<b>PENNSYLVANIA</b>							
<b>DANVILLE</b>							
Geisinger Medical Center	J. L. Curtis	9	796		2C	006	11,300
<b>PHILADELPHIA</b>							
Thomas Jefferson University Affiliated Hospitals	E. A. Jaeger				4C 1F	012	
Thomas Jefferson University	E. A. Jaeger	6	439	6,310			11,800
Lankenau	W. Annesley	12	840	453			11,580
Wilmington Medical Center (Wilmington, Del.)	A. Weiner	6	756	4,066			12,183
Veterans Admin. (Wilmington, Del.)	P. Morgan	7	159	1,950			13,801
University of Pennsylvania Affiliated Hospitals	H. G. Scheie				8C	024	
Scheie Eye Institute	H. G. Scheie	56	2,235	5,519			12,350
Children's Hospital of Philadelphia	D. Schaffer, H. G. Scheie	3	246	5,897			
Frankford	D. B. Soll	6	2,214	1,643			10,650
Graduate Hospital of the University of Pennsylvania	R. H. Trueman	2	83	1,294			12,500
Hospital of the University of Pennsylvania	H. G. Scheie			5,080			12,350
Pennsylvania	T. R. Hedges, Jr.	2	123	1,175			11,700
Philadelphia General Hospital	H. G. Scheie	6	106	5,494			11,200
Presbyterian—University of Pennsylvania Medical Center	H. G. Scheie						
Veterans Admin.	H. G. Scheie	8	131	3,275			13,000
Wills Eye Hospital—Temple University					11C	031	
Wills Eye Hospital and Research Institute	T. D. Duane	94	6,065	91,034			10,700
St. Christopher's Hospital for Children	R. D. Harley	2	350	7,500			12,000
Temple University	R. D. Harley	4	183	5,050			12,000
<b>PITTSBURGH</b>							
Hospitals of the University Health Center of Pittsburgh	S. I. Brown	94	5,585	23,971	5C	015	12,965
Allegheny General							
Children's Hospital of Pittsburgh							
Eye and Ear Hospital of Pittsburgh							
Mercy							
Montefiore	S. I. Brown	18	878	3,543			
Veterans Admin.							
St. Francis General—Western Pennsylvania Hospitals	C. W. Weisser	20	257	6,787	1*	003	11,300
St. Francis General							
Western Pennsylvania							
<b>SAYRE</b>							
Robert Packer	E. Kulczycki	23	591	15,342	1C	003	9,750
<b>PUERTO RICO</b>							
<b>SAN JUAN</b>							
University of Puerto Rico Affiliated Hospitals	G. Pico				5C 5F	015	
University District		13	620	19,633			10,918
San Juan City		25	531	12,298			10,320
Veterans Admin. Center		13	308	4,883			10,918

## 18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>RHODE ISLAND</b>							
<b>PROVIDENCE</b>							
Rhode Island	R. S. L. Kinder	9	1,095	5,115	1C	003	12,690
<b>SOUTH CAROLINA</b>							
<b>CHARLESTON</b>							
Medical University of South Carolina Teaching Hospitals	W. H. Coles	10	698	15,907	3C	009	10,440
Medical University of South Carolina Charleston County	W. W. Vallotton	1	12				
Veterans Admin.	W. W. Vallotton	4	189	2,429			
<b>TENNESSEE</b>							
<b>CHATTANOOGA</b>							
University of Tennessee Clinical Education Center Baroness Erlanger	H. M. Lawrence, Jr.	20	1,266	4,395	3C 1F	005	10,800
T. C. Thompson Children's							
<b>MEMPHIS</b>							
University of Tennessee Affiliated Hospitals	R. L. Hiatt				3C 3F	016	
City of Memphis Hospitals	R. L. Hiatt	7	393	9,939			10,920
Methodist	W. R. Morris	25	1,593	5,274			11,460
Veterans Admin.	G. W. Woodbury	8	388	12,831			12,635
<b>NASHVILLE</b>							
George W. Hubbard Hospital of the Meharry Medical College	A. C. Hansen	14	37		1C	003	
Vanderbilt University Affiliated Hospitals	J. H. Elliott				1C 2F	009	
Vanderbilt University	J. H. Elliott	14	793	11,892			9,482
Nashville Metropolitan General	T. Paine	1	71	2,141			
Veterans Admin.	J. H. Elliott	9	267	4,347			10,348
<b>TEXAS</b>							
<b>DALLAS</b>							
University of Texas Southwestern Medical School Affiliated Hospitals	J. R. Lynn				6C 3*	019	
Parkland Memorial	J. R. Lynn	7	403	12,603			9,660
Veterans Admin.	S. B. Gostin	14	413	8,634			10,071
<b>GALVESTON</b>							
University of Texas Medical Branch Hospitals	E. C. Ferguson, 3d	14	808	12,849	3*	009	12,100
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals	D. Paton				6C	018	10,140
Ben Taub General	D. Paton	6	372	12,391			
Methodist	D. Paton	37	2,259	200			
Texas Children's	G. Von Noorden	1	193	606			
Veterans Admin.	D. B. Jones	17	571	13,377			
University of Texas at Houston Affiliated Hospitals	R. S. Ruiz				4C	012	
Hermann	R. S. Ruiz	20	1,591	5,396			9,792
University of Texas M.D. Anderson Hospital and Tumor Institute	R. G. Berkeley	1	18	649			
St. Joseph	R. S. Ruiz			3,500			9,960
<b>SAN ANTONIO</b>							
University of Texas at San Antonio Teaching Hospitals	G. W. Weinstein				3*	009	
Baptist Memorial		6	409	9,113			9,800
Bexar County Teaching		4	62	1,698			10,072
Veterans Admin.							
<b>TEMPLE</b>							
Scott and White Memorial	R. D. Cunningham	5	732	20,340	2C	006	11,000
<b>UTAH</b>							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals	H. J. L. Van Dyk				3C	008	
University		5	364	6,578			11,200
Veterans Admin.		6	162	2,965			10,500
<b>VIRGINIA</b>							
<b>CHARLOTTESVILLE</b>							
University of Virginia	M. K. Humphries, Jr.	7	439	15,248	2*	006	10,449
<b>RICHMOND</b>							
Veterans Admin.	G. J. Heyner	10	249	5,652	1C	004	10,634
Virginia Commonwealth University M.C.V. Affiliated Hospitals	R. Mac Donald	18	450	14,500	4C	012	10,450
Medical College of Virginia Hospitals							
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals	R. E. Kalina				3*	012	
University	R. E. Kalina	3	253	6,854			9,252
Harborview Medical Center	D. F. Milam		95	4,450			
Children's Orthopedic Hospital and Medical Center	R. H. Johnson	1	181	1,976			
U. S. Public Health Service	P. O. Kramar	2	99	7,827			9,252
Veterans Admin.	R. E. Kalina		157	2,500			9,672
<b>WEST VIRGINIA</b>							
<b>MARTINSBURG</b>							
Veterans Admin. Center (See George Washington Univ. Affil. Hosps., Washington, D. C.)							
<b>MORGANTOWN</b>							
West Virginia University	R. R. Trotter	4	267	10,723	2C	006	10,500

## APPROVED RESIDENCIES

## 18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>WISCONSIN</b>							
<b>MADISON</b>							
University of Wisconsin Affiliated Hospitals	M. D. Davis				4C	012	10,800
University Hospitals	G. Bresnick, M. Davis	20	1,335	16,801	1F		
Veterans Admin.	J. C. Allen	7	150	2,707			
<b>MILWAUKEE</b>							
Medical College of Wisconsin Affiliated Hospitals	R. O. Schultz				6*	026	
Milwaukee County General	R. O. Schultz	17	844	16,009			10,537
Milwaukee Children's	P. H. Goldstein	3	329	4,138			10,545
Veterans Admin. Center (Wood)	R. H. Lehman	12	429	8,597			11,809

## 18B. OPHTHALMIC FELLOWSHIPS

Ophthalmic Fellowships are accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association and the American Board of Ophthalmology, through the Residency Review Committee for Ophthalmology, in institutions having approval to offer residencies in Ophthalmology. The following have been approved to offer fellowships as described.

Name of Program	Chief of Service or Program Director	Description
<b>CALIFORNIA</b>		
<b>LOS ANGELES</b>		
Los Angeles County-U.S.C. Medical Center	P. C. Diorio	Pediatric Ophthalmology
<b>SAN FRANCISCO</b>		
Pacific Medical Center-Presbyterian Highland General (Oakland) University of California Program H. C. Moffitt-University of California Hospitals Veterans Admin.	A. B. Scott T. E. Moore, Jr. S. J. Kimura R. Shaffer M. J. Hogan W. F. Hoyt J. B. Crawford C. Beard E. L. Stern L. I. Lonn G. F. Hilton	Visual Physiology Corneal Diseases External Eye Diseases Glaucoma Medical Ophthalmology Neuro-ophthalmology Ophthalmic Pathology Ophthalmic Plastic Surgery Pediatric Ophthalmology Retinal Diseases Retinal Surgery
<b>STANFORD</b>		
Stanford University Affiliated Hospitals Stanford University Veterans Admin. (Palo Alto) San Joaquin County General (Stockton)	M. Allansmith S. R. Roberts A. Dellaporta M. Allansmith	Bacteriology and Immunology Veterinary Ophthalmology Retinal Diseases Ocular Immunology
<b>CONNECTICUT</b>		
<b>FARMINGTON</b>		
University of Connecticut Affiliated Hospitals John Dempsey Hartford (Hartford) New Britain General (New Britain) Veterans Admin. (Newington)	J. O'Rourke	Clinical Ophthalmology
<b>GEORGIA</b>		
<b>AUGUSTA</b>		
Medical College of Georgia Hospitals Eugene Talmadge Memorial University Veterans Admin.	T. S. Chiang	Aqueous Dynamics
<b>ILLINOIS</b>		
<b>CHICAGO</b>		
McGaw Medical Center of Northwestern University Children's Memorial Northwestern Memorial Veterans Admin. Research	P. E. Romano	Pediatric Ophthalmology Neuro-ophthalmology Retinal Diseases
<b>MARYLAND</b>		
<b>BALTIMORE</b>		
Johns Hopkins	A. E. Maumenee D. Knox	Fluorescein Angiography Neuro-ophthalmology
<b>MASSACHUSETTS</b>		
<b>BOSTON</b>		
Tufts University Affiliated Hospitals New England Medical Center Veterans Admin.	B. Schwartz	Ophthalmic Glaucoma Corneal and External Diseases Visual electrophysiology Retinal vascular diseases
<b>MINNESOTA</b>		
<b>MINNEAPOLIS</b>		
University of Minnesota Affiliated Hospitals University of Minnesota Hospitals Hennepin County Medical Center Veterans Admin. St. Paul-Ramsey (St. Paul)	J. E. Harris R. Letson	Corneal Diseases Pediatric Ophthalmology Retinal Diseases
<b>NEW YORK</b>		
<b>ALBANY</b>		
Albany Medical College Affiliated Hospitals Albany Medical Center Child's Veterans Admin.	W. A. J. Van Heuven O. Stasior R. S. Smith R. D. Reinecke	Retinal Diseases Ophthalmic Plastic Surgery Ocular Pathology Ocular Motility
<b>NEW YORK CITY</b>		
Albert Einstein College of Medicine Affiliated Hospitals Bronx Municipal Hospital Center Hospital of the Albert Einstein College of Medicine Montefiore Hospital and Medical Center Morrisania City Lenox Hill	G. N. Wise      P. Wendler	Retinal Diseases      Laser Photocoagulation Fluorescein Angiography



## 18B. OPHTHALMIC FELLOWSHIPS—Continued

Name of Program	Chief of Service or Program Director	Description
<b>NEW YORK, NEW YORK CITY—Continued</b>		
Manhattan Eye, Ear and Throat	D. M. Shafer R. Trubman B. Curtin	Retinal Diseases Corneal Diseases Myopia
New York Eye and Ear Infirmary New York Hospital	M. Rosenthal S. I. Brown L. S. Harris H. A. Lincoff	Retinal Diseases Corneal Diseases Glaucoma Retinal Diseases
<b>NORTH CAROLINA</b>		
<b>DURHAM</b>		
McPherson Hospital-North Carolina Memorial McPherson	S. D. McPherson	Experimental Ophthalmology Corneal Immune Reactions Corneal Histology
North Carolina Memorial (Chapel Hill) Duke University Affiliated Hospitals Duke University Medical Center Veterans Admin.	M. B. Landers	Macular Degeneration
<b>OHIO</b>		
<b>CLEVELAND</b>		
St. Luke's	D. T. Weidenthal	Retinal Diseases
<b>OREGON</b>		
<b>PORTLAND</b>		
Good Samaritan Hospital and Medical Center	R. G. Chenoweth	Retinal Diseases
<b>PENNSYLVANIA</b>		
<b>PHILADELPHIA</b>		
University of Pennsylvania Affiliated Hospitals Scheie Eye Institute Children's Hospital of Philadelphia Frankford Graduate Hospital of the University of Pennsylvania Hospital of the University of Pennsylvania Pennsylvania Philadelphia General Presbyterian-University of Pennsylvania Medical Center Veterans Admin. Wills Eye Hospital and Research Institute	H. G. Scheie	Ophthalmic Pathology
	P. R. Laibson G. L. Spaeth W. H. Annesley, Jr. R. D. Harley G. M. Shannon M. Rodrigues	Corneal & External Diseases Glaucoma Retinal Diseases Pediatric Ophthalmology Oculo-plastics Ophthalmic Pathology
<b>PITTSBURGH</b>		
Hospitals of the University Health Center of Pittsburgh Eye and Ear Hospital of Pittsburgh Allegheny General Children's Hospital of Pittsburgh Mercy Montefiore Veterans Admin.	D. A. Hiles	Pediatric Ophthalmology
<b>TENNESSEE</b>		
<b>NASHVILLE</b>		
Vanderbilt University Affiliated Hospitals Vanderbilt University Nashville Metropolitan General Veterans Admin.	M. Stahlman	Retrolental Fibroplasia
<b>TEXAS</b>		
<b>HOUSTON</b>		
Baylor College of Medicine Affiliated Hospitals Ben Taub General Methodist Texas Children's Veterans Admin.	M. Boniuk A. McPherson	Ophthalmic Pathology Retinal Diseases
University of Texas at Houston Affiliated Hospitals Hermann University of Texas M. D. Anderson Hospital and Tumor Institute St. Joseph	R. S. Ruiz	Malignant Melanoma Research
<b>WISCONSIN</b>		
<b>MADISON</b>		
University of Wisconsin Affiliated Hospitals University Hospitals Veterans Admin.	M. D. Davis	Retinal Diseases
<b>MILWAUKEE</b>		
Medical College of Wisconsin Affiliated Hospitals Milwaukee County General Lutheran Hospital of Milwaukee Milwaukee Children's Veterans Admin. Center (Wood)	T. M. Aaberg	Retinal Diseases

## 19. ORTHOPEIC SURGERY

Type of training acceptable to Board: A—Adult Orthopedics; C—Children's Orthopedics; F—Fractures. Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Board of Orthopaedic Surgery, and the American Academy of Orthopaedic Surgeons, 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. Hospitals offering intramural programs as well as services collaborating in an integral plan of training are designated by a program number, a list of which follows this list of programs. Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopaedic Surgery, including children's orthopedic surgery.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>UNITED STATES AIR FORCE</b>									
<b>TEXAS</b>									
Wiltford Hall U. S. A. F. Medical Center, San Antonio	H. J. De Witt	121	3,165	69,530	ACF	120	4C	016	18,938
<b>UNITED STATES ARMY</b>									
<b>CALIFORNIA</b>									
Letterman Army Medical Center, San Francisco	S. B. Mutz	54	950	9,996	ACF	040	4C 1F	012	
Shriners Hospital for Crippled Children, Los Angeles	G. W. Westin	48	257	2,059		030 040 078			
Shriners Hospital for Crippled Children, San Francisco	L. J. Larsen	47	346	2,728		002 040			
Arizona Children's (Tempe; Ariz.)	W. A. Colton, Jr.	28	610	5,801		040 054 073 086			14,943
<b>COLORADO</b>									
Fitzsimons Army Medical Center, Denver	A. Ballard	67	1,665	16,630	ACF	004 091	3C F	009	
Children's, Denver	D. G. Messner	13	610	3,835		004 091			10,000
Denver General, Denver	R. M. Johnston	27	1,120	9,639		004 091			10,800
Scottish Rite Hospital for Crippled Children (Decatur, Ga.)	W. W. Lovell	26	1,208	7,721		039 091 113			
Fitzsimons Army Medical Center, Denver (See University of Colorado Affil. Hospitals, Denver, Colo.)									
<b>DISTRICT OF COLUMBIA</b>									
Walter Reed Army Medical Center, Washington	G. I. Baker	75	817	25,794	ACF	075	3C 2F	012	
<b>HAWAII</b>									
Tripler Army Medical Center, Honolulu	B. F. Lafollette	79	1,856	47,147	ACF	068 086	3F	012	
Tripler Army Medical Center (See Univ. of Hawaii Affiliated Hospitals, Honolulu)									
<b>TEXAS</b>									
William Beaumont Army Medical Center, El Paso	R. J. Bagg	88	1,929	22,583	ACF	096	3C	009	
R. E. Thomason General, El Paso	E. A. Dehne	21	811	2,952		096			
Brooke Army Medical Center, San Antonio	R. L. Reid	149	1,438	73,149	ACF	117	3C 1F	011	
<b>WASHINGTON</b>									
Madigan Army Medical Center, Tacoma	R. A. Hoffmeister	70	1,406	37,067	ACF	178	1F	007	
<b>UNITED STATES NAVY</b>									
<b>CALIFORNIA</b>									
Naval Regional Medical Center, Oakland	I. J. Woodstein	98	1,260	18,756	ACF	020	2* 1F	015	
Kaiser Foundation, Oakland	J. O. Johnston	31	1,251	27,038		002 020			11,880
Naval Regional Medical Center, San Diego	G. W. Cady	240	2,720	40,000	ACF	079	4*	016	
<b>MARYLAND</b>									
National Naval Medical Center, Bethesda	D. Q. Wilson	97	1,250	20,808	ACF	020	2* 1F	010	
James Lawrence Kernan, Baltimore	R. C. Abrams	61	1,598	14,805		020 070 088			13,375
<b>PENNSYLVANIA</b>									
Naval Regional Medical Center, Philadelphia	F. J. Cremona	146	1,342	20,927	ACF	181	1* 1F	010	
<b>SOUTH CAROLINA</b>									
Naval Regional Medical Center (See Med. Univ. of S. C. Teaching Hospitals, Charleston)									

## 19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>UNITED STATES NAVY—Continued</b>									
<b>VIRGINIA</b>									
Naval Regional Medical Center, Portsmouth	C. S. Lambdin	261	2,209	55,174	ACF	130	3C 3F	012	
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>									
<b>ALASKA</b>									
U. S. Public Health Service Alaska Native Medical Center, Anchorage	W. J. Mills, Jr.	31	584	2,743	C	110			
<b>ARIZONA</b>									
U. S. Public Health Service Indian Hospital, Phoenix (See Phoenix Orthopedic Residency Training Program, Phoenix)									
<b>CALIFORNIA</b>									
U. S. Public Health Service, San Francisco	J. Phipps	32	539	6,196	AF	110	1*	011	
Forsyth Memorial (Winston—Salem, N. C.)	J. T. Hayes	85	2,936	644		110	1F		10,500
<b>LOUISIANA</b>									
U. S. Public Health Service, New Orleans (See Tulane University Affiliated Hosps., New Orleans)									
<b>NEW YORK</b>									
U. S. Public Health Service (Staten Island), New York City	V. Purlia	69	775	14,097	ACF	127	2C 2F	008	
<b>OTHER FEDERAL</b>									
<b>CANAL ZONE</b>									
Gorgas, Balboa Heights	R. T. Travis	34	951	15,411	ACF	131	2F	008	13,969
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>									
<b>ALABAMA</b>									
<b>BIRMINGHAM</b>									
University of Alabama Medical Center	K. M. W. Niemann	27	692	4,806	ACF	044	6C	016	10,900
University of Alabama Hospitals		21	905	3,666		044			
Children's		35	627	4,052		044			10,600
Veterans Admin.									
<b>FAIRFIELD</b>									
Lloyd Noland	W. F. Owens	20	1,000	21,147	AF	044			12,000
<b>MOBILE</b>									
University of South Alabama Affiliated Hospitals	E. C. Harris, Jr.				ACF	132	2C	008	10,704
University of South Alabama Medical Center Hospital and Clinics	E. C. Harris, Jr.	27	875	5,555		132			
Mobile Infirmary	K. Hannon	535	26,460			132			
<b>ARIZONA</b>									
<b>PHOENIX</b>									
Phoenix Orthopedic Residency Training Program	H. J. Louis				ACF	073	3C	009	14,943
Arizona Children's (Tempe)	W. A. Colton, Jr.	28	610	5,801		040 054 073 086 073 073 073			
Maricopa County General	H. J. Louis	36	842	7,220		073			15,532
St. Joseph's Hospital and Medical Center		44	1,534	304		073			
U. S. Public Health Service Indian	F. L. Zwemer	18	378	4,829		073			
<b>TEMPE</b>									
Arizona Children's (See Letterman Army Medical Center, San Francisco)									
Arizona Children's (See Phoenix Orthopedic Residency Training Program, Phoenix)									
<b>TUCSON</b>									
University of Arizona Affiliated Hospitals	L. F. Peltier	9	358	4,703	AF	054 054	2*	004	10,300
University									
<b>ARKANSAS</b>									
<b>LITTLE ROCK</b>									
Arkansas Children's (See Also Univ. of Chicago Hospitals and Clinics, Chicago)									
University of Arkansas Medical Center	C. L. Nelson				ACF	094	4C 4F	016	
Arkansas Children's	K. Nelson	13	488	3,925		094 136			
University	C. L. Nelson	20	544	2,381		094			9,600
Veterans Admin. Consolidated	C. L. Nelson	35	893	3,891		094			11,206
<b>CALIFORNIA</b>									
<b>COSTA MESA</b>									
Fairview State (See Univ. of Calif. (Irvine) Affil. Hospitals, Irvine)									
<b>DALY CITY</b>									
Mary's Help (See San Fran. Orthopedic Residency Trng. Prog., San Fran.)									
<b>DAVIS</b>									
University of California (Davis) Affiliated Hospitals	P. R. Lipscomb				ACF	133	3C	012	
Kaiser Foundation (Sacramento)	R. O. Whitson	25	998	34,142		133			
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	P. R. Lipscomb	42	1,424	11,547		133			





19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>COLORADO, DENVER—Continued</b>									
St. Joseph (See St. Francis Affiliated Hospitals, Wichita, Kan.)									
University of Colorado Affiliated Hospitals University of Colorado Medical Center Children's	J. S. Miles J. S. Miles D. G. Messner	25 13	946 610	12,969 3,835	ACF	004 004 004	4C	016	10,800 10,000
Denver General	R. M. Johnston	27	1,120	9,639		091 004			10,800
Fitzsimons Army Medical Center	A. Ballard	67	1,665	16,630		091 004			
Veterans Admin. Rancho Los Amigos (Downey, Calif.)	M. Gibbens V. Nickel	28 285	684 2,325	1,960 16,902		004 004 010 063 064			12,883 15,732
Carrie Tingley Crippled Children's (Truth Or Consequences, N. M.)						004 093 096			
<b>CONNECTICUT</b>									
<b>FARMINGTON</b>									
University of Connecticut Affiliated Hospitals John Dempsey Hartford (Hartford)	M. J. Luby M. J. Luby H. R. Gossling	38 70	5,426 2,809	24,353 241	ACF	172 172 005 172	4C	012	
St. Francis (Hartford) Newington Children's (Newington)	E. Powers J. M. Cary	44 48	1,700 1,101	1,628 8,562		172 005 082 172			11,620
Veterans Admin. (Newington)		12	274	3,801		172			
<b>HARTFORD</b>									
Hartford (See Univ. of Connecticut Affil. Hosps., Farmington)									
Hartford (See Yale-New Haven Medical Center, New Haven)									
St. Francis (See Univ. of Connecticut Affil. Hosps., Farmington)									
<b>NEW HAVEN</b>									
Yale—New Haven Medical Center Yale—New Haven Hospital of St. Raphael Hartford (Hartford)	W. D. Southwick W. O. Southwick A. Goodman H. R. Gossling	53 27 70	1,643 976 2,809	8,312 10,055 241	ACF	005 005 005 172	5C	018	12,500 12,500
Newington Children's (Newington)	J. M. Cary	48	1,101	8,562		005 082 172			11,620
Veterans Admin. (West Haven)	W. O. Southwick	24	374	2,340		005			11,996
<b>NEWINGTON</b>									
Newington Children's (See Univ. of Connecticut Affil. Hosps., Farmington)									
Newington Children's (See Yale-New Haven Medical Center, New Haven)									
Newington Children's (See Dartmouth Medical School Affil. Hosps., Hanover, N. H.)									
Veterans Admin. (See Univ. of Connecticut Affil. Hosps., Farmington)									
<b>WEST HAVEN</b>									
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)									
<b>DELAWARE</b>									
<b>WILMINGTON</b>									
Alfred I. Dupont Institute of the Nemours Foundation	G. D. Mac Ewen	43	923	18,305	C	021 077			10,000
Veterans Admin. (See Thomas Jefferson University Affil. Hosps., Philadelphia)									
<b>DISTRICT OF COLUMBIA</b>									
<b>WASHINGTON</b>									
Georgetown University Affiliated Hospitals Georgetown University District of Columbia General (Crippled Children's Unit)	G. W. Hyatt G. W. Hyatt C. H. Epps, Jr.	28 14	858 250	11,499 3,750	ACF	014 014 014 083 114	3*	012	12,799 13,370
Sibley Memorial Veterans Admin.	G. W. Hyatt G. W. Hyatt, P. I. Kenmore	32	422	130,169		014 014 083 115			
Arlington (Arlington, Va.) George Washington University Affiliated Hospitals George Washington University Children's Hospital National Medical Center District of Columbia General (Crippled Children's Unit)	J. O. Romness J. P. Adams J. P. Adams D. N. Mc Kay C. H. Epps, Jr.	34 150 55 14 14	1,192 4,200 1,438 454	382 10,000 5,200 5,589	ACF	014 083 083 083	6C	024	
Veterans Admin.	J. P. Adams, P. I. Kenmore	32	422	130,169		014 083 115 083			13,370
Washington Hospital Center						083			

## 19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>DISTRICT OF COLUMBIA, WASHINGTON—Continued</b>									
Howard University Affiliated Hospitals	C. H. Epps, Jr.				ACF	115	4*	016	
Howard University	C. H. Epps, Jr.	21	620	3,220		115	1F		12,139
District of Columbia General	M. P. Gladden	33	631	6,587		115			11,995
District of Columbia General Hospital (Crippled Children's Unit)	C. H. Epps, Jr.	14	250	3,750		014 083 115			13,370
Morris Cafritz Memorial	J. Lynn	34	1,075	30,340		115			
Providence	C. H. Epps, Jr.	25	853	1,329		115			12,319
Veterans Admin.	P. I. Kenmore	32	422			014 083 115			
<b>FLORIDA</b>									
<b>GAINESVILLE</b>									
University of Florida Affiliated Hospitals	W. F. Enneking				ACF	123	3C	012	
William A. Shands Teaching Hosp. and Clinics	W. F. Enneking	21	780	2,889		123			
Veterans Admin.	H. A. Paschall	36	705	3,908		123			9,891
<b>JACKSONVILLE</b>									
Jacksonville Hospitals Educational Program	R. G. Dedo				ACF	062	3C	012	10,560
Hope Haven Children's		8	360	6,274		062			
St. Luke's		47	1,630			062			
University Hospital of Jacksonville		32	954	7,984		062			
<b>MIAMI</b>									
University of Miami Affiliated Hospitals	A. Sarmiento				ACF	076	6C	021	
Jackson Memorial	A. Sarmiento	185	2,620	14,003		076			13,247
Variety Children's	C. D. Holmes	8	402	5,692		076			15,127
Veterans Admin.	A. Sarmiento	35	629	4,415		118 076			12,322
<b>MIAMI BEACH</b>									
Mount Sinai Medical Center of Greater Miami	L. A. Russin	54	1,390	1,200	ACF	118	2C	004	13,247
Variety Children's (Miami)	C. D. Holmes	8	402	5,692		076 118			15,127
<b>ORLANDO</b>									
Orange Memorial	J. L. Gresham	100	4,000	6,400	ACF	020	2*	010	10,081
<b>ST. PETERSBURG</b>									
All Children's (See University of South Florida Affiliated Hospitals, Tampa)									
<b>TAMPA</b>									
University of South Florida Affiliated Hospitals	B. L. Manale				ACF	180	1C	004	12,189
Tampa General		44	1,422	1,648		180			
Veterans Admin.		18	227	888		180			
All Children's (St. Petersburg)						180			
<b>GEORGIA</b>									
<b>ATLANTA</b>									
Emory University Affiliated Hospitals	R. P. Kelly				ACF	039	5C	015	10,920
Grady Memorial	R. P. Kelly	58	1,684	18,364		039			
Emory University	T. E. Whitesides, Jr.	21	592			039			
Henrietta Eggleston Hospital for Children						039			
Scottish Rite Hospital for Crippled Children (Decatur)	W. W. Lovell	26	1,208	7,721		039 091 113			
Veterans Admin. (Decatur)	J. S. Bethea, 3d	31	1,544	6,305		039			
Georgia Baptist	R. E. King	85	2,301	1,215	ACF	113	3C	012	10,320
Scottish Rite Hospital for Crippled Children (Decatur)	W. W. Lovell	26	1,208	7,721		039 091 113			
<b>AUGUSTA</b>									
Medical College of Georgia Hospitals	F. E. Bliven				ACF	114	3C	012	10,100
Eugene Talmadge Memorial	F. E. Bliven	27	717	9,445		114			
University	F. E. Bliven	57	1,829	5,035		114			
Veterans Admin.	N. A. Bhatti	29	444	3,505		114			
<b>COLUMBUS</b>									
Medical Center (See Tulane Univ. Affiliated Hosps., New Orleans, Louisiana)									
<b>DECATUR</b>									
Scottish Rite Hospital for Crippled Children	W. W. Lovell	26	1,208	7,721	C	039 091 113 145			
Scottish Rite Hospital for Crippled Children (See Fitzsimons Army Med. Center, Denver, Colo., U. S. Army)									
Scottish Rite Hospital for Crippled Children (See Emory University Affiliated Hospitals, Atlanta)									
Scottish Rite Hospital for Crippled Children (See Georgia Baptist, Atlanta)									
Veterans Admin. (See Emory University Affiliated Hosps., Atlanta)									
<b>HAWAII</b>									
<b>HONOLULU</b>									
University of Hawaii Affiliated Hospitals	I. J. Larsen				ACF	068	2C	006	11,400
Queen's Medical Center	A. Pavel	31	1,164	1,161		068			
Shriners Hospital for Crippled Children	I. J. Larsen	34	196	3,146		068			
Tripler Army Medical Center	B. F. Lafollette	79	1,856	47,147		086 068 086			





## 19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>KANSAS</b>									
<b>KANSAS CITY</b>									
University of Kansas Medical Center	F. W. Reckling	28	884	11,142	ACF	140	3*	010	10,500
<b>WICHITA</b>									
St. Francis Affiliated Hospitals	H. O. Marsh	88	2,742	7,000	ACF	106	4*	020	10,050
St. Francis	H. O. Marsh								
Veterans Admin. Center	H. O. Marsh								
Wesley Medical Center	R. A. Rawcliffe								
St. Joseph (Denver, Colo.)	M. L. Clayton								
45	1,933	6,330	106	10,123	10,050	10,800			
<b>KENTUCKY</b>									
<b>LEXINGTON</b>									
University of Kentucky—Lexington Residency Program	T. O. Brower	18	729	7,785	ACF	059	5C	013	
University	T. D. Brower								
Veterans Admin.	W. G. Winter, Jr.								
Shriners Hospital for Crippled Children	T. D. Brower								
16	513	2,498	059						
47	428	3,724	059						
<b>LOUISVILLE</b>									
University of Louisville Affiliated Hospitals	J. W. Harkess	36	2,526	12,797	ACF	009	6C	020	10,100
Kosair Crippled Children									
Louisville General									
Veterans Admin.									
34	452	7,491	009	9,600					
22	364	2,805	009						
<b>LOUISIANA</b>									
<b>ALEXANDRIA</b>									
Veterans Admin. (See Tulane University Affiliated Hospitals, New Orleans)									
<b>MONROE</b>									
E. A. Conway Memorial (See Ochsner Foundation, New Orleans)									
<b>NEW ORLEANS</b>									
Louisiana State University Affiliated Hospitals	I. Cahen				ACF	141	4C	013	
Charity Hospital of Louisiana	I. Cahen	31	1,045	15,586		141	5F		8,199
Touro Infirmary	R. C. Grunsten	44	2,001	3,478		010			10,044
Earl K. Long Memorial (Baton Rouge)	I. Cahen	11	561	4,858		141			
Lafayette Charity (Lafayette)	I. Cahen	7	216	2,821		141			9,444
Ochsner Foundation	A. W. Dunn	33	1,031	16,056	ACF	056	2C	008	9,492
E. A. Conway Memorial (Monroe)	A. W. Dunn	10	379	3,383		056			12,600
Tulane University Affiliated Hospitals	J. K. Wickstrom	40	1,353	17,480	ACF	010	6C	032	
Charity Hospital of Louisiana	J. K. Wickstrom								
Veterans Admin. (Alexandria)	J. K. Wickstrom								
Touro Infirmary	R. C. Grunsten								
13	279	2,911	010						
44	2,001	347	010	10,044					
141			010						
U. S. Public Health Service (New Orleans)	R. G. Clay, Jr.	42	779	5,303		010			
Veterans Admin.	R. A. Aildredge	38	747	8,473		010			9,871
Medical Center (Columbus, Ga.)	J. C. Hughston	53	1,720	4,000		010			10,000
Huey P. Long Memorial (Pineville)		18	427	3,425		010			
Shriners Hospital for Crippled Children (Shreveport)	B. I. Rambach	48	378	2,581		010			
Rancho Los Amigos (Downey, Calif.)	V. Nickel	285	2,325	16,902		004			15,732
						010			
						063			
						064			
<b>PINEVILLE</b>									
Huey P. Long Memorial (See Tulane University Affiliated Hospitals, New Orleans)									
<b>SHREVEPORT</b>									
L.S.U. (Shreveport) Affiliated Hospitals	C. G. Goodman				ACF	043	1*	015	
Confederate Memorial Medical Center	C. G. Goodman	30	778	9,272		043	2F		9,456
Shriners Hospital for Crippled Children	B. I. Rambach	48	378	2,581		010			
Veterans Admin.	C. G. Goodman	21	516	1,300		043			11,358
Shriners Hospital for Crippled Children (See Tulane University Affiliated Hospitals, New Orleans)						043			
<b>MARYLAND</b>									
<b>BALTIMORE</b>									
James Lawrence Kernan	R. C. Abrams	61	1,598	14,805	C	020	6C	006	13,375
						070	F		
						088			
James Lawrence Kernan (See National Naval Med. Ctr., Bethesda, Md., U. S. Navy)									
Johns Hopkins Affiliated Hospitals	R. A. Robinson	55	1,555	11,300	ACF	057	4C	013	13,150
Johns Hopkins	R. A. Robinson								
Baltimore City Hospitals	G. Schmeisser	25	483	7,486		070			
Children's	E. J. Mc Donnell	65	1,929	7,210		087			
Good Samaritan						057			
Veterans Admin.	J. L. Hughes	11	306	1,500		057			11,200
Sinai Hospital of Baltimore	R. E. Zadek	40	1,364	2,077	AF	070	1C	003	14,100
Union Memorial	J. T. H. Johnson	40	1,097	3,922	ACF	087	2C	006	13,250
University of Maryland	T. H. Morgan	21	841	8,631	AF	088	3C	012	12,050



## 19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered		Annual Salary (Min.)
							1976-1977 1st Yr.	All Yrs.	
<b>MICHIGAN—Continued</b>									
<b>FLINT</b>									
Mc Laren General	M. D. Wolf	35	1,638	60	ACF	089	1C	004	11,232
<b>GRAND RAPIDS</b>									
Blodgett Memorial Hospital—Butterworth	A. B. Swanson	41	1,608	2,178	ACF	159	2*	010	11,160
Blodgett Memorial		42	1,402	1,089		159			8,643
Butterworth						143			
Mary Free Bed Hospital and Rehabilitation Complex		51	421	10,132		159			
St. Mary's	G. T. Aitken	45	1,664	2,330	ACF	143	2C 2F	008	10,080
Mary Free Bed Hospital and Rehabilitation Complex		51	421	10,132		143 159			
<b>KALAMAZOO</b>									
Southwestern Michigan Area Health Education Center	C. M. Hanson				ACF	126	2C 2F	010	13,800
Borgess		40	1,316	1,132		126			13,800
Bronson Methodist		41	1,592	932		126			
<b>PONTIAC</b>									
Oakland Medical Center (See Wm. Beaumont Hosp.—Oakland Medical Ctr., Royal Oak)									
<b>ROYAL OAK</b>									
William Beaumont Hospital—Oakland Medical Center	S. Stanisavjevic	65	1,858	1,633	ACF	173	2*	008	12,800
William Beaumont		14	210	607		173			
Oakland Medical Center (Pontiac)						173			
<b>SOUTHFIELD</b>									
Providence (See Metropolitan Northwest Detroit Hospitals, Detroit)									
<b>MINNESOTA</b>									
<b>MINNEAPOLIS</b>									
University of Minnesota Affiliated Hospitals	R. C. Thompson, Jr.				ACF	080	4*	018	
University of Minnesota Hospitals	R. C. Thompson, Jr.	35	633	4,901		080			10,000
Fairview	R. B. Winter	66	1,561	3,836		080			10,000
Hennepin County Medical Center	R. B. Gustilo	30	1,385	10,200		016			10,000
St. Mary's	R. B. Winter	32	1,256	1,442		080			10,000
Veterans Admin.	R. Premer	75	1,265	4,645		016			
Gillette Children's (St. Paul)		35	983	24,887		080			12,000
St. Paul—Ramsey (St. Paul)	T. H. Comfort	33	1,091	3,242		016			11,000
Veterans Admin.	R. F. Premer	75	1,265	4,645	ACF	016	2C F	013	11,718
Hennepin County Medical Center	R. B. Gustilo	30	1,385	10,200		080			
Shriners Hospital for Crippled Children	D. R. Lannin	34	284	2,325		016			12,000
Gillette Children's (St. Paul)		35	983	24,887		016			
St. Paul—Ramsey (St. Paul)	T. H. Comfort	33	1,091	3,242		016			11,000
						080			
<b>ROCHESTER</b>									
Mayo Graduate School of Medicine	P. J. Kelly			77,811	ACF	121	7*	066	11,500
Rochester Methodist		93	2,422			121			
St. Mary's		160	4,477			121			
<b>ST. PAUL</b>									
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)									
St. Paul—Ramsey (See Veterans Admin., Minneapolis)									
<b>MISSISSIPPI</b>									
<b>JACKSON</b>									
University of Mississippi Medical Center	P. S. Derian				ACF	006	3C	012	
Mississippi Baptist University	P. S. Derian	46	1,138	10,892		006			10,000
Veterans Admin. Center	D. T. Imrie	28	494	4,395		006			9,583
<b>MISSOURI</b>									
<b>COLUMBIA</b>									
University of Missouri Medical Center	D. D. Scherr	24	703	4,699	ACF	148	2C	006	10,600
Veterans Admin.	T. S. Culley	16	494	1,964		148			
<b>KANSAS CITY</b>									
University of Missouri at Kansas City Affiliated Hospitals	J. L. Barnard	5	225	5,440	ACF	018	3C	012	10,000
Children's Mercy						018			
Kansas City General Hospital and Medical Center		58	1,727	162		018			9,763
St. Luke's		22	455	1,148		018			10,000
Veterans Admin.									
<b>ST. LOUIS</b>									
St. Louis University Group of Hospitals	D. E. O' Reilly				ACF	046	3*	015	11,500
Firmen Desloge General		20	465	2,000		046			
Cardinal Glennon Memorial Hospital for Children		11	405	5,582		046			
St. Louis City		16	359	2,626		046			
St. Mary's Health Center		34	1,102	80		060			
Washington University Affiliated Hospitals	A. H. Stein, Jr.				ACF	060	6*	018	
Barnes Hospital Group	A. H. Stein, Jr.					060			
St. Louis City						046			
Shriners Hospital for Crippled Children	G. E. Scheer	60	1,047	7,667		060			
Veterans Admin.						060			





19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>NORTH CAROLINA</b>									
<b>ASHEVILLE</b>									
Veterans Admin. (See Duke University Affiliated Hospitals, Durham)									
<b>CHAPEL HILL</b>									
North Carolina Memorial	F. C. Wilson	31	797	14,560	ACF	081	4C	012	11,000
North Carolina Orthopedic (Gastonia)	G. R. Miller	54	285	6,313		019			
Memorial Hospital of Wake County (Raleigh)	T. B. Dameron, Jr.	45	1,674	1,849	081				
<b>CHARLOTTE</b>									
Charlotte Memorial Hospital and Medical Center	C. F. Heinig	130	4,194	3,969	ACF	104	2*	012	10,920
<b>DURHAM</b>									
Duke University Affiliated Hospitals	J. L. Goldner	85	2,705	33,849	ACF	019	8C	036	12,485
Duke University Medical Center	J. L. Goldner								
Veterans Admin.	J. R. Urbanick	38	777	5,940	019				11,935
Watts						019			
North Carolina Orthopedic (Gastonia)	G. R. Miller	54	285	6,313		019			10,000
Veterans Admin. (Asheville)	J. G. Jonas	40	693	4,023		081			
Shriners Hospital for Crippled Children (Erie, Pa.)	J. J. Monahan	23	351	1,777		019			
						156			
Shriners Hospital for Crippled Children (Greenville, S.C.)	F. H. Stelling	55	661	5,293		019			
						033			
<b>GASTONIA</b>									
North Carolina Orthopedic (See North Carolina Memorial, Chapel Hill)									
North Carolina Orthopedic (See Duke University Affiliated Hospitals, Durham)									
<b>GREENSBORO</b>									
Moses H. Cone Memorial (See Bowman Gray School of Med. Affil. Hosps. Winston-Salem)									
<b>RALEIGH</b>									
Memorial Hospital of Wake County (See North Carolina Memorial, Chapel Hill)									
<b>WINSTON-SALEM</b>									
Bowman Gray School of Medicine Affiliated Hospitals	A. G. Gristina				ACF	077	3*	015	10,000
North Carolina Baptist		40	967	3,363		077			
Moses H. Cone Memorial (Greensboro)		43	1,371	255		077			
<b>OHIO</b>									
<b>AKRON</b>									
Akron City	G. J. Mallo	73	2,329	1,225	AF	015	2*	014	11,000
							1F		
Akron General	A. W. Holderness	71	2,004	15,734	AF	058	2*	010	10,500
							1F		
Children's Hospital of Akron	W. A. Hoyt, Jr.	29	1,677	2,388	C	015	2C	005	11,000
						058	F		
<b>CINCINNATI</b>									
University of Cincinnati Hospital Group	E. H. Miller	10	436	1,634	ACF	017	7*	021	
Children's	E. H. Miller	62	1,373	14,000		017			9,744
Cincinnati General	E. H. Miller	116	2,569	903		017			10,800
Good Samaritan	N. J. Giannestras	23	413	2,870		017			12,158
Veterans Admin.	E. H. Miller					017			
<b>CLEVELAND</b>									
Case Western Reserve University Affiliated Hospitals	C. H. Herndon	24	666	7,665	ACF	027	3*	021	11,700
Cleveland Metropolitan General	C. H. Herndon, R. P. Mack								
University Hospitals of Cleveland	C. H. Herndon	79	2,059	7,806		027			11,100
Veterans Admin.	T. Mc Laughlin	49	575	3,375		027			12,237
Cleveland Clinic	H. R. Collins	67	1,729	24,935	ACF	042	4C	016	12,000
St. Vincent Charity	K. S. Alfred	36	1,120	2,354		042			
Mount Sinai Hospital of Cleveland	B. Friedman	54	1,593	3,380	ACF	101	2*	008	11,000
St. Luke's	G. E. Spencer, Jr.	46	1,513	2,947	ACF	153	2*	002	11,100
<b>COLUMBUS</b>									
Mount Carmel Medical Center	T. L. Meyer, Jr.	79	2,403	1,032	ACF	025	2*	008	10,936
							1F		
Children's	P. H. Curtiss, Jr.	20	688	3,079		025			
						099			
Ohio State University Affiliated Hospitals	P. H. Curtiss, Jr.	19	875		ACF	099	3C	012	
Children's	P. H. Curtiss, Jr.	20	688	3,079		025			
						099			
Ohio State University Hospitals	P. H. Curtiss, Jr.	24	836	5,069		099			10,620
Riverside Methodist	C. R. Coleman	88	3,242	1,058		099			
<b>DAYTON</b>									
Wright State University Affiliated Hospitals	H. E. Klaaren	64	2,043	1,692	ACF	105	2*	006	11,000
Miami Valley									
Children's Medical Center		6	451	3,461		105			
<b>ELYRIA</b>									
Elyria Memorial	W. L. Hassler	32	1,465	18,994	ACF	154	1C	004	9,900
							2F		
<b>TOLEDO</b>									
Medical College of Ohio at Toledo Affiliated Hospitals	I. Singh				ACF	176	3C	015	10,795
							2*		
							1F		
Hospital of Medical College of Ohio at Toledo	I. Singh	18	396	4,000		176			
St. Vincent Hospital and Medical Center	I. Singh	38	1,489	1,284		176			
Toledo	L. W. Boynton	84	2,536	324		176			

## 19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>OKLAHOMA</b>									
<b>OKLAHOMA CITY</b>									
University of Oklahoma Health Sciences Center Bone and Joint	J. A. Kopta	81	2,490	7,090	ACF	053	4*	028	10,550
St. Anthony	J. P. Evans	61	3,046	1,223		053			
University Hospital and Clinics	J. A. Kopta	10	351	2,832		053			10,803
Veterans Admin.	J. A. Kopta	20	444	4,435		053			10,023
<b>OREGON</b>									
<b>PORTLAND</b>									
University of Oregon Affiliated Hospitals	W. E. Snell				ACF	028	3C	015	
Emanuel	L. R. Langston	69	2,215	318		028	3F		10,596
Shriners Hospital for Crippled Children	P. Campbell	33	485	4,557		028			
University of Oregon Health Sciences Center Hospitals and Clinics	W. E. Snell	20	651	6,495		028			9,900
Veterans Admin.	P. J. Fagan	30	698	859		028			10,969
<b>PENNSYLVANIA</b>									
<b>ABINGTON</b>									
Abington Memorial Hospital (See Temple Univ. Affiliated Hosps., Philadelphia)									
<b>BRYN MAWR</b>									
Bryn Mawr (See Thomas Jefferson University Affil. Hosps., Philadelphia)									
<b>DANVILLE</b>									
Geisinger Medical Center	R. D. Heath	30	1,336	20,507	ACF	155	2*	008	11,300
<b>ELIZABETHTOWN</b>									
Elizabethtown Hospital for Children and Youth					C	021			
						092			
						151			
						155			
Elizabethtown Hospital for Children and Youth (See Pennsylvania State University Affil. Hospitals, Hershey)									
Elizabethtown Hospital for Children and Youth (See Hahnemann Medical College Affil. Hosps., Philadelphia)									
<b>ERIE</b>									
Hamot Medical Center	J. J. Monahan	153	4,653	9,793	ACF	156	2C	012	10,100
Shriners Hospital for Crippled Children	J. J. Monahan	23	351	1,777		019	4F		
Shriners Hospital for Crippled Children (See Ouke University Affiliated Hospitals, Durham, N. C.)						156			
<b>HARRISBURG</b>									
Harrisburg (See Pennsylvania State University Affil. Hospitals, Hershey)									
Harrisburg Polyclinic (See Pennsylvania State University Affil. Hospitals, Hershey)									
<b>HERSHEY</b>									
Pennsylvania State University Affiliated Hospitals Milton S. Hershey Medical Center of the Pennsylvania State University	R. B. Greer, 3d	20	876	6,200	ACF	151	3C	015	12,384
Elizabethtown Hospital for Children and Youth (Elizabethtown)		85	430	5,788		021			16,137
						092			
						151			
						155			
						151			
						151			
Harrisburg (Harrisburg) Harrisburg Polyclinic (Harrisburg)		30	889	2,849		151			
<b>PHILADELPHIA</b>									
Albert Einstein Medical Center	S. M. Albert	46	1,238	2,289	ACF	157	2C	008	10,500
Shriners Hospital for Crippled Children	H. H. Steel	68	483	4,147		029			
						157			
Hahnemann Medical College Affiliated Hospitals Hahnemann Medical College and Hospital Philadelphia General	A. T. Berman	40	600	8,000	ACF	092	3C	012	10,500
Elizabethtown Hospital for Children and Youth (Elizabethtown)	J. B. Webber	20	344	6,738		092			11,200
	A. T. Berman	85	430	5,788		021			16,137
						092			
						151			
						155			
Hospital of the Medical College of Pennsylvania Temple University Affiliated Hospitals Temple University	J. J. Sbarbaro, Jr.	28	914	22,085	ACF	026	1C	003	
St. Christopher's Hospital for Children	J. W. Lachman	8	386	3,000	ACF	029	3*	015	
Shriners Hospital for Crippled Children	J. W. Lachman	68	483	4,147		029			
	H. H. Steel					029			
						157			
Abington Memorial (Abington)	P. R. Swetwerts	32	1,248	1,279		029			11,000
Thomas Jefferson University Affiliated Hospitals	J. M. Cotler				ACF	021	6C	024	
						1F			
Thomas Jefferson University	J. M. Cotler	41	1,774	2,923		021			11,800
Lankenau	J. J. Dowling	39	1,203	2,330		021			11,580
Methodist	P. J. Marone	13	534	1,912		021			11,000
Bryn Mawr (Bryn Mawr)	H. E. Snedden	37	1,291	626		021			
Elizabethtown Hospital for Children and Youth (Elizabethtown)	J. J. Gartland	85	430	5,788		021			16,137
						092			
						151			
						155			
Veterans Admin. (Wilmington, Del.)	P. Ramsey	25	356	3,135		021			13,801
Cooper (Camden, N. J.)	H. Sherk	41	1,020	1,852		021			

## 19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Type Train- ing	Pro- gram No.	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>PENNSYLVANIA, PHILADELPHIA—Continued</b>									
University of Pennsylvania Affiliated Hospitals	E. L. Ralston				ACF	023	3*	036	
Children's Hospital of Philadelphia	S. M. K. Chung	15	311	3,367		023			10,185
Graduate Hospital of the University of Pennsylvania	J. E. Nixon		776	1,892		023			12,500
Hospital of the University of Pennsylvania	E. L. Ralston	55	1,552	6,012		023			11,400
Pennsylvania	R. H. Rothman	27	749	2,426		023			11,700
Presbyterian—University of Pennsylvania Medical Center	E. L. Ralston	15	290	2,510		023			12,300
Veterans Admin.	J. E. Nixon	31	403	5,800		023			13,000
<b>PITTSBURGH</b>									
Hospitals of the University Health Center of Pittsburgh	A. B. Ferguson, Jr.	309	11,150	114,000	ACF	030	10C	030	12,965
Children's Hospital of Pittsburgh						030			
Mercy						030			
Presbyterian—University		27	1,063	838		030			
St. Francis General						030			
Veterans Admin.						030			
<b>READING</b>									
Reading	L. C. Yund	61	1,424	12,220	ACF	072	1C	008	11,800
							1*		
<b>PUERTO RICO</b>									
<b>SAN JUAN</b>									
University of Puerto Rico Affiliated Hospitals	A. L. Lugo				ACF	161	3C	009	
University District		28	783	15,562		161			
San Juan City		19	460	8,747		161			10,320
Veterans Admin. Center			219	3,038		161			12,166
<b>RHODE ISLAND</b>									
<b>PROVIDENCE</b>									
Rhode Island	A. A. Savastano	76	1,927	10,424	ACF	162	2C	008	12,690
<b>SOUTH CAROLINA</b>									
<b>CHARLESTON</b>									
Medical University of South Carolina Teaching Hospitals	J. A. Siegling				ACF	052	3C	009	10,440
Medical University of South Carolina	J. A. Siegling	17	407	6,065		052			
Charleston County		5	211			052			
Naval Regional Medical Center	J. G. Dewaal	68	994	27,212		052			
Veterans Admin.	J. A. Siegling	18	483	2,429		052			
<b>COLUMBIA</b>									
Richland Memorial	E. M. Lunceford	74	2,777	7,754	ACF	163	2C	010	10,000
							2F		
<b>GREENVILLE</b>									
Greenville Hospital System	F. H. Stelling	364	3,465	4,157	ACF	033	2C	012	10,000
							3F		
Shriners Hospital for Crippled Children	F. H. Stelling	55	661	5,293		019			
						033			
Shriners Hospital for Crippled Children	F. H. Stelling	55	661	5,293	C	019	4C	004	
						033	F		
Shriners Hospital for Crippled Children (See Duke University Affiliated Hospitals, Durham, N.C.)									
<b>TENNESSEE</b>									
<b>CHATTANOOGA</b>									
University of Tennessee Clinical Education Center Baroness Erlanger	R. C. Coddington	89	3,292	6,067	ACF	164	4C	012	10,800
							1F		
<b>KNOXVILLE</b>									
East Tennessee Affiliated Hospitals	S. L. Wallace				ACF	085	3C	012	
							2F		
East Tennessee Baptist	C. P. Mc Cammon	61	2,394			085			
Fort Sanders Presbyterian	J. M. Burkhart	63	2,406			085			
St. Mary's Memorial	D. F. Fardon	72	1,841			085			
University of Tennessee Memorial Research Center and Hospital	S. L. Wallace	33	1,475	4,300		085			10,011
<b>MEMPHIS</b>									
Campbell Foundation and University of Tennessee	A. J. Ingram				ACF	061	2C	024	8,400
							2*		
Campbell Clinic	A. J. Ingram			39,263		061			8,400
City of Memphis Hospitals		39	1,085	8,912					11,496
Baptist Memorial	M. J. Stewart	174	5,004	1,133		061			11,760
Methodist	M. Moore, Jr.	79	2,618	379		061			11,760
Le Bonheur Children's	A. S. Edmonson	10	364	7		061			8,400
Veterans Admin.	C. W. Metz, Jr.	225	557	5,000		061			13,814
Crippled Children's Hospital School	F. P. Sage	38	120	5,075		061			8,400
<b>NASHVILLE</b>									
Vanderbilt University Affiliated Hospitals					ACF	116	6C	018	
Nashville Metropolitan General	J. L. Sawyer	8	293	4,230		116			
Vanderbilt University	P. P. Griffin	36	1,215	11,775		116			9,482
Veterans Admin.	P. P. Griffin	22	676	5,720		116			10,348
<b>TEXAS</b>									
<b>CORPUS CHRISTI</b>									
Ada Wilson Hosp. of Physical Medicine and Rehabilitation (See Scott and White Memorial, Temple)									
<b>DALLAS</b>									
University of Texas Southwestern Medical School					ACF	032	5C	020	
Affiliated Hospitals	C. F. Gregory	41	1,119	10,730		032			9,660
Parkland Memorial	C. F. Gregory			538		032			10,699
Baylor University Medical Center	F. L. Ware	156	4,836			032			11,724
Texas Scottish Rite Hospital for Crippled Children	B. Carrell	38	929	11,718		032			10,071
Veterans Admin.	C. F. Gregory	43	717	7,640		032			



## 19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>TEXAS—Continued</b>									
<b>EL PASO</b>									
R. E. Thomason General Hospital (See W. Beaumont Army Med. Center, El Paso, Texas, U.S. Army)									
<b>FORT WORTH</b>									
Fort Worth Affiliated Hospitals									
	J. E. Holmes				ACF	100	3C 6F	019	
	John Peter Smith	26	832	7,917		100			12,600
	Fort Worth Children's Hospital—Fort Worth Medical Center	J. J. Innis	11	603	1,414	100			
	Harris Hospital—Fort Worth Medical Center	I. Clayton	41	1,332		100			12,000
<b>GALVESTON</b>									
University of Texas Medical Branch Hospitals									
	E. B. Evans	195	4,080	12,742	ACF	165	4C	014	12,000
<b>HOUSTON</b>									
Baylor College of Medicine Affiliated Hospitals									
	H. S. Tullos				ACF	049	4C 2F	016	10,140
	Ben Taub General	H. S. Tullos	28	1,405	11,887	049			
	Methodist	H. S. Tullos	86	2,993	2,708	049			
	Texas Children's	J. Barnhart	88	3,300	361	049			
	Veterans Admin.	R. L. Brownhill	29	777	9,845	049			
	Shriners Hospital for Crippled Children	M. M. Donovan	34	474	4,560	C	049		
						166			
	University of Texas at Houston Affiliated Hospitals	F. F. Parrish	58	2,229	2,097	ACF	166	3C	012
	Hermann	F. F. Parrish	62	2,080	811	166			9,792
	St. Joseph	M. M. Donovan	62	2,080	811	166			9,960
	Shriners Hospital for Crippled Children	M. M. Donovan	34	474	4,560	049			
						166			
<b>SAN ANTONIO</b>									
Santa Rosa Medical Center (See Brooke Army Med. Center, San Antonio, Tex., U. S. Army)									
University of Texas at San Antonio Teaching Hospitals									
	C. A. Rockwood				ACF	095	6C	029	
	Baptist Memorial		45	1,663	13,365	095			9,800
	Bexar County Teaching		53	2,057	6,786	095			
	Santa Rosa Medical Center					117			
						120			
	Veterans Admin.		46	366	4,372	095			10,072
<b>TEMPLE</b>									
Scott and White Memorial									
	D. E. Pizar	39	897	16,673	ACF	171	2C 2F	012	10,500
	Santa Fe Memorial					171			
	Veterans Admin. Center	R. M. Gingrich	68	1,200	5,200	171			
	Ada Wilson Hosp. Physical Medicine & Rehabilitation (Corpus Christi)	L. H. Wilk	33	208	3,810	171			
<b>UTAH</b>									
<b>SALT LAKE CITY</b>									
University of Utah Affiliated Hospitals									
	S. S. Coleman	19	365	8,212	ACF	034	5C	020	11,200
	University	S. S. Coleman	32	1,426		034			10,500
	Holy Cross Hospital of Salt Lake City	J. N. Henrie	50	2,076	560	034			
	Latter—Day Saints	W. E. Hess				034			
	Primary Children's Medical Center	S. W. Alfred	58	2,953		034			10,500
	St. Mark's	A. F. Martin	44	271	1,601	034			
	Shriners Hospital for Crippled Children	S. S. Coleman	16	373	6,543	034			10,500
	Veterans Admin.	A. C. Ruoff, 3d				034			
<b>VERMONT</b>									
<b>BURLINGTON</b>									
Medical Center Hospital of Vermont									
	F. T. Hoaglund	56	1,962	2,790	ACF	167	1C	007	10,450
<b>WHITE RIVER JUNCTION</b>									
Veterans Admin. Center (See Dartmouth Med. School Affiliated Hosps., Hanover, N. H.)									
<b>VIRGINIA</b>									
<b>ARLINGTON</b>									
Arlington (See Georgetown Univ. Affil. Hosps., Washington, D. C.)									
	J. W. Leabhart	105	3,492	24,717	ACF	168	3C	008	10,546
<b>CHARLOTTESVILLE</b>									
University of Virginia Affiliated Hospitals									
	W. G. Stamp	92	1,838	24,719	ACF	129	4*	017	10,449
	University of Virginia	W. G. Stamp	45	1,468	4,745	129			7,275
	Roanoke Memorial Hospitals (Roanoke)	C. B. Bray, Jr.	9	192	3,000	129			12,719
	Veterans Admin. (Salem)					129			
<b>NORFOLK</b>									
Norfolk General—Children's Hospital of the King's Daughters									
	D. B. Young	41	1,033	824	ACF	103	2C	006	12,300
	Norfolk General		5	165	986	103			
	Children's Hospital of the King's Daughters					103			
<b>RICHMOND</b>									
Virginia Commonwealth University M.C.V. Affiliated Hospitals									
	J. Cardea	34	682		ACF	035	4C	012	11,500
	Crippled Children's	B. B. Clary	29	693	4,860	035			10,450
	Medical College of Virginia Hospitals	J. Cardea	23	479	5,002	035			10,634
	Veterans Admin.	W. M. Deyerle				035			
<b>ROANOKE</b>									
Roanoke Memorial Hospitals (See Univ. of Virginia Affiliated Hosps., Charlottesville)									
<b>SALEM</b>									
Veterans Admin. (See Univ. of Virginia Affiliated Hosps., Charlottesville)									

19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered		Annual Salary (Min.)
							1976-1977 1st Yr.	All Yrs.	
<b>WASHINGTON</b>									
<b>SEATTLE</b>									
University of Washington Affiliated Hospitals	D. K. Clawson					036	4*	025	
University Children's Orthopedic Hospital and Medical Center	D. K. Clawson	18	982	9,909	ACF	036			9,252
Harborview Medical Center	L. T. Staheli	13	904	6,187		036			
Swedish Hospital Medical Center	S. T. Hansen		836	9,506		036			
Veterans Admin.	W. T. Thieme	84	4,048			036			
Shriners Hospital for Crippled Children (Spokane)	F. G. Lippert		591	2,625		036			9,672
	R. W. Maris	31	242	2,890		036			
<b>SPOKANE</b>									
Shriners Hospital for Crippled Children (See University of Washington Affiliated Hospitals, Seattle)									
<b>WEST VIRGINIA</b>									
<b>MORGANTOWN</b>									
West Virginia University	R. N. Clark	38	1,068	7,282	ACF	169	2C	008	10,500
Monongalia General		3	1,032	4,833		169			
<b>WISCONSIN</b>									
<b>MADISON</b>									
University of Wisconsin Affiliated Hospitals	A. A. Mc Beath					097	2*	018	10,800
Madison General	A. Cowie	61	2,448		ACF	097			
St. Marys Hospital Medical Center		34	1,472			097			
University Hospitals	A. A. Mc Beath	36	986	9,056		097			
Veterans Admin.	S. C. Rogers	33	463	2,971		097			
<b>MILWAUKEE</b>									
Medical College of Wisconsin Affiliated Hospitals	B. J. Brewer					037	5*	025	
Columbia	A. C. Schmidt	53	1,183	1,745	ACF	037			10,497
Milwaukee Children's	C. H. Hickey	18	604	2,782		037			10,545
Milwaukee County General	B. J. Brewer	24	1,041	13,384		037			10,537
Veterans Admin. Center (Wood)	M. C. Collopy	34	732	9,353		037			11,809

## ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
1.	Nebraska Methodist Hospital	Omaha, Neb.		Veterans Adm. Hospital	Durham, N.C.
	University of Nebraska Hospital	Omaha, Neb.		Watts Hospital	Durham, N.C.
	Veterans Adm. Hospital	Omaha, Neb.		North Carolina Orthopedic Hospital	Gastonia, N.C.
2.	H. C. Moffitt-University of California Hospitals	San Francisco		Veterans Adm. Hospital	Asheville, N.C.
	Children's Hospital and Adult Medical Center	San Francisco		Shriners Hospital for Crippled Children	Erie, Pa.
	Mount Zion Hospital and Medical Center	San Francisco		Shriners Hospital for Crippled Children	Greenville, S. C.
	Pacific Medical Center-Presbyterian Hospital	San Francisco	20.	Kaiser Foundation Hospital	Oakland, Calif.
	Ralph K. Davies Med. Ctr.-Franklin Hosp.	San Francisco		Naval Regional Medical Center	Oakland, Calif.
	San Francisco General Hospital	San Francisco		Orange Memorial Hospital	Orlando, Fla.
	Shriners Hospital for Crippled Children	San Francisco		James Lawrence Kernan Hospital	Baltimore
	Veterans Adm. Hospital	San Francisco		National Naval Medical Center	Bethesda, Md.
	Children's Hospital Medical Center	Oakland, Calif.	21.	Alfred I. DuPont Institute	Wilmington, Del.
	Highland General Hospital	Oakland, Calif.		Veterans Adm. Hospital	Wilmington, Del.
	Kaiser Foundation Hospital	Oakland, Calif.		Cooper Hospital	Camden, N.J.
	Samuel Merritt Hospital	Oakland, Calif.		Bryn Mawr Hospital	Bryn Mawr, Pa.
3.	Shriners Hospital for Crippled Children	Los Angeles		Elizabethtown Hospital for	Elizabethtown, Pa.
	Highland General Hospital	Oakland, Calif.		Children and Youth	Philadelphia
	Veterans Adm. Hospital	San Francisco		Lankenau Hospital	Philadelphia
4.	Children's Hospital	Denver		Methodist Hospital	Philadelphia
	Denver General Hospital	Denver		Thomas Jefferson University Hospital	Philadelphia
	Fitzsimons Army Medical Center	Denver	22.	Hospital for Special Surgery	New York City
	University of Colorado Medical Center	Denver		New York Hospital	New York City
	Veterans Adm. Hospital	Denver		Veterans Adm. Hospital (Bronx)	New York City
	Rancho Los Amigos Hospital	Downey, Calif.	23.	Children's Hospital of Philadelphia	Philadelphia
	Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N.M.		Graduate Hosp. of the Univ. of Pa.	Philadelphia
5.	Hartford Hospital	Hartford, Conn.		Hospital of the University of Pennsylvania	Philadelphia
	Hospital of St. Raphael	New Haven, Conn.		Pennsylvania Hospital	Philadelphia
	Yale-New Haven Hospital	New Haven, Conn.		Presbyterian-Univ. of Pa. Medical Center	Philadelphia
	Newington Children's Hospital	Newington, Conn.		Veterans Adm. Hospital	Philadelphia
	Veterans Adm. Hospital	West Haven, Conn.	24.	Buffalo General Hospital	Buffalo
6.	Mississippi Baptist Hospital	Jackson, Miss.		Children's Hospital of Buffalo	Buffalo
	University Hospital	Jackson, Miss.		Edward J. Meyer Memorial Hospital	Buffalo
	Veterans Adm. Center	Jackson, Miss.		Veterans Adm. Hospital	Buffalo
7.	Children's Memorial Hospital	Chicago	25.	Children's Hospital	Columbus, Ohio
	Cook County Hospital	Chicago		Mount Carmel Medical Center	Columbus, Ohio
	Northwestern Memorial Hospital	Chicago	26.	Hospital of the Medical College of Pennsylvania	Philadelphia
	Veterans Adm. Research Hospital	Chicago	27.	Cleveland Metropolitan General Hospital	Cleveland
	Evanston Hospital	Evanston, Ill.		University Hospitals of Cleveland	Cleveland
	St. Francis Hospital	Evanston, Ill.		Veterans Adm. Hospital	Cleveland
	Lutheran General Hospital	Park Ridge, Ill.	28.	Emanuel Hospital	Portland, Ore.
8.	Indiana University Hospitals	Indianapolis		Shriners Hospital for Crippled Children	Portland, Ore.
	Marion County General Hospital	Indianapolis		University of Oregon	Portland, Ore.
	Methodist Hospital of Indiana	Indianapolis		Health Sciences Center of Hospitals and Clinics	Portland, Ore.
	St. Vincent Hospital	Indianapolis		Veterans Adm. Hospital	Portland, Ore.
	Veterans Adm. Hospital	Indianapolis	29.	St. Christopher's Hospital for Children	Philadelphia
9.	Kosair Crippled Children Hospital	Louisville, Ky.		Shriners Hospital for Crippled Children	Philadelphia
	Louisville General Hospital	Louisville, Ky.		Temple University Hospital	Philadelphia
	Veterans Adm. Hospital	Louisville, Ky.		Abington Memorial Hospital	Abington, Pa.
10.	Rancho Los Amigos Hospital	Downey, Calif.	30.	Children's Hospital of Pittsburgh	Pittsburgh
	Charity Hospital of La. (Tulane U. Div.)	New Orleans		Mercy Hospital	Pittsburgh
	Touro Infirmary	New Orleans		Presbyterian-University Hospital	Pittsburgh
	U.S. Public Health Service Hospital	New Orleans		St. Francis General Hospital	Pittsburgh
	Veterans Adm. Hospital	New Orleans		Veterans Adm. Hospital	Pittsburgh
	Veterans Adm. Hospital	Alexandria, La.	31.	Genesee Hospital	Rochester, N.Y.
	Huey P. Long Memorial Hospital	Pineville, La.		Highland Hospital of Rochester	Rochester, N.Y.
	Shriners Hospital for Crippled Children	Shreveport, La.		Rochester General Hospital	Rochester, N.Y.
	Medical Center	Columbus, Ga.		Strong Memorial Hospital	Rochester, N.Y.
11.	Beth Israel Hospital	Boston	32.	Baylor University Medical Center	Dallas, Texas
	Children's Hospital Medical Center	Boston		Parkland Memorial Hospital	Dallas, Texas
	Massachusetts General Hospital	Boston		Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
	New England Baptist Hospital	Boston		Veterans Adm. Hospital	Dallas, Texas
	Peter Bent Brigham Hospital	Boston	33.	Greenville Hospital System	Greenville, S.C.
	Robert B. Brigham Hospital	Boston		Shriners Hospital for Crippled Children	Greenville, S.C.
	Veterans Adm. Hospital (West Roxbury)	Boston	34.	Holy Cross Hospital of Salt Lake City	Salt Lake City
12.	Veterans Adm. Hospital	Allen Park, Mich.		Latter-Day Saints Hospital	Salt Lake City
	Oakwood Hospital	Dearborn, Mich.		Primary Children's Medical Center	Salt Lake City
	Children's Hospital of Michigan	Detroit		St. Mark's Hospital	Salt Lake City
	Detroit General Hospital	Detroit		Shriners Hospital for Crippled Children	Salt Lake City
	United Hospitals of Detroit—Grace Division	Detroit		University Hospital	Salt Lake City
	United Hospitals of Detroit—Harper Division	Detroit		Veterans Adm. Hospital	Salt Lake City
13.	Joseph P. Kennedy Jr. Memorial Hospital	Boston	35.	Crippled Children's Hospital	Richmond, Va.
	New England Medical Center Hospital	Boston		Medical College of Virginia Hospitals	Richmond, Va.
	Veterans Adm. Hospital	Boston		Veterans Adm. Hospital	Richmond, Va.
14.	D. C. Gen. (Crippled Children's Unit)	Washington, D.C.	36.	Children's Orthopedic Hospital and Medical Center	Seattle
	Georgetown University Hospital	Washington, D.C.		Harborview Medical Center	Seattle
	Sibley Memorial Hospital	Washington, D.C.		Swedish Hospital Medical Center	Seattle
	Veterans Adm. Hospital	Washington, D.C.		University Hospital	Seattle
	Arlington Hospital	Arlington, Va.		Veterans Adm. Hospital	Seattle
15.	Akron City Hospital	Akron, Ohio		Shriners Hospital for Crippled Children	Spokane, Wash.
	Children's Hospital of Akron	Akron, Ohio	37.	Columbia Hospital	Milwaukee
16.	Hennepin County Medical Center	Minneapolis		Milwaukee Children's Hospital	Milwaukee
	Shriners Hospital for Crippled Children	Minneapolis		Milwaukee County General Hospital	Milwaukee
	Veterans Adm. Hospital	Minneapolis		Veterans Adm. Center (Wood)	Milwaukee
	Gillette Children's Hospital	St. Paul, Minn.	38.	Nassau Hospital	Mineola, N.Y.
	St. Paul-Ramsey Hospital	St. Paul, Minn.		St. Charles Hospital	Port Jefferson, N.Y.
17.	Children's Hospital	Cincinnati	39.	Emory University Hospital	Atlanta, Ga.
	Cincinnati General Hospital	Cincinnati		Grady Memorial Hospital	Atlanta, Ga.
	Good Samaritan Hospital	Cincinnati		Henrietta Eggleston Hospital for Children	Atlanta, Ga.
	Veterans Adm. Hospital	Cincinnati		Scottish Rite Hospital for Crippled Children	Decatur, Ga.
18.	Children's Mercy Hospital	Kansas City, Mo.		Veterans Adm. Hospital	Decatur, Ga.
	Kansas City General Hospital and Medical Center	Kansas City, Mo.	40.	Arizona Children's Hospital	Tempe, Ariz.
	St. Luke's Hospital	Kansas City, Mo.		Shriners Hospital for Crippled Children	Los Angeles
	Veterans Adm. Hospital	Kansas City, Mo.		Letterman Army Medical Center	San Francisco
19.	Duke University Medical Center	Durham, N.C.		Shriners Hospital for Crippled Children	San Francisco

## ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
41.	House of St. Giles the Cripple (Brooklyn)	New York City		Shriners Hospital for Crippled Children	Springfield, Mass.
	St. Luke's Hospital Center	New York City	67.	Flower and Fifth Avenue Hospitals (Unit 1)	New York City
42.	Cleveland Clinic Hospital	Cleveland		Metropolitan Hospital Center (Unit 2)	New York City
	St. Vincent Charity Hospital	Cleveland	68.	Queens Medical Center	Honolulu
43.	Confederate Memorial Medical Center	Shreveport, La.		Shriners Hospital for Crippled Children	Honolulu
	Shriners Hospital for Crippled Children	Shreveport, La.		Tripler Army Medical Center	Honolulu
	Veterans Admin. Hospital	Shreveport, La.	69.	Martin Luther King, Jr., General Hospital	Los Angeles
44.	Children's Hospital	Birmingham, Ala.	70.	Baltimore City Hospitals	Baltimore
	University of Alabama Hospitals	Birmingham, Ala.		James Lawrence Kernan Hospital	Baltimore
	Veterans Admin. Hospital	Birmingham, Ala.		Johns Hopkins Hospital	Baltimore
	Lloyd Noland Hospital	Fairfield, Ala.		Sinai Hospital of Baltimore	Baltimore
45.	Boston City Hospital	Boston	71.	Rancho Los Amigos Hospital	Downey, Calif.
	Carney Hospital	Boston		Childrens Hospital of Los Angeles	Los Angeles
	Massachusetts Hospital School	Canton, Mass.		Los Angeles County-U.S.C. Medical Center	Los Angeles
	Lakeville Hospital	Lakeville, Mass.	72.	Reading Hospital	Reading, Pa.
46.	Cardinal Glennon Memorial Hospital for Children	St. Louis	73.	Arizona Children's Hospital	Tempe, Ariz.
	Firmin Desloge General Hospital	St. Louis		Maricopa County General Hospital	Phoenix, Ariz.
	St. Louis City Hospital	St. Louis		St. Joseph's Hosp. and Medical Center	Phoenix, Ariz.
	St. Louis University Group of Hospitals	St. Louis		U. S. P. H. S. Indian Hospital	Phoenix, Ariz.
	St. Mary's Health Center	St. Louis	74.	St. Joseph Mercy Hospital	Ann Arbor, Mich.
47.	Cook County Hospital	Chicago		University Hospital	Ann Arbor, Mich.
	Ravenswood Hospital Medical Center	Chicago		Veterans Admin. Hospital	Ann Arbor, Mich.
	University of Illinois Hospital	Chicago		Wayne County General Hospital	Eloise, Mich.
	Veterans Admin. Hospital (West Side)	Chicago	75.	Walter Reed Army Medical Center	Washington, D.C.
48.	Crouse Irving-Memorial Hospital	Syracuse, N.Y.	76.	Jackson Memorial Hospital	Miami, Fla.
	St. Joseph's Hospital Health Center	Syracuse, N.Y.		Variety Children's Hospital	Miami, Fla.
	State University Hospital	Syracuse, N.Y.		Veterans Admin. Hospital	Miami, Fla.
	Veterans Admin. Hospital	Syracuse, N.Y.	77.	Alfred I. DuPont Institute	Wilmington, Del.
	Children's Hospital and Rehabilitation Center	Utica, N.Y.		Moses H. Cone Memorial Hospital	Greensboro, N.C.
49.	Ben Taub General Hospital	Houston, Texas		North Carolina Baptist Hospitals	Winston-Salem, N.C.
	Methodist Hospital	Houston, Texas	78.	Shriners Hospital for Crippled Children	Los Angeles
	Shriners Hospital for Crippled Children	Houston, Texas		U.C.L.A. Hospital and Clinics,	
	Texas Children's Hospital	Houston, Texas		Center for the Health Sciences	Los Angeles
	Veterans Admin. Hospital	Houston, Texas	79.	Naval Regional Medical Center	San Diego, Calif.
50.	Shriners Hospital for Crippled Children	Chicago	80.	Fairview Hospital	Minneapolis, Minn.
	Veterans Admin. Hospital	Hines, Ill.		Hennepin County Medical Center	Minneapolis, Minn.
	Foster G. McGaw Hospital	Maywood, Ill.		St. Mary's Hospital	Minneapolis, Minn.
	West Suburban Hospital	Oak Park, Ill.		University of Minnesota Hospitals	Minneapolis, Minn.
	Lutheran General Hospital	Park Ridge, Ill.		Veterans Admin. Hospital	Minneapolis, Minn.
51.	Bellevue Hospital Center	New York City		Gillette Children's Hospital	St. Paul, Minn.
	University Hospital	New York City		St. Paul-Ramsey Hospital	St. Paul, Minn.
	Veterans Admin. Hospital (Manhattan)	New York City	81.	North Carolina Memorial Hospital	Chapel Hill, N.C.
52.	Charleston County Hospital	Charleston, S.C.		North Carolina Orthopedic Hospital	Gastonia, N.C.
	Medical University of South Carolina Hospital	Charleston, S.C.		Memorial Hospital of Wake County	Raleigh, N.C.
	Naval Regional Medical Center	Charleston, S.C.	82.	Newington Children's Hospital	Newington, Conn.
	Veterans Admin. Hospital	Charleston, S.C.		Mary Hitchcock Memorial Hospital	Hanover, N.H.
53.	Bone and Joint Hospital	Oklahoma City		Veterans Admin. Center	White River Jct., Vt.
	St. Anthony Hospital	Oklahoma City	83.	Children's Hospital National Medical Center	Washington, D.C.
	University of Oklahoma Hosp. and Clinics	Oklahoma City		District of Columbia General Hospital	
	Veterans Admin. Hospital	Oklahoma City		(Crippled Children's Unit)	Washington, D.C.
54.	Arizona Children's Hospital	Tempe, Ariz.		George Washington University Hospital	Washington, D.C.
	University Hospital	Tucson, Ariz.		Veterans Admin. Hospital	Washington, D.C.
55.	Albany Medical Center Hospital	Albany, N.Y.		Washington Hospital Center	Washington, D.C.
	Veterans Admin. Hospital	Albany, N.Y.	84.	Jewish Hospital and Medical Center of Brooklyn	New York City
	Ellis Hospital	Schenectady, N.Y.		Kingsbrook Jewish Medical Center	New York City
	Sunnyview Hospital	Schenectady, N.Y.	85.	East Tennessee Baptist Hospital	Knoxville, Tenn.
56.	E. A. Conway Memorial Hospital	Monroe, La.		Fort Sanders Presbyterian Hospital	Knoxville, Tenn.
	Ochsner Foundation Hospital	New Orleans		St. Mary's Memorial Hospital	Knoxville, Tenn.
57.	Baltimore City Hospitals	Baltimore		Univ. of Tenn. Mem. Research Center	Knoxville, Tenn.
	Children's Hospital	Baltimore	86.	Arizona Children's Hospital	Tempe, Ariz.
	Good Samaritan Hospital	Baltimore		Shriners Hospital for Crippled Children	Honolulu
	Johns Hopkins Hospital	Baltimore		Tripler Army Medical Center	Honolulu
	Veterans Admin. Hospital	Baltimore	87.	Baltimore City Hospitals	Baltimore
58.	Akron General Hospital	Akron, Ohio		Children's Hospital	Baltimore
	Children's Hospital of Akron	Akron, Ohio		Johns Hopkins Hospital	Baltimore
59.	Shriners Hospital for Crippled Children	Lexington, Ky.		Union Memorial Hospital	Baltimore
	University Hospital	Lexington, Ky.	88.	James Lawrence Kernan Hospital	Baltimore
	Veterans Admin. Hospital	Lexington, Ky.		University of Maryland Hospital	Baltimore
60.	Barnes Hospital Group	St. Louis	89.	McLaren General Hospital	Flint, Mich.
	St. Louis City Hospital	St. Louis	90.	Cook County Hospital	Chicago
	Shriners Hospital for Crippled Children	St. Louis		Louis A. Weiss Memorial Hospital	Chicago
	Veterans Admin. Hospital	St. Louis	91.	Children's Hospital	Denver
61.	Baptist Memorial Hospital	Memphis, Tenn.		Denver General Hospital	Denver
	Campbell Clinic	Memphis, Tenn.		Fitzsimons Army Medical Center	Denver
	City of Memphis Hospitals	Memphis, Tenn.		Scottish Rite Hospital For Crippled Children	Decatur, Ga.
	Crippled Children's Hospital School	Memphis, Tenn.	92.	Elizabethtown Hospital for	Elizabethtown, Pa.
	Le Bonheur Children's Hospital	Memphis, Tenn.		Children and Youth	Elizabethtown, Pa.
	Methodist Hospital	Memphis, Tenn.		Hahnemann Medical College and Hospital	Philadelphia
	Veterans Admin. Hospital	Memphis, Tenn.		Philadelphia General Hospital	Philadelphia
62.	Hope Haven Children's Hospital	Jacksonville, Fla.	93.	Bataan Memorial Hospital	Albuquerque, N.M.
	St. Luke's Hospital	Jacksonville, Fla.		Bernalillo County Medical Center	Albuquerque, N.M.
	University Hospital of Jacksonville	Jacksonville, Fla.		Veterans Admin. Hospital	Albuquerque, N.M.
63.	Rancho Los Amigos Hospital	Downey, Calif.		Carrie Tingley Crippled	
	Kaiser Foundation Hospital	Fontana, Calif.		Children's Hospital	Truth or Consequences, N.M.
	Loma Linda University Hospital	Loma Linda, Calif.	94.	Arkansas Children's Hospital	Little Rock, Ark.
	Riverside General Hospital	Riverside, Calif.		University Hospital	Little Rock, Ark.
	San Bernardino County Medical Center	San Bernardino, Calif.		Veterans Admin. Consolidated Hospital	Little Rock, Ark.
64.	Fairview State Hospital	Costa Mesa, Calif.	95.	Baptist Memorial Hospital	San Antonio, Tex.
	Rancho Los Amigos Hospital	Downey, Calif.		Bexar County Teaching Hospital	San Antonio, Tex.
	Veterans Admin. Hospital	Long Beach, Calif.		Santa Rosa Medical Center	San Antonio, Tex.
	Childrens Hospital of Orange County	Orange, Calif.		Veterans Admin. Hospital	San Antonio, Tex.
	Orange County Medical Center	Orange, Calif.	96.	Arizona Children's Hospital	Tempe, Ariz.
65.	City Hospital Center at Elmhurst	New York City		Carrie Tingley Crippled	
	Mount Sinai Hospital	New York City		Children's Hospital	Truth or Consequences, N.M.
66.	Boston City Hospital	Boston		R. E. Thomson General Hospital	El Paso, Tex.
	Lahey Clinic	Boston		William Beaumont Army Medical Center	El Paso, Tex.
	University Hospital	Boston	97.	Madison General Hospital	Madison, Wis.
	Massachusetts Hospital School	Canton, Mass.		St. Marys Hospital Medical Center	Madison, Wis.
				University Hospitals	Madison, Wis.
				Veterans Admin. Hospital	Madison, Wis.

## ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
98.	Stanford University Hospital	Stanford, Calif.	132.	Univ. of South Alabama Medical Center	Mobile, Ala.
	Veterans Admin. Hospital	Palo Alto, Calif.		Mobile Infirmary	Mobile, Ala.
	Santa Clara Valley Medical Center	San Jose, Calif.	133.	Kaiser Foundation Hospital	Sacramento, Calif.
	Kaiser Foundation Hospital	Santa Clara, Calif.		U.C. (Davis) Sacramento Medical Center	Sacramento, Calif.
99.	Children's Hospital	Columbus, Ohio	134.	Bronx-Lebanon Hospital Center	New York City
	Ohio State University Hospitals	Columbus, Ohio		Michael Reese Hospital and Medical Center	Chicago
	Riverside Methodist Hospital	Columbus, Ohio	135.	Arkansas Children's Hospital	Little Rock, Ark.
100.	Fort Worth Children's Hospital	Fort Worth, Tex.		University of Chicago Hospitals and Clinics	Chicago
	Harris Hospital	Fort Worth, Tex.	136.	St. Francis Hospital	Peoria, Ill.
	John Peter Smith Hospital	Fort Worth, Tex.		Lutheran Hospital of Fort Wayne	Fort Wayne, Ind.
101.	Mount Sinai Hospital of Cleveland	Cleveland		St. Joseph's Hospital of Fort Wayne	Fort Wayne, Ind.
	Veterans Admin. Hospital	East Orange, N.J.	137.	Veterans Admin. Hospital	Fort Wayne, Ind.
	Jersey Medical Center	Jersey City, N.J.		University of Iowa Hospitals	Iowa City, Ia.
	Martland Hospital	Newark, N.J.	138.	University of Kansas Medical Center	Kansas City, Kan.
	United Hospitals Orthopedic Center	Newark, N.J.		Charity Hospital of Louisiana (L.S.U. Div.)	New Orleans
	Hospital for Crippled Children-Adults	Orange, N.J.	139.	Touro Infirmary	New Orleans
	New Jersey Orthopaedic Hospital	Orange, N.J.	140.	Earl K. Long Memorial Hospital	Baton Rouge, La.
103.	Children's Hospital of the King's Daughters	Norfolk, Va.		Lafayette Charity Hospital	Lafayette, La.
	Norfolk General Hospital	Norfolk, Va.	141.	Henry Ford Hospital	Detroit
104.	Charlotte Memorial Hospital	Charlotte, N.C.		St. Mary's Hospital	Grand Rapids, Mich.
105.	Children's Medical Center	Dayton, Ohio		Mary Free Bed Hospital	Grand Rapids, Mich.
	Miami Valley Hospital	Dayton, Ohio	142.	Kings County Hospital Center	New York City
106.	St. Joseph Hospital	Denver, Colo.		State University Hospital	New York City
	St. Francis Hospital	Wichita, Kan.	143.	Veterans Admin. Hospital (Brooklyn)	New York City
	Veterans Admin. Center	Wichita, Kan.		L. I. Jewish-Hillside Medical Center	New Hyde Park, N. Y.
	Wesley Medical Center	Wichita, Kan.	144.	Scottish Rite Hospital for Crippled Children	Decatur, Ga.
107.	Bronx Municipal Hospital Center	New York City		Monmouth Medical Center	Long Branch, N. J.
	Coney Island Hospital	New York City	145.	St. Joseph's Hospital and Medical Center	Paterson, N. J.
	Maimonides Medical Center	New York City		University of Missouri Medical Center	Columbia, Mo.
108.	Mary's Help Hospital	Daly City, Calif.		Veterans Admin. Hospital	Columbia, Mo.
	Veterans Admin. Hospital	Martinez, Calif.	146.	Harlem Hospital Center	New York City
	Kaiser Foundation Hospital	San Francisco		Helen Hayes Hospital	West Haverstraw, N.Y.
	St. Joseph's Hospital	San Francisco	147.	Milton S. Hershey Medical Center	Hershey, Pa.
	St. Mary's Hospital and Medical Center	San Francisco		Elizabethtown Hospital for Children	Elizabethtown, Pa.
109.	Children's Health Center	San Diego, Calif.		Harrisburg Hospital	Harrisburg, Pa.
	Donald N. Sharp Memorial Community Hosp.	San Diego, Calif.		Harrisburg Polyclinic Hospital	Harrisburg, Pa.
	Mercy Hospital and Medical Center	San Diego, Calif.	148.	L. I. Jewish-Hillside Medical Center	New Hyde Park, N. Y.
	Univ. of Calif., San Diego-University Hosp.	San Diego, Calif.		Queens Hospital Center	New York City
	Veterans Admin. Hospital	San Diego, Calif.	149.	St. Luke's Hospital	Cleveland
110.	U. S. P. H. S. Alaska Native Med. Center	Anchorage, Alaska		Elyria Memorial Hospital	Elyria, Ohio
	U. S. P. H. S. Hospital	San Francisco	150.	Geisinger Medical Center	Danville, Pa.
	Charity Hospital of Louisiana (Tulane U. Div.)	New Orleans		Elizabethtown Hospital for Children	Elizabethtown, Pa.
111.	Rancho Los Amigos Hospital	Downey, Calif.	151.	Hamot Medical Center	Erie, Pa.
	Glendale Adventist Medical Center	Glendale, Calif.		Shriners Hospital for Crippled Children	Erie, Pa.
	Los Angeles County—U. S. C. Medical Center	Los Angeles	152.	Albert Einstein Medical Center	Philadelphia
	White Memorial Medical Center	Los Angeles		Shriners Hospital for Crippled Children	Philadelphia
112.	Bronx-Lebanon Hospital Center	New York City	153.	Brookdale Hospital Center	New York City
	Bronx Municipal Hospital Center	New York City		Blodgett Memorial Hospital	Grand Rapids, Mich.
	Hospital of Albert Einstein College of Med.	New York City	154.	Butterworth Hospital	Grand Rapids, Mich.
	Lincoln Hospital	New York City		Mary Free Bed Hospital	Grand Rapids, Mich.
113.	Georgia Baptist Hospital	Atlanta, Ga.	155.	San Juan City Hospital	San Juan, P. R.
	Scottish Rite Hospital for Crippled Children	Decatur, Ga.		University District Hospital	San Juan, P. R.
114.	Eugene Talmadge Memorial Hospital	Augusta, Ga.		Veterans Admin. Center	San Juan, P. R.
	University Hospital	Augusta, Ga.	156.	Rhode Island Hospital	Providence, R.I.
	Veterans Admin. Hospital	Augusta, Ga.		Richland Memorial Hospital	Columbia, S. C.
115.	District of Columbia General Hospital	Washington, D.C.	157.	Baroness Erlanger Hospital	Chatanooga, Tenn.
	D.C. Gen. Hosp. (Crippled Children's Unit)	Washington, D.C.		University of Texas Medical Branch Hospitals	Galveston, Tex.
	Howard University Hospital	Washington, D.C.	158.	Hermann Hospital	Houston, Tex.
	Morris Cafritz Memorial Hospital	Washington, D.C.		St. Joseph Hospital	Houston, Tex.
	Providence Hospital	Washington, D.C.		Shriners Hospital for Crippled Children	Houston, Tex.
	Veterans Admin. Hospital	Washington, D.C.	159.	Medical Center Hospital of Vermont	Burlington, Vt.
116.	Nashville Metropolitan General Hospital	Nashville, Tenn.		National Orthopaedic and Rehabilitation Hospital	Arlington, Va.
	Vanderbilt University Hospital	Nashville, Tenn.	160.	Monongalia General Hospital	Morgantown, W. Va.
	Veterans Admin. Hospital	Nashville, Tenn.		West Virginia University Hospital	Morgantown, W. Va.
117.	Brooke Army Medical Center	San Antonio, Tex.	161.	Massachusetts Hospital School	Canton, Mass.
	Santa Rosa Medical Center	San Antonio, Tex.		Tewksbury Hospital	Tewksbury, Mass.
118.	Variety Children's Hospital	Miami, Fla.		Memorial Hospital	Worcester, Mass.
	Mount Sinai Medical Center	Miami Beach, Fla.		St. Vincent Hospital	Worcester, Mass.
119.	Orthopaedic Hospital	Los Angeles		Worcester City Hospital	Worcester, Mass.
	Veterans Admin. Center-Wadsworth Hospital	Los Angeles	162.	Ada Wilson Hospital of Physical Medicine	Corpus Christi, Tex.
	Los Angeles County Harbor General Hospital	Torrance, Calif.		Sante Fe Memorial Hospital	Temple, Tex.
120.	Santa Rosa Medical Center	San Antonio, Tex.		Scott and White Memorial Hospital	Temple, Tex.
	Wilford Hall U.S.A.F. Medical Center	San Antonio, Tex.		Veterans Admin. Center	Temple, Tex.
121.	Children's Memorial Hospital	Chicago	163.	John Dempsey Hospital	Farmington, Conn.
	Mayo Graduate School of Medicine	Rochester, Minn.		Hartford Hospital	Hartford, Conn.
122.	Orthopaedic Hospital	Los Angeles		St. Francis Hospital	Hartford, Conn.
	Los Angeles County—U.S.C. Medical Center	Los Angeles		Newington Children's Hospital	Newington, Conn.
	Veterans Admin. Hospital (Sepulveda)	Los Angeles		Veterans Admin. Hospital	Newington, Conn.
	Los Angeles County Harbor General Hospital	Torrance, Calif.	164.	Oakland Medical Center	Pontiac, Mich.
123.	William A. Shands Teaching Hospital	Gainesville, Fla.		William Beaumont Hospital	Royal Oak, Mich.
	Veterans Admin. Hospital	Gainesville, Fla.	165.	Rush-Presbyterian-St. Luke's Medical Center	Chicago
124.	Mary Immaculate Division	New York City		Christ Hospital	Oak Lawn, Ill.
	Mary Immaculate Division (St. Charles Unit)	New York City		House of St. Giles the Cripple	New York City
	St. John's Queens Division	New York City	166.	Lenox Hill Hospital	New York City
	St. Mary's Division	New York City		Hospital of Medical College of Ohio at Toledo	Toledo, Ohio
125.	Beth Israel Medical Center	New York City		St. Vincent Hospital and Medical Center	Toledo, Ohio
	Hospital for Joint Diseases and Medical Center	New York City		Toledo Hospital	Toledo, Ohio
	Montefiore Hospital and Medical Center	New York City	167.	Grace Hospital (Northwest Unit)	Detroit
	Morrisania City Hospital	New York City		Mount Carmel Mercy Hospital and Medical Center	Detroit
126.	Borgess Hospital	Kalamazoo, Mich.		Sinai Hospital of Detroit	Detroit
	Bronson Methodist Hospital	Kalamazoo, Mich.	168.	Providence Hospital	Southfield, Mich.
127.	St. Charles Hospital	Port Jefferson, N. Y.		Madigan Army Medical Center	Tacoma, Wash.
	U. S. Public Health Service Hospital	New York City	169.	Nassau County Med. Center	
128.	Presbyterian Hospital	New York City		Meadowbrook Div.	East Meadow, N.Y.
	Helen Hayes Hospital	West Haverstraw, N.Y.	170.	All Children's Hospital	St. Petersburg, Fla.
129.	University of Virginia Hospital	Charlottesville, Va.		Tampa General Hospital	Tampa, Fla.
	Roanoke Memorial Hospitals	Roanoke, Va.	171.	Veterans Admin. Hospital	Tampa, Fla.
	Veterans Admin. Hospital	Salem, Va.		Naval Regional Medical Center	Philadelphia
130.	Naval Regional Medical Center	Portsmouth, Va.	172.	Naval Regional Medical Center	Philadelphia
131.	Gorgas Hospital	Balboa Heights, C. Z.	173.		

## 20. OTOLARYNGOLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES AIR FORCE</b>							
<b>TEXAS</b>							
Wilford Hall U. S. A. F. Medical Center, San Antonio	F. W. Fite	29	1,641	29,956	2C	008	17,100
<b>UNITED STATES ARMY</b>							
<b>COLORADO</b>							
Fitzsimons Army Medical Center, Denver	E. A. Krekorian	19	748	33,627	1C	005	
<b>DISTRICT OF COLUMBIA</b>							
Walter Reed Army Medical Center, Washington	R. L. Henderson	37	1,227	36,974	3*	012	
<b>TEXAS</b>							
Brooke Army Medical Center, San Antonio	S. R. Le May, Jr.	9	964	25,449	2C 1F	009	
Brooke Army Medical Center (See Also U. of Tex. at San Antonio Teach. Hsps., San Antonio)							
<b>WASHINGTON</b>							
Madigan Army Medical Center, Tacoma	L. L. Hays	15	919	15,337	1*	004	
<b>UNITED STATES NAVY</b>							
<b>CALIFORNIA</b>							
Naval Regional Medical Center, Oakland	T. F. Miller	34	1,508	25,457	3C 3F	015	
Naval Regional Medical Center, San Diego	R. W. Cantrell	60	2,002	42,057	3C 3F	015	
<b>MARYLAND</b>							
National Naval Medical Center, Bethesda	H. O. Defries	32	809	19,087	1* 1F	009	
<b>PENNSYLVANIA</b>							
Naval Regional Medical Center, Philadelphia	F. J. Stucker	57	2,500	18,000	2C 2F	008	
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>							
<b>WASHINGTON</b>							
U. S. Public Health Service, Seattle (See University of Washington Affiliated Hospitals, Seattle)							
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
University of Alabama Medical Center	J. J. Hicks, J. N. Hicks				4*	013	
University of Alabama Hospitals	J. J. Hicks	12	684	949			
Children's	J. J. Hicks	6	1,062	3,277			
Veterans Admin.	J. J. Hicks	19	431	4,032			10,600
<b>ARKANSAS</b>							
<b>LITTLE ROCK</b>							
University of Arkansas Medical Center	J. Y. Suen				3C 3F	009	
University		3	235	3,250			9,600
Arkansas Children's		3	341	2,530			
Baptist Medical Center							
Veterans Admin. Consolidated		13	571	4,757			11,206
<b>CALIFORNIA</b>							
<b>DAVIS</b>							
University of California (Davis) Affiliated Hospitals	L. Bernstein				2C	008	13,600
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		9	484	6,026			
<b>FRESNO</b>							
Valley Medical Center of Fresno (See Univ. of California Program, San Francisco) Veterans Admin. (See Univ. of California Program, San Francisco)							
<b>IRVINE</b>							
University of California (Irvine) Affiliated Hospitals	R. Kohut	5	559	3,030	3C	009	13,600
Orange County Medical Center (Orange)	R. Kohut			4,975			18,299
Veterans Admin. (Long Beach)	A. Swirsky	34	807				
<b>LONG BEACH</b>							
Veterans Admin. (See Univ. of California (Irvine) Affiliated Hosps., Irvine)							
<b>LOS ANGELES</b>							
Los Angeles County—U.S.C. Medical Center	C. W. Whitaker	24	1,800	34,000	5* 2F	025	17,040
Martin Luther King, Jr. General	M. P. Bowers	12	160	3,343	2*	004	15,732
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	P. H. Ward	12	892	12,102	4*	012	13,600
Los Angeles County Harbor General (Torrance)	P. H. Ward	7	657	8,605			15,732
Veterans Admin. Center—Wadsworth	M. J. Acquarelli	20	1,026	6,195	3C	009	18,299

## 20. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)
					1976-1977 1st Yr.	All Yrs.	
<b>CALIFORNIA, LOS ANGELES—Continued</b> White Memorial Medical Center	L. R. House	13	1,269	7,538	2C 2F	011	11,764
<b>OAKLAND</b> Kaiser Foundation	R. Hilsinger, K. Adour	6	757	17,279	2C	006	11,880
<b>ORANGE</b> Orange County Medical Center (See Univ. of California (Irvine) Affiliated Hosps., Irvine)							
<b>PALO ALTO</b> Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)							
<b>SACRAMENTO</b> University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hosps., Davis)							
<b>SAN DIEGO</b> University of California, San Diego—University Hospital	A. M. Nahum	8	471	4,104	2C	008	12,300
<b>SAN FRANCISCO</b> University of California Program	R. Boles				4C 4F	014	
H. C. Moffitt—University of California Hospitals	R. Boles	8	719	6,393			11,400
San Francisco General	D. Tipton	4	297	2,904			11,400
Valley Medical Center of Fresno (Fresno)	M. C. Beil	4	244	2,313			
Veterans Admin. (Fresno)	V. S. O' Hara	2	121	1,686			
Veterans Admin.	J. A. T. Ross	12	428	4,522	1C	003	12,300
<b>SAN JOSE</b> Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)							
<b>STANFORD</b> Stanford University Affiliated Hospitals	F. B. Simmons				3C 1*	012	
Stanford University	F. B. Simmons	7	343	8,583			11,500
Veterans Admin. (Palo Alto)	R. L. Goode	17	506	3,946			11,500
Santa Clara Valley Medical Center (San Jose)	J. B. Shinn	7	563	6,387			12,966
<b>TORRANCE</b> Los Angeles County Harbor General (See U. C. L. A. Hospital and Clinics, Los Angeles)							
<b>COLORADO</b>							
<b>DENVER</b> University of Colorado Affiliated Hospitals	L. B. Bergstrom				3*	012	
University of Colorado Medical Center	L. B. Bergstrom	52	7,084	120,719			10,800
Denver General	J. W. Templar	4	334	6,722			10,800
Veterans Admin.	R. Wood	13	247	1,120			12,883
<b>CONNECTICUT</b>							
<b>FARMINGTON</b> University of Connecticut Affiliated Hospitals	J. M. Toomey				2*	008	10,815
John Dempsey	J. M. Toomey	26	600	6,250			
Hartford (Hartford)	C. G. Tucker	17	2,065	2,605			
Veterans Admin. (Newington)		10	191	2,268			
<b>HARTFORD</b> Hartford (See University of Connecticut Affil. Hosps., Farmington)							
<b>NEW HAVEN</b> Yale—New Haven Medical Center	J. A. Kirchner				2C	007	
Yale—New Haven	J. A. Kirchner	11	1,014	9,039			12,500
Hospital of St. Raphael	H. W. Smith	18	15	1,500			
<b>NEWINGTON</b> Veterans Admin. (See University of Connecticut Affil. Hosps., Farmington)							
<b>DELAWARE</b>							
<b>WILMINGTON</b> Veterans Admin. (See Thomas Jefferson Univ. Affil. Hosps., Philadelphia, Pa.)							
Wilmington Medical Center (See Thomas Jefferson Univ. Affil. Hosps., Philadelphia, Pa.)							
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b> Georgetown University Affiliated Hospitals	A. G. Di Biasio				2*	010	
Georgetown University		8	1,788	6,318			12,799
District of Columbia General		20	883	7,619			13,130
Veterans Admin.		8	147	12,000			
Washington Hospital Center	J. Levine	26	3,004	5,422	3*	009	11,087
<b>FLORIDA</b>							
<b>GAINESVILLE</b> University of Florida Affiliated Hospitals	N. J. Cassisi				2C	006	
William A. Shands Teaching Hosp. and Clinics	N. J. Cassisi	10	710	7,920			9,044
Veterans Admin.	G. T. Singleton	17	382	3,512			9,891
<b>MIAMI</b> University of Miami Affiliated Hospitals	J. R. Chandler				3C	009	
Jackson Memorial		21	875	6,333			14,215
Veterans Admin.		9	193	3,885			12,322

## 20. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977 1st All Yr. Yrs.	Annual Salary (Min.)
<b>FLORIDA—Continued</b>						
<b>TAMPA</b>						
University of South Florida Affiliated Hospitals	J. B. Farrior				2C 007	
Tampa General		17	1,899	1,842		12,189
Veterans Admin.		10	287	4,150		12,383
<b>GEORGIA</b>						
<b>ATLANTA</b>						
Emory University Affiliated Hospitals	J. S. Turner, Jr.				3C 009	10,920
Grady Memorial	J. S. Turner, Jr.	10	513	10,180		
Emory University	J. S. Turner, Jr.	5	417			
Henrietta Eggleston Hospital for Children						
Veterans Admin. (Decatur)	D. W. Rooker	18	444	3,570		
<b>DECATUR</b>						
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)						
<b>ILLINOIS</b>						
<b>CHICAGO</b>						
Mc Gaw Medical Center of Northwestern University	G. A. Sisson				6* 031	11,680
Children's Memorial	T. Girgis	6	805	2,296		
Cook County	A. L. Stemmer	20	989	15,387		
Mercy Hospital and Medical Center	J. D. Clemis	4	180	1,976		
Northwestern Memorial	G. A. Sisson	27	1,290	2,943		
Veterans Admin. Research	E. L. Applebaum	14	279	2,400		
Evanston (Evanston)	J. J. Ballenger	5	629	1,033		
Rush—Presbyterian—St. Luke's Medical Center	D. D. Caldarelli	28	1,001	7,532	1* 003	12,000
University of Chicago Hospitals and Clinics	R. F. Naunton	11	919	8,745	2* 008	11,125
University of Illinois	A. H. Andrews	27	2,124	35,265	1C 020	12,500
					4*	
<b>EVANSTON</b>						
Evanston (See Mc Gaw Med. Center of Northwestern University, Chicago)						
<b>HINES</b>						
Veterans Admin.	B. J. Soboroff	17	703	5,065	2C 006	11,000
<b>INDIANA</b>						
<b>INDIANAPOLIS</b>						
Indiana University Medical Center	R. E. Lingeman				5C 015	11,450
Indiana University Hospitals		22	706	13,428		11,450
Marion County General		7	425	5,375		10,250
Methodist Hospital of Indiana	W. F. Fechtman	12	2,570	1,188		13,392
Veterans Admin.		16	497	3,360		10,648
<b>IOWA</b>						
<b>IOWA CITY</b>						
University of Iowa Affiliated Hospitals	B. F. Mc Cabe				5* 025	10,500
University of Iowa Hospitals		53	3,046	40,757		
Veterans Admin.		20		3,800		
<b>KANSAS</b>						
<b>KANSAS CITY</b>						
University of Kansas Medical Center	G. O. Proud	78	1,011		2C 006	10,000
Veterans Admin. (Kansas City, Mo.)	H. A. Knauff	14	517	1,912		
<b>LOUISIANA</b>						
<b>NEW ORLEANS</b>						
Louisiana State University Affiliated Hospitals	G. D. Lyons				2C 014	7,800
Charity Hospital of Louisiana		23	777	10,643		
Veterans Admin.		16	652	3,380		11,071
Tulane University Affiliated Hospitals	H. G. Tabb				4* 012	9,600
Charity Hospital of Louisiana	H. G. Tabb	25	852	10,074		
Eye, Ear, Nose and Throat	H. G. Tabb		497	5,884		
Ochsner Foundation	F. E. Le Jeune, Jr.	11	938	14,124		
<b>SHREVEPORT</b>						
Confederate Memorial Medical Center	J. W. Pou	7	442	5,356	1C 1F 005	9,456
<b>MARYLAND</b>						
<b>BALTIMORE</b>						
Greater Baltimore Medical Center	A. P. Wenger	47	5,074	6,445	2C 007	12,500
Johns Hopkins Affiliated Hospitals	G. T. Nager				3C 012	
Johns Hopkins	G. T. Nager	21	1,610	14,814		13,150
Baltimore City Hospitals	B. Bandy	4	135	3,252		
University of Maryland Affiliated Hospitals	C. L. Blanchard			20,000	3C 012	
					2*	
University of Maryland	C. L. Blanchard	18		200,000		12,150
Maryland General	D. P. Baker	21	3,091	8,848		11,350
<b>MASSACHUSETTS</b>						
<b>BOSTON</b>						
Massachusetts Eye and Ear Infirmary	H. F. Schuknecht	48	4,088	37,995	5C 016	12,800
Tufts University Affiliated Hospitals	W. D. Chasin				2C 006	
Boston City	M. S. Strong		606	6,304		12,950
New England Medical Center	W. D. Chasin	7	435	9,454		12,411
University Hospital Affiliated Program	M. S. Strong				2* 006	
University	M. S. Strong	12	403	5,636		11,500
Lahey Clinic	M. S. Strong	10	500	9,599		13,116
Veterans Admin.	M. S. Strong	28	415	1,949		12,186
<b>MICHIGAN</b>						
<b>ALLEN PARK</b>						
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)						



## 20. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MICHIGAN—Continued</b>							
<b>ANN ARBOR</b>							
University	W. P. Work	22	980	11,921	2C 1*	014	12,850
<b>DETROIT</b>							
Henry Ford	R. D. Nichols	14	980	26,009	2C	008	12,000
Wayne State University Affiliated Hospitals	P. M. Binns	27	4,227	11,348	4C	010	11,400
Children's Hospital of Michigan	L. G. Waggoner	15	2,263	2,695			11,400
Detroit General	P. M. Binns						11,400
Harper	P. M. Binns						11,400
Veterans Admin. (Allen Park)	P. M. Binns	8	135	2,896			11,904
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
University of Minnesota Affiliated Hospitals	M. M. Paparella				5C	025	
University of Minnesota Hospitals	M. M. Paparella	19	1,039	12,434			10,700
Hennepin County Medical Center	R. H. Mathog	5	396	9,479			
Veterans Admin.	M. M. Paparella	15	530	3,890			
St. Paul—Ramsey (St. Paul)	L. J. Boies, Jr.	4	362	5,161			11,000
<b>ROCHESTER</b>							
Mayo Graduate School of Medicine	D. T. Cody			46,427	5C	013	11,500
Rochester Methodist		23	1,982				
<b>ST. PAUL</b>							
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)							
<b>MISSISSIPPI</b>							
<b>JACKSON</b>							
University of Mississippi Medical Center	G. E. Arnold				3C	012	
University		9	575	3,929			10,000
Veterans Admin. Center		9	312	3,425			10,083
<b>MISSOURI</b>							
<b>CDLUMBIA</b>							
University of Missouri Medical Center	D. J. Joseph	18	1,022	6,831	2C	008	10,600
<b>KANSAS CITY</b>							
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kan.)							
<b>ST. LOUIS</b>							
Homer G. Phillips	J. W. West	15	455	6,885	1C 1F	004	11,385
St. Louis University Group of Hospitals	W. Leach	24	2,537	3,906	2* 1F	009	12,500
Firmen Desloge General Cardinal Glennon Memorial Hospital for Children							
Washington University Affiliated Hospitals	J. H. Ogura				5C	028	
Barnes Hospital Group	J. H. Ogura	5	3,693	7,498			12,000
Veterans Admin.	L. Pratt	13	371	10,110			11,200
<b>NEBRASKA</b>							
<b>OMAHA</b>							
University of Nebraska Affiliated Hospitals	A. J. Yonkers				3C	009	
University of Nebraska		12	661	4,016			11,385
Bishop Clarkson Memorial		11	1,471	3,106			
Veterans Admin.		10	259	912			10,449
<b>NEW JERSEY</b>							
<b>MONTCLAIR</b>							
Mountainside (See Newark Eye and Ear Infirmary—CMDNJ Affil. Hosp., Newark)							
<b>NEWARK</b>							
Newark Eye and Ear Infirmary—CMDNJ Affiliated Hospitals	D. A. Hilding M. J. Shapiro	8	1,546	897	3C	009	13,749
Newark Beth Israel Medical Center							
United Hospitals Medical Center—Newark Eye and Ear Infirmary	K. H. Han	18	1,478	11,986			
United Hospitals Medical Center—Presbyterian Mountainside (Montclair)	K. H. Han W. A. Petryshyn	12	71 1,241	697 277			14,319
<b>NEW YORK</b>							
<b>ALBANY</b>							
Albany Medical Center Affiliated Hospitals	J. C. Goldstein				3C	008	13,459
Albany Medical Center	J. C. Goldstein	13	594	2,775			
Child's	E. C. Brandow	8	1,167	156			
Veterans Admin.	R. S. Bourke	20	267	3,170			
<b>BUFFALO</b>							
S. U. N. Y. at Buffalo Affiliated Hospitals	J. M. Lore, Jr.				3C	010	
Buffalo General		20	1,639	1,846			11,800
Children's Hospital of Buffalo		12	3,102	1,439			11,800
Edward J. Meyer Memorial		7	373	3,822			
Veterans Admin.		17	179	3,973			11,300
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals	R. J. Ruben				4C	012	
Bronx Municipal Hospital Center		30	1,266	12,542			
Hospital of the Albert Einstein College of Medicine		15	753	5,276			
Lincoln			241	3,725			
Montefiore Hospital and Medical Center		10	386	2,840			
Long Island College	I. A. Polisar	10	1,102	3,413	1C 1F	004	15,780
Manhattan Eye, Ear and Throat	R. J. Bellucci	26	3,186	44,178	4* 4C	012	15,500
Mount Sinai Hospital Training Program	H. F. Biller						
Mount Sinai	H. F. Biller	30	1,050	6,000			17,950
City Hospital Center at Elmhurst	W. Friedman	12	480	17,773			14,700
Veterans Admin. (Bronx)	H. F. Biller	17	361	6,815			16,001

## 20. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW YORK, NEW YORK CITY—Continued</b>							
New York Eye and Ear Infirmary	F. Oe Pinies	34	3,677	31,148	4C	012	17,350
New York Hospital	J. A. Moore	25	1,200	12,531	1C	006	14,700
New York Medical College—Metropolitan Hospital Center	R. J. Bellucci				1C	003	14,700
Unit 1—Flower and Fifth Avenue Hospitals							
Unit 2—Metropolitan Hospital Center		9	295	7,206			
New York University Medical Center	J. F. Daly				4C	012	
Bellevue Hospital Center		43	462	7,780			
University		13	835				
Veterans Admin. (Manhattan)		19	473	2,038			
Presbyterian	R. M. Hui	30	2,053	15,210	2C	008	16,300
Roosevelt	J. S. Lewis	18	706	3,447	1C	003	14,634
St. Luke's Hospital Center	S. Whitfield	13	620	8,406	1C	003	17,250
S.U.N.Y. Downstate Medical Center	A. Lapidot				2C	006	
Kings County Hospital Center		18	961	9,095			14,700
State University		1	61	2,338			15,629
<b>ROCHESTER</b>							
University of Rochester Affiliated Hospitals	J. P. Frazer				2C	005	12,300
Genesee	R. Gulick	4	601				
Rochester General	J. Musinger	8	1,684	368			
Strong Memorial Hospital of the University of Rochester	J. P. Frazer	4	399	3,160			
<b>SYRACUSE</b>							
S.U.N.Y. Upstate Medical Center	G. F. Reed				3C	009	13,225
State University		7	535	3,964			
Community General Hospital of Greater Syracuse		4	833				
Crouse Irving—Memorial		7	1,966				
Veterans Admin.		8	194	2,088			
<b>NORTH CAROLINA</b>							
<b>CHAPEL HILL</b>							
North Carolina Memorial	N. D. Fischer	9	616	8,751	2C	008	11,000
<b>DURHAM</b>							
Duke University Affiliated Hospitals	W. R. Hudson				3C	008	12,485
Duke University Medical Center	W. R. Hudson	16	589	14,760			12,485
Veterans Admin.	P. Kenan	9	350	3,005			11,935
<b>WINSTON-SALEM</b>							
Bowman Gray School of Medicine Affiliated Hospitals	J. A. Harrill	10	901	4,604	1*	005	10,000
North Carolina Baptist							
<b>OHIO</b>							
<b>CINCINNATI</b>							
University of Cincinnati Hospital Group	D. A. Shumrick				5C	015	
Cincinnati General		50	939	6,091			9,744
Veterans Admin.		28	477	1,685			12,158
<b>CLEVELAND</b>							
Case Western Reserve University Affiliated Hospitals	W. H. Maloney				3C	009	
University Hospitals of Cleveland		12	1,049	4,127			12,300
Cleveland Metropolitan General		8	507	5,821			11,700
Veterans Admin.		10	266	2,200			12,237
St. Luke's	T. W. Wykoff	7	906	2,420	1C	004	11,100
<b>COLUMBUS</b>							
Ohio State University Affiliated Hospitals	W. H. Saunders				4C	011	7,737
Ohio State University Hospitals	W. H. Saunders	25	1,500	12,000			
Children's	H. G. Birck	21	3,965	3,828			
<b>OKLAHOMA</b>							
<b>OKLAHOMA CITY</b>							
University of Oklahoma Health Sciences Center	W. B. Moran				3C	009	
University Hospital and Clinics	W. B. Moran	6	351	3,394			10,803
Veterans Admin.	W. B. Moran, Jr.	14	600	5,315			10,023
<b>OREGON</b>							
<b>PORTLAND</b>							
University of Oregon Affiliated Hospitals	D. D. De Weese				3C	015	
University of Oregon Health Sciences Center Hospitals and Clinics	D. D. De Weese	15	1,050	6,885	3F		9,900
Veterans Admin.	T. G. Ten Eyck	8	317	1,679			10,969
<b>PENNSYLVANIA</b>							
<b>PANVILLE</b>							
Geisinger Medical Center	J. M. Cole	15	1,608	24,876	2C 2* 2F	010	11,300
<b>HERSHEY</b>							
Milton S. Hershey Medical Center of the Pennsylvania State University	G. H. Conner	3	383	4,111	1C	003	12,384
<b>PHILADELPHIA</b>							
Temple University	M. L. Ronis	10	682	10,000	3*	009	12,500
Thomas Jefferson University Affiliated Hospitals	J. J. O'Keefe				4C	012	
Thomas Jefferson University	J. J. O'Keefe	14	982	3,490			12,800
Veterans Admin. (Wilmington, Del.)	W. Behringer	10	283	1,850			13,801
Wilmington Medical Center (Wilmington, Del.)	J. J. O'Keefe						
University of Pennsylvania Affiliated Hospitals	J. B. Snow, Jr.				5*	012	
Children's Hospital of Philadelphia				5,200			
Graduate Hospital of the University of Pennsylvania	B. W. Jafek		143	834			12,500
Hospital of the University of Pennsylvania	J. B. Snow, Jr.	13	735	4,094			11,400
Presbyterian—University of Pennsylvania Medical Center	W. D. Schlosser	10	938	1,584			11,400
Veterans Admin.	J. B. Snow, Jr.	16	400	2,400			13,000

## 20. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)
					1976-1977 1st Yr.	All Yrs.	
<b>PENNSYLVANIA—Continued</b>							
<b>PITTSBURGH</b>							
Hospitals of the University Health Center of Pittsburgh	E. N. Myers				4C	012	14,160
Eye and Ear Hospital of Pittsburgh	E. N. Myers	67	7,150	4,791			
Veterans Admin.	V. L. Schramm	8	352	1,492			
Mercy	J. T. Dickinson	36	2,091	6,933	2*	008	
<b>PUERTO RICO</b>							
<b>SAN JUAN</b>							
University of Puerto Rico Affiliated Hospitals	A. Rullan				2C	008	
University District	A. Rullan	8	269	4,167			9,420
I. Gonzalez Martinez	J. T. Pico	3	45	1,160			
San Juan City	A. Rullan	15	836	6,937			10,320
Veterans Admin. Center	R. Bertran		115	1,513			
<b>RHODE ISLAND</b>							
<b>PROVIDENCE</b>							
Rhode Island	F. L. Mc Nelis	19	2,637	2,758	2C	006	13,570
<b>SOUTH CAROLINA</b>							
<b>CHARLESTON</b>							
Medical University of South Carolina Teaching Hospitals	R. W. Hanckel				2C	006	10,440
Medical University of South Carolina Veterans Admin.		9	524	3,483			
		15	292	2,392			
<b>TENNESSEE</b>							
<b>MEMPHIS</b>							
University of Tennessee Affiliated Hospitals	C. W. Gross				5*	015	
City of Memphis Hospitals	C. W. Gross	12	728	5,666			11,496
Methodist	C. W. Gross	12	1,389	1,358			11,760
Veterans Admin.	T. A. Maguda	18	601	13,595			12,635
<b>TEXAS</b>							
<b>DALLAS</b>							
University of Texas Southwestern Medical School Affiliated Hospitals	H. M. Carder				4*	016	
Parkland Memorial	H. M. Carder	4	287	6,469			9,180
Children's Medical Center	M. C. Culbertson		542	1,916			
Veterans Admin.	J. F. Sudderth	30	472	6,382			10,071
John Peter Smith (Fort Worth)	J. W. O' Rear	3	210	3,542			12,600
<b>FORT WORTH</b>							
John Peter Smith (See Univ. Tex. Southwestern Med. Sch. Affil. Hosp., Dallas)							
<b>GALVESTON</b>							
University of Texas Medical Branch Hospitals	B. J. Bailey	18	1,012	11,691	2*	008	12,800
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals	B. R. Alford				5C	015	10,740
Ben Taub General		8	760	12,556			
Methodist		14	1,616	232			
Veterans Admin.		19	643	12,272			
University of Texas at Houston Affiliated Hospitals	H. Goepfert				1C	004	
Hermann		8	1,500				
University of Texas M. D. Anderson Hospital and Tumor Institute		42	1,099				
<b>SAN ANTONIO</b>							
University of Texas at San Antonio Teaching Hospitals	G. A. Gates				2*	006	9,800
Bexar County Teaching	G. A. Gates	5	494	4,985			9,800
Brooke Army Medical Center	S. R. Le May, Jr.	9	964	25,449			
Santa Rosa Medical Center							
<b>UTAH</b>							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals	J. L. Parkin				2C	006	
University	J. L. Parkin	3	365	3,023			11,900
Veterans Admin.	M. H. Stevens	2	156	1,997			10,500
<b>VERMONT</b>							
<b>BURLINGTON</b>							
Medical Center Hospital of Vermont	J. M. Mc Ginnis, Jr.	7	1,055	8,704	1C	003	9,850
<b>VIRGINIA</b>							
<b>CHARLOTTESVILLE</b>							
University of Virginia	G. S. Fitz-Hugh	21	1,025	9,705	2*	006	11,000
<b>RICHMOND</b>							
Virginia Commonwealth University M.C.V. Affiliated Hospitals	P. N. Pastore				3C	009	
Medical College of Virginia Hospitals		7	712	22,910			11,000
Veterans Admin.		9	226	5,478			10,634
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals	J. A. Donaldson				2C	010	
University	J. A. Donaldson	3	266	4,866			10,308
Children's Orthopedic Hospital and Medical Center	A. J. Novack	4	1,398	2,393			
Harborview Medical Center	J. A. Donaldson		158	2,616			
Swedish Hospital Medical Center	A. J. Novack	13	1,315				
U. S. Public Health Service	W. V. Morrison	7	429	6,313			
<b>WEST VIRGINIA</b>							
<b>MORGANTOWN</b>							
West Virginia University	P. M. Sprinkle	18	1,354	12,753	2C	006	10,620





21A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>CALIFORNIA—Continued</b>									
<b>SAN BERNARDINO</b>									
San Bernardino County Medical Center	H. Braunstein	135	415,000	22,685	2,948	4P	1C	004	10,908
<b>SAN DIEGO</b>									
Donald N. Sharp Memorial Community Mercy Hospital and Medical Center	H. R. Irwin	201	1,023,449	13,335	12,380	4P	1C	002	13,000
University of California (San Diego) Affiliated Hospitals	J. L. Heard	220	1,350,000	14,720	13,580	4P	1C	004	11,700
University of California, San Diego—University Hospital	A. A. Liebow	660	2,685,657	9,551	8,848	4P	8C	026	
Veterans Admin.		377	837,603	5,192	4,682				10,900
		283	1,848,054	4,359	4,166				11,839
<b>SAN FRANCISCO</b>									
Kaiser Foundation	M. L. Bassis	213	1,020,000	15,673	14,353	4P	2C	007	10,320
Mount Zion Hospital and Medical Center	F. R. Elevelitch	224	866,061	6,259	5,606	4P	1C	005	10,300
Pacific Medical Center—Presbyterian	R. Kleinhenz	179	600,000	4,950	700	4P	1C	003	10,068
							1F		
University of California Program	G. Brecher, O. N. Rambo					4P	4C	027	
							1F		
H. C. Moffitt—University of California Hospitals	G. Brecher, O. N. Rambo	364	802,887	9,832	9,832				10,300
San Francisco General	D. Mc Kay, M. Polycove	154	1,078,145	3,982	3,839				10,300
Veterans Admin.	S. H. Choy, H. F. Loken	158	2,670,000	3,184	3,111				12,300
<b>SAN JOSE</b>									
Santa Clara Valley Medical Center	R. S. Cox, Jr.	363	9,999,999	8,552	4,079	4P	2C	008	12,966
<b>STANFORD</b>									
Stanford University Affiliated Hospitals	D. Korn						3A	5C	022
Stanford University	D. Korn	462	1,372,524	15,703	12,886				11,500
Veterans Admin. (Palo Alto)	J. C. Kosek	188	1,657,565	5,861	5,861				
<b>TORRANCE</b>									
Los Angeles County Harbor General	L. Zamboni	316	3,935,832	8,241	7,869	4P	3C	018	12,612
							2F		
<b>COLORADO</b>									
<b>COLORADO SPRINGS</b>									
Penrose	M. Berthrong	269	972,360	8,266	6,972	4P	1C	004	9,788
<b>DENVER</b>									
Children's	B. E. Favara	128	167,885	2,257	2,171	1SP	1C	002	10,000
							1*		
Mercy	T. N. Vincent	114	400,000	10,038	9,365	4P	1C	004	10,000
Presbyterian Medical Center	A. E. Lubchenco	187	402,695	8,102	6,432	4P	1C	007	10,000
							1F		
St. Anthony	S. K. Kurland	187	1,608,465	11,905	7,821	4P	1C	004	10,800
St. Joseph	J. B. Holyoke	202	1,281,077	10,912	8,506	4P	1C	004	10,800
St. Luke's	E. P. Elzi	217	742,108	9,432	8,605	4P	2C	006	11,600
							2F		
University of Colorado Affiliated Hospitals	G. B. Pierce					4P	9C	038	
University of Colorado Medical Center	G. B. Pierce	251	709,965	5,393	5,251				10,000
Denver General	J. A. Preston, D. M. Clark	301	1,400,000	5,400	5,300				10,800
General Rose Memorial	W. R. Adams	122	793,116	9,160	7,080				
Veterans Admin.	W. S. Hammond	215	2,116,358	2,303	2,260				12,883
<b>CONNECTICUT</b>									
<b>BRIDGEPORT</b>									
Bridgeport	R. H. Pope	270	870,726	11,346	8,617	4P	2C	006	11,665
St. Vincent's	D. H. Lobdell	182	571,839	5,862	4,979	4P	1C	004	12,210
							1F		
<b>BRISTOL</b>									
Bristol (See Univ. of Connecticut Affil. Hosps., Farmington)									
<b>DANBURY</b>									
Danbury	N. E. Herrera	182	668,831	6,857	5,783	4P	2C	005	11,650
<b>FARMINGTON</b>									
University of Connecticut Affiliated Hospitals	P. J. Goldblatt					4P	2C	008	10,815
John Dempsey	P. J. Goldblatt								
Bristol (Bristol)									
Mount Sinai (Hartford)									
Middlesex Memorial (Middletown)	C. E. McLeod	175	560,224	7,890	6,797				
Veterans Admin. (Newington)		93	318,116	2,188	2,188				
<b>HARTFORD</b>									
Hartford	G. B. Mc Adams	553	1,455,095	23,506	17,641	4P	2C	010	10,950
							1F		
Mount Sinai (See Univ. of Connecticut Affil. Hosps., Farmington)									
St. Francis	E. Sicklick	256	1,139,066	12,939	10,377	4P	1C	005	10,950
							1F		
<b>MIDDLETOWN</b>									
Middlesex Memorial (See Univ. of Connecticut Affil. Hosps., Farmington)									
<b>NEW HAVEN</b>									
Hospital of St. Raphael	G. B. Solitare	230	763,000	8,800	8,550	4P	2C	004	11,190
Yale—New Haven Medical Center									
Yale—New Haven	V. Marchesi, D. Seligson	502	1,675,973	21,267	18,861	4P	8C	022	11,190
Veterans Admin. (West Haven)	L. S. Kaplow	175	1,631,751	4,034	3,913	4P	1C	005	11,996
<b>NEWINGTON</b>									
Veterans Admin. (See Univ. of Connecticut Affil. Hosps., Farmington)									
<b>NORWALK</b>									
Norwalk	R. N. Barnett	299	349,596	1,619	1,619	4P	1C	004	10,100
<b>STAMFORD</b>									
Stamford	E. S. Breakell	151	255,026	5,678	4,480	4P	2C	004	11,600

## 21A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>CONNECTICUT—Continued</b>									
<b>WEST HAVEN</b>									
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)									
<b>DELAWARE</b>									
<b>WILMINGTON</b>									
Wilmington Medical Center	P. F. Ashley	520	1,794,734	24,882	20,054	4P	1C 1F	004	12,183
<b>DISTRICT OF COLUMBIA</b>									
<b>WASHINGTON</b>									
Children's Hospital National Medical Center	R. Chandra	145	343,548	4,349	1,649	1A	1C	002	
District of Columbia General	S. L. Perry	344	2,769,058	5,553	5,553	4P	3C	003	11,995
Doctors Hospital—Sibley Memorial	G. P. Blundell					4P	1C	004	
Doctors	G. P. Blundell	102	295,947	6,420	5,232				10,817
Sibley Memorial	O. B. Hunter, Jr.	157	558,966	9,444	9,110				12,020
Georgetown University	A. Golden	290	650,000	7,443	7,240	4P	3C	011	11,519
George Washington University	F. N. Miller	288	1,422,820	14,240	14,040	4P	2C	017	11,526
Howard University	M. A. Jackson	262	1,216,986	6,291	6,251	4P	2C	005	12,319
Veterans Admin.	B. H. Smith	322	2,501,791	2,906	2,906	4P	4C	008	11,525
Washington Hospital Center	V. E. Martens	416	1,417,212	20,694	18,870	4P	3C	010	11,087
<b>FLORIDA</b>									
<b>FORT LAUDERDALE</b>									
Broward General	R. J. Poppiti	248	1,240,454	10,535	8,676	4P	4C	004	9,765
<b>GAINESVILLE</b>									
University of Florida Affiliated Hospitals	K. K. Pierson					4P	4C	012	
William A. Shands Teaching Hosp. and Clinics	K. K. Pierson	308	1,900,000	7,795	7,690				9,044
Veterans Admin.	R. L. Hackett	230	1,063,786	3,877	3,700				9,891
<b>JACKSONVILLE</b>									
University Hospital of Jacksonville	R. M. Rhatigan	248	1,615,828	5,267	5,207	4P	1C	004	9,825
<b>MIAMI</b>									
University of Miami Affiliated Hospitals	A. R. Morales					4P	9C 1*	030	
Jackson Memorial		612	3,692,900	16,436	15,755				12,222
Veterans Admin.		331	2,156,259	5,925	4,823				12,322
<b>MIAMI BEACH</b>									
Mount Sinai Medical Center of Greater Miami	A. M. Rywlin	259	2,175,029	11,884	11,374	4P	2C	006	12,222
<b>ORLANDO</b>									
Orange Memorial	B. C. Willard, Jr.	292	1,173,559	9,624	9,117	4P	2C	008	10,081
<b>TAMPA</b>									
University of South Florida Affiliated Hospitals	H. Sidransky					4P	6C	016	
St. Joseph's	J. E. Szakacs	140	900,000	10,948	3,400				
Tampa General	H. Sidransky	297	1,077,677	8,959	7,367				10,837
Veterans Admin.	H. Sidransky	192	1,252,372	3,080	3,080				11,031
<b>GEORGIA</b>									
<b>ATLANTA</b>									
Crawford W. Long Memorial	J. F. Nickerson	242	820,388	8,837	8,695	4P	3C	005	10,080
Emory University Affiliated Hospitals	W. G. Campbell, Jr.					4P	10C 2*	026	9,960
Grady Memorial	M. B. Gravanis	303	1,298,652	15,973	15,973				
Emory University	W. G. Campbell, Jr.	280	2,170,956	10,320	10,200				
Veterans Admin. (Decatur)	J. Mendeloff	162	1,915,304	3,307	3,199				
Piedmont	M. D. Vohman	96	580,723	12,711	12,696	4P	1C	004	9,495
St. Joseph's Infirmary	J. T. Godwin	70	361,483	3,486	3,413	4P	1C	004	11,100
<b>AUGUSTA</b>									
Medical College of Georgia Hospitals	A. B. Chandler					4P	2C 1F	010	9,600
Eugene Talmadge Memorial	A. B. Chandler	211	6,987,968	5,589	5,189				
University	J. G. Smith	110	1,575,000	8,542	7,090				
Veterans Admin.	L. R. Mills	157	661,532	4,021	3,229				
<b>DECATUR</b>									
Veterans Admin. (See Emory Univ. Affil. Hosps., Atlanta)									
<b>HAWAII</b>									
<b>HONOLULU</b>									
Kuakini	G. N. Stemmermann	150	338,739	4,291	4,070	4P	1C	003	
Queen's Medical Center	D. W. Will	170	711,801	12,792	11,770	4P	1C	004	11,400
University of Hawaii Affiliated Hospitals									
St. Francis	E. T. Nishimura	115	988,463	4,209	3,978	4P	1C	004	12,180
<b>ILLINOIS</b>									
<b>BERWYN</b>									
Mac Neal Memorial	B. H. Neiman	193	659,413	7,548	6,449	4P	1C	004	11,630
<b>CHICAGO</b>									
Columbus—Cuneo—Cabrini Medical Center	C. Maso					4P	1C 1F	004	11,750
Columbus		122	535,978	6,231	6,135				
Frank Cuneo		26	153,439	1,912	1,745				
St. Frances Xavier Cabrini		19	135,144	2,487	2,399				
Cook County	P. Szanto	457	5,256,744	21,226	20,964	4P	3C	012	11,600
Edgewater	I. Fenyes	106	543,964	4,311	4,025	4P	1C 1*	004	
Grant	S. S. Barron, J. G. Vega	147	210,328	4,185	3,501	4P	2C	004	
Illinois Masonic Medical Center	G. Gyori	149	1,371,773	6,810	6,309	4P	1C	004	12,200
Louis A. Weiss Memorial	E. D. Hobart, W. Drwiega	172	666,275	6,827	6,417	4P	1C 1F	004	11,630
Mc Gaw Medical Center of Northwestern University	J. C. Sherrick					4P	7C	030	11,680
Children's Memorial	J. D. Boggs	141	308,417	2,202	2,102				
Northwestern Memorial	J. C. Sherrick	398	750,034	13,317	13,247				
Veterans Admin. Research	T. R. Harwood	253	1,455,980	2,614	2,402				
Evanston (Evanston)	H. H. R. Friederici	336	981,293	8,234	7,356				

## 21A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>ILLINOIS, CHICAGO—Continued</b>									
Mercy Hospital and Medical Center	G. W. Changus	209	1,176,706	5,948	5,948	4P	3C	010	11,350
Michael Reese Hospital and Medical Center	M. A. Swerdlow	508	1,779,924	13,287	11,760	4P	3C	014	12,364
Mount Sinai Hospital Medical Center of Chicago	A. I. Rubenstone	157	706,441	5,387	5,230	4P	2C	008	12,000
Rush—Presbyterian—St. Luke's Medical Center	R. S. Weinstein	505	2,112,309	13,391	12,447	4P	2C	010	12,000
St. Joseph	J. R. Kraft	175	665,740	7,899	7,645	4P	2C	007	11,000
University of Chicago Hospitals and Clinics	W. H. Kirsten	341	1,628,317	17,543		4P	4C	019	11,125
University of Illinois Affiliated Hospitals	E. A. Mc Grew					4P	5C	022	12,500
University of Illinois	E. A. Mc Grew	312	966,170	17,375	17,375				
Veterans Admin. (West Side)	J. Mir	245	2,229,794	2,855	2,855				
<b>EVANSTON</b>									
Evanston (See Mc Graw Medical Cntr. of Northwestern University, Chicago)									
St. Francis	J. Gooslaw	227	634,529	7,062	5,899	4P	1C 1F	004	11,000
<b>EVERGREEN PARK</b>									
Little Company of Mary	L. J. Knaff	128	1,000,000	12,000	12,000	4P	1C	004	10,890
<b>HINES</b>									
Veterans Admin.	M. E. Rubnitz	518	9,999,999	6,298	5,950	4P	2C	008	11,000
<b>MAYWOOD</b>									
Loyola University Affiliated Hospitals Foster G. Mc Graw	G. Brynjolfsson	237	736,411	5,340	4,745	4P	2C	008	11,000
<b>OAK LAWN</b>									
Christ	J. Bolanos	273	556,919	10,087	8,770	4P	1C	004	12,000
<b>OAK PARK</b>									
Oak Park	J. T. Hicks	95	433,453	5,000		2P	1C	002	
West Suburban	F. I. Volini	168	632,500	6,094	4,834	4P	1C	004	11,000
<b>PARK RIDGE</b>									
Lutheran General	J. Valaitis	352	777,914	9,703	8,255	4P	1C	004	11,835
<b>PEORIA</b>									
St. Francis	K. Kechriotis, J. Mc Gowan	347	1,395,966	13,500	10,580	4P	1C	006	10,500
University of Illinois—Peoria School of Med. Affiliated Institutions	A. C. Campbell	150	800,782	8,237	6,943	4P	1C	004	11,200
Methodist Hospital of Central Illinois									
<b>SPRINGFIELD</b>									
Southern Illinois University Affiliated Hospitals	W. M. Nickey					4P	1C	004	10,500
St. Johns		349	934,157	9,757	6,926				
Memorial Medical Center		201	687,083	9,369	9,369				
<b>INDIANA</b>									
<b>ELKHART</b>									
Elkhart General (See South Bend Medical Foundation Hospitals, South Bend)									
<b>FORT WAYNE</b>									
St. Joseph's Hospital of Fort Wayne	L. A. Schneider	174	622,504	10,555	9,366	4P	2C	004	12,000
<b>GARY</b>									
Methodist Hospital of Gary	W. P. Loh	138	613,099	6,851	6,257	4P	2C	004	12,000
St. Mary Medical Center	E. J. Mason	289	1,146,000	11,889	11,535	4P	4F	004	13,200
<b>INDIANAPOLIS</b>									
Indiana University Medical Center	C. Nordschow, J. Edwards					4P	4C	012	
Indiana University Hospitals	J. Edwards, C. Nordschow	369	840,000	6,589	6,370				10,250
Marion County General	J. Benz	164	973,317	6,161	5,879				10,250
Veterans Admin.	J. Edwards, C. Nordschow	197	1,521,562	3,937	3,507				
Methodist Hospital of Indiana	L. H. Hoyt	492	1,063,783	28,366	23,174	4P	2C 1F	008	11,316
St. Vincent	L. N. Foster	199	364,212	8,605	6,937	4P	1C 1F	004	12,158
<b>MISHAWAKA</b>									
St. Joseph (See South Bend Medical Foundation Hospitals, South Bend)									
<b>MUNCIE</b>									
Ball Memorial	G. E. Branam	324	390,997	13,645	10,830	4P	1C	004	11,800
<b>SOUTH BEND</b>									
South Bend Medical Foundation Hospitals	M. G. Quinn	84	249,598	4,514	4,513	4P	2C	004	11,000
Elkhart General (Elkhart)		52	348,639	4,457	3,633				
St. Joseph (Mishawaka)		25	118,493	1,843	1,402				
Memorial Hospital of South Bend		100	399,714	4,473	3,649				
St. Joseph's		69	347,133	4,330	3,226				
<b>IOWA</b>									
<b>DES MOINES</b>									
Iowa Methodist Medical Center	J. W. Green, Jr.	198	537,807	13,424	10,045	4P	3*	004	10,500
Mercy	J. Song	164	1,100,000	7,850	7,500	4P	3C 2*	006	10,320
<b>IOWA CITY</b>									
University of Iowa Affiliated Hospitals	G. D. Penick					4P	6C	019	10,500
University of Iowa Hospitals		505	2,545,346	14,405	14,405				
Veterans Admin.		154	1,290,377	2,648	2,331				
<b>KANSAS</b>									
<b>KANSAS CITY</b>									
University of Kansas Medical Center	D. G. Scarpelli	308	2,060,980	11,200	11,120	4P	6C	024	11,500
Veterans Admin. (Kansas City, Mo.)	T. Sato	224	1,601,231	3,757	3,498				10,000
<b>WICHITA</b>									
St. Francis	R. J. Taylor	344	451,580	10,589	6,988	4P	1C	005	10,050
St. Joseph Hospital and Rehabilitation Center—Veterans Admin. Center	W. J. Reals					4P	1C	004	
St. Joseph Hospital and Rehabilitation Center	W. J. Reals	107	643,992	5,939	3,841				12,600
Veterans Admin. Center	W. J. Reals, P. E. Matron	48	199,477	953	953				10,123



## 21A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>KANSAS, WICHITA</b> —Continued									
Wesley Medical Center	L. P. Cawley, H. H. Marsh	192	441,504	15,832	15,515	4P	2*	004	10,050
<b>KENTUCKY</b>									
<b>LEXINGTON</b>									
University of Kentucky Medical Center	D. L. Weiss	210	3,096,917	6,899	6,899	4P	2C	012	
University Veterans Admin.									
<b>LOUISVILLE</b>									
University of Louisville Affiliated Hospitals	G. R. Schrodt	301	753,334	6,841	6,430	4P	3C	012	9,600
Louisville General	G. R. Schrodt	102		1,570	761				
Norton—Children's Hospitals	D. R. Kmetz	158	1,016,336	2,462	2,400	4P	1C	004	9,420
Veterans Admin.	G. Schrodt, W. Broghamer								
<b>LOUISIANA</b>									
<b>BATON ROUGE</b>									
Earl K. Long Memorial									
(See Louisiana State Univ. Affiliated Hospitals, New Orleans)									
<b>NEW ORLEANS</b>									
Charity Hospital of Louisiana	J. Strong, C. E. Dunlap	801	4,467,489	14,853	14,850	4P	3C 1*	028	8,200
Louisiana State University Affiliated Hospitals	J. P. Strong					4P	2C	008	
Veterans Admin.	B. W. Jarvis	275	971,839	3,385	3,241				9,871
Earl K. Long Memorial (Baton Rouge)	J. Freeman	79	620,156	4,213	3,868				6,930
Ochsner Foundation	W. T. Mitchell, Jr.	245	1,300,000	11,500	10,700	4P	2C	008	9,492
Touro Infirmary	D. Bradburn	153	632,707	6,163	5,682	4P	1C	002	9,782
<b>SHREVEPORT</b>									
L. S. U. (Shreveport) Affiliated Hospitals	A. G. Smith					4P	2C 2F	010	
Confederate Memorial Medical Center		224	1,736,052	5,369	4,884				9,456
Veterans Admin.		92	645,960	1,774	1,774				11,358
<b>MAINE</b>									
<b>PORTLAND</b>									
Maine Medical Center	J. F. Stocks	300	1,223,000	12,000	9,850	4P	1*	004	10,333
<b>MARYLAND</b>									
<b>BALTIMORE</b>									
Baltimore City Hospitals	R. Garcia-Bunuel	299	1,255,146	5,228	5,203	4P	2C	009	
Greater Baltimore Medical Center	C. C. Brown	131	490,471	14,439	4,142	4P	1C	004	13,000
Johns Hopkins	R. Heptinstall, R. Conn	497	2,379,466	21,589	20,360	4P	10C	020	11,800
Maryland General	W. B. King, Jr.	188	1,544,785	16,142	13,954	4P	1C	004	12,250
St. Agnes	W. J. Hicken	201	896,211	10,829	10,505	4P	2C	006	11,500
St. Joseph	L. F. Misanik	99	1,233,436	10,715	10,036	4P	1C	004	11,200
Sinai Hospital of Baltimore	H. D. Dorfman	161	1,273,200	26,790	26,739	4P	2C	006	12,500
South Baltimore General	W. Kime	149	921,647	7,306	7,306	4P	1C	004	11,550
Union Memorial	D. K. Merenyi	189	6,742,339	8,715	8,443	4P	1C	004	12,500
University of Maryland Affiliated Hospitals						4P	4C	020	
University of Maryland	W. D. Tigertt	360	986,850	9,584	9,560				12,150
Veterans Admin.	A. J. Saladino	92	894,308	1,732	1,732				12,158
<b>BETHESDA</b>									
Suburban	J. S. Shaver	188	717,539	11,579	11,213	4P	1C 2F	004	9,450
<b>CHEVERLY</b>									
Prince George's General	I. Mattei	199	9,999,999	11,463	11,183	4P	1C	004	11,566
<b>MASSACHUSETTS</b>									
<b>BOSTON</b>									
Beth Israel	D. G. Freiman	242	1,055,175	9,118	8,863	4P	2C	008	12,300
Boston City	L. S. Gottlieb	560	14,519	12,910	12,314	4P	7C	018	11,316
Boston Hospital for Women	J. M. Craig	166	238,888	15,000	13,000	1SP	4C	004	11,000
Carney	H. J. Christian, Jr.	155	967,780	6,483	5,970	4P	1C	004	12,445
Children's Hospital Medical Center	G. F. Vawter	214	476,300	4,549	4,520	1A	2C	008	11,800
Massachusetts General	R. Mc Cluskey, A. Vickers	844	2,500,000	21,540	21,540	4P	7C	022	12,000
New England Deaconess	B. E. Copeland	286	675,465	14,316	13,611	4P	2C	012	12,250
New England Medical Center	M. H. Flax, H. J. Wolfe	280	1,108,007	7,867	7,490	3A	2C	008	11,758
Peter Bent Brigham Hospital—Veterans Admin.									
(West Roxbury)	R. Cotran	309	8,253	8,152	8,056	4P	3C	018	12,300
Peter Bent Brigham	R. Cotran	79	556,204	1,323	1,269				
Veterans Admin. (West Roxbury)	L. D. Berman	180	453,664	5,584	4,941	4P	2C	004	12,330
St. Elizabeth's Hospital of Boston	J. H. Graham					3C	1C	003	
University						4P	3C	008	12,186
Veterans Admin.	L. D. Berman	251	2,432,504	6,391	6,271				
<b>CAMBRIDGE</b>									
Mount Auburn	H. A. Bird	174	1,269,680	4,757	4,582	4P	1C	004	12,689
<b>FRAMINGHAM</b>									
Framingham Union	L. G. Tedeschi	233	428,931	9,959	9,074	4P	4C	004	11,676
<b>LYNN</b>									
Lynn	H. Olken	108	789,084	5,045	5,045	4P	1C	004	10,700
<b>MALDEN</b>									
Malden	M. V. Mac Kenzie	93	213,403	11,192	10,592	2P	1C	002	12,320
<b>NEWTON LOWER FALLS</b>									
Newton—Wellesley	A. E. O' Dea	145	727,383	7,254	5,922	4P	1C	004	11,700
<b>NORFOLK</b>									
Pondville	L. Gandbhir	119	242,597	1,748	1,744	2P	1C	001	16,263
<b>PITTSFIELD</b>									
Berkshire Medical Center	W. Beautyman	174	1,295,049	9,345	7,009	4P	1C	004	12,037

## 21A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>MASSACHUSETTS—Continued</b>									
<b>SALEM</b>									
Salem	G. P. Keane	82	556,350	5,518	4,801	4P	1C 1*	002	9,000
<b>SPRINGFIELD</b>									
Medical Center of Western Massachusetts	J. P. Sullivan	337	1,764,300	14,546	12,350	4P	1C	004	11,500
<b>WORCESTER</b>									
Memorial	R. S. Harper	173	41,463	6,281	6,281	4P	1C	003	11,100
St. Vincent	G. H. Friedell	251	532,305	6,973	6,120	4P	2C	008	11,100
Worcester City	K. Balogh	224	681,097	5,312	5,312	4P	2*	004	11,024
<b>MICHIGAN</b>									
<b>ALLEN PARK</b>									
Veterans Admin. (See Wayne State University Affil. Hosps., Detroit)									
<b>ANN ARBOR</b>									
St. Joseph Mercy	F. Holtz	269	583,191	12,180	11,730	4P	1C	004	12,000
University of Michigan Affiliated Hospitals	A. J. French					4P	1C	024	
University	A. J. French	580	3,500,000	12,280	12,280				11,650
Veterans Admin.	L. Weatherbee	182	4,370,464	2,677	2,675				13,821
Wayne County General (Eloise)	R. W. Schmidt	176	878,469	4,202	4,112				12,408
<b>DEARBORN</b>									
Oakwood (See Wayne State University Affil. Hosps., Detroit)									
<b>DETROIT</b>									
Detroit—Macomb Hospitals									
Detroit Memorial	F. B. Walker	78	1,296,020	4,300	4,190	4P	2C	008	11,700
South Macomb (Warren)		86	530,246	5,545	5,385				
Grace	G. D. Stobbe	390	2,376,870	17,272	16,686	4P			11,800
Henry Ford	S. M. Saeed	486	3,679,199	15,580	15,551	4P	4C	015	12,000
Mount Carmel Mercy Hospital and Medical Center	T. A. Reyman	280	1,309,023	8,492	8,126	4P	2C 3F	012	13,060
St. John	J. J. Humes	311	612,109	10,135	10,135	4P	2*	006	12,400
Sinai Hospital of Detroit	S. D. Kobernick	305	1,379,780	17,199	14,883	4P	2C	008	11,075
Wayne State University Affiliated Hospitals	W. Palutke	1,127	7,114,896	40,251	27,651	4P	6C	022	
Veterans Admin. (Allen Park)	B. A. Defever	169	1,573,773	3,011	3,011				12,500
Oakwood (Dearborn)	R. L. Mainwaring	187	790,130	10,601	9,938				11,400
Children's Hospital of Michigan	A. J. Brough	248	738,554	5,760	2,811				11,400
Detroit General	W. Palutke								11,400
Harper	W. Palutke								11,400
Hutzel	W. Palutke								11,400
<b>ELOISE</b>									
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor.)									
<b>FLINT</b>									
Hurley	F. V. Hodges	409	572,044	7,720	7,575	4P	1C	004	9,000
St. Joseph	W. L. Eaton	157	631,183	6,924	6,381	4P	1C 1F	004	10,000
<b>GRAND RAPIDS</b>									
Blodgett Memorial									
	O. L. Kessler	416	467,822	12,367	11,534	4P	1C 1F	005	11,160
St. Mary's	H. E. Bowman	238	1,559,741	11,569	11,298	4P	1C 1F	004	10,080
<b>KALAMAZOO</b>									
Southwestern Michigan Area Health Education Center									
	F. H. Cox					4P	1C 1F	005	13,800
Borgess	F. H. Cox	307	783,983	10,054	8,594				
Bronson Methodist	A. H. Russcher	224	579,401	13,982	12,312				
<b>LANSING</b>									
Edward W. Sparrow	W. E. Maldonado	352	273,083	11,470	10,990	4P	2C 2F	006	12,200
St. Lawrence	L. W. Walker	121	455,990	4,926	4,527	4P	2C	004	11,200
<b>PONTIAC</b>									
Pontiac General	J. Libcke	109	1,032,970	9,117	8,985	4P	1C 1F	005	12,960
St. Joseph Mercy	R. P. Eisenstein	155	665,720	9,338	7,288	4P	1C 1F 1*	007	12,190
<b>ROYAL OAK</b>									
William Beaumont	J. Bernstein, J. Rutzky	365	1,158,064	15,329	14,952	4P	2C 1F	008	12,800
<b>SOUTHFIELD</b>									
Providence	J. Shively	233	846,508	9,703	8,936	4P	1C 1F 1*	004	12,050
<b>WARREN</b>									
South Macomb (See Detroit-Macomb Hospitals, Detroit)									
<b>MINNESOTA</b>									
<b>DULUTH</b>									
St. Mary's	A. C. Aufderheide	224	371,879	7,925	6,223	4P	2C	004	10,800
<b>MINNEAPOLIS</b>									
Hennepin County Medical Center									
	J. I. Coe	295	1,431,500	8,553	7,753	4P	2* 1F	008	10,500
Metropolitan Medical Center	J. G. Popowich	205	286,944	8,101	6,175	4P	1C	004	
Northwestern Hospital of Minneapolis	F. H. Lott	265	625,542	8,255	6,595	4P	1C	003	10,580
University of Minnesota Affiliated Hospitals						4P	6*	032	10,200
University of Minnesota Hospitals	E. S. Benson	506	1,833,300	7,223	6,864				
Mount Sinai	P. C. J. Ward, M. O. Burke	57	705,190	6,611	4,236				
Veterans Admin.	E. Benson	339	2,467,086	5,569	5,472				

## 21A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>MINNESOTA—Continued</b>									
<b>ROCHESTER</b>									
Mayo Graduate School of Medicine Rochester Methodist St. Mary's	K. E. Holley	205 452	3,132,656	20,013 20,063	20,013 20,063	4P	4C	028	11,500
<b>ST. PAUL</b>									
St. Paul—Ramsey	E. Haus	297	742,045	5,153	4,613	4P	1C 2*	010	11,000
United Hospitals Miller Division	J. E. Edwards	130	184,060	6,974	5,640	4P	2C 1F	006	11,000
<b>MISSISSIPPI</b>									
<b>JACKSON</b>									
University of Mississippi Medical Center	J. G. Brunson, W. N. Bell					4P	2C 1*	012	10,000
University Veterans Adm. Center	J. G. Brunson, W. N. Bell R. R. Gatling	355 148	1,830,385 1,280,107	8,000 2,565	8,000 2,509				
<b>MISSOURI</b>									
<b>COLUMBIA</b>									
Ellis Fischel State Cancer University of Missouri Medical Center Veterans Adm.	C. M. Perez-Mesa F. V. Lucas J. F. Townsend	27 264 253	178,361 430,515 751,000	2,871 7,268 8,201	2,871 7,118 150	1SP 4P	1C 4C	004 012	10,100
<b>KANSAS CITY</b>									
St. Luke's Veterans Adm. (See Univ. of Kansas Medical Center, Kansas City, Kansas)	W. G. Wood	269	2,744,446	12,967	11,062	4P	2C	008	9,763
<b>ST. LOUIS</b>									
Barnes Hospital Group	P. E. Lacy	622	949,735	20,347	20,347	4P	8C 3*	035	11,500
Deaconess	R. W. Brangle	223	675,847	8,318	6,430	4P	1C 6F	010	11,700
De Paul	J. D. Bauer	129	778,480	6,014	5,888	4P	1C	004	7,500
Missouri Baptist	W. R. Platt, V. Oumadag	129	373,580	19,662	18,500	4P	1C 2F	004	10,887
St. John's Mercy Medical Center	F. T. Kraus	247	988,592	12,508	10,413	4P	1C 1*	005	8,880
St. Louis City	L. L. Alvarez	221	1,186,878	2,835	2,835	4P	2C	004	10,477
St. Louis University Group of Hospitals	H. B. Taylor					4P	4C	016	11,500
Firmin Desloge General	H. B. Taylor	149	1,200,000	3,759	3,720				
Cardinal Glennon Memorial Hospital for Children	H. B. Taylor	142		4,063	1,511				
St. Mary's Health Center	H. B. Taylor, E. Tucker	171	1,650,751	13,235	11,351				
Washington University Medical Center									
Jewish Hospital of St. Louis	G. L. Davis	225	673,162	8,794	8,437	4P	2C	008	11,500
<b>NEBRASKA</b>									
<b>LINCOLN</b>									
Physicians Pathology Laboratory Hospitals	O. R. Hayes	919	611,057	27,635	24,601	4P	1C	003	10,200
Bryan Memorial	O. R. Hayes	109	209,471	9,985	9,307				10,200
Lincoln General		185	321,605	7,610	6,552				
St. Elizabeth Community Health Center									
<b>OMAHA</b>									
Creighton University Affiliated Hospitals	W. A. Bardawil					4P	4C	012	
Creighton Memorial St. Joseph's	W. A. Bardawil	175	520,000	5,717	5,412				11,440
Veterans Adm.	H. J. Quigley, Jr.	184	911,799	3,496	3,465				10,449
Nebraska Methodist	J. R. Schenken	177	445,775	16,393	13,000	4P	1C	006	10,400
University of Nebraska	C. A. Mc Whorter	251	618,063	17,989	16,711	4P	2C	008	11,385
<b>NEVADA</b>									
<b>LAS VEGAS</b>									
Southern Nevada Memorial	R. R. Belliveau	175	682,430	3,904	3,904	2P	1C	003	6,000
<b>NEW HAMPSHIRE</b>									
<b>HANOVER</b>									
Dartmouth Medical School Affiliated Hospitals	G. D. Sorenson					4P	2C 1*	010	10,450
Mary Hitchcock Memorial	G. D. Sorenson	361	676,676	7,891	6,898				
Veterans Adm. Center (White River Junction, Vt.)	D. Lusted	72	426,342	1,314	1,165				
<b>NEW JERSEY</b>									
<b>ATLANTIC CITY</b>									
Atlantic City	M. Ackerman	395	1,392,777	7,075	6,123	4P	4C	004	10,800
<b>CAMDEN</b>									
Cooper	S. Burrows	237	1,833,462	10,320	9,288	4P	1C	004	11,700
Our Lady of Lourdes	W. V. Harrer	130	385,270	5,984	5,970	4P	1C	002	12,600
<b>EAST ORANGE</b>									
Veterans Adm.	D. H. Boehme	232	1,913,870	3,940	3,940	4P	1C	003	12,764
<b>ELIZABETH</b>									
St. Elizabeth	D. H. Driezian	85	513,457	4,681	4,555	4P	1C	004	10,088
<b>ENGLEWOOD</b>									
Englewood	S. Czepiel	154	902,998	10,006	7,869	4P	1C	003	
<b>FLEMINGTON</b>									
Hunterdon Medical Center (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)									
<b>GREEN BROOK</b>									
Raritan Valley (See CMONJ-Rutgers Medical School Affil. Hosps., Piscataway)									
<b>HACKENSACK</b>									
Hackensack	D. E. Brown	167	667,057	10,202	7,191	3A	1C	003	13,193
<b>JERSEY CITY</b>									
Jersey City Medical Center	G. M. Mulcahy	262	689,126	5,429	5,341	4P	1C	004	12,800



## 21A. PATHOLOGY—Continued

Chief of Service or Program Director	Total		Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
	Number of Necropsies	Laboratory Exams.				1st Yr.	All Yrs.	
<b>NEW YORK—Continued</b>								
<b>NEW YORK CITY</b>								
Albert Einstein College of Medicine Affiliated Hospitals	R. D. Terry				4P	4C	023	
Bronx Municipal Hospital Center		349	5,241,169	7,863				
Hospital of the Albert Einstein College of Medicine		146	1,212,884	6,290				
Beekman—Downtown	B. M. Wagner	129	786,000	2,866	1A	2C	002	11,500
Beth Israel Medical Center	R. J. Stenger	223	3,326,885	12,421	4P	3C	012	15,400
Booth Memorial	A. U. Blaustein	136	1,450,000	6,040	4P	2C	005	14,280
Bronx—Lebanon Hospital Center	L. Reiner	152	941,435	8,156	4P	2C	007	14,000
Brookdale Hospital Center	D. Spain	140	1,167,639	17,267	4P	2C	005	15,400
Brooklyn—Cumberland Medical Center	S. M. Farrer	195	707,281	8,260	4P	4C	010	14,500
Catholic Medical Center of Brooklyn and Queens	H. Grimvalsky				4P	2C	008	13,500
Many Immaculate Division	P. Remigio	61	583,252	7,989				
St. Mary's Division	Y. Cho	90	459,317	3,704				
Coney Island	K. Gerstmann	218	1,532,074	4,940	4P	2C	007	14,700
Harlem Hospital Center	T. Roberts, J. Hagstrom	234	2,483,831	6,392	4P	5C	012	14,700
						2F		
Hospital for Joint Diseases and Medical Center	G. C. Steiner	43	655,814	4,895	1A	2*	002	14,500
Jamaica	E. Khayat	150			4P	1C	004	
Jewish Hospital and Medical Center of Brooklyn	A. C. Allen	167		8,803	3A	1C	004	14,700
Jewish Memorial	A. Schwarz	80	475,312	2,768	4P	1C	004	
						1F		
Kingsbrook Jewish Medical Center	B. W. Volk	218	811,142	10,000	4P	2C	006	15,200
Lenox Hill	S. C. Sommers	284	1,521,812	8,919	4P	2C	008	17,050
Lincoln	H. Lepow	86	1,717,509	2,320	3A	4C	004	
Long Island College	J. Korzis	191	975,085	6,873	4P	1C	004	15,780
						1F		
Lutheran Medical Center	T. Ehrenreich	136	1,004,566	4,603	2P	2C	002	14,700
Maimonides Medical Center	S. Minkowitz	135	2,100,908	9,016	4P	1C	004	15,200
Memorial Hospital for Cancer and Allied Diseases	P. Fitzgerald	550		14,324	3A	5C	014	
Methodist	S. Werthamer	186	861,875	6,865	4P	1C	004	14,100
Misericordia—Fordham Training Program	P. E. Kalish				4P	2C	004	15,492
Fordham		113	1,598,766	3,515				
Misericordia Hospital Medical Center		126	903,948	4,206				
Montefiore Hospital Training Program	L. Koss				4P	4C	013	
Montefiore Hospital and Medical Center		439	2,985,204	21,555				
Morrisania City		101	200,234	4,368				
Mount Sinai Hospital Training Program					4P	8C	030	
Mount Sinai	E. Rubin	367	3,175,075	17,167				15,100
City Hospital Center at Elmhurst	W. Mautner	268	3,400,000	6,018				14,700
New York Hospital	J. T. Ellis	486	1,500,000	19,990	4P	3C	016	13,300
New York Medical College—Metropolitan Hospital Center	V. Tchertkoff				4P	4C	026	
Unit 1—Flower and Fifth Avenue Hospitals	M. Black	93	910,154	6,777				
Unit 2—Metropolitan Hospital Center	V. Tchertkoff	153	9,999,999	7,199				
Unit 3—Bird S. Coler Memorial Hospital and Home	S. Levine	116	317,287	617				
New York University Medical Center	F. Becker, F. Gorstein				4P	6C	024	
Bellevue Hospital Center	F. Becker	178	4,794,914	7,015				
University	F. Gorstein	152	1,570,207	9,481				
Veterans Admin. (Manhattan)	N. S. Cooper	167	2,545,985	3,860	4P	2C	010	16,001
Presbyterian	D. W. King	383	3,019,892	11,821	4P	4C	020	14,400
Francis Delafield	D. W. King	54	472,210	1,336				13,200
Queens Hospital Center								
(See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)								
Roosevelt	R. Garret	223	1,304,000	8,111	4P	6C	024	15,700
St. Clare's Hospital and Health Center	J. R. Haddad	131	673,430	3,930	3P	1C	004	15,000
St. John's Episcopal	L. M. Fox, M. C. Oguzhan	73	540,353	5,835	2P	2C	002	15,780
St. Luke's Hospital Center	C. F. Begg	254	820,000	10,941	4P	2C	006	14,830
St. Vincent's Hospital and Medical Center of New York	W. E. Delaney	208	1,998,426	7,388	4P	1C	006	13,855
						1F		
St. Vincent's Medical Center of Richmond	R. G. Howard	116	274,220	6,572	1A	2C	002	
Staten Island	V. Altman	128	699,340	5,208	2P	2C	002	13,500
S.U.N.Y. Downstate Medical Center	V. Yermakov				4P	6C	019	
						1F		
Kings County Hospital Center	V. Yermakov	362	2,191,580	15,400				13,500
State University	J. D. Broome	83	680,000	4,422				15,629
Veterans Admin. (Bronx)	F. Paronetto	206	1,930,654	4,342	4P	2C	006	16,001
Veterans Admin. (Brooklyn)	F. A. Jimenez	240	1,761,389	4,740	4P	1C	004	16,001
Wyckoff Heights	A. L. Statsinger	102	1,066,524	4,244	4P	2C	004	14,740
<b>NIAGARA FALLS</b>								
Niagara Falls Memorial Medical Center	K. K. Lee	160	308,185	4,889	4P	1C	003	9,200
<b>ROCHESTER</b>								
Genesee	J. N. Abbott	251		13,768	3A	1C	002	12,300
Rochester General	Z. M. Tomkiewicz	399	1,303,491	15,900	4P	2C	006	12,300
						1F		
Strong Memorial Hospital of the University of Rochester	S. F. Patten, Jr.	506	1,768,766	11,450	4P	4C	018	11,700
<b>SCHENECTADY</b>								
Ellis	G. F. Parkhurst	382	994,736	10,650	4P	1C	009	11,800
						3F		
<b>SYRACUSE</b>								
S.U.N.Y. Upstate Medical Center	R. B. Hill, Jr.				4P	4C	014	12,318
Community General Hospital of Greater Syracuse	J. T. Prior	124	503,583	8,437				
Crouse Irving—Memorial	R. R. Simon	249	812,010	11,128				
State University	R. B. Hill, Jr., J. Henry	180	1,622,000	6,095				9,390
St. Joseph's Hospital Health Center	N. A. Cohen	217	813,948	8,410				6,050
Veterans Admin.	C. C. Cornwall	138	721,554	2,864				5,453
<b>VALHALLA</b>								
Westchester County Medical Center	M. Lefkowitz	94	745,000	1,982	4P	1C	004	14,700

21A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>NORTH CAROLINA</b>									
<b>CHAPEL HILL</b> North Carolina Memorial	J. W. Grisham	317	2,308,930	19,818	19,818	4P	4C	016	10,200
<b>CHARLOTTE</b> Charlotte Memorial Hospital and Medical Center	A. L. Dee	371	557,936	11,895	11,416	4P	1C	004	10,920
<b>DURHAM</b> Duke University Affiliated Hospitals Duke University Medical Center Veterans Admin.	P. C. Pratt T. D. Kinney P. C. Pratt	565 255	2,541,000 6,250,000	14,340 3,976	14,340 3,976	4P	6C	026	11,385 11,935
<b>GREENSBORO</b> Moses H. Cone Memorial	C. M. Hassell, Jr.	311	984,214	25,748	24,101	4P	1C	003	10,000
<b>WINSTON-SALEM</b> Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	R. W. Prichard	551	1,903,425	10,039	10,039	4P	3C 1*	013	10,000
<b>NORTH DAKOTA</b>									
<b>GRAND FORKS</b> University of North Dakota Affiliated Hospitals United	W. A. Wasdahl W. A. Wasdahl	300	200,000	12,091	10,000	4P	1C	004	11,600
<b>OHIO</b>									
<b>AKRON</b> Akron City Children's Hospital of Akron	F. P. Urso H. J. Igel	353 107	623,840 608,840	14,224 4,037	13,412 1,843	4P 2P	1* 2C	004 002	10,500
<b>CANTON</b> Aultman	V. T. Mehta	215	1,073,272	16,064	15,723	4P	2C	008	11,000
<b>CINCINNATI</b> Good Samaritan University of Cincinnati Hospital Group Cincinnati General Children's Veterans Admin.	L. Z. Gordon R. D. Smith R. D. Smith A. J. Mc Adams R. D. Smith	318 350 145 196	1,208,059 711,475 9,023 1,236,893	17,781 8,703 5,914 2,630	17,781 8,162 3,109 2,630	4P 4P	1C 6C	004 020	10,800 9,744 12,158
<b>CLEVELAND</b> Case Western Reserve University Affiliated Hospitals University Hospitals of Cleveland Veterans Admin. Cleveland Clinic Cleveland Metropolitan General Fairview General Huron Road Lutheran Medical Center Mount Sinai Hospital of Cleveland St. Alexis St. Luke's St. Vincent Charity	J. R. Carter L. J. Mc Cormack J. D. Reid A. Greco E. E. Siegler W. Sinclair R. M. Abellera A. F. Naji J. Kleinerman J. S. Mackrell, Jr.	493 249 348 367 162 146 118 185 141 175 128	2,443,094 2,297,337 1,105,174 1,613,839 580,540 687,484 528,222 1,652,792 412,634 396,357 1,207,344	13,278 6,545 17,445 9,297 8,322 7,260 3,420 9,094 3,933 7,726 5,322	10,989 6,545 17,431 8,404 7,068 6,673 3,120 8,378 5,505 6,790 4,402	4P 4P 4P 2P 4P 2P 4P 4P 4P 4P 4P	6C 3C 3C 2* 1* 2C 1C 1C 2F 2C 1C	024 014 010 002 006 003 004 007 008 004	11,100 12,000 11,700 12,000 11,100 12,000 11,000 11,000 10,200 11,100 10,600
<b>COLUMBUS</b> Children's Grant Ohio State University Hospitals	W. A. Newton, Jr. B. H. Hurd C. R. Macpherson	181 135 347	583,448 854,456 3,738,452	6,271 9,534 10,930	6,056 8,918 10,624	2P 4P 4P	2C 1C 3C	002 003 010	11,300 9,750
<b>DAYTON</b> Wright State University Affiliated Hospitals Miami Valley St. Elizabeth Medical Center Wright State University Affiliated Hospitals Charles F. Kettering Memorial (Kettering)	J. W. Funkhouser W. Abramson E. Roth	339 214 176	1,136,116	13,229 13,888 14,362	12,550 13,650	4P 4P 4P	3C 1C 1F	008 006	11,000 9,600
<b>ELYRIA</b> Elyria Memorial	R. G. Thomas	219	510,921	9,322	9,322	4P	1C 2F	004	9,900
<b>KETTERING</b> Charles F. Kettering Memorial (See Wright State University Affiliated Hospitals, Dayton)									
<b>TOLEDO</b> Medical College of Ohio at Toledo Affiliated Hospitals Hospital of Medical College of Ohio at Toledo Mercy	J. R. Patrick D. J. Hanson	246 168	678,329 517,440	1,950 7,032	1,890 5,842	4P 4P	1C 2C	004 006	10,795 10,795
<b>YOUNGSTOWN</b> St. Elizabeth Youngstown	B. Taylor J. R. Gillis	291 436	12,265 1,961,546	10,293 12,215	10,293 11,115	4P 4P	2* 2C 2F	006 010	10,800 11,000
<b>OKLAHOMA</b>									
<b>OKLAHOMA CITY</b> Baptist Medical Center of Oklahoma St. Anthony University of Oklahoma Health Sciences Center University Hospital and Clinics Veterans Admin.	J. Hensley T. W. Violet C. E. Marshall C. E. Marshall C. E. Marshall	158 203 199 155	763,668 1,454,687	7,732 6,304 3,727	6,596 5,674 3,540	4P 4P 4P	3C 3F 1C 2F 3* 1F	010 004 008	10,023 10,023 10,803 10,023
<b>TULSA</b> Hillcrest Medical Center St. Francis St. John's	D. E. Van Wormer R. S. White B. O. Bliss	263 160 263	589,052 361,586	10,023 11,102	9,097 10,196 7,788	4P 4P 4P	1C 1C 1C	004 004 004	10,548 10,308 10,023

## 21A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>OREGON</b>									
<b>PORTLAND</b>									
Emanuel	H. Harris, N. Pickering	205	1,266,197	9,884	9,302	4P	1C	003	10,596
Good Samaritan Hospital and Medical Center	D. S. Johnson	200	907,647	9,611	8,337	4P	1C 1F	004	10,596
Providence	R. Straus	198	235,332	9,760	9,342	4P	1C	004	
St. Vincent Hospital and Medical Center	J. E. Nohlgren	267	564,324	10,453	9,203	4P	2C	006	10,752
University of Oregon Affiliated Hospitals University of Oregon Health Sciences Center Hospitals and Clinics	R. Moore, T. Hutchens	310	1,438,112	8,791	8,791	4P	3C	015	9,900
<b>PENNSYLVANIA</b>									
<b>ABINGTON</b>									
Abington Memorial	J. W. Eiman	226	1,594,000	12,773	10,879	4P	2C	006	11,000
<b>ALLENTOWN</b>									
Allentown	P. G. Panas	291	687,415	12,175	11,531	4P	1C 1F	002	10,750
<b>ALTOONA</b>									
Altoona	E. Sneff	108	297,124	6,794	6,454	4P	1C 2F	006	12,300
<b>BETHLEHEM</b>									
St. Luke's	E. J. Benz	210	562,585	9,694	8,220	4P	1C	004	12,979
<b>BRYN MAWR</b>									
Bryn Mawr	J. J. McGraw, Jr.	187	1,000,000	9,653	8,271	4P	3C 1F	004	10,000
<b>DANVILLE</b>									
Geisinger Medical Center	J. J. Moran	267	924,033	12,556	10,971	4P	2C	006	11,300
<b>DARBY</b>									
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)									
<b>ERIE</b>									
Hamot Medical Center	R. G. Pellizzari	230	446,387	10,908	8,668	4P	1C	004	10,100
St. Vincent Health Center	R. T. Renz	172	522,925	9,404	7,620	4P	3C 5F	009	11,100
<b>HERSHEY</b>									
Milton S. Hershey Medical Center of the Pennsylvania State University	R. L. Naeye	244	455,294	5,603	4,813	4P	3C	008	11,160
<b>PHILADELPHIA</b>									
Albert Einstein Medical Center	I. Young	217	1,134,105	12,629	12,107	4P	2C	008	11,100
Chestnut Hill	Z. P. Woo	110	4,509,870	5,562	5,562	4P	1C 2F	004	11,000
Children's Hospital of Philadelphia	C. L. Witzleben	168		1,820	1,272	1SP	1C	001	10,345
Episcopal	H. F. Watts	158	677,498	4,472	4,450	4P	1C	004	11,700
Frankford	S. H. Arden	82	222,500	3,855	3,165	2P	1C 1F	003	10,650
Graduate Hospital of the University of Pennsylvania	A. Valdes-Dapena, O. Ross	198	2,220	4,054	3,847	4P	1C	001	12,500
Hahnemann Medical College and Hospital	S. C. Chang	281	626,006	6,385	6,385	4P	2C	008	11,500
Hospital of the University of Pennsylvania	J. E. Wheeler	248	3,186,283	12,055	10,850	4P	4C	016	11,400
Hospital of the University of Pennsylvania	H. A. Wurzel	248	3,186,283	12,055	10,850	1SP	1C	002	
Lankenau	I. K. Kline	166	535,579	9,497	9,097	4P	2C	008	10,500
Medical College of Pennsylvania Affiliated Hospitals	J. Leighton	184	1,427,300	5,469	5,349	4P	4C	010	11,000
Hospital of the Medical College of Pennsylvania	F. K. Fite	161	394,080	4,699	4,128				13,000
Germantown Dispensary and Hospital	W. H. Miller					4P	2C	008	11,000
Mercy Catholic Medical Center	H. E. Marx	151	394,464	3,307	3,307				
Misericordia Division	W. H. Miller	186	495,552	6,254	6,054				
Fitzgerald Mercy Division (Darby)	E. M. Tassoni	111	697,181	5,375	4,599	4P	1C 1F	004	10,000
Nazareth									
Pennsylvania	J. P. Oecker	189	830,715	8,911	8,700	4P	1C	004	11,700
Philadelphia General	L. B. Rorke	180	2,153,810	4,893	4,813	4P	3C	012	11,200
Presbyterian—University of Pennsylvania Medical Center	G. A. Hermann	189	803,084	2,823	2,622	4P	2C 1F	006	11,400
St. Christopher's Hospital for Children	J. B. Arey	138		1,799	1,024	1SP	2C	002	13,066
Temple University	P. B. Putong	270	420,956	13,998	13,886	4P	3C	009	12,000
Thomas Jefferson University	G. E. Aponte	272	757,343	10,124	10,124	4P	2C	012	11,800
Veterans Admin.	P. V. Skerrett	205	1,323,720	3,275	3,275	4P	4C	004	13,000
<b>PITTSBURGH</b>									
Allegheny General	R. J. Hartsock	231	1,556,025	8,658	8,575	4P	3C	005	12,285
Hospitals of the University Health Center of Pittsburgh	T. J. Gill, 3d	1,394	4,594,762	37,750	35,319	4P	5C 1F	038	12,965
Children's Hospital of Pittsburgh	F. E. Sherman								
Eye and Ear Hospital of Pittsburgh	B. L. Johnson								
Magee—Womens	A. E. Szulman								
Montefiore									
Presbyterian—University									
Veterans Admin.	H. R. Hellstrom	272	1,047,450	9,593	7,624	4P	2C	006	11,300
Mercy	J. A. Cooper	62	184,513	3,893	3,674	1A	1C	001	12,300
St. Margaret Memorial	J. E. Kurtz, R. C. Block	115	764,362	6,912	6,912	4P	2C	005	9,600
Shadyside	E. R. Fisher	252	910,572	12,379	10,485	4P	2C	008	12,600
Western Pennsylvania	E. R. Erickson								
<b>READING</b>									
Reading	M. S. Reed	147	594,601	15,420	14,442	4P	1C	004	11,800
<b>YORK</b>									
York	J. P. Whiteley	462	1,199,817	13,261	10,799	4P	1C	004	11,360
<b>PUERTO RICO</b>									
<b>SAN JUAN</b>									
University of Puerto Rico Affiliated Hospitals University District	R. A. Marcial-Rojas	840	821,211	15,600	15,600	4P	6C	016	9,000
San Juan City		399	26,860	6,520	6,520				10,320

21A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>PUERTO RICO, SAN JUAN—Continued</b>									
Veterans Admin. Center	G. A. Ramirez De Arellano	166	1,270,613	2,603	2,423	4P	2C	008	10,354
<b>RHODE ISLAND</b>									
<b>PAWTUCKET</b>									
Memorial (See Brown University Affiliated Hospitals, Providence)									
<b>PROVIDENCE</b>									
Brown University Affiliated Hospitals	H. Fanger					4P	2C	008	
Memorial (Pawtucket)	T. S. Micolonghi	151	673,932	3,434	3,434				11,816
Miriam	S. M. Aronson	93	895,370	6,847	6,847				11,869
Rhode Island	H. Fanger	419	1,932,293	12,730	12,092				11,950
Roger Williams General	I. Diamond	297	1,754,878	6,683	6,683				11,868
St. Joseph's	S. R. Allegra	134	1,327,380	8,549	7,749	4P	1C	004	11,000
<b>SOUTH CAROLINA</b>									
<b>CHARLESTON</b>									
Medical University of South Carolina Teaching Hospitals	G. R. Hennigar					4P	6C	022	
Medical University of South Carolina Charleston County	G. R. Hennigar	1,115	4,435,458	26,670	25,847				11,700
Naval Regional Medical Center	F. A. Trefny	95							
Veterans Admin.	G. R. Hennigar	48	1,035,149	6,936	6,543				9,900
		134	1,291,561	4,827	103				
<b>SOUTH DAKOTA</b>									
<b>SIOUX FALLS</b>									
University of South Dakota Affiliated Hospitals Sioux Valley	J. F. Barlow	131	263,908	5,841	5,841	4P	1C 1F	004	9,960
<b>TENNESSEE</b>									
<b>CHATTANOOGA</b>									
University of Tennessee Clinical Education Center Baroness Erlanger	J. Abramson, M. Kosanovich	209	1,224,821	18,667	18,596	4P	4C 1F	007	11,700
<b>KNOXVILLE</b>									
University of Tennessee Memorial Research Center and Hospital	F. S. Jones	192	617,685	8,686	7,429	4P	1C	004	9,487
<b>MEMPHIS</b>									
Baptist Memorial	E. E. Muirhead	362	3,923,716	28,602	28,154	4P	9C	021	10,860
City of Memphis Hospitals	J. A. Shively	304	1,852,099	9,424	9,424	4P	4C	018	10,236
Methodist	J. K. Duckworth	248	4,526,573	21,196	21,196	4P	2C 1F	008	11,500
Veterans Admin.	J. M. Young	303	1,342,549	4,229	4,182	4P	2C	002	12,635
<b>NASHVILLE</b>									
George W. Hubbard Hospital of the Meharry Medical College	L. D. Green	175	275,000	2,500	2,500	4P	3C	004	
Vanderbilt University Affiliated Hospitals						4P	5C	015	
Vanderbilt University	W. H. Hartmann	248	1,320,321	10,332	10,023				9,482
Nashville Metropolitan General	R. J. Freeman	75	773,774	3,615	3,529				
Veterans Admin.	R. D. Buchanan	138	1,696,272	3,144	3,027				9,755
<b>TEXAS</b>									
<b>AUSTIN</b>									
Brackenridge	A. Q. Da Silva	156	577,221	8,178	8,178	4P	2C 2F	004	11,760
<b>DALLAS</b>									
Baylor University Medical Center	G. J. Race	356	1,579,947	22,669	21,271	4P	4C	016	9,630
Methodist Hospital of Dallas	G. Noteboom	135	605,639	17,339	16,368	4P	1C	004	10,000
Parkland Memorial	V. A. Stenbridge	385	3,547,179	10,650	10,650	4P	6C	024	9,180
St. Paul	J. H. Childers	171	778,567	9,338	8,405	4P	2C	005	10,080
Veterans Admin.	W. W. Sheehan	240	2,172,874	4,444	4,444	4P	2C	003	10,071
<b>FORT WORTH</b>									
Harris Hospital—Fort Worth Medical Center	C. B. Mitchell	223	410,279	22,676	20,092	4P	1C	002	9,996
<b>GALVESTON</b>									
University of Texas Medical Branch Hospitals	E. V. Dahl	286	1,350,000	10,000	9,100	4P	2C	010	11,400
<b>HOUSTON</b>									
Baylor College of Medicine Affiliated Hospitals	J. L. Titus					4P	5C	021	9,540
Ben Taub General	J. L. Titus	380	2,429,601	9,997	9,997				
Jefferson Davis	J. L. Titus		697,994						
Methodist	J. L. Titus	392	1,975,664	21,151	13,742				
Texas Children's	H. S. Rosenberg	171	583,969	3,587	3,467				
Veterans Admin.	F. Gyorkey	378	2,669,719	13,424	13,424				
St. Joseph	P. M. Marcuse	264	1,265,398	10,828	9,657	4P	1C	005	9,960
St. Luke's Episcopal	C. J. Lind	227	1,116,674	11,666	11,450	4P	1C	008	9,540
University of Texas at Houston Affiliated Hospitals Hermann	D. A. Cannon	194	2,021,292	16,825	14,710	4P	4C	010	9,792
University of Texas M. D. Anderson Hospital and Tumor Institute	J. Trujillo, W. O. Russell	429	1,975,787	15,055	15,055	4P	2C	018	10,000
<b>LUBBOCK</b>									
Methodist	W. H. Long	194	497,619	8,455	6,055	4P	1C	002	
<b>SAN ANTONIO</b>									
Baptist Memorial	A. O. Severance	235	921,487	16,615	15,292	4P	2C	008	9,000
University of Texas at San Antonio Teaching Hospitals	J. J. Ghidoni					4P	3C	011	9,800
Bexar County Teaching	J. J. Ghidoni	208	868,019	8,721	7,800				
Santa Rosa Medical Center	N. H. Jacob, Jr.	187	9,999,999	8,676	8,368				
<b>TEMPLE</b>									
Scott and White Memorial	R. F. Peterson	156	862,938	7,779	7,344	4P	2C	004	10,500



## 21A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1976-1977			Annual Salary (Min.)
							1st Yr.	All Yrs.		
<b>UTAH</b>										
<b>SALT LAKE CITY</b>										
Holy Cross Hospital of Salt Lake City	C. Fullmer, B. Lloyd	114	801,974	8,536	6,764	4P	1C	001	10,500	
Latter—Day Saints	J. H. Carlquist	225	527,990	15,660	13,138	4P	4C	004	11,200	
University of Utah Affiliated Hospitals	R. W. Mc Divitt					4P	3C	009	10,500	
University Veterans Admin.	R. W. Mc Divitt C. R. Kjeldsberg	419 149	1,531,325 1,243,665	6,439 1,560	6,439 1,560					
<b>VERMONT</b>										
<b>BURLINGTON</b>										
Medical Center Hospital of Vermont	J. E. Craighead	261	601,283	11,004	8,980	4P	3C	012	9,250	
<b>WHITE RIVER JUNCTION</b>										
Veterans Admin. Center (See Dartmouth Medical Sch. Affil. Hosps., Hanover, N. H.)										
<b>VIRGINIA</b>										
<b>CHARLOTTESVILLE</b>										
University of Virginia	B. C. Sturgill	425	1,600,000	15,100	15,000	4P	3C	012	9,900	
<b>DANVILLE</b>										
Memorial	T. J. Moran	178	943,505	8,945	8,285	4P	1C	002	8,400	
<b>FALLS CHURCH</b>										
Fairfax	C. B. Cook	215	1,219,384	19,652	15,106	4P	2C	004	11,519	
<b>NEWPORT NEWS</b>										
Riverside	F. Q. Wingfield	215	861,788	15,416	15,127	4P	1C	004		
<b>NORFOLK</b>										
De Paul	R. J. Faulconer	178	777,085	12,052	10,817	4P	1C	006	11,100	
Norfolk General	R. R. Stephens	400	1,500,000	15,000	11,000	4P	1C	002	11,100	
<b>RICHMOND</b>										
Virginia Commonwealth University M.C.V. Affiliated Hospitals	F. Goodale	405	2,600,000	13,963	10,945	4P	5C	029	9,900	
Medical College of Virginia Hospitals	F. Goodale				3,070					
Veterans Admin.	P. F. Schatzki	206	1,718,654	3,093						
<b>WASHINGTON</b>										
<b>SEATTLE</b>										
University of Washington Affiliated Hospitals	E. A. Barker					4P	7C	030		
Children's Orthopedic Hospital and Medical Center	J. B. Beckwith	116	453,585	2,589	1,053					
Harborview Medical Center	E. Barker	126		2,329	2,142					
Swedish Hospital Medical Center	W. B. Hamlin	265	574,632	17,054	13,940				9,000	
U. S. Public Health Service	H. E. Hall	76	705,212	3,913	3,863					
University Veterans Admin.	H. T. Norris	267		4,355	4,180				9,252	
Virginia Mason	R. Vracko	196	782,790	2,401	2,400				9,672	
	D. Bauermeister	164	1,129,615	10,204	9,350	4P	1C	005	10,204	
<b>SPOKANE</b>										
Sacred Heart Medical Center	J. E. Hill, J. Watanabe	317	800,000	10,206	8,927	4P	1C	004	9,300	
<b>TACOMA</b>										
Tacoma General	M. J. Wicks, C. Reberger	363	1,833,092	23,000	17,000	4P	1C	001	9,400	
<b>WEST VIRGINIA</b>										
<b>BECKLEY</b>										
Appalachian Regional	W. A. Laqueur	179	494,397	4,860	4,474	4P	1C	002	12,000	
<b>CHARLESTON</b>										
Charleston Area Medical Center	K. Klapproth	341	1,744,507	17,250	16,339	4P	1C	004	9,900	
<b>HUNTINGTON</b>										
Cabell Huntington	S. Werthammer	147	1,081,083	7,040	6,833	4P	1C	004	13,200	
<b>MORGANTOWN</b>										
West Virginia University	N. F. Rodman	298	999,772	6,443	5,960	4P	4C	016	10,200	
<b>WHEELING</b>										
Ohio Valley Medical Center	R. O. Bell, Jr.	171	554,068	8,190	6,379	4P	2C	004	12,420	
<b>WISCONSIN</b>										
<b>MADISON</b>										
Madison General	P. G. Piper	175	913,261	9,492	7,282	4P	1C	004	10,800	
University of Wisconsin Affiliated Hospitals	A. W. Dudley, Jr.					4P	5C	026		
University Hospitals	A. W. Dudley, Jr.	397	4,240,793	13,568	13,126		1*		10,800	
Veterans Admin.	J. M. B. Bloodworth, Jr.	209	1,043,868	1,895	1,797					
<b>MILWAUKEE</b>										
Medical College of Wisconsin Affiliated Hospitals							5C	025		
Milwaukee County General	J. V. Straumfjord, Jr.	400	2,868,326	6,767	6,737	4P	1F		10,537	
Veterans Admin. Center (Wood)	K. Pintar	305	1,513,824	3,676	3,382	4P			11,809	
Milwaukee Children's	S. R. Mc Creadie	80	383,677	3,026	2,048	2P	2C	002	10,545	
Mount Sinai Medical Center	J. N. Shanberge	81	707,099	7,061	6,420	4P	1C	004	11,300	
St. Francis	E. R. Tucker	46	400,109	5,451	5,001	4P	2C	002	10,000	
St. Joseph's	C. H. Altshuler	228	1,156,951	11,588	8,736	4P	1*	005	11,000	
St. Luke's	G. E. Batayias	212	1,438,326	7,922	7,900	4P	2C	006	10,500	
St. Mary's	D. J. Carlson	128	220,308	5,744	4,188	4P	1C	004	10,500	

## 21B. PATHOLOGY, FORENSIC

Residency programs in the following institutions and agencies have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association and the American Board of Pathology, through the Residency Review Committee for Pathology, as offering acceptable training in Forensic Pathology.

*Examined at Scene by Pathologist	Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies, Toxico- logical Tests Made	Necropsies on Bodies Exam.*	Positions Offered 1976-1977 1st Yr.	Positions Offered 1976-1977 All Yrs.	Annual Salary (Min.)
<b>UNITED STATES ARMY, NAVY AND AIR FORCE</b>								
<b>DISTRICT OF COLUMBIA</b>								
Armed Forces Institute of Pathology, Washington	R. C. Froede, R. Thompson	950	100	3,000	675	4C	004	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>								
<b>CALIFORNIA</b>								
<b>LOS ANGELES</b>								
Department of Chief Medical Examiner—Coroner County of Los Angeles	T. T. Noguchi	6,432	942	36,581	150	1C	002	
<b>OAKLAND</b>								
Institute of Forensic Sciences	G. S. Loquvam	1,487	152	19,748		1C	001	10,800
<b>SAN FRANCISCO</b>								
University of California Medical Center	R. R. Wright	2,285	137	6,079	2,285	2C	002	
<b>SAN JOSE</b>								
Santa Clara County Medical Examiner—Coroner's Office	J. E. Hauser	1,273	66	2,361	75	1C	001	
<b>COLORADO</b>								
<b>DENVER</b>								
Denver General	G. Ogura	513	92	1,663	513	1C	001	11,600
<b>DISTRICT OF COLUMBIA</b>								
<b>WASHINGTON</b>								
Office of the Chief Medical Examiner	B. Blackburne, J. L. Luke	1,112	299	9,561	300	2C	002	15,000
<b>FLORIDA</b>								
<b>FORT LAUDERDALE</b>								
Office of the Chief Medical Examiner, Broward County	G. T. Mann	847	149	430	847	2C	002	10,000
<b>MIAMI</b>								
Office of the Medical Examiner of Dade County	J. H. Davis	1,866	283	179,510	1,866	2C	002	15,000
<b>INDIANA</b>								
<b>INDIANAPOLIS</b>								
Marion County General	J. Benz	673	131	888	673	1C	001	10,250
<b>MARYLAND</b>								
<b>BALTIMORE</b>								
Office of the Chief Medical Examiner—Maryland Medical—Legal Foundation	I. W. Sopher	2,311	350	11,400	125	4C	004	18,000
<b>MICHIGAN</b>								
<b>DETROIT</b>								
Wayne County Medical Examiners Office	W. U. Spitz	4,000	900	10,000	2,600	2C	003	15,684
<b>MINNESOTA</b>								
<b>MINNEAPOLIS</b>								
Hennepin County Medical Center	J. I. Coe	715	63	1,443	715	1C	001	10,500
<b>NEW MEXICO</b>								
<b>ALBUQUERQUE</b>								
Office of Chief Med. Investigator—Univ. of New Mexico School of Med.	J. T. Weston	585	138	6,986	468	1C	001	15,000
<b>NEW YORK</b>								
<b>EAST MEADOW</b>								
Office of the Medical Examiner, Nassau County	L. I. Lukash	1,048	32	23,865		1C	001	17,489
<b>NEW YORK CITY</b>								
Office of the Chief Medical Examiner, City of New York	M. Helpert	8,000	1,800	6,000		6C	006	
<b>ROCHESTER</b>								
Office of the Monroe County Medical Examiner	J. F. Edland	610	57	3,800	1,850	1C	001	21,050
<b>VALHALLA</b>								
Office of the Medical Examiner	H. Siegel	750	25	3,500		1C	001	20,000
<b>NORTH CAROLINA</b>								
<b>CHAPEL HILL</b>								
Office of the Chief Medical Examiner	P. Hudson	3,534		6,100				22,000
<b>OHIO</b>								
<b>CINCINNATI</b>								
Hamilton County Coroner's Office	F. Cleveland, P. Jolly	740	76	1,051	100	2C	002	12,000
<b>CLEVELAND</b>								
Cuyahoga County Coroner's Office	L. Adelson, S. R. Gerber	1,491	364	3,158	125	3C	003	
<b>OKLAHOMA</b>								
<b>OKLAHOMA CITY</b>								
Office of Chief Medical Examiner	A. J. Chapman	684	162	8,746		2C	002	
<b>PENNSYLVANIA</b>								
<b>PHILADELPHIA</b>								
Office of the Medical Examiner	M. E. Aronson	1,300	480	3,300	1,300	3C	003	6,000
<b>PITTSBURGH</b>								
Office of the Medical Examiner	C. H. Wecht, J. A. Perper	850	109	1,680		2C	002	18,000

## 21B. PATHOLOGY, FORENSIC—Continued

*Examined at Scene by Pathologist	Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies, Toxico- logical Tests Made	Necropsies on Bodies Exam.*	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>PUERTO RICO</b>								
<b>RIO PIEDRAS</b> Institute of Legal Medicine, University of Puerto Rico	R. A. Marcial-Rojas	2,029	400	1,083		1C	001	
<b>SOUTH CAROLINA</b>								
<b>CHARLESTON</b> Medical University of South Carolina	G. R. Hennigar	454	122	2,729	454	1C	002	
<b>TENNESSEE</b>								
<b>MEMPHIS</b> University of Tennessee—Institute of Pathology	J. T. Francisco	575	170	12,005	463	1*	002	12,000
<b>TEXAS</b>								
<b>DALLAS</b> Southwestern Institute of Forensic Sciences	C. S. Petty	1,185	285	7,123	500	2C	002	9,000
<b>UTAH</b>								
<b>SALT LAKE CITY</b> Office of the Medical Examiner—University of Utah Medical Center	S. M. Moore	302	45	3,390	302	1C	001	
<b>VIRGINIA</b>								
<b>RICHMOND</b> Medical College of Virginia	D. K. Wiecking	592	192	1,373	1,300	1C	002	12,000

## 21C. PATHOLOGY, NEUROPATHOLOGY

Residency programs in the following institutions and agencies have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association and the American Board of Pathology, through the Residency Review Committee for Pathology, as offering acceptable training in Neuropathology.

Chief of Service or Program Director	Necropsies with CNS Exams.	Neurosurgical Specimens	Length of Approved Program (Yrs.)	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)	
<b>UNITED STATES ARMY, NAVY, AND AIR FORCE</b>							
<b>DISTRICT OF COLUMBIA</b>							
Armed Forces Institute of Pathology, Washington	K. M. Earle	528	923	2	2C	005	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>CALIFORNIA</b>							
<b>LOS ANGELES</b> Los Angeles County—U.S.C. Medical Center	R. L. Davis	698	108	2	1C	001	15,732
<b>SAN DIEGO</b> University of California (San Diego) Affiliated Hospitals	A. A. Liebow			2	1C	001	
University of California, San Diego—University Hospital	P. W. Lampert	291	205				12,300
Veterans Admin.	P. W. Lampert	287	182				13,316
<b>SAN FRANCISCO</b> Langley Porter Neuropsychiatric Institute	N. Malamud	80	5	2	1C	001	11,700
University of California Program	S. L. Nielsen			2	1C	001	
H. C. Moffitt—University of California Hospitals	S. L. Nielsen						13,600
San Francisco General	D. Mc Kay	154	32				13,600
Veterans Admin.	J. R. Baringer	155	115				12,300
<b>STANFORD</b> Stanford University	L. J. Rubinstein	587	89	2	1C	002	
<b>FLORIDA</b>							
<b>MIAMI</b> Jackson Memorial				2	1C	002	
<b>GEORGIA</b>							
<b>ATLANTA</b> Emory University School of Medicine	Y. Takei	597	430	2	2C	002	10,920
<b>INDIANA</b>							
<b>INDIANAPOLIS</b> Indiana University Medical Center	W. Zeman	627	91	2	5C	005	9,000
<b>IOWA</b>							
<b>IOWA CITY</b> University of Iowa Affiliated Hospitals	P. A. Cancilla			2	2C	004	10,500
University of Iowa Hospitals		505	450				
Veterans Admin.		132	60				
<b>KANSAS</b>							
<b>KANSAS CITY</b> University of Kansas Medical Center	J. J. Kepes	315	260	2	1C	002	
<b>KENTUCKY</b>							
<b>LEXINGTON</b> University of Kentucky Medical Center	A. W. Musser	231	176	2	1C	002	
<b>LOUISIANA</b>							
<b>NEW ORLEANS</b> Louisiana State University Affiliated Hospitals	P. Mc Garry	153	69	2	2C	002	
Charity Hospital of Louisiana		351	120				
Veterans Admin.		227	83				

21C. PATHOLOGY, NEUROPATHOLOGY—Continued

	Chief of Service or Program Director	Necropsies with CNS Exams.	Neurosurgical Specimens	Length of Approved Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MARYLAND</b>							
<b>BALTIMORE</b>							
Johns Hopkins University of Maryland School of Medicine	D. L. Price	125	454	2	2C	002	11,800
				2	1C	002	
<b>MASSACHUSETTS</b>							
<b>BOSTON</b>							
Beth Israel Hospital—Children's Hospital Medical Center	E. Hedley-Whyte, F. Gilles			2	2C	002	12,300
Beth Israel Children's Medical Center	E. T. Hedley-Whyte	176	62				
	F. Gilles	215	91				
Peter Bent Brigham	W. Schoene	260	101	2	2C	002	13,100
<b>MISSOURI</b>							
<b>COLUMBIA</b>							
University of Missouri Medical Center	M. N. Hart	325	115	2	1C	002	11,600
<b>NEW YORK</b>							
<b>NEW YORK CITY</b>							
Columbia University College of Physicians and Surgeons	P. E. Duffy		1,103	2	1C	003	14,400
New York Hospital	C. K. Petito	450	580	2	2C	002	13,300
New York University Medical Center	I. Feigin			2	1C	002	
University	I. Feigin, F. Gorstein	91	285				
Bellevue Hospital Center	I. Feigin, F. Becker	344	50				
Goldwater Memorial	I. Feigin	26					
S. U. N. Y. Downstate Medical Center	J. Sher			2	1C	002	
Kings County Hospital Center		592	244				15,629
State University		63	23				
<b>ROCHESTER</b>							
Strong Memorial Hospital of the University of Rochester	L. W. Lapham	467	129	2	1C	002	11,700
<b>NORTH CAROLINA</b>							
<b>OURHAM</b>							
Duke University Medical Center	F. S. Vogel	525	810	2	2C	004	11,385
<b>OHIO</b>							
<b>CLEVELAND</b>							
Case Western Reserve University Affiliated Hospitals							
University Hospitals of Cleveland	U. Roessmann	327	244	2	2C	002	11,100
Cleveland Metropolitan General	B. Q. Banker	383	57	2	2C	002	12,900
<b>COLUMBUS</b>							
Ohio State University Hospitals	L. Liss	250	57	2	2C	002	9,750
<b>PENNSYLVANIA</b>							
<b>PHILADELPHIA</b>							
Philadelphia General	L. B. Rorke	182	28	2	1C	001	12,400
University of Pennsylvania Affiliated Hospitals	J. E. Wheeler			2	2C	002	
Hospital of the University of Pennsylvania	J. E. Wheeler	363	237				11,400
Graduate Hospital of the University of Pennsylvania	N. Gonatas	157					12,500
<b>PITTSBURGH</b>							
Hospitals of the University Health Center of Pittsburgh	T. J. Gill, 3d	1,109	461	2	1C	001	12,965
Presbyterian—University	J. Moossy						
Children's Hospital of Pittsburgh	J. Moossy						
Eye and Ear Hospital of Pittsburgh	J. Moossy						
Magee—Womens	J. Moossy						
Montefiore							
Veterans Admin.							
<b>RHODE ISLAND</b>							
<b>PROVIDENCE</b>							
Brown University	S. M. Aronson	330	150	2	2C	002	12,917
<b>SOUTH CAROLINA</b>							
<b>CHARLESTON</b>							
Medical University of South Carolina	G. Hennigar, J. Balentine	1,052	204	2	1C	002	
<b>UTAH</b>							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals	M. L. Grunnet			2	1C	001	
University	M. L. Grunnet	310	75				
Veterans Admin.	C. R. Kjeldsberg	132	24				10,500
<b>VIRGINIA</b>							
<b>CHARLOTTESVILLE</b>							
University of Virginia	B. C. Sturgill	302	250	2	1*	002	9,900
<b>RICHMOND</b>							
Medical College of Virginia	W. I. Rosenblum	400	500	2	1C	001	12,000
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals	E. C. Alvord, Jr.	519	42	2	1C	003	
University							
<b>WISCONSIN</b>							
<b>MADISON</b>							
University of Wisconsin Affiliated Hospitals	A. W. Dudley, Jr.			2	1C	002	12,000
University Hospitals	A. W. Dudley, Jr.	204	253				
Veterans Admin.	J. M. B. Bloodworth, Jr.	182	55				

## 22. PEDIATRIC ALLERGY

The programs in Pediatric Allergy which have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Academy of Pediatrics, and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, are listed following the programs in Pediatrics, as List 24C.

## 23. PEDIATRIC CARDIOLOGY

The programs in Pediatric Cardiology, which have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Academy of Pediatrics, and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, are listed following the programs in Pediatric Allergy, as List 24D.

## 24A. PEDIATRICS

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering approved training in the specialty. See also List 24B.

		Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre- mature	Positions Offered 1976-1977		Annual Salary (Min.)
Chief of Service or Program Director							1st Yr.	All Yrs.	
<b>UNITED STATES AIR FORCE</b>									
<b>CALIFORNIA</b>									
David Grant U.S.A.F. Medical Center, Fairfield	C. J. Beauchamp	30	1,415	41,138	1,2,3	017	5C	014	
<b>MISSISSIPPI</b>									
U.S.A.F. Medical Center, Biloxi	W. J. Lawson	9	598	46,046	1,2,3	017	4C 1*	005	
<b>TEXAS</b>									
Wilford Hall U. S. A. F. Medical Center, San Antonio	H. H. Johnson	25	1,881	50,571	1,2,3	034	6C	018	15,078
<b>UNITED STATES ARMY</b>									
<b>CALIFORNIA</b>									
Letterman Army Medical Center, San Francisco	J. L. Stewart, Jr.	10	412	23,739	1,2,3	006	2C 1F	008	
<b>COLORADO</b>									
Fitzsimons Army Medical Center, Denver	J. H. Shira	18	1,748	106,481	ALL	012	3C 1F	012	
<b>DISTRICT OF COLUMBIA</b>									
Walter Reed Army Medical Center, Washington	J. E. Shira	21	1,571	25,508	1,2,3	015	3C	013	
<b>HAWAII</b>									
Tripler Army Medical Center, Honolulu	J. W. Bass	26	1,399	31,825	ALL	044	4C	012	
<b>TEXAS</b>									
William Beaumont Army Medical Center, El Paso	R. G. Fearnow	25	1,030	101,270	1,2,3	027	4C 3* 1F	014	10,058
Brooke Army Medical Center, San Antonio	L. Canales	24	1,500	62,000	1,2,3	016	4C	012	
<b>WASHINGTON</b>									
Madigan Army Medical Center, Tacoma	C. E. Stracener	26	2,463	86,085	ALL	027	3C 2F	012	
<b>UNITED STATES NAVY</b>									
<b>CALIFORNIA</b>									
Naval Regional Medical Center, Oakland	J. W. Hayes	21	1,688	35,115	1,2,3	010	3C	009	
Naval Regional Medical Center, San Diego	J. E. Scharberger	40	3,000	66,700	1,2,3	048	5C	015	
<b>MARYLAND</b>									
National Naval Medical Center, Bethesda	D. W. Bailey	16	952	32,709*	1,2,3	015	3C	012	
<b>PENNSYLVANIA</b>									
Naval Regional Medical Center, Philadelphia	W. M. Bason	13	745	20,772	1,2,3	009	2C	006	
<b>VIRGINIA</b>									
Naval Regional Medical Center, Portsmouth	J. L. Hughes	19	884	55,776	1,2,3	049	5C	018	
<b>OTHER FEDERAL</b>									
<b>CANAL ZONE</b>									
Gorgas, Balboa Heights	D. Hirschl	13	706	18,691	1,2	010	2C 2F	006	13,023
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>									
<b>ALABAMA</b>									
<b>BIRMINGHAM</b>									
University of Alabama Medical Center Children's University of Alabama Hospitals	J. W. Benton, Jr.	77 9	5,734 2,414	74,484 5,947	ALL		12C	031	10,200
<b>FAIRFIELD</b>									
Lloyd Noland	H. L. Crandall	17	1,195	31,545	1,2,3	006	2C 1F	006	12,000

## 24A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>ALABAMA—Continued</b>									
<b>MOBILE</b>									
University of South Alabama Affiliated Hospitals University of South Alabama Medical Center Hospital and Clinics	H. P. Bentley, Jr.	17	1,029	10,299	1,2,3	027	4C 2F	011	10,704
<b>ARIZONA</b>									
<b>PHOENIX</b>									
Phoenix Hospitals Affiliated Pediatric Program	J. K. Charlton				ALL			14C 040	
Good Samaritan	P. S. Bergeson	24	2,465	3,942		042			10,165
Maricopa County General	J. K. Charlton	23	1,591	23,017		050			12,130
St. Joseph's Hospital and Medical Center	M. L. Cohen	37	2,834	4,591		041			11,520
<b>TUCSON</b>									
University of Arizona Affiliated Hospitals Pima County General Tucson Medical Center University	G. Morrow, 3d			17,193 126 16,704	ALL			13C 035	10,300
		30	1,580			070			
		24	1,267			018			
<b>ARKANSAS</b>									
<b>LITTLE ROCK</b>									
University of Arkansas Medical Center University Arkansas Children's	W. T. Dungan	23 18	1,004 823	5,759 36,976	1,2,3	028		6C 018	9,300
<b>CALIFORNIA</b>									
<b>DAVIS</b>									
University of California (Davis) Affiliated Hospitals University of Calif. (Davis) Sacramento Medical Center (Sacramento)	E. Gold	13	1,311	16,441	ALL			3C 018	10,900
						022			
<b>FRESNO</b>									
Valley Medical Center of Fresno	J. F. Mc Kenna	19	1,265	19,530	1,2,3	022	2C 1F	009	15,540
<b>IRVINE</b>									
University of California (Irvine) Affiliated Hospitals Childrens Hospital of Orange County (Orange) Orange County Medical Center (Orange) Memorial Hospital Medical Center (Long Beach)	T. L. Nelson T. L. Nelson H. W. Orme	49 39 70	3,539 1,665	8,415 22,000 11,000	ALL			12C 053	10,900
						025 018			10,900
<b>LOMA LINDA</b>									
Loma Linda University Affiliated Hospitals Loma Linda University Riverside General (Riverside)	R. F. Chinnock J. W. Mace T. Shafai	26 21	1,384 1,195	26,500 17,261	1,2,3	031		10C 030	10,392 11,696
<b>LONG BEACH</b>									
Memorial Hospital Medical Center (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)									
<b>LOS ANGELES</b>									
Cedars—Sinai Medical Center Cedars of Lebanon Hospital Division Childrens Hospital of Los Angeles Kaiser Foundation Los Angeles County—U.S.C. Medical Center Martin Luther King, Jr. General U. C. L. A. Hospital and Clinics, Center for the Health Sciences White Memorial Medical Center	B. M. Kagan C. M. Grushkin M. R. Brody J. P. Allen R. E. Greenberg J. M. Bergstein N. S. Nation	41 215 38 86 36 26	1,586 14,789 2,937 4,196 1,884 1,649	4,087 72,342 124,601 51,428 43,000 14,298 9,956	1,2,3 ALL 1,2,3 ALL 1,2,3 ALL 1,2,3	042 ALL 036 129 048 013 018	6C 22C 3C 26C 10C 12C 3C 2F	014 058 007 069 026 030 008	11,580 11,618 11,267 12,612 15,732 12,300 11,764
<b>OAKLAND</b>									
Children's Hospital Medical Center of Northern California Kaiser Foundation	R. H. Gerdson E. Schoen	102 29	7,321 2,675	76,866 86,993	1,2,3 1,2,3	028 004		11C 030 2C 008	11,800 10,920
<b>ORANGE</b>									
Childrens Hospital of Orange County (See University of California (Irvine) Affil. Hosps., Irvine) Orange County Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)									
<b>RIVERSIDE</b>									
Riverside General (See Loma Linda University Affiliated Hosps., Loma Linda)									
<b>SACRAMENTO</b>									
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)									
<b>SAN DIEGO</b>									
University of California (San Diego) Affiliated Hospitals University of California, San Diego—University Hospital Mercy Hospital and Medical Center	W. L. Nyhan W. L. Nyhan D. M. E. Allan	32 39	2,835 722	9,939 4,735	1,2,3	023 024		10C 026	10,900 12,300
<b>SAN FRANCISCO</b>									
Children's Hospital and Adult Medical Center Kaiser Foundation Mount Zion Hospital and Medical Center University of California Program  H. C. Moffitt—University of California Hospitals San Francisco General	S. T. Giammona H. R. Shinefield D. C. Garell M. M. Grumbach  M. M. Grumbach M. Grossman	19 15 11 45 6	1,091 1,315 1,751 2,569 519	9,714 70,821 14,619 15,081 27,933	1,2,3 1,2,3 1,2,3 ALL	024 026 016 012 006	5C 4C 4C 8C 2F	015 011 010 035	10,459 10,320 10,900 10,300
<b>SAN JOSE</b>									
Santa Clara Valley Medical Center	J. R. Maloney	23	1,423	15,585	1,2	021		3C 014	12,966
<b>STANFORD</b>									
Stanford University	I. Schulman	60	2,640	10,100	1,2,3	035		13C 038	11,500
<b>TORRANCE</b>									
Los Angeles County Harbor General	J. St. Geme	49	2,851	12,951	ALL			8C 024	12,612

## 24A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>COLORADO</b>									
<b>DENVER</b>									
University of Colorado Affiliated Hospitals	F. C. Battaglia				ALL		20C	064	10,000
University of Colorado Medical Center	F. C. Battaglia	27	1,464	40,313		041			
Children's	A. Silverman	103	7,539	37,337		031			
Denver General	J. R. Connell	25	1,666	21,042		030			
<b>CONNECTICUT</b>									
<b>BRIDGEPORT</b>									
Bridgeport	J. Landwirth	30	3,260	4,287	1,2,3	029	7C 1F	015	11,665
<b>FARMINGTON</b>									
University of Connecticut Affiliated Hospitals	M. Markowitz			8,500	1,2,3		18C	055	
John Dempsey	M. Markowitz								10,815
Hartford (Hartford)	L. Chameides	44	6,557	20,000		037			10,950
Mount Sinai (Hartford)	R. Kramer	15	1,717	1,522		015			10,815
St. Francis (Hartford)	W. E. Hart	29	2,471	9,349		031			
New Britain General (New Britain)	J. B. G. Trouern-Trend	20	1,932			020			11,500
Newington Children's (Newington)	F. J. Flynn, Jr.	86	1,689	3,148					11,500
<b>HARTFORD</b>									
Hartford									
(See Univ. of Connecticut Affil. Hosps., Farmington)									
Mount Sinai									
(See Univ. of Connecticut Affil. Hosps., Farmington)									
St. Francis									
(See Univ. of Connecticut Affil. Hosps., Farmington)									
<b>NEW BRITAIN</b>									
New Britain General									
(See Univ. of Connecticut Affil. Hosps., Farmington)									
<b>NEW HAVEN</b>									
Hospital of St. Raphael	W. Lattanzi	18	1,770	8,781	1,2,3	010	3C	009	11,190
Yale—New Haven Medical Center									
Yale—New Haven	H. A. Pearson	61	3,863	18,765	1,2,3	062	15C	031	11,190
<b>NEWINGTON</b>									
Newington Children's									
(See Univ. of Connecticut Affil. Hosps., Farmington)									
<b>WATERBURY</b>									
Waterbury Regional Program	B. C. Berliner				1,2,3		6C	013	11,904
Waterbury		36	2,500	12,500		032			
St. Mary's		14	1,372	12,000		030			8,736
<b>DELAWARE</b>									
<b>WILMINGTON</b>									
Wilmington Medical Center	H. Rosenblum	118	9,489	7,847	1,2,3	067	4C 1F	018	12,183
<b>DISTRICT OF COLUMBIA</b>									
<b>WASHINGTON</b>									
District of Columbia General	S. M. Sinkford	32	1,566	42,106	1,2,3	044	10C	020	11,995
Georgetown University Affiliated Hospitals	P. L. Calcagno				1,2,3		12C 1F	032	
Georgetown University	P. L. Calcagno	30	1,975	7,705		040			
Columbia Hospital for Women	P. L. Calcagno	50	3,389			050			11,519
Arlington (Arlington, Va.)	D. Reese	9	911	727		012			
Fairfax (Falls Church, Va.)	E. Soto	49	1,459	80		049			
George Washington University Affiliated Hospitals									
Children's Hospital National Medical Center	D. W. Delaney	87	6,604	75,745	1,2,3		18C	048	
Howard University	M. E. Jenkins	21	1,119	17,187	1,2,3	019	6C		12,319
<b>FLORIDA</b>									
<b>GAINESVILLE</b>									
William A. Shands Teaching Hosp. and Clinics	G. L. Schiebler	66	5,190	26,597	ALL	027	10C	046	9,066
<b>JACKSONVILLE</b>									
Jacksonville Hospitals Educational Program	S. Levin				1,2,3		10C	030	9,825
Baptist Memorial		78	5,204	359		009			
University Hospital of Jacksonville		38	1,995	15,476		046			
<b>MIAMI</b>									
University of Miami Affiliated Hospitals									
Jackson Memorial	W. W. Cleveland	89	2,750	12,633	1,2,3	150	11C	030	12,222
Variety Children's	M. Schwartzman	147	7,285	40,630	1,2,3		7C	016	12,188
<b>PENSACOLA</b>									
Pensacola Educational Program	J. H. Whitcomb, W. R. Bell				1,2,3		4C 2F	010	10,680
Baptist		10	930						
Sacred Heart		46	946	13,502		013			
University			35	3,604		020			
						008			
<b>TAMPA</b>									
University of South Florida Affiliated Hospitals									
Tampa General	L. A. Barnes	45	3,386	15,000	1,2,3	057	8C	020	10,837
<b>GEORGIA</b>									
<b>ATLANTA</b>									
Emory University Affiliated Hospitals	R. W. Blumberg				1,2,3		24C 3F	040	9,960
Grady Memorial		60	2,969	10,867		096			
Henrietta Eggleston Hospital for Children									
<b>AUGUSTA</b>									
Medical College of Georgia Hospitals	A. F. Robertson, 3d				1,2,3		7C 1F	015	9,600
Eugene Talmadge Memorial		35	2,703	15,134		058			
University		26	2,297	3,230		026			

## 24A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre- mature	Positions Offered 1976-1977 1st Yr. All Yrs.		Annual Salary (Min.)
<b>HAWAII</b>									
<b>HONOLULU</b>									
University of Hawaii—Kauaikeolani Children's Kauaikeolani Children's	S. L. Hammar	52	3,686	12,496	1,2,3	058	7C	013	12,984
<b>ILLINOIS</b>									
<b>CHICAGO</b>									
Columbus—Cuneo—Cabrini Medical Center Columbus	H. Weiss	17	1,486	1,395	1,2,3	015	3C	008	11,750
Cook County	R. A. Miller	205	8,917	40,381	ALL	108	20C	064	11,600
Illinois Masonic Medical Center	J. L. Braudo	20	1,762	8,739	1,2,3	026	4C 2F	009	12,280
Mc Gaw Medical Center of Northwestern University Children's Memorial Evanston (Evanston)	J. Boehm H. L. Nadler O. Ingali	94 19	4,459 2,679	24,911 13,653	ALL	019 030	16C	046	11,680 11,680
Mercy Hospital and Medical Center	V. D. Pollard	43	2,693	11,275	1,2	022	4C	010	11,350
Michael Reese Hospital and Medical Center	S. P. Gotoff	68	6,455	26,945	ALL	055	9C	034	11,695
Mount Sinai Hospital Medical Center of Chicago	A. Grossman	42	2,450	20,216	1,2,3	020	2C	006	12,000
Rush—Presbyterian—St. Luke's Medical Center	J. R. Christian	63	3,506	51,500	1,2,3	037	4C	016	12,000
St. Joseph	H. M. Jacobs	31	2,076	7,479	1,2	019	2C	006	11,000
University of Chicago Hospitals and Clinics	J. O. Madden	80	3,696	23,760	1,2,3		12C	032	11,125
University of Illinois	I. M. Rosenthal	53	1,955	19,056	ALL		7C	024	
<b>EVANSTON</b>									
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)									
St. Francis	J. P. Bicoff	16	1,371	1,314	1,2,3	011	2C 1F	005	11,000
<b>MAYWOOD</b>									
Loyola University Affiliated Hospitals Foster G. Mc Gaw	J. P. Connelly	27	2,827	10,701	1,2,3	017	6C	013	11,000
<b>OAK LAWN</b>									
Christ	O. Cunningham	36	2,763	651	1,2,3	035	3C	009	12,000
<b>PARK RIDGE</b>									
Lutheran General	S. Metrick	66	3,658	5,470	ALL	045	5C	015	11,835
<b>PEORIA</b>									
St. Francis	W. H. Albers	70	8,154	17,695	1,2,3	058	2C 1F	009	10,500
<b>SPRINGFIELD</b>									
Southern Illinois University Affiliated Hospitals St. Johns Memorial Medical Center	J. M. Garfunkel	43 16	3,112 1,336	750	1,2,3	035 017	3C	007	10,500
<b>INDIANA</b>									
<b>INDIANAPOLIS</b>									
Indiana University Medical Center	M. Green	83	3,236	15,288	ALL	016	15C	036	10,250
Indiana University Hospitals Marion County General	M. Green J. Heubi	62	3,787	20,110					10,250
Methodist Hospital of Indiana	G. J. Rosenberg	74	9,137	5,679	ALL	044	4C 1F	013	11,316
<b>IOWA</b>									
<b>DES MOINES</b>									
Iowa Methodist Medical Center (Raymond Blank Mem. Hosp. for Children)	L. A. Wintermeyer	51	3,995	20,045	1,2	026	4C	006	10,500
<b>IOWA CITY</b>									
University of Iowa Hospitals	F. G. Smith, Jr.	51	4,249	17,238	ALL	026	7C	024	10,500
<b>KANSAS</b>									
<b>KANSAS CITY</b>									
University of Kansas Medical Center	B. A. Dudding	28	1,241	11,783	ALL	017	8C	022	10,500
<b>KENTUCKY</b>									
<b>LEXINGTON</b>									
University	J. A. Noonan	73	3,284	24,962	1,2,3	031	8C	023	10,260
<b>LOUISVILLE</b>									
St. Joseph Infirmary	S. S. Dhanjal	47	4,162	14,010	1,2,3	028	3C	009	10,500
University of Louisville Affiliated Hospitals Louisville General	D. R. Mac Millan	11	233	4,148	1,2,3	028	12C	034	9,600
Norton—Children's Hospitals		139	7,173	28,449		016			9,100
<b>LOUISIANA</b>									
<b>NEW ORLEANS</b>									
Louisiana State University Affiliated Hospitals Charity Hospital of Louisiana	R. L. Fowler	47	2,805	9,699	ALL	072	8C	029	8,200
Tulane University Affiliated Hospitals Charity Hospital of Louisiana	H. C. Shirkey	78	2,982	10,624	1,2,3	072	8C	028	8,200
<b>SHREVEPORT</b>									
Confederate Memorial Medical Center	J. A. Little	36	1,751	16,295	1,2,3	044	6C	015	9,456
<b>MAINE</b>									
<b>PORTLAND</b>									
Maine Medical Center	G. W. Hallett	34	2,817	4,636	1,2	019	3C	009	10,333
<b>MARYLAND</b>									
<b>BALTIMORE</b>									
Baltimore City Hospitals	H. E. Harrison	40	1,616	26,687	ALL	030	6C	014	
Johns Hopkins	J. W. Littlefield	77	2,944	122,632	ALL	030	20C	052	11,800
John F. Kennedy Institute	R. H. A. Haslam	23	246	17,428					10,000
Mercy	S. H. Walker	21	1,703	6,494	1,2,3	015	3C	008	12,144
St. Agnes	F. J. Heldrich	37	3,198	11,301	1,2,3	023	4C	011	11,500
Sinai Hospital of Baltimore	E. Charney	23	1,442	3,834	1,2,3	035	4C	011	11,500
University of Maryland Affiliated Hospitals University of Maryland	M. Cornblath	56	1,994	14,934	1,2,3	034	11C	031	11,350



## 24A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>MASSACHUSETTS</b>									
<b>BOSTON</b>									
Boston City	J. J. Alpert	43	3,488	62,245	ALL	028	12C	034	11,316
Children's Hospital Medical Center	M. E. Avery	103	4,157	20,855	ALL	010	18C	058	11,800
Massachusetts General	N. B. Talbot	75	2,926	54,400	ALL		10C	028	12,000
New England Medical Center	S. S. Gellis	63	3,691	32,758	ALL	024	10C	031	11,758
St. Elizabeth's Hospital of Boston	J. Bowers	15	1,469	4,394	1,2	028	3C	006	11,760
<b>PITTSFIELD</b>									
Berkshire Medical Center	A. N. Orescher	19	1,901	4,398	1,2	016	2C	004	12,037
<b>SPRINGFIELD</b>									
Medical Center of Western Massachusetts	M. Medalie	19	1,380	3,197	1,2,3	051	3C	012	11,500
<b>WORCESTER</b>									
St. Vincent	J. A. Ouggan	40	2,667	2,362	1,2,3	013	5C	015	11,100
Worcester City	J. Brem	19	1,515	3,250	1,2,3	007	4C 1F	009	11,024
<b>MICHIGAN</b>									
<b>ANN ARBOR</b>									
University of Michigan Affiliated Hospitals	W. J. Oliver	90	2,738	32,977	ALL	016	17C	045	11,650
University	W. J. Oliver					018			12,408
Wayne County General (Eloise)	R. H. Strang	18	631	24,558					
<b>DETROIT</b>									
Children's Hospital of Michigan	S. Cohen	265	8,474	140,219	ALL	040	23C	077	11,400
Henry Ford	L. Weiss	30	1,725	31,573	1,2,3	022	3C	013	12,000
Metropolitan Northwest Detroit Hospitals	W. C. Montgomery	65	8,000	25,000	1,2,3		8C 3F	030	13,020
Grace (Northwest Unit)	W. C. Montgomery	3	177			028			
Mount Carmel Mercy Hospital and Medical Center	W. C. Montgomery	50	4,000	25,000		055 047			
Sinai Hospital of Detroit	R. Cash								
Providence (Southfield)	W. C. Montgomery								
St. John	A. Rabbani	40	2,907	6,010	1,2	056	3C 3F	013	12,400
<b>EAST LANSING</b>									
Michigan State University Associated Hospitals	F. Matthies				ALL		6C	015	12,200
Michigan State University Health Center	W. B. Weil, Jr.		1	1,029					
Edward W. Sparrow (Lansing)	F. Matthies	30	2,855	1,837		042			12,200
Ingham Medical Center (Lansing)	F. Matthies	20	1,849	9,619					
St. Lawrence (Lansing)	F. Matthies	17	1,502	8,751		018			
<b>ELOISE</b>									
Wayne County General (See Univ. of Michigan Affil. Hospitals, Ann Arbor)									
<b>FLINT</b>									
Hurley	G. H. Baker	65	3,329	26,352	1,2,3	026	4C 2F	010	9,000
<b>GRAND RAPIDS</b>									
Butterworth—Blodgett Memorial Hospitals	D. F. Reardon				1,2,3		4C	012	8,643
Butterworth		40	3,204	4,518		048			
Blodgett Memorial		31	3,023	1,347		032			
<b>LANSING</b>									
Edward W. Sparrow (See Michigan State Univ. Assoc. Hosps., East Lansing)									
Ingham Medical Center (See Michigan State Univ. Assoc. Hosps., East Lansing)									
St. Lawrence (See Michigan State Univ. Assoc. Hosps., East Lansing)									
<b>PONTIAC</b>									
Pontiac Affiliated Hospitals	N. Haque				ALL		8C 2F	024	
Oakland Medical Center	N. Haque	16	305			0			
Pontiac General	D. Trumpour	40	3,167	1,122		030			12,960
St. Joseph Mercy	N. Haque	46	3,731	2,802		023			12,190
<b>ROYAL OAK</b>									
William Beaumont	R. Kurnetz	65	4,484	5,064	ALL	065	4C	011	12,800
<b>SOUTHFIELD</b>									
Providence (See Metropolitan Northwest Detroit Hospitals, Detroit)									
<b>MINNESOTA</b>									
<b>MINNEAPOLIS</b>									
University of Minnesota Affiliated Hospitals					1,2,3		24C	058	
Hennepin County Medical Center	R. B. Raile	16	1,188	15,084		020			
University of Minnesota Hospitals	J. A. Anderson	100	3,617	16,253		027			
Children's (St. Paul)	K. M. Saxena	61	4,117	21,424		016			11,000
St. Paul—Ramsey (St. Paul)	H. D. Venters	17	815	12,334		010			11,000
<b>ROCHESTER</b>									
Mayo Graduate School of Medicine	R. F. House	77	4,232		ALL	019	6C	018	11,500
<b>ST. PAUL</b>									
Children's	K. M. Saxena	61	4,117	21,424	1,2	016	4C	006	
St. Paul—Ramsey (See University of Minnesota Affiliated Hosps., Minneapolis)									
<b>MISSISSIPPI</b>									
<b>JACKSON</b>									
University of Mississippi Medical Center	B. E. Batson	36	1,329	15,437	1,2,3	051	8C	024	10,000

## 24A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre- mature	Positions Offered 1976-1977 1st All Yrs. Yrs.	Annual Salary (Min.)
<b>MISSOURI</b>								
<b>COLUMBIA</b> University of Missouri Medical Center.	G. J. Barbero	42	1,850	10,509	ALL	030	7C 017	10,100
<b>KANSAS CITY</b> Children's Mercy	N. W. Smull	78	5,664	121,724	ALL	040	12C 033	10,000
<b>ST. LOUIS</b> St. Louis Children's	P. R. Dodge	149	7,327	69,294	ALL	022	20C 070	11,500
St. Louis City	A. E. Bannon	31	1,766	6,936	1,2,3	026	4C 012	10,477
St. Louis University Group of Hospitals Cardinal Glennon Memorial Hospital for Children	A. E. Mc Elfresh	155	9,439	186,000	1,2,3	035	12C 038	11,500
<b>NEBRASKA</b>								
<b>OMAHA</b> Creighton University Affiliated Hospitals Creighton Memorial St. Joseph's Childrens Memorial	F. M. Fitzmaurice	28 60	1,700 6,526	16,395 17,936	ALL	017 004	5C 016	11,440
University of Nebraska Affiliated Hospitals University of Nebraska Childrens Memorial	P. K. Mooring	99 60	3,071 6,526	39,232 17,936	ALL	057 004	8C 021	11,385
<b>NEW HAMPSHIRE</b>								
<b>HANOVER</b> Dartmouth Medical School Affiliated Hospitals Mary Hitchcock Memorial	S. Blatman	18	1,304	10,878	1,2,3	009	3C 007	10,450
<b>NEW JERSEY</b>								
<b>CAMDEN</b> Cooper	R. M. Bernardin	22	2,356	3,955	1,2	028	2C 1F 003	11,700
<b>GREEN BROOK</b> Raritan Valley (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)								
<b>JERSEY CITY</b> Jersey City Medical Center	J. P. Curran	123	7,256	4,817	1,2,3	075	7C 016	12,800
<b>LIVINGSTON</b> St. Barnabas Medical Center	R. Cobrinik	25	2,331	7,870	1,2,3	036	3C 007	11,941
<b>LONG BRANCH</b> Monmouth Medical Center	W. C. Ellis	28	2,364	3,568	1,2,3	030	4C 011	12,942
<b>MORRISTOWN</b> Morristown Memorial (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)								
<b>NEPTUNE</b> Jersey Shore Medical Center—Fitkin	A. De Spirito	41	3,289	3,191	1,2	013	2C 004	
<b>NEWARK</b> CMDNJ—New Jersey Medical School Affiliated Hospitals	F. C. Behrle				1,2,3		36C 6F 089	
Marlland	F. C. Behrle	31	3,745	18,474		055		12,295
Newark Beth Israel Medical Center	J. Titelbaum	33	2,834	23,041		033		12,295
St. Michael's Medical Center	F. Desposito	49	2,635	3,279		018		12,295
United Hospitals Medical Center—Children's Hospital of Newark	M. H. D. Smith	73	1,559	36,300		010		
<b>NEW BRUNSWICK</b> St. Peter's Medical Center (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)								
<b>PISCATAWAY</b> CMDNJ—Rutgers Medical School Affiliated Hospitals	R. H. Rapkin				1,2,3		8C 024	
Raritan Valley (Green Brook)	R. H. Rapkin	3	60	300				12,295
Morristown Memorial (Morristown)	S. F. Wang	31	3,014	758		021		12,295
St. Peter's Medical Center (New Brunswick)	J. J. Kangos	31	2,532	2,756		028		12,500
Muhlenberg (Plainfield)	P. A. Winokur	29	2,176	7,322		023		12,300
<b>PLAINFIELD</b> Muhlenberg (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)								
<b>SUMMIT</b> Overlook	G. O. Schrager	30	4,207	10,338	1,2,3	027	4C 2F 012	13,000
<b>NEW MEXICO</b>								
<b>ALBUQUERQUE</b> University of New Mexico Affiliated Hospitals Bataan Memorial Bernalillo County Medical Center	A. H. Cushing P. M. Eicher A. H. Cushing	6 31	399 1,749	18,763 25,221	ALL	030	5C 017	9,400
<b>NEW YORK</b>								
<b>ALBANY</b> Albany Medical Center Affiliated Hospitals Albany Medical Center St. Peter's	I. H. Porter I. H. Porter M. E. Pesnel	31 34	1,076 1,910	4,737 5,686	1,2,3	028 034	8C 029	12,000
<b>BUFFALO</b> S. U. N. Y. at Buffalo Affiliated Hospitals Children's Hospital of Buffalo Edward J. Meyer Memorial	S. J. Yaffe S. J. Yaffe H. P. Staub	153 22	12,165 1,394	52,048 34,200	1,2,3	050 006	12C 038	10,800
<b>EAST MEADOW</b> Nassau County Medical Center—Meadowbrook Div.	P. J. Collipp	62	10	26,000	ALL	025	7C 021	11,176
<b>JOHNSON CITY</b> Charles S. Wilson Memorial	V. Prasarn	26	2,125	8,372	1,2,3	018	1C 003	10,400

## 24A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>NEW YORK—Continued</b>									
<b>MANHASSET</b>									
North Shore University (See N. Y. Hosp. -Cornell Med. Ctr. & Affil. Hosp., N. Y. City)									
<b>MINEOLA</b>									
Nassau	N. S. Erhart	16	1,900	2,500	1,2	032	1C 1F	006	14,564
<b>NEW HYDE PARK</b>									
Long Island Jewish—Hillside Medical Center Program	P. Lanzkowsky, A. Aballi				ALL		14C	040	13,500
Long Island Jewish—Hillside Medical Center Queens Hospital Center (New York City)	P. Lanzkowsky A. Aballi	58 38	3,475 1,308	12,000 20,105		027			
<b>NEW YORK CITY</b>									
Albert Einstein College of Medicine Affiliated Hospitals	C. M. Edelman, Jr.				ALL		18C	056	
Bronx Municipal Hospital Center	C. M. Edelman, Jr.	80	3,168	21,712		042			
Hospital of the Albert Einstein College of Medicine I. Greifer	I. Greifer	30	1,733	6,733		025			
Albert Einstein College of Medicine Affiliated Hospitals	H. Rodriguez-Trias	55	1,687	80,319	1,2,3		13C	033	
Lincoln	A. R. Rausen				1,2,3	039	9C	024	15,400
Beth Israel Medical Center Training Program	A. R. Rausen	35	1,685	34,336		039			
Beth Israel Medical Center Gouverneur	S. H. Silverman	14	685	46,025					
Bronx—Lebanon Hospital Center	M. Davidson	50	2,284	46,008	1,2,3	019	10C	027	14,000
Brookdale Hospital Center	R. Golinko	47	2,849	31,667	1,2,3	047	10C	028	15,400
Brooklyn—Cumberland Medical Center	W. R. Stankewick	87	2,596	24,821	ALL	081	12C 2F	032	14,500
Catholic Medical Center of Brooklyn and Queens Mary Immaculate Division	H. Gordon	21	1,040	4,204	1,2	011	10C	018	13,500
St. John's Queens Division		16	870	1,218		021			
St. Mary's Division		25	1,079	15,773		013			
French and Polyclinic Medical School—St. Clare's French and Polyclinic Medical School and Health Center	E. M. Di Tolla	8	488	2,113	1,2	009	4C	008	15,200
St. Clare's Hospital and Health Center		15	725	4,869		005			
Harlem Hospital Center	E. J. Kahn	62	3,409	69,560	1,2,3	081	11C	026	
Jewish Hospital and Medical Center of Brooklyn Greenpoint	H. E. Evans	52	1,904	12,007	1,2,3	067	10C	035	14,700
Lenox Hill	H. E. Evans	22	925	29,730		020			14,500
Long Island College	E. A. Davies	23	1,403	10,468	1,2,3	020	5C	013	15,767
Lutheran Medical Center	J. R. Bongiorno	37	2,015	21,678	ALL	022	4C 1F	020	14,500
Maimonides Medical Center Training Program	N. J. Chiara	45	2,873	51,818	1,2	018	3C	006	14,700
Maimonides Medical Center Coney Island	F. Feldman	40	4,556	10,678	1,2,3	016	4C	030	14,000
Methodist		19	1,148	10,565		066			
Misericordia—Fordham Training Program	B. S. Nangia	32	2,044	10,305	1,2,3	032	2C	013	14,100
Misericordia Hospital Medical Center Fordham	M. Hollander	40	1,920	10,559	1,2,3	033	9C	028	14,220
Montefiore Hospital Training Program	L. Finberg	55	2,100	81,260		022			
Montefiore Hospital and Medical Center Morrisania City		60	2,898	40,517	1,2,3	0	18C	045	
Morrisania City		37	2,105	81,919		034			
Mount Sinai Hospital Training Program	H. L. Hodes	76	2,541	53,537	ALL	066	7C	024	15,100
Mount Sinai City Hospital Center at Elmhurst	H. L. Hodes	49	3,111	65,277	1,2,3	018	8C	019	13,500
New York Hospital—Cornell Medical Center and Affiliated Hospitals	W. W. Mc Crory	47	2,171	27,802	ALL	070	13C	028	13,300
New York Hospital Memorial Hospital for Cancer & Allied Diseases	W. W. Mc Crory M. L. Murphy	21	595	12,062					
New York Hospital—Cornell Medical Center and Affiliated Hospitals									
North Shore University (Manhasset)	M. Silverberg	32	2,124	9,240	ALL	042	7C	018	15,400
New York Medical College—Metropolitan Hospital Center	E. Wasserman	22	1,122	5,726	ALL	032	13C	036	13,500
Unit 1—Flower and Fifth Avenue Hospitals	E. Wasserman	51	1,505	51,976		033			
Unit 2—Metropolitan Hospital Center	D. S. Gromisch				1,2,3		14C	051	
New York University Medical Center Bellevue Hospital Center	R. G. Schacht	54	2,264	40,000		040			
University		48	6,358	72,999	1,2,3	020	13C	033	15,500
Presbyterian (Babies)	R. E. Behrman	142	6,358	72,999	1,2,3	025			
Queens Hospital Center (See L. I. Jewish-Hillside Med. Center Program, New Hyde Park)									
Roosevelt	L. Z. Cooper	34	971	37,787	1,2,3	026	6C	023	14,500
St. Luke's Hospital Center	D. L. Wethers	85	4,031	5,978	1,2,3	050	5C	015	14,830
St. Vincent's Hospital and Medical Center of New York	P. R. Scaglione	21	2,234	7,869	1,2,3	021	3C 1F	011	13,855
St. Vincent's Medical Center of Richmond Staten Island	A. A. Claps	41	2,269	5,370	1,2,3	020	3C	006	15,780
S.U.N.Y. Downstate Medical Center	E. C. Roldan	22	1,435	6,355	1,2	015	2C	004	13,500
	D. H. Milman				ALL		30C 2F	084	
Kings County Hospital Center State University		156	5,169	148,636		066			13,500
		22	635	16,970		022			15,629
<b>ROCHESTER</b>									
University of Rochester Community Pediatrics Program	R. J. Haggerty				ALL		16C 1F	041	11,700
Genesee	J. B. Hanshaw	22	3,592	20,302		022			
Rochester General	G. Miller	20	1,642	4,072		030			
Strong Memorial Hospital of the University of Rochester	R. J. Haggerty	74	3,479	14,842		065			

## 24A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>NEW YORK—Continued</b>									
<b>SYRACUSE</b>									
S. U. N. Y. Upstate Medical Center	F. A. Oski, H. Weinberger				ALL		11C	030	12,318
Crouse Irving—Memorial State University	M. L. Voorhess	27	1,850	4,000		060			
	F. A. Oski, H. Weinberger	27	1,450	11,000					
<b>WEST ISLIP</b>									
Good Samaritan	T. G. Mc Loughlin	22	2,144	21,714	1,2	027	3C	005	
<b>NORTH CAROLINA</b>									
<b>CHAPEL HILL</b>									
North Carolina Memorial	F. W. Denny	35	1,200	21,000	1,2,3	023	13C 2F	036	10,000
<b>CHARLOTTE</b>									
Charlotte Memorial Hospital and Medical Center	J. C. Parke, Jr.	18	767	11,770	1,2	052	3C	009	10,920
<b>DURHAM</b>									
Duke University Medical Center	S. L. Katz	44	1,943	20,000	ALL	118	10C	028	11,385
<b>GREENSBORO</b>									
Moses H. Cone Memorial	M. K. Sharpless	43	1,449	34,790	1,2	017	2C	002	10,000
<b>WINSTON-SALEM</b>									
Bowman Gray School of Medicine Affiliated Hospitals									
North Carolina Baptist	J. L. Simon	34	2,216	16,671	1,2,3	032	9C	025	10,000
<b>OHIO</b>									
<b>AKRON</b>									
Children's Hospital of Akron	J. D. Kramer	98	6,565	25,372	1,2,3	032	10C	030	11,000
<b>CINCINNATI</b>									
University of Cincinnati Hospital Group	E. L. Pratt	192	12,595	7,494	ALL	046	20C	061	11,600
Children's Cincinnati General	E. L. Pratt	18	1,072	9,087		046			9,744
University of Cincinnati Hospital Group									
Good Samaritan Hospital—Community Pediatric Program	D. J. Frank	55	3,403	6,601	1,2,3	065	6C	013	10,800
<b>CLEVELAND</b>									
Case Western Reserve University Affiliated Hospitals									
Cleveland Metropolitan General	D. N. Medearis, Jr.	113	5,218	31,570	ALL	050	9C 1F	022	11,100
Case Western Reserve University Affiliated Hospitals									
University Hospitals of Cleveland	L. W. Matthews	95	3,570	28,663	ALL	052	13C	036	11,100
Cleveland Clinic	R. Mercer	42	1,345	9,381	1,2,3		3C	007	12,000
Mount Sinai Hospital of Cleveland	E. Smith	19	1,086	10,019	1,2	024	3C 1F	006	11,000
St. Luke's	C. F. Ward	15	1,085	5,085	1,2,3	020	2C	004	11,100
<b>COLUMBUS</b>									
Ohio State University College of Medicine Children's		137		7	1,2,3	005	14C	040	
<b>TOLEDO</b>									
Medical College of Ohio at Toledo Affiliated Hospitals	R. Rodriguez-Torrez				1,2,3		12C 1F	027	10,795
Hospital of Medical College of Ohio at Toledo	R. Rodriguez-Torrez	12	580	5,827					
Mercy	C. P. Cochran	27	2,072	2,811		019			
St. Vincent Hospital and Medical Center	R. Rodriguez-Torrez	51	3,471	11,915		022			
Toledo	P. V. De Lamater	32	1,679	3,696		052			
<b>OKLAHOMA</b>									
<b>OKLAHOMA CITY</b>									
University of Oklahoma Health Sciences Center Oklahoma Children's Memorial	H. D. Riley, Jr.	91	4,115	51,181	ALL	023	8C	036	11,640
<b>TULSA</b>									
Tulsa Pediatric Educational Program	D. C. Plunket				ALL		6C	012	10,023
Hillcrest Medical Center	G. A. Lugo	23	1,775	4,956		021			
St. Francis	R. G. Tompkins	584	30,143			041			
St. John's	G. E. Haslam, Jr.	30	2,597	1,426		024			
<b>OREGON</b>									
<b>PORTLAND</b>									
University of Oregon Affiliated Hospitals									
University of Oregon Health Sciences Center Hospitals and Clinics	R. C. Neerhout	44	2,951	15,094	ALL	012	5C	024	9,900
<b>PENNSYLVANIA</b>									
<b>DANVILLE</b>									
Geisinger Medical Center	T. E. Cadman	14	1,801	15,774	1,2,3	009	3C	006	11,300
<b>DARBY</b>									
Fitzgerald Mercy Division (See Mercy Catholic Med. Ctr., Philadelphia)									
<b>HARRISBURG</b>									
Harrisburg	R. D. Baitz	22	2,849	3,406	1,2,3	027	2C	006	10,634
Harrisburg Polyclinic	C. N. Shumway, Jr.	21	1,512	8,395	1,2,3	025	2C	006	11,000
<b>HERSHEY</b>									
Milton S. Hershey Medical Center of the Pennsylvania State University	G. S. Bartlett	25	1,246	9,537	1,2,3	021	3C	009	11,160
<b>PHILADELPHIA</b>									
Albert Einstein Medical Center	H. Meyer	25	2,164	17,685	1,2,3	041	5C	010	10,500
Children's Hospital of Philadelphia	J. A. Cortner	75	6,770	54,907	ALL		20C	054	10,385
Hahnemann Medical College and Hospital	J. M. Kaplan	31	1,360	15,832	1,2,3	015	4C	009	11,500
Hospital of the Medical College of Pennsylvania	S. R. Ziegler	17	1,500	20,000	1,2,3	025	6C	012	11,000
Mercy Catholic Medical Center	A. M. Sesso				1,2		3C	006	11,000
Misericordia Division		15	1,062	5,291		007			
Fitzgerald Mercy Division (Darby)		25	2,108	1,678		021			
Temple University Affiliated Hospitals	V. C. Vaughn, 3d	121	7,892	124,227	ALL	024	16C	040	10,963
St. Christopher's Hospital for Children									
Temple University									
Thomas Jefferson University	A. R. Hervada	20	732	11,974	1,2,3	024	6C	017	11,800

## 24A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre- mature	Positions Offered 1976-1977 1st All Yr. Yrs.		Annual Salary (Min.)
<b>PENNSYLVANIA—Continued</b>									
<b>PITTSBURGH</b>									
Hospitals of the University Health Center of Pittsburgh	T. K. Oliver, Jr.	180	10,582	102,000	ALL	107	16C	047	11,770
Children's Hospital of Pittsburgh Magee—Womens	T. K. Oliver, Jr. P. M. Taylor								
Mercy	L. G. Linarelli	41	2,176	1,220	1,2,3	020	3C 1F	009	11,300
<b>PUERTO RICO</b>									
<b>CAGUAS</b>									
Caguas Sub—Regional	C. Feliciano De Melecio	47	2,247	14,641	1,2,3	034	6C 2F	024	9,420
<b>MAYAGUEZ</b>									
Mayaguez Medical Center	A. Lopez	36	1,760	14,415	1,2,3	050	6C	012	9,000
<b>PONCE</b>									
Ponce District General	F. G. Torres-Aybar	82	2,566	8,287	1,2,3	043	4C 1F	012	8,760
<b>SAN JUAN</b>									
San Juan City	J. F. Jimenez	93	4,642	9,731	ALL	072	8C	032	10,320
University District	J. E. Sifontes	71	1,566	17,091	1,2,3	072	16C	043	9,780
<b>RHODE ISLAND</b>									
<b>PROVIDENCE</b>									
Brown University Affiliated Hospitals	L. Stern				ALL	0	9C	025	
Rhode Island	L. Stern	65	1,651	22,810		0			11,950
Women and Infants Hospital of Rhode Island									11,941
<b>SOUTH CAROLINA</b>									
<b>CHARLESTON</b>									
Medical University of South Carolina Teaching Hospitals	M. C. Westphal	37	1,640	10,000	1,2,3	028	6C	022	9,900
Medical University of South Carolina									
<b>COLUMBIA</b>									
Richland Memorial	T. L. Austin	71	4,208	12,150	1,2,3	034	3C 2F	009	10,000
<b>GREENVILLE</b>									
Greenville Hospital System	R. C. Brownlee, Jr.	38	5,252	6,106	1,2,3	035	3C 3F	008	10,000
<b>TENNESSEE</b>									
<b>CHATTANOOGA</b>									
University of Tennessee Clinical Education Center T. C. Thompson Children's	H. Massoud	44	3,843	18,301	1,2,3	028	4C 1F	012	12,000
<b>KNOXVILLE</b>									
University of Tennessee Memorial Research Center and Hospital	T. E. Lester	22	912	4,969	1,2,3	027	2C 1F	008	9,487
East Tennessee Children's									
<b>MEMPHIS</b>									
St. Jude Children's Research	G. J. Billmeier, Jr.	22	1,022	20,647	1,2,3	016	6C	018	9,000
St. Joseph	G. J. Billmeier, Jr.	12	1,093	1,359		016			
University of Tennessee Affiliated Hospitals	J. G. Hughes				1,2,3		12C	030	10,236
City of Memphis Hospitals	J. G. Hughes	80	2,561	39,754		110			10,236
Le Bonheur Children's		91	8,243	9,734					
<b>NASHVILLE</b>									
George W. Hubbard Hospital of the Meharry Medical College	E. P. Crump	15	943	11,694	1,2,3		4C 2*	018	
Vanderbilt University Affiliated Hospitals					1,2,3		10C	028	
Nashville Metropolitan General	W. Altemeier	9	531	7,842					
Vanderbilt University	D. T. Karzon	60	2,450	20,844		030			9,482
<b>TEXAS</b>									
<b>AUSTIN</b>									
Brackenridge	K. W. Teel	22	3,632	3,372	1,2,3	027	3C 3F	017	11,760
<b>CORPUS CHRISTI</b>									
Driscoll Foundation Children's	M. Kurzner	58	3,498	67,763	1,2,3	006	5C	012	
<b>DALLAS</b>									
Children's Medical Center	H. F. Eichenwald	145	8,697	80,854	1,2,3	113	17C 1F	044	9,888
<b>EL PASO</b>									
R. E. Thomason General	J. D. Alva	59	3,358	5,286	1,2	012	2C 1* 3F	006	10,500
<b>GALVESTON</b>									
University of Texas Medical Branch Hospitals	C. W. Daeschner, Jr.	95	2,862	13,548	ALL	029	10C	025	11,400
<b>HOUSTON</b>									
Baylor College of Medicine Affiliated Hospitals	R. J. Blattner				ALL		22C	062	9,540
Ben Taub General	R. J. Blattner	46	2,376	59,806					
Jefferson Davis	R. J. Blattner	22	344	9,616		142			
Methodist	E. B. Brandes								
Texas Children's	R. J. Blattner	155	10,998	22,875		015			
University of Texas at Houston Affiliated Hospitals	R. R. Howell				1,2,3		7C	016	
Hermann	R. R. Howell	7	412	7,754		032			9,792
University of Texas M.D. Anderson Hospital and Tumor Institute	J. Van Eys	22	677	5,931					
<b>SAN ANTONIO</b>									
University of Texas at San Antonio Teaching Hospitals	J. R. Seals				ALL		13C	030	9,800
Bexar County Teaching Santa Rosa Medical Center		23	945	9,230					

24A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>TEXAS—Continued</b>									
<b>TEMPLE</b>									
Scott and White Memorial	N. G. Lawyer	13	1,824	20,967	1,2	012	2C	006	10,500
<b>UTAH</b>									
<b>SALT LAKE CITY</b>									
University of Utah Affiliated Hospitals	L. A. Glasgow				ALL		8C	022	
University	L. A. Glasgow	36	365	9,210		022			10,500
Primary Children's Medical Center	L. G. Veasy	40	7,959			018			10,175
<b>VERMONT</b>									
<b>BURLINGTON</b>									
Medical Center Hospital of Vermont	R. J. Mc Kay, Jr.	27	2,635	12,137	1,2,3	028	3C	009	9,250
<b>VIRGINIA</b>									
<b>ARLINGTON</b>									
Arlington (See Georgetown Univ. Affil. Hospitals, Washington, D. C.)									
<b>CHARLOTTESVILLE</b>									
University of Virginia	R. W. Kesler	46	3,324	35,522	1,2,3	025	7C	026	9,900
<b>FALLS CHURCH</b>									
Fairfax (See Georgetown Univ. Affil. Hosps., Washington, D. C.)									
<b>NORFOLK</b>									
Children's Hospital of the King's Daughters	M. A. Warfield	64	4,074	24,032	1,2,3	024	6C	016	11,100
<b>RICHMOND</b>									
Virginia Commonwealth University M. C. V. Affiliated Hospitals									
Medical College of Virginia Hospitals		70	1,995	49,563	1,2,3	077	13C	039	9,900
<b>WASHINGTON</b>									
<b>SEATTLE</b>									
University of Washington Affiliated Hospitals	B. C. Morgan				ALL		13C	041	9,252
Children's Orthopedic Hospital and Medical Center	J. M. Docter	108	8,419	35,645		009			
Harborview Medical Center	J. Mc Cann		148	6,519					
University	B. C. Morgan	16	1,063	16,300		027			
<b>WEST VIRGINIA</b>									
<b>CHARLESTON</b>									
Charleston Area Medical Center	H. H. Pomerance	31	2,371	5,996	1,2,3	047	4C	013	9,900
<b>MORGANTOWN</b>									
West Virginia University	W. G. Klingberg	50	2,868	24,607	1,2,3	020	4C	014	10,200
<b>WISCONSIN</b>									
<b>MADISON</b>									
University of Wisconsin Affiliated Hospitals	W. E. Segar				ALL		10C	025	10,800
University Hospitals	W. E. Segar	33	963	12,401		034			
Madison General	H. Moffet	20	2,228			025			
St. Marys Hospital Medical Center		19	1,950			034			
<b>MARSHFIELD</b>									
Marshfield—University of Wisconsin Affiliated Hospitals	G. E. Porter				1,2,3		2C	006	11,000
Marshfield Clinic				23,342					
St. Joseph's		37	1,921	3,723		019			
<b>MILWAUKEE</b>									
Medical College of Wisconsin Affiliated Hospitals	H. Dobbs				ALL		12C	033	
Milwaukee Children's	D. Pinkel	80	5,417	79,030		0			10,545
Milwaukee County General	D. Pinkel, J. C. Peterson	43	1,943	5,801		037			10,537

24B. PEDIATRICS

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics as offering training through affiliation with a fully approved program. See also List 24A.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1976-1977		Annual Salary (Min.)
							1st Yr.	All Yrs.	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>									
<b>LOUISIANA</b>									
<b>BATON ROUGE</b>									
Earl K. Long Memorial	L. J. Hebert	26	1,001	17,841	1,2	37	3C 3F	008	6,930
<b>LAFAYETTE</b>									
Lafayette Charity	D. James	11	409	5,234	1,2	023	3C 4F	012	6,996
<b>MICHIGAN</b>									
<b>KALAMAZOO</b>									
Southwestern Michigan Area Health Education Center									
Bronson Methodist	D. F. Johnson	74	3,774	9,536	1,2	058	3C	009	
<b>NEW YORK</b>									
<b>BUFFALO</b>									
Mercy	J. Mattimore	34	2,334	1,178	1,2	037	2C 1F	007	10,800

## 24B. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1976-1977 1st Yr. All Yrs.	Annual Salary (Min.)
<b>NEW YORK CITY</b>								
<b>NEW YORK CITY</b>								
Flushing Hospital and Medical Center	J. N. De Hoff	24	2,879	2,998	1,2	022	3C 1F 009	13,900
Jamaica	M. L. Blumberg	26	1,143	4,055	1,2	017	2C 1F 007	14,700
Jewish Memorial	A. T. Goalwin	13	876	6,775	1,2	011	2C 2F 014	11,000
New York Infirmary	M. W. Weber	13	776	1,790	1,2	025	3C 007	15,780
St. John's Episcopal	B. H. Shulman, R. Garcia	28	1,383	9,149	1,2	016	2C 006	15,780
Wyckoff Heights	A. Eden	29	1,272	7,289	1,2	015	4C 008	14,700
<b>OHIO</b>								
<b>YOUNGSTOWN</b>								
Youngstown	W. B. Dodgson	36	2,734	2,476	1,2	030	4C 2F 012	11,000
<b>WISCONSIN</b>								
<b>LA CROSSE</b>								
La Crosse Lutheran Hospital and Gundersen Clinic	S. C. Copps	8	743	25,454	1,2	010	1C 002	7,200

## 24C. PEDIATRIC ALLERGY

Residency programs in the following hospitals have been accredited for ONE or TWO years of training by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Academy of Pediatrics, and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics.

	Chief of Service or Program Director	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977 1st Yr. All Yrs.	Annual Salary (Min.)
<b>UNITED STATES AIR FORCE</b>					
<b>TEXAS</b>					
Wilford Hall U. S. A. F. Medical Center, San Antonio	R. L. Jacobs	30	56,874	1C 002	21,600
<b>UNITED STATES ARMY</b>					
<b>COLORADO</b>					
Fitzsimons Army Medical Center, Denver	H. S. Nelson	33	3,784	3C 006	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>					
<b>ARKANSAS</b>					
<b>LITTLE ROCK</b>					
University				1C 002	
<b>CALIFORNIA</b>					
<b>IRVINE</b>					
University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange)	T. L. Nelson		2,073	1C 002	13,600
<b>LDS ANGELES</b>					
Kaiser Foundation	J. Easton		19,632	1C 002	15,479
Los Angeles County—U. S. C. Medical Center	Z. H. Haddad	630	8,000	1C 002	18,360
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	E. R. Stiehm, R. C. Seeger		708	2C 004	14,700
<b>ORANGE</b>					
Orange County Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)					
<b>SAN DIEGO</b>					
University of California, San Diego—University Hospital	R. N. Hamburger	105	1,500	1C 004	13,600
<b>SAN FRANCISCO</b>					
Kaiser Foundation	D. F. German		99,352	1C 002	12,060
University of California Program H. C. Moffitt—University of California Hospitals	O. L. Frick		1,491	1C 002	11,500
<b>STANFORD</b>					
Stanford University Affiliated Hospitals Stanford University	N. Lewiston	190	4,200	3C 006	11,500
<b>TORRANCE</b>					
Los Angeles County Harbor General	D. Heiner		2,417	1C 002	15,732
<b>COLORADO</b>					
<b>DENVER</b>					
National Asthma Center Children's Asthma Research Institute and Hospital	E. Middleton, Jr.			1C 001	
University of Colorado Affiliated Hospitals University of Colorado Medical Center National Jewish Hospital at Denver	C. D. May	244 244	1,723 985	6C 013	11,600
<b>DISTRICT OF COLUMBIA</b>					
<b>WASHINGTON</b>					
Children's Hospital National Medical Center Georgetown University	W. A. Howard J. A. Bellanti	679 72	4,047 3,000	1C 001 3* 005	12,799
Howard University Affiliated Hospitals Howard University	M. E. Jenkins M. E. Jenkins	22	830	3C 003	10,000
District of Columbia General	R. B. Scott	190	1,413		
<b>FLORIDA</b>					
<b>GAINESVILLE</b>					
William A. Shands Teaching Hosp. and Clinics	H. J. Wittig	12	2,300	2C 003	10,000

## 24C. PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
				1st Yr.	All Yrs.	
<b>ILLINOIS</b>						
<b>CHICAGO</b>						
Mc Gaw Medical Center of Northwestern University Children's Memorial	L. Pachman	180	3,023	1C	002	12,767
Michael Reese Hospital and Medical Center	R. Kretschmer, A. Rosenblum	103	2,319	1C	001	13,670
Rush—Presbyterian—St. Luke's Medical Center	J. S. Hyde	640	2,327	1C	002	13,270
<b>KANSAS</b>						
<b>KANSAS CITY</b>						
University of Kansas Medical Center—Children's Mercy	F. Speer			3C	003	12,500
University of Kansas Medical Center Children's Mercy (Kansas City, Mo.)	F. Speer R. J. Dockhorn	135	3,502 7,439			
<b>KENTUCKY</b>						
<b>LOUISVILLE</b>						
University of Louisville Affiliated Hospitals	J. M. Karibo			1C	002	
Louisville General						9,600
Norton—Children's Hospitals			9,427			9,100
<b>LOUISIANA</b>						
<b>NEW ORLEANS</b>						
Charity Hospital of Louisiana—Louisiana State University Division	R. L. Fowler	65	4,063	1C	002	10,080
<b>SHREVEPORT</b>						
L. S. U. (Shreveport) Affiliated Hospitals Confederate Memorial Medical Center	B. C. Hilman	90	600	1C	001	9,716
<b>MASSACHUSETTS</b>						
<b>BOSTON</b>						
Children's Hospital Medical Center	H. R. Colten		3,516	2C	004	10,500
<b>MICHIGAN</b>						
<b>ANN ARBOR</b>						
University	K. P. Mathews	100	1,750	1C	002	
<b>DETROIT</b>						
Henry Ford	J. A. Anderson	180	15,000	2C	002	13,500
<b>MINNESOTA</b>						
<b>ROCHESTER</b>						
Mayo Graduate School of Medicine St. Mary's	E. J. O'Connell			1C	003	12,500
<b>MISSOURI</b>						
<b>KANSAS CITY</b>						
Children's Mercy (See U. Kans. Med. Cntr.—Children's Mercy, Kans. City, Kans.)						
<b>NEW YORK</b>						
<b>BUFFALO</b>						
Children's Hospital of Buffalo	E. F. Ellis	333	3,531	1C	002	
<b>EAST MEADOW</b>						
Nassau County Medical Center—Meadowbrook Div.	N. Weiss	100	6,600	1C	001	12,571
<b>NEW YORK CITY</b>						
Jewish Hospital and Medical Center of Brooklyn				1C	002	
Long Island College	L. T. Chiaramonte	87	3,537	2C	003	17,350
New York Hospital	I. Rappaport	120	2,300	1C	001	12,000
New York Medical College—Metropolitan Hospital Center	A. Ribon	177	5,731	1C	002	16,000
Unit 1—Flower and Fifth Avenue Hospitals						
Unit 2—Metropolitan Hospital Center						
Presbyterian (Babies)	W. J. Davis	332	5,426	2C	002	15,000
Roosevelt	M. H. Grieco	60	2,598	2C	003	16,800
St. Vincent's Hospital and Medical Center of New York	P. R. Scaglione	67	1,930	2C	002	16,755
<b>ROCHESTER</b>						
Strong Memorial Hospital of the University of Rochester	R. H. Schwartz	125	2,663	1C	001	11,700
<b>NORTH CAROLINA</b>						
<b>DURHAM</b>						
Duke University Medical Center	R. H. Buckley	212	3,985	2C	004	11,500
<b>OHIO</b>						
<b>CINCINNATI</b>						
University of Cincinnati Hospital Group	J. E. Ghory			1C	002	11,750
Children's Cincinnati General		75	3,262 1,060			
<b>PENNSYLVANIA</b>						
<b>PHILADELPHIA</b>						
Children's Hospital of Philadelphia	H. I. Lecks	612	4,001	1C	002	12,000
St. Christopher's Hospital for Children	P. A. Nell	500	4,200	1C	002	13,056
Thomas Jefferson University	H. C. Mansmann, Jr.	84	4,101	1*		
				2C	005	14,200
<b>PITTSBURGH</b>						
Hospitals of the University Health Center of Pittsburgh						
Children's Hospital of Pittsburgh	P. Fireman	376	10,104	1C	002	12,250
<b>RHODE ISLAND</b>						
<b>PROVIDENCE</b>						
Rhode Island	H. B. Freye		4,546	1C	002	13,570



## 24C. PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
				1st Yr.	All Yrs.	
<b>TENNESSEE</b>						
<b>MEMPHIS</b> City of Memphis Hospitals (Frank Tobey Memorial Children's Hospital)	L. V. Crawford	250		1C	001	8,000
<b>TEXAS</b>						
<b>GALVESTON</b> University of Texas Medical Branch Hospitals	A. S. Goldman	65	640	2C	004	12,800
<b>VIRGINIA</b>						
<b>RICHMOND</b> Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals	F. S. Massie	180	8,354	1C	002	11,500
<b>WASHINGTON</b>						
<b>SEATTLE</b> University of Washington Affiliated Hospitals University Children's Orthopedic Hospital and Medical Center Harborview Medical Center	C. W. Bierman	37	1,803	1C	002	10,000
<b>WISCONSIN</b>						
<b>MADISON</b> University Hospitals	C. E. Reed		777	2*	004	12,000
<b>MILWAUKEE</b> Medical College of Wisconsin Affiliated Hospitals Milwaukee Children's Milwaukee County General	M. Soifer, J. N. Fink R. R. Weller J. N. Fink	10	1,802 1,500	1C	002	10,545 10,537

## 24D. PEDIATRIC CARDIOLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Academy of Pediatrics, and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering TWO years of training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>CALIFORNIA</b>							
<b>LOS ANGELES</b> Childrens Hospital of Los Angeles	P. R. Lurie	10	580	2,264	1C	002	13,000
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	F. H. Adams	5	250	950	2*	005	9,000
<b>OAKLAND</b> Children's Hospital Medical Center of Northern California	S. Higashino	13	600	2,500	1C	002	14,000
<b>SAN DIEGO</b> University of California, San Diego—University Hospital	W. F. Friedman	10	325	2,500	1C	003	
<b>SAN FRANCISCO</b> University of California Program H. C. Moffitt—University of California Hospitals	A. M. Rudolph			152	2C	004	10,000
<b>STANFORD</b> Stanford University Affiliated Hospitals Stanford University	D. Baum	3	350	570	1C	002	11,500
<b>COLORADO</b>							
<b>DENVER</b> University of Colorado Affiliated Hospitals University of Colorado Medical Center Children's	J. J. Nora J. J. Nora C. R. Hawes	16	302	1,898	1C	003	10,000
<b>CONNECTICUT</b>							
<b>NEW HAVEN</b> Yale—New Haven Medical Center Yale—New Haven	N. S. Talner	10	527	2,389	2C	004	10,000
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b> Children's Hospital National Medical Center	L. P. Scott	11	513	4,717	1C	002	12,133
<b>FLORIDA</b>							
<b>GAINESVILLE</b> William A. Shands Teaching Hospital and Clinics	I. H. Gessner	12	930	1,379	2C	004	12,000
<b>GEORGIA</b>							
<b>ATLANTA</b> Grady Memorial	D. Brinsfield			1,236	1C	002	10,920
<b>AUGUSTA</b> Eugene Talmadge Memorial	W. B. Strong	11	470	1,201	1C	002	11,100
<b>ILLINOIS</b>							
<b>CHICAGO</b> Cook County	R. A. Miller	9	297	2,539	4C	004	12,800

## 24D. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)
					1976-1977 1st Yr.	1977 All Yrs.	
<b>ILLINOIS, CHICAGO—Continued</b>							
Mc Gaw Medical Center of Northwestern University Children's Memorial	M. H. Paul	8	459	2,892	1C	002	12,767
Rush—Presbyterian—St. Luke's Medical Center	H. G. Bucheleres	7	261	1,506	1C	002	
University of Chicago Hospitals and Clinics	R. A. Arcilla	14	416	1,144	1C	003	12,700
University of Illinois	A. R. Hastreiter	8	401	1,450	1C	003	12,500
<b>INDIANA</b>							
<b>INDIANAPOLIS</b>							
Indiana University Hospitals	O. A. Girod	10	840	3,200	2C	002	12,000
<b>IOWA</b>							
<b>IOWA CITY</b>							
University of Iowa Hospitals	R. M. Lauer	8	408	4,132	1C	002	
<b>KANSAS</b>							
<b>KANSAS CITY</b>							
University of Kansas Medical Center	A. M. Diehl	8	712	1,857	1C	002	12,500
<b>KENTUCKY</b>							
<b>LOUISVILLE</b>							
University of Louisville Affiliated Hospitals Norton—Children's Hospitals	K. Minhas	9	407	2,611	2C	004	10,100
<b>MARYLAND</b>							
<b>BALTIMORE</b>							
Johns Hopkins	C. A. Neill			1,816	3C	006	11,000
<b>MASSACHUSETTS</b>							
<b>BOSTON</b>							
Children's Hospital Medical Center	A. S. Nadas	24	1,103	3,362	4C	010	11,500
<b>MICHIGAN</b>							
<b>ANN ARBOR</b>							
University of Michigan Affiliated Hospitals University Wayne County General (Eloise)	A. M. Stern A. M. Stern	17	524	1,436	2C	004	12,850
<b>ELOISE</b>							
Wayne County General (See University of Michigan Affiliated Hosps., Ann Arbor)							
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
University of Minnesota Hospitals	R. V. Lucas, Jr.	13	682	1,710	3C	007	11,700
<b>ROCHESTER</b>							
Mayo Graduate School of Medicine St. Mary's	O. G. Ritter	5	408	2,667	2C	004	13,000
<b>MISSOURI</b>							
<b>KANSAS CITY</b>							
Children's Mercy	R. V. Canent, Jr.	8	187	1,623	1C	001	10,000
<b>ST. LOUIS</b>							
St. Louis Children's	D. Goldring	6	248	2,341	2C	002	13,000
<b>NEW YORK</b>							
<b>ALBANY</b>							
Albany Medical Center	R. M. Shaher	1	504	1,728	2C	002	13,450
<b>BUFFALO</b>							
Children's Hospital of Buffalo	P. Vlad	22	518	3,766	1C	002	12,800
<b>NEW HYDE PARK</b>							
Long Island Jewish—Hillside Medical Center Program	N. Gootman				1C	002	16,400
Long Island Jewish—Hillside Medical Center Queens Hospital Center (New York City)		15 5	610 195	389 147			
<b>NEW YORK CITY</b>							
Mount Sinai	L. Steinfeld	16	329	2,265	1C 1*	002	15,100
New York Hospital	M. A. Engle	18	441	2,102	2C	005	12,000
New York University Medical Center Bellevue Hospital Center University	E. Doyle				2C	003	
Presbyterian (Babies) Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Prog., New Hyde Park)	W. M. Gersony	18	750	3,000	2C	003	12,000
<b>ROCHESTER</b>							
University of Rochester School of Medicine Strong Memorial Hospital of the University of Rochester	J. A. Manning	10	355	2,221	1C	002	11,700
<b>NORTH CAROLINA</b>							
<b>CHAPEL HILL</b>							
University of North Carolina School of Medicine North Carolina Memorial	H. S. Harned, Jr.	8	310	1,225	2C	002	12,500
<b>DURHAM</b>							
Duke University Medical Center	M. S. Spach	9	412	1,977	1C	002	11,385
<b>OHIO</b>							
<b>CINCINNATI</b>							
University of Cincinnati Hospital Group Children's	S. Kaplan			1,552			
<b>CLEVELAND</b>							
University Hospitals of Cleveland	J. Liebman				3C	003	12,900

## 24D. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>OKLAHOMA</b>							
<b>OKLAHOMA CITY</b>							
University of Oklahoma Health Sciences Center Oklahoma Children's Memorial	W. M. Thompson, Jr.	6	450	2,003	2C	004	12,840
<b>OREGON</b>							
<b>PORTLAND</b>							
University of Oregon Affiliated Hospitals University of Oregon Health Sciences Center Hospitals and Clinics	M. H. Lees	8	340	1,924	1C	002	11,100
<b>PENNSYLVANIA</b>							
<b>PHILADELPHIA</b>							
Children's Hospital of Philadelphia	S. Friedman	25	3	1,500	2C	003	8,000
St. Christopher's Hospital for Children	I. F. S. Black	15	575	2,010	3C	003	13,056
<b>PITTSBURGH</b>							
Hospitals of the University Health Center of Pittsburgh Children's Hospital of Pittsburgh	J. R. Zuberbuhler	24	879	3,000	1C	002	12,250
<b>SOUTH CAROLINA</b>							
<b>CHARLESTON</b>							
Medical University of South Carolina	A. Hohn	14	550	3,203	1C	001	11,508
<b>TENNESSEE</b>							
<b>MEMPHIS</b>							
University of Tennessee Affiliated Hospitals City of Memphis Hospitals	C. L. Anthony, Jr.	15	300	1,850	1C	003	10,236
<b>NASHVILLE</b>							
Vanderbilt University Affiliated Hospitals Vanderbilt University					1C	002	
<b>TEXAS</b>							
<b>DALLAS</b>							
Children's Medical Center	W. W. Miller		619	594			
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals Texas Children's	D. G. Mc Namara	36	1,454	2,962	2C	006	11,000
<b>SAN ANTONIO</b>							
University of Texas at San Antonio Teaching Hospitals Bexar County Teaching Santa Rosa Medical Center	C. M. Kohler	1	70	532	1*	001	9,800
<b>UTAH</b>							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals University Primary Children's Medical Center	H. D. Ruttenberg H. D. Ruttenberg L. G. Veasy	4	301	137	1C	002	10,500 10,175
<b>VIRGINIA</b>							
<b>CHARLOTTESVILLE</b>							
University of Virginia	L. J. Krovetz		365	1,900	2C	006	11,499
<b>RICHMOND</b>							
Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals	C. M. McCue	12	421	2,206	1C	002	11,500
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals University	W. G. Guntheroth	2	220	682	1C	001	11,500
<b>WISCONSIN</b>							
<b>MILWAUKEE</b>							
Milwaukee Children's	W. J. Gallen	10	350	2,100	1C	002	10,545

## 25. PHYSICAL MEDICINE AND REHABILITATION

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association 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.

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES ARMY</b>							
<b>CALIFORNIA</b>							
Letterman Army Medical Center, San Francisco	D. H. See	5,668	62,600	22,618	1C	006	
Kaiser Foundation Hospital and Rehabilitation Center (Vallejo)	H. B. Liebgold	322	43,547	1,209	1*		
<b>TEXAS</b>							
Brooke Army Medical Center, San Antonio (See Univ. of Texas at San Antonio Teach. Hosps., San Antonio)							

## 25. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>							
<b>WASHINGTON</b>							
U. S. Public Health Service, Seattle (See University of Washington Affil. Hosps., Seattle, Wash.)							
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
University of Alabama Medical Center	J. M. Miller, 3d				4C	004	
University of Alabama Hospitals	J. M. Miller, 3d	4,498	68,968	2,998			
Veterans Admin.	W. C. Fleming	2,591	19,305	155			10,600
<b>ARIZONA</b>							
<b>PHOENIX</b>							
Good Samaritan	K. L. Pomeroy	7,214	160,243	25,171	4C 2*	006	9,425
<b>CALIFORNIA</b>							
<b>DAVIS</b>							
University of California (Davis) Affiliated Hospitals	W. M. Fowler, Jr.				3C	006	12,300
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		3,149	24,959	2,926			
Veterans Admin. (Martinez)	J. M. Mennell	18,105	85,899	6,083			13,996
<b>IRVINE</b>							
University of California (Irvine) Affiliated Hospitals	J. Tobis				4*	017	
Orange County Medical Center (Orange)	J. Tobis	6,113	32,718	9,897			10,900
Memorial Hospital Medical Center (Long Beach)	B. J. Michela	9,947	118,230	18,968			14,555
Veterans Admin. (Long Beach)	J. Tobis	4,287	231,900	45,925			13,871
<b>LONG BEACH</b>							
Memorial Hospital Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)							
Veterans Admin. (See University of California (Irvine) Affil. Hosps., Irvine)							
<b>LDS ANGELES</b>							
Veterans Admin. Center, Wadsworth	K. H. Haase, R. D. Fustfeld	5,026	129,275	15,416	3*	008	15,394
<b>MARTINEZ</b>							
Veterans Admin. (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)							
<b>ORANGE</b>							
Orange County Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)							
<b>PALO ALTO</b>							
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)							
<b>SACRAMENTO</b>							
University of California (Davis) Sacramento Medical Center (See University of Calif. (Davis) Affiliated Hospitals, Davis)							
<b>SAN JOSE</b>							
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)							
<b>STANFORD</b>							
Stanford University Affiliated Hospitals	J. C. Montero				3C	007	
Veterans Admin. (Palo Alto)	K. E. Carlson	3,690	95,870	3,145			
Santa Clara Valley Medical Center (San Jose)	G. G. Reynolds	401	42,600	6,809			12,966
<b>VALLEJO</b>							
Kaiser Foundation Hospital and Rehabilitation Center (See Letterman Army Medical Center, San Francisco, U. S. Army)							
<b>CDLORADD</b>							
<b>DENVER</b>							
University of Colorado Medical Center	F. Cenkovich, J. Gersten	4,843	33,266	33,266	2*	006	10,000
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
George Washington University	M. Mourad	4,639	69,087	10,833	1C	005	12,799
<b>GEORGIA</b>							
<b>ATLANTA</b>							
Emory University Affiliated Hospitals	M. Peszczynski				4C	012	10,440
Grady Memorial	M. Peszczynski	6,071	31,027	46,971			
Elks Aidmore	V. E. Yucel	361	7,211	3,654			10,800
Emory University	S. B. Chyatte	2,349	19,658	2,345			
Veterans Admin. (Decatur)	R. D. Carr	4,851	49,635	3,971			
<b>DECATUR</b>							
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)							
<b>WARM SPRINGS</b>							
Georgia Warm Springs Foundation Georgia Rehabilitation Center	R. L. Bennett, E. D. Haak K. A. Hoffman	1,180 156	61,098 5,631	3,619	4C	012	

## 25. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Mc Gaw Medical Center of Northwestern University	H. Betts				5C	018	11,680
Rehabilitation Institute of Chicago	H. Betts	688	58,809	13,919			
Veterans Admin. Research	J. Stratigos	4,238	43,162	8,723			
Mount Sinai—Schwab Rehabilitation Hospitals	E. J. Rogers				2C	008	
					2*		
Mount Sinai Hospital Medical Center of Chicago		4,156	8,912	1,565			
Schwab Rehabilitation		540	73,900	3,493			
University of Illinois Affiliated Hospitals	R. S. Oryshkevich				3*	012	
Michael Reese Hospital and Medical Center	K. H. Kohn	4,421	58,309	8,538			
University of Illinois	R. S. Oryshkevich	2,882	29,975	26,574			12,500
Veterans Admin. (West Side)	R. S. Oryshkevich	2,688	78,124	5,832			
<b>HINES</b>							
Veterans Admin.	M. Gratzler	4,715	336,690	3,745	2*	005	11,000
<b>PEORIA</b>							
University of Illinois—Peoria School of Med. Affiliated Institutions							
Institute of Physical Medicine and Rehabilitation	R. O. Mc Morris	6,454	91,806	17,184	1*	003	10,500
<b>KANSAS</b>							
<b>KANSAS CITY</b>							
University of Kansas Medical Center	J. B. Redford	15,257	39,670	2,258	1*	006	10,500
Veterans Admin. (Kansas City, Mo.)		4,724	58,322	6,643			
<b>KENTUCKY</b>							
<b>LOUISVILLE</b>							
University of Louisville Affiliated Hospitals							
Institute of Physical Medicine and Rehabilitation	T. A. Kelley, Jr.	639	42,803	8,904	2C	006	10,100
<b>LOUISIANA</b>							
<b>NEW ORLEANS</b>							
Charity Hospital of Louisiana	N. S. Gilbert	24,103	51,963	24,103	3C	009	9,450
Veterans Admin. Center (Biloxi, Miss.)	J. C. Tanner	18,976	28,456	2,100			9,831
<b>MARYLAND</b>							
<b>BALTIMORE</b>							
University of Maryland Affiliated Hospitals	K. Raab	1,800	66,250	3,000	3C	008	
University of Maryland	L. J. Goldfine	1,952	27,404	5,243			
Sinai Hospital of Baltimore	B. S. Cohen	3,500	151,156	39,542			12,500
Veterans Admin. (Fort Howard)	K. Raab	1,800	60,000	2,200			11,458
<b>FORT HOWARD</b>							
Veterans Admin. (See University of Maryland Affiliated Hospitals, Baltimore)							
<b>MASSACHUSETTS</b>							
<b>BOSTON</b>							
Tufts University Affiliated Hospitals	C. V. Granger				4*	010	
New England Medical Center (Rehabilitation Institute)	C. V. Granger	4,309	89,017	12,455			11,758
Veterans Admin.	W. O. Duane	3,100	88,000	2,500			12,186
University	M. M. Freed	3,669	65,487	5,785	1C	003	12,320
					1F		
<b>MICHIGAN</b>							
<b>ANN ARBOR</b>							
University	G. H. Koepke	75,000	34,169	5,941	5C	009	11,650
<b>DETROIT</b>							
Wayne State University Affiliated Hospitals							
Rehabilitation Institute	J. Tandoc	5,149	106,315	56,570	4*	012	12,400
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
University of Minnesota Affiliated Hospitals	F. J. Kottke				6*	024	10,500
University of Minnesota Hospitals	F. J. Kottke	3,629	86,237	11,352			
Hennepin County Medical Center	A. B. Quiggle	16,336	22,363	6,301			
Sister Kenny Institute	K. B. Sperling	449		5,834			
Veterans Admin.	F. J. Kottke	4,279	139,432	652			
<b>ROCHESTER</b>							
Mayo Graduate School of Medicine	G. K. Stillwell	18,523	50,038		3*	009	11,500
Rochester Methodist		2,891	43,341				
St. Mary's		6,201	91,652				
<b>MISSISSIPPI</b>							
<b>BILOXI</b>							
Veterans Admin. Center- (See Charity Hospital of Louisiana, New Orleans, La.)							
<b>MISSOURI</b>							
<b>COLUMBIA</b>							
University of Missouri Medical Center	C. R. Peterson	2,353	35,676	4,826	2*	002	
Howard A. Rusk Rehabilitation Center—Univ. of Missouri Medical Center							
Veterans Admin.	T. S. Culley	2,180	25,518	905			
<b>KANSAS CITY</b>							
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)							
<b>ST. LOUIS</b>							
Washington University Medical Center							
Jewish Hospital of St. Louis	F. U. Steinberg	4,666	35,624	5,271	2C	003	12,000
<b>NEW JERSEY</b>							
<b>EAST ORANGE</b>							
Veterans Admin.	L. Stefaniwsky	3,558	116,817	5,980	1C	004	13,662

## 25. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW YORK</b>							
<b>ALBANY</b>							
Albany Medical Center Affiliated Hospitals	B. J. Paul				3C	007	
Albany Medical Center	B. J. Paul	4,406	34,478	5,708			12,675
Veterans Admin.	B. J. Paul, J. A. Tionsgon	9,875	63,985	2,418			13,781
Sunnyview Hospital and Rehabilitation Center (Schenectady)	R. S. Hoffman			19,060			12,675
<b>BUFFALO</b>							
Veterans Admin.	K. H. Lee	3,643	150,127	24,873	2*	004	11,300
<b>EAST MEADOW</b>							
Nassau County Medical Center—Meadowbrook Division	R. F. Cane	3,127	49,383	14,881	2C	007	11,874
<b>NEW HYDE PARK</b>							
Long Island Jewish—Hillside Medical Center Program	A. Fisher				2C	005	
Long Island Jewish—Hillside Medical Center	A. Fisher	2,130	14,201	476			
Queens Hospital Center (New York City)	H. Elis	2,300	185,150	31,883			14,500
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals	A. S. Abramson				4*	013	
Bronx Municipal Hospital Center		9,627	106,541	21,330			
Hospital of the Albert Einstein College of Medicine Lincoln		2,948	49,236	10,652			
		6,855	16,840	13,754			
Columbia University Affiliated Hospitals	J. A. Downey				2*	010	
Presbyterian	J. A. Downey	7,647	151,706	11,089			15,500
Harlem Hospital Center		6,747	16,218	13,617			
Blythedale Children's (Valhalla)		285	24,501	8,021			
Helen Hayes (West Haverstraw)		436					
Kingsbrook Jewish Medical Center	R. Reyes	5,339	79,924	5,825	2C	006	14,700
Montefiore Hospital Training Program	H. Rosner				1C	004	
Montefiore Hospital and Medical Center	S. Bluestone	3,055	49,172	12,730			
Morrisania City		1,115	18,514	11,040			
Mount Sinai Hospital Training Program	L. H. Wisham				4*	014	
Mount Sinai	L. H. Wisham	17,904	28,629	5,232			
City Hospital Center at Elmhurst	L. Kaplan	38,571	112,125	10,875			14,700
New York Hospital—Cornell Medical Center and Affiliated Hospitals							
New York Hospital	W. Nagler	3,612	28,562	9,883	1C	003	14,700
New York Medical College—Metropolitan Hospital Center	C. Hinterbuchner				6*	016	
Unit 1—Flower and Fifth Avenue Hospitals	C. Hinterbuchner	807	14,167	2,249			13,500
Unit 2—Metropolitan Hospital Center	C. Hinterbuchner	6,563	69,955	4,236			13,500
Unit 3—Bird S. Coler Memorial Hospital and Home		1,317	167,676				13,500
Westchester County Medical Center (Valhalla)	E. Moskowitz	3,461	78,373	4,380			14,700
New York University Medical Center	H. A. Rusk				10C	045	16,560
Institute of Rehabilitation Medicine	H. A. Rusk	775	192,616	23,173			
Bellevue Hospital Center	H. A. Rusk	2,345	104,733	28,942			
Brookdale Hospital Center	L. Rothman	1,319	26,910	1,856			
Goldwater Memorial	H. A. Rusk	446	97,145	459			
St. Barnabas Hospital for Chronic Diseases	V. A. Ribera	581	31,242	369			
Veterans Admin. (Manhattan)	J. Brickman	4,817	294,918	49,638			
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)							
S. U. N. Y. Downstate Medical Center	J. B. Benton				8C	021	
Kings County Hospital Center		4,384	85,725	14,514			14,700
State University		3,040	26,214	6,668			15,629
Veterans Admin. (Bronx)	H. J. Lindenauer	2,705	183,108	20,368	1C	003	16,001
Veterans Admin. (Brooklyn)	L. C. Y. Chen	3,518	103,319	9,210	2C	005	16,001
<b>ROCHESTER</b>							
Strong Memorial Hospital of the University of Rochester	J. J. Whitmore	3,150	46,434	332	2C	006	11,700
Monroe Community	J. J. Whitmore	818	37,383	198			11,700
<b>SCHEENECTADY</b>							
Sunnyview Hospital and Rehabilitation Center (See Albany Medical Center Affil. Hosps., Albany)							
<b>VALHALLA</b>							
Blythedale Children's (See Columbia University Affiliated Hospitals, New York City)							
Westchester County Medical Center (See N. Y. Med. Coll.—Metropolitan Hosp. Ctr., New York City)							
<b>WEST HAVERSTRAW</b>							
Helen Hayes (See Columbia Univ. Affiliated Hosps., New York City)							
<b>OHIO</b>							
<b>CINCINNATI</b>							
University of Cincinnati Hospital Group	R. L. Braddom				3*	009	
Children's	E. R. Griffith	4,748	8,486	2,818			
Cincinnati General	R. L. Braddom	5,402	31,134	6,686			10,244
Veterans Admin.	E. R. Griffith	30,240	120,960	1,260			12,158
<b>CLEVELAND</b>							
Case Western Reserve University Affiliated Hospitals	C. Long, 2d				2C	008	11,700
Cleveland Metropolitan General	N. Coyne	39,512	177,274	20,997			
Highland View	C. Long, 2d	9,428	237,621	4,664			
<b>COLUMBUS</b>							
Ohio State University Affiliated Hospitals	N. S. Checkles				4C	016	
Ohio State University Hospitals	N. S. Checkles	7,484	95,569	5,758			8,000
Mount Carmel Medical Center							
Riverside Methodist	G. W. Waylonis	2,460	58,694	5,544			9,500

## 25. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>OREGON</b>							
<b>PORTLAND</b>							
Veterans Admin.	P. S. King	4,538	159,855	2,346	2*	005	10,969
<b>PENNSYLVANIA</b>							
<b>PHILADELPHIA</b>							
Temple University Affiliated Hospitals	O. D. Glass				5C	012	12,000
Albert Einstein Medical Center	D. O. Glass						
Moss Rehabilitation	O. D. Glass	3,241	57,500	7,369			
Temple University	R. Herman	2,554	30,648	5,200			
Thomas Jefferson University	J. F. Ditunno, Jr.	2,700	31,212	5,454	2*	006	11,800
University of Pennsylvania Affiliated Hospitals	W. J. Erdman, 2d				4C	011	
Hospital of the University of Pennsylvania	W. J. Erdman, 2d	51,414	55,801	4,387			11,400
Philadelphia General	E. K. Stoner	2,135	75,613	12,277			11,200
Veterans Admin.	T. P. Rajashekhar	5,233	70,357	2,375			13,000
<b>PITTSBURGH</b>							
St. Francis General	T. C. Hohmann	9,014	72,357	10,038	2*	008	11,300
<b>PUERTO RICO</b>							
<b>SAN JUAN</b>							
University of Puerto Rico Affiliated Hospitals	H. J. Flax				2F	005	
University District	R. Berrios-Martinez	3,470	76,535	14,319			9,960
Puerto Rico Rehabilitation Center	H. J. Flax	14,126	283,976	57,225			9,634
Veterans Admin. Center	H. J. Flax	14,126	283,976	31,837	2C	006	10,918
<b>SOUTH CAROLINA</b>							
<b>CHARLESTON</b>							
Medical University of South Carolina Teaching Hospitals	H. W. Mims	2,326	27,867	1,984	2*	002	9,900
Medical University of South Carolina							
<b>TEXAS</b>							
<b>DALLAS</b>							
Baylor University Medical Center	E. M. Krusen	114,822	205,397	60,222	2C 1F	006	10,141
Parkland Memorial	P. Helm	8,399	70,307	14,616			9,660
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals	L. A. Leavitt				4C 2F	012	10,140
Ben Taub General	L. A. Leavitt	18,018	22,647	5,504			
Jefferson Davis	L. A. Leavitt	8,299	13,577	372			
Methodist	L. A. Leavitt	5,081	31,579	4,366			
St. Luke's Episcopal	V. J. Kitowski	25,014	57,365	637			
Texas Children's	V. J. Kitowski	3,285	4,450	144			
Texas Institute for Rehabilitation and Research	L. A. Leavitt	2,312	7,875	6,936			
Veterans Admin.	W. P. Blocker, Jr.	4,320	227,955	1,651			
<b>SAN ANTONIO</b>							
University of Texas at San Antonio Teaching Hospitals	A. E. Grant				2*	008	
Bexar County Teaching	A. E. Grant	8,388	123,531	27,138			9,800
Brooke Army Medical Center	D. H. See			92,807			31,330
Santa Rosa Medical Center	R. G. Roffini	140	20,819	762			
Veterans Admin.	A. E. Grant	1,918	26,565	9,125			10,072
<b>UTAH</b>							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals	J. R. Swenson	2,485	41,427	1,657	1*	002	10,500
University							
<b>VIRGINIA</b>							
<b>RICHMOND</b>							
Virginia Commonwealth University M. C. V. Affiliated Hospitals	L. O. Amick				3C	003	
Medical College of Virginia Hospitals	L. D. Amick	682	11,200	610			9,900
Veterans Admin.	A. W. Zalis	9,384	75,000	1,817			10,634
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals	J. F. Lehmann				9C	024	
Children's Orthopedic Hosp and Medical Center	M. R. Horning	2,609	10,485	2,215			
Harborview Medical Center	B. De Lateur	2,905	23,953	654			
U. S. Public Health Service	T. Hongladarom	1,340	14,072	759			
University	J. F. Lehmann	2,599	32,639	12,500			9,252
Veterans Admin.	E. Halar	203	1,000	625			9,672
<b>WISCONSIN</b>							
<b>MILWAUKEE</b>							
Medical College of Wisconsin Affiliated Hospitals	J. L. Melvin				3C 1F	008	
Veterans Admin. Center (Wood)	M. Mantione	140,054	173,969	15,100			11,262
Curative Workshop of Milwaukee	J. L. Melvin	2,407	45,101	425			
Milwaukee Children's							
Milwaukee County General	R. W. Boyle, M. Mitz	2,373	43,293	15,945			10,537





## 26A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977 1st Yr. All Yrs.	Annual Salary (Min.)
<b>COLORADO</b>							
<b>DENVER</b>							
University of Colorado Affiliated Hospitals	R. J. Hoehn				2	2C 004	
University of Colorado Medical Center	R. J. Hoehn	15	369	2,336			13,200
Children's	J. D. Burrington	3	238	34			
Denver General	R. C. A. Weatherley-White	11	573	3,120			13,200
Veterans Admin.	R. J. Hoehn	22	220	335			12,883
<b>CONNECTICUT</b>							
<b>NEW HAVEN</b>							
Yale—New Haven Medical Center	T. J. Krizek				2	2C 005	
Yale—New Haven		20	850	3,518			14,500
Veterans Admin. (West Haven)		13	275	770			11,996
<b>WEST HAVEN</b>							
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)							
<b>DELAWARE</b>							
<b>WILMINGTON</b>							
Wilmington Medical Center	D. Saunders	13	459	945	2	1C 002	14,179
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
Georgetown University Affiliated Hospitals	A. F. Fleury				2	1C 002	14,078
Georgetown University		7	377	420			
Veterans Admin.							
George Washington University Affiliated Hospitals	L. W. Thompson				2	1C 002	15,368
George Washington University		18	500	8,791			
Children's Hospital National Medical Center		2	51	216			
Washington Hospital Center		9	529	2,250			
<b>FLORIDA</b>							
<b>GAINESVILLE</b>							
University of Florida Affiliated Hospitals	H. G. Bingham				2	1C 002	12,000
William A. Shands Teaching Hosp. and Clinics		14	458	2,627			
Veterans Admin.		15	487	2,300			
<b>JACKSONVILLE</b>							
Jacksonville Hospitals Educational Program	B. L. Morgan				2	2C 004	11,610
Baptist Memorial	B. L. Morgan	6	803	2			
St. Vincent's	B. L. Morgan	1	132	9			
University Hospital of Jacksonville	I. Dushoff	9	480	1,299			
<b>MIAMI</b>							
University of Miami Affiliated Hospitals	D. R. Millard				2	3C 006	16,084
Jackson Memorial		30	1,250	5,935			
Veterans Admin.		5	98	778			
<b>ORLANDO</b>							
Orange Memorial	W. M. Douglas	12	915	10,515	2	2C 004	12,480
<b>GEORGIA</b>							
<b>ATLANTA</b>							
Emory University Affiliated Hospitals	M. J. Jurkiewicz				2	2C 004	12,360
Grady Memorial	M. J. Jurkiewicz	15	617	5,218			
Emory University	M. J. Jurkiewicz	4	253				
Henrietta Eggleston Hospital for Children							
Veterans Admin. (Decatur)	M. J. Jurkiewicz	18	335	814			
<b>AUGUSTA</b>							
Medical College of Georgia Hospitals	J. M. Still				2	2C 004	11,600
Eugene Talmadge Memorial		22	450	1,976			
University		19	128				
Veterans Admin.							
<b>DECATUR</b>							
Veterans Admin. (See Emory Univ. Affil. Hosps., Atlanta)							
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Cook County (See Loyola University Affil. Hosps., Maywood)							
Mc Gaw Medical Center of Northwestern University	B. H. Griffith				2	3C 006	13,310
Children's Memorial	D. Kernahan	6	331	1,181			
Northwestern Memorial	B. H. Griffith	27	1,267	8,500			
Veterans Admin. Research	N. E. Hugo	10	300	500			
Evanston (Evanston)	F. W. Pirruccello	3	159	58			
Rush—Presbyterian—St. Luke's Medical Center	J. W. Curtin	22	279	653	2	1* 003	12,000
St. Joseph (See Loyola University Affil. Hosps., Maywood)							
University of Chicago Hospitals and Clinics	M. C. Robson	16	300	3,720	2	1C 002	15,775
University of Illinois Affiliated Hospitals	R. C. Schultz				2	2C 004	14,375
University of Illinois	R. C. Schultz	6	397	4,433			
Lutheran General (Park Ridge)	R. C. Schultz	3	424	258			
Veterans Admin. (West Side)							
<b>EVANSTON</b>							
Evanston (See Mc Gaw Med. Ctr. of Northwestern Univ., Chicago)							
St. Francis (See Loyola University Affil. Hosps., Maywood)							
<b>HINES</b>							
Veterans Admin. (See Loyola University Affil. Hosps., Maywood)							
<b>MAYWOOD</b>							
Loyola University Affiliated Hospitals	R. L. Warpeha				3	2C 006	
Foster G. Mc Gaw	R. L. Warpeha	16	371	1,748			11,000
Cook County (Chicago)	C. Tasche	19	693	3,641			14,600
St. Joseph (Chicago)	O. H. Stuteville	5	362	294			13,500
St. Francis (Evanston)	R. Sperling	5	542	48			11,000
Veterans Admin. (Hines)	A. A. Badri	18	277	1,040			13,400

26A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
						1st Yr.	All Yrs.	
<b>ILLINOIS—Continued</b>								
<b>PARK RIDGE</b>								
Lutheran General (See Univ. of Illinois Affil. Hosps., Chicago)								
<b>INDIANA</b>								
<b>INDIANAPOLIS</b>								
Indiana University Medical Center	J. E. Bennett				2	3C	006	
Indiana University Hospitals	J. E. Bennett	26	600	3,800				12,000
Marion County General	J. Glover	10	297	1,325				10,250
Veterans Admin.	J. E. Bennett	13	305	960				10,648
<b>KANSAS</b>								
<b>KANSAS CITY</b>								
University of Kansas Medical Center	F. W. Masters	16	1,078	9,809	2	2C	004	10,500
<b>KENTUCKY</b>								
<b>LEXINGTON</b>								
University of Kentucky Medical Center	A. M. Moore, E. A. Luce				2	2C	004	10,260
University		10	407	2,794				
St. Joseph								
Veterans Admin.								
<b>LOUISVILLE</b>								
University of Louisville Affiliated Hospitals	L. J. Weiner				2	2C	004	9,600
Jewish		262	12,459	33,440				
Louisville General		119	2,932	3,867				
Norton—Children's Hospitals		46	4,256	11,998				
St. Joseph Infirmary		5	508	1,459				
Veterans Admin.		16	98	728				
<b>LOUISIANA</b>								
<b>NEW ORLEANS</b>								
Louisiana State University Affiliated Hospitals	G. W. Hoffman	25	1,000	4,200	2	2C	004	8,400
Charity Hospital of Louisiana		7	223	1,849				
Southern Baptist		10	550	2,000				
Veterans Admin.		4	150	818				12,271
Tulane University Affiliated Hospitals	R. F. Ryan	10	339	2,543	2	2C	004	
Charity Hospital of Louisiana	R. F. Ryan	6	192	2,248				11,400
Touro Infirmary	R. F. Ryan	5	389	339				12,000
U. S. Public Health Service	R. G. Clay, Jr.	5	199	1,220				
<b>MARYLAND</b>								
<b>BALTIMORE</b>								
Johns Hopkins Affiliated Hospitals	J. E. Hoopes				2	2C	004	13,150
Johns Hopkins	J. E. Hoopes	13	831	3,374				
Baltimore City Hospitals	C. T. Su	32	1,091	2,514				
Children's	E. J. Mc Donnell	13	532	828				
<b>MASSACHUSETTS</b>								
<b>BOSTON</b>								
Boston University Affiliated Hospitals	G. W. Anastasi	23	1,560	2,080	2	1C	002	
Boston City								
University								
Massachusetts General	J. P. Remensnyder	25	900	4,000	2	1C	002	13,600
Peter Bent Brigham Hospital—Children's Hospital								
Medical Center	J. E. Murray	8	335	1,103	2	1C	002	15,700
Peter Bent Brigham		8	425	1,400				
Children's Hospital Medical Center								
<b>CAMBRIDGE</b>								
Cambridge	F. G. Wolfort	9	610	13,500	2	1C	002	14,000
<b>MICHIGAN</b>								
<b>ALLEN PARK</b>								
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)								
<b>ANN ARBOR</b>								
University of Michigan Affiliated Hospitals	R. O. Dingman				2	3C	006	
St. Joseph Mercy	R. M. Oneal	7	637	45				11,650
University	R. O. Dingman	10	492	2,506				14,650
Veterans Admin.	R. O. Dingman, W. C. Grabb			122				
Wayne County General (Eloise)	R. O. Dingman	1	76	590				12,408
<b>DETROIT</b>								
Henry Ford	A. P. Kelly, Jr.	13	594	13,098	2	1C	002	14,000
Mount Carmel Mercy								
(See Providence, Southfield)								
Sinai Hospital of Detroit								
(See Providence, Southfield)								
Wayne State University Affiliated Hospitals	J. H. Binns	18	1,616	1,922	2	2C	004	
Veterans Admin. (Allen Park)	J. H. Binns	10	102	416				11,904
Children's Hospital of Michigan	D. I. Kapetansky		587	149				13,000
Detroit General	J. H. Binns							13,000
Grace	J. H. Binns							13,000
Harper	J. H. Binns							13,000
<b>ELOISE</b>								
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)								
<b>GRAND RAPIDS</b>								
Grand Rapids Area Medical Education Center	R. Blocksma	8	344	4,219	2	2C	004	8,643
Butterworth	R. Blocksma			61				11,880
Blodgett Memorial	W. D. Simpson	6	346	88				
St. Mary's	B. H. Birkbeck	3	180					
<b>ROYAL OAK</b>								
William Beaumont	R. Pool	9	518	2,538	2	1C	002	14,500

## 26A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
						1st Yr.	All Yrs.	
<b>MICHIGAN—Continued</b>								
<b>SOUTHFIELD</b>								
Providence	B. G. Newby	5	471	632	2	2C	003	14,100
Mount Carmel Mercy Hospital and Medical Center		6	269					
Sinai Hospital of Detroit (Detroit)		2	195	36				
<b>MINNESOTA</b>								
<b>ROCHESTER</b>								
Mayo Graduate School of Medicine	J. E. Woods			13,590	2	1C	003	13,500
Rochester Methodist		16	777					
St. Mary's		6	785					
<b>MISSISSIPPI</b>								
<b>JACKSON</b>								
University of Mississippi Medical Center	M. E. Jabaley				2	2C	004	
Mississippi Baptist	H. C. Ethridge	7	483	1,100				
University	M. E. Jabaley	8	359	2,304				10,000
Veterans Admin. Center	M. E. Jabaley	5	135	1,385				13,729
<b>MISSOURI</b>								
<b>COLUMBIA</b>								
University of Missouri Medical Center	R. A. Heimbürger	11	366	2,495	2	1C	002	12,600
Veterans Admin.	R. A. Heimbürger	3	64	150				
<b>KANSAS CITY</b>								
University of Missouri at Kansas City Affiliated Hospitals								
Kansas City General Hospital and Medical Center	F. J. McCoy	45	1,967	22,501	2	2C	004	
<b>ST. LOUIS</b>								
St. Louis University Group of Hospitals	F. X. Paletta				2	3C	006	13,500
Firmin Desloge General		10	330	400				
Cardinal Glennon Memorial Hospital for Children		8	540	1,649				
Veterans Admin.		24	328	1,055				
Washington University Affiliated Hospitals								
Barnes Hospital Group	P. M. Weeks	32	1,625	4,300	2	3C	005	14,000
<b>NEW JERSEY</b>								
<b>EAST ORANGE</b>								
Veterans Admin.								
(See CMDNJ New Jersey Med. Sch. Affil. Hospitals, Newark)								
<b>JERSEY CITY</b>								
Jersey City Medical Center								
(See CMDNJ New Jersey Med. Sch. Affil. Hospitals, Newark)								
<b>LIVINGSTON</b>								
St. Barnabas Medical Center	A. Mancusi-Ungaro	17	866	1,350	2	2C	004	13,840
<b>NEWARK</b>								
CMDNJ—New Jersey Medical School Affiliated Hospitals								
Martland	S. R. Lo Verme	8	360	1,560	2	3C	006	15,435
Veterans Admin. (East Orange)		15	275	600				
Jersey City Medical Center (Jersey City)		15	334	1,448				14,400
<b>NEW MEXICO</b>								
<b>ALBUQUERQUE</b>								
University of New Mexico Affiliated Hospitals	R. A. Gooding				2	2C	003	12,800
Bernalillo County Medical Center		7	214	1,424				
Presbyterian Hospital Center				24,000				
Veterans Admin.		4	122	314				
<b>NEW YORK</b>								
<b>ALBANY</b>								
Albany Medical Center Affiliated Hospitals	W. B. Macomber				2	2C	005	15,850
Albany Medical Center		16	534	129				
Child's		6	535	369				
Memorial		7	232					
St. Peter's								
Veterans Admin.		9	149	740				
<b>BUFFALO</b>								
Buffalo General	C. A. De Felice	9	680	27	2	1C	001	12,800
Mercy	J. Connelly	5	332	225	2	1C	001	12,500
<b>EAST MEADOW</b>								
Nassau County Medical Center—Meadowbrook Div.	L. Rubin	20	344	4,359	2	2C	004	14,677
<b>NEW YORK CITY</b>								
Albert Einstein College of Medicine Affiliated Hospitals	D. L. Weiner				3	2C	006	
Bronx Municipal Hospital Center		56	1,082	5,200				
Hospital of the Albert Einstein College of Medicine		23	669	3,600				
Lincoln								
Harlem Hospital Center	A. Barnes	12	326	2,717	2	1C	002	17,500
Lenox Hill	E. P. Berry	16	783	2,723	2	2C	004	20,639
Methodist	H. B. Rasi	10	375	2,011	2	1C	002	17,500
Montefiore Hospital Training Program	M. Lewin				2	2C	004	
Montefiore Hospital and Medical Center		28	572	2,746				
Morrisania City		14	201	3,949				
Mount Sinai Hospital Training Program	B. E. Simon				3	1C	005	
Mount Sinai	B. E. Simon	15	600	1,450				19,575
Beth Israel Medical Center	S. Kahn	8	434	1,245				19,000
City Hospital Center at Elmhurst	D. Wesser	8	144	2,578				17,000
Veterans Admin. (Bronx)	B. E. Simon	15	264	585				16,001
New York Hospital—Cornell Medical Center and Affiliated Hospitals	D. Goulian, Jr.	20	738	2,204	2	3C	006	13,300
New York Hospital								
Memorial Hospital for Cancer and Allied Diseases								
New York University Medical Center	J. M. Converse				2	4C	008	
Bellevue Hospital Center		15	442	4,953				
Manhattan Eye, Ear and Throat	D. Wood-Smith	14	1,525	1,264				17,500
University		19	1,014	2,018				
Veterans Admin. (Manhattan)		32	512	2,043				





## 26A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1976-1977		Annual Salary (Min.)
						1st Yr.	All Yrs.	
<b>VIRGINIA—Continued</b>								
<b>NORFOLK</b>								
Norfolk General	R. A. Mladick	20	803	660	2	3C	006	14,100
Veterans Admin. Center (Hampton)	N. Jackson	7	246	475				14,700
<b>RICHMOND</b>								
Virginia Commonwealth University M. C. V. Affiliated Hospitals								
Medical College of Virginia Hospitals	I. K. Cohen	15	550	3,800	2	2C	004	11,000
<b>WISCONSIN</b>								
<b>MADISON</b>								
University Hospitals	D. Dibbell	7	325	2,664	2	2C	004	13,100
<b>MILWAUKEE</b>								
Medical College of Wisconsin Affiliated Hospitals	R. P. Gingrass				2	2C	004	
Milwaukee County General	R. P. Gingrass	6	434	4,684				10,537
Milwaukee Children's	J. L. Teasley	3	228	295				10,545
Veterans Admin. Center (Wood)	R. P. Gingrass	7	161	1,120				13,709

## 26B. PLASTIC SURGERY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Board of Plastic Surgery, and the American College of Surgeons, through the Residency Review Committee for Plastic Surgery, as offering training which may complement or supplement that provided by approved residency programs. See also List 26A.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>NEW YORK</b>							
<b>BUFFALO</b>							
Roswell Park Memorial Institute	D. P. Shedd	25	328	2,015	3C	003	

## 28. PREVENTIVE MEDICINE

## AEROSPACE MEDICINE

The following programs in Aerospace Medicine have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of 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)
<b>UNITED STATES AIR FORCE</b>			
U.S. Air Force School of Aerospace Medicine	Brooks Air Force Base, Texas	R. D. Hansen, Col., USAF, M. C.	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.			
<b>UNITED STATES NAVY</b>			
U.S. Naval Aerospace Medical Institute, U.S. Naval Aerospace and Regional Medical Center	Pensacola, Florida	F. E. Dully, Jr., Capt., M. C., USN	3
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; Naval Aerospace Medical Research Laboratory, Michoud Detachment New Orleans, La.			
<b>NONFEDERAL</b>			
Stanford University School of Medicine, 300 Pasteur Drive	Stanford, Calif. 94305	R. R. Beard, M. D.	
For information regarding program write to: R. R. Beard, M.D., Dept. of Family, Community, and Preventive Medicine, Stanford University Medical Center, 300 Pasteur Dr., Stanford, Calif. 94305.			
Ohio State University Department of Preventive Medicine	Columbus, Ohio	R. L. Wick	3
Training during second and third years is offered at affiliated training sites: NASA Ames Research Center, Moffett Field, Calif.; NASA L. B. Johnson Space Center, Houston, Texas.			

## GENERAL PREVENTIVE MEDICINE

The following institutions and agencies have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of 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 Emphasis
<b>UNITED STATES AIR FORCE</b>		
<b>TEXAS</b>		
Brooks Air Force Base U.S. Air Force School of Aerospace Medicine	W. C. Barnes, Jr., Col. USAF, MC	Military Preventive Medicine, Epidemiology
<b>UNITED STATES ARMY</b>		
<b>DISTRICT OF COLUMBIA</b>		
Washington Walter Reed Army Institute of Research	O. C. Dobbs, Col., MC	Military Preventive Medicine, Epidemiology
<b>MARYLAND</b>		
Aberdeen Proving Ground U.S. Army Environmental Hygiene Agency	D. M. Rosenberg, LTC, MC	Environmental Health
<b>DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE</b>		
<b>GEORGIA</b>		
Atlanta Center for Disease Control, Health Services and Mental Health Administration	A. H. Holguin	Epidemiology
<b>NONFEDERAL</b>		
<b>ALABAMA</b>		
Birmingham University of Alabama Medical Center	P. B. Peacock	General Preventive Medicine, Epidemiology
<b>ARIZONA</b>		
Tucson University of Arizona College of Medicine, Department of Family and Community Medicine	T. R. Collins	Health Services Administration, Epidemiology
<b>CALIFORNIA</b>		
Berkeley University of California School of Public Health Division of Epidemiology	H. M. Wallace	Epidemiology, Health Services Administration, Maternal and Child Health, Environmental Health
Los Angeles Charles R. Drew Postgraduate Medical School, Department of Community Medicine	M. A. Haynes	Health Services Administration
University of California School of Medicine and School of Public Health	M. I. Roemer	Epidemiology, Health Services Administration

## 26. PREVENTIVE MEDICINE—Continued

## GENERAL PREVENTIVE MEDICINE—Continued

Institution or Agency	Physician in Charge	Areas of Training
<b>CONNECTICUT</b>		
New Haven Yale University Department of Epidemiology and Public Health.....	J. F. Jekel.....	Epidemiology, Clinical Preventive Medicine
<b>HAWAII</b>		
Honolulu University of Hawaii School of Public Health.....	S. B. Halstead.....	Epidemiology, International Health, Population Dynamics, Family Planning
<b>KENTUCKY</b>		
Lexington University of Kentucky College of Medicine, Department of Community Medicine.....	A. S. Benenson.....	Community Medicine
<b>LOUISIANA</b>		
New Orleans Tulane University School of Public Health and Tropical Medicine.....	P. R. Beckjord.....	International Health, Nutrition, Maternal and Child Health Epidemiology, Clinical Preventive Medicine, Population Dynamics
<b>MARYLAND</b>		
Baltimore Johns Hopkins University School of Hygiene and Public Health.....	G. M. Matanoski.....	Epidemiology, International Health, Maternal and Child Health, Health Services Administration, Population Dynamics
University of Maryland School of Medicine.....	N. D. List.....	Epidemiology, Health Services Administration
<b>MASSACHUSETTS</b>		
Boston Harvard University, School of Public Health.....	B. MacMahon..... R. H. Morrow..... A. S. Yerby.....	Epidemiology International Health Health Services Administration
<b>MICHIGAN</b>		
Ann Arbor University of Michigan School of Public Health.....	M. E. Wegman.....	Community Health Services, Epidemiology, Environmental Medicine, Maternal and Child Health, Medical Care Administration, Population Dynamics
<b>MISSOURI</b>		
Columbia University of Missouri School of Medicine, Department of Community Health and Medical Practice.....	W. C. Allen.....	Community Medicine
<b>NEW HAMPSHIRE</b>		
Hanover Dartmouth Medical School, Department of Community Medicine.....	M. Zubkoff.....	Health Services Administration
<b>NEW YORK</b>		
New York City Mount Sinai School of Medicine of the City University of New York, Dept. of Community Medicine.....	K. W. Deuschle.....	Epidemiology, Environmental Health, Community Medicine
Rochester University of Rochester School of Medicine and Dentistry.....	J. G. Zimmer.....	Community Health
<b>NORTH CAROLINA</b>		
Chapel Hill University of North Carolina School of Medicine and School of Public Health.....	W. P. Richardson.....	Epidemiology, Community Medicine, Maternal and Child Health
<b>OHIO</b>		
Columbus Ohio State University College of Medicine, Department of Preventive Medicine.....	M. D. Keller.....	Epidemiology, Community Health
<b>TENNESSEE</b>		
Nashville Meharry Medical College School of Medicine, Division of Community Medicine.....	R. A. Carter.....	Medical Care
<b>UTAH</b>		
Salt Lake City University of Utah Department of Community and Family Medicine.....	E. A. Isaacson, R. Kane.....	Community Health
<b>WASHINGTON</b>		
Seattle University of Washington School of Public Health and Community Medicine, Department of Preventive Medicine.....	R. W. Day.....	Epidemiology, Community Medicine, International Health Environmental Health, Health Services Administration
<b>WISCONSIN</b>		
Milwaukee Medical College of Wisconsin Department of Preventive Medicine.....	S. Shindell.....	Epidemiology, Community Medicine, Health Services Administration



## APPROVED RESIDENCIES

## 26. PREVENTIVE MEDICINE—Continued

## OCCUPATIONAL MEDICINE (Academic)

The following educational institutions have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of 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.

Institution or Agency	Physician in Charge	1st	2nd	Total
		Year	Year	All Years
<b>MASSACHUSETTS</b>				
<b>Boston</b>				
Harvard University, School of Public Health.....	J. L. Whittenberger.....	4	4	8
<b>OHIO</b>				
<b>Cincinnati</b>				
University of Cincinnati Department of Environmental Health.....	R. R. Suskind.....	8	8	16
<b>OKLAHOMA</b>				
<b>Oklahoma City</b>				
University of Oklahoma Health Sciences Center, Department of Environmental Health.....	C. Lynn.....	2	2	4

## OCCUPATIONAL MEDICINE (In-Plant)

The following plants and agencies have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of 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.

Institution or Agency	Physician In Charge	Residencies Offered	
		1976-1977	Total All Years
<b>UNITED STATES ARMY</b>			
<b>MARYLAND</b>			
U.S. Army Environmental Hygiene Agency, Edgewood Arsenal.....	D. M. Rosenberg.....		2
<b>UNITED STATES NAVY</b>			
<b>OHIO</b>			
<b>Cincinnati</b>			
Navy Environmental Health Center.....	W. L. Smith.....		4
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>			
<b>OHIO</b>			
<b>Cincinnati</b>			
U.S. Public Health Service, Health Services and Mental Health Administration, National Institute for Occupational Safety and Health.....	A. W. Hoover.....		1
<b>UNITED STATES TENNESSEE VALLEY AUTHORITY</b>			
<b>TENNESSEE</b>			
<b>Chattanooga</b>			
Tennessee Valley Authority Division of Medical Services, Chattanooga.....	R. L. Craig.....		1
<b>NONFEDERAL</b>			
<b>CALIFORNIA</b>			
<b>Fontana</b>			
Kaiser Steel Corporation.....	S. L. Watson.....		1
<b>DELAWARE</b>			
<b>Wilmington</b>			
E. I. duPont de Nemours & Company.....	J. R. Zahn.....		1
<b>MASSACHUSETTS</b>			
<b>Cambridge</b>			
Harvard University Health Services, Division of Environmental Health and Safety.....	B. G. Ferris, Jr.....		1
<b>MICHIGAN</b>			
<b>Dearborn</b>			
Ford Motor Company.....	D. L. Block.....		0
<b>Detroit</b>			
General Motors Corporation.....	S. D. Steiner.....		2
<b>Midland</b>			
Dow Chemical Company.....	H. L. Gordon.....		1
<b>NEW YORK</b>			
<b>New York City</b>			
American Telephone & Telegraph Company and Subsidiaries.....	M. B. Bond.....		1
<b>Rochester</b>			
Eastman Kodak Company.....	N. J. Ashenburg.....		2

28. PREVENTIVE MEDICINE—Continued  
 OCCUPATIONAL MEDICINE (In-Plant)—Continued

WASHINGTON

Richland	Hanford Environmental Health Foundation	P. A. Fuqua	1
Seattle	Boeing Company	S. M. Williamson	2

WISCONSIN

Milwaukee	Allis-Chalmers Corporation	C. Zenz	1
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PUBLIC HEALTH

Residency programs in Public Health in the following states and cities have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of 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)
U.S. Army	U.S. Army, Silas B. Hays Army Hospital, Fort Ord, California	H. A. Leighton	Military Post—Fort Ord	100,000*	2
State of California	Sacramento, California	P. H. Raymond	Alameda County Berkeley City Contra Costa County Los Angeles County Orange County Riverside County Sacramento County San Bernardino County San Diego County San Francisco County San Mateo County Santa Clara County Santa Cruz Yolo County	1,096,900 116,716 585,900 6,961,200 1,656,300 509,600 683,100 701,400 1,509,900 679,200 573,700 1,178,900 144,600 -104,400	2
District of Columbia Department of Human Resources	Washington, D.C.	S. A. Khoury	District of Columbia	753,600*	2
State of Florida	Jacksonville, Florida	M. J. Ford	Dade-Miami Hillsborough-Tampa Palm Beach-West Palm Beach Escambia-Pensacola Orange-Orlando Broward-Fort Lauderdale Brevard-Rockledge Lee-Fort Myers Florida State Division	1,405,200* 558,800 422,100* 220,600* 423,200* 793,400* 252,900* 140,500*	2
State of Illinois	Springfield, Illinois	P. Q. Peterson	Cook County (Suburban) DuPage County Peoria City and County		2
State of Kentucky	Frankfort, Kentucky	W. P. McElwain	Lexington-Fayette County Louisville-Jefferson County	176,000 707,300	2
State of Maryland	Baltimore, Maryland	J. R. Stifer	Anne Arundel County Baltimore County Baltimore City Montgomery County Prince George's County Washington County	331,400* 660,000* 882,300* 607,000* 743,100* 106,300	2
State of Massachusetts	Boston, Massachusetts	D. Robinson	State of Massachusetts	5,689,170	2
State of Minnesota	Minneapolis, Minnesota	W. R. Lawson	State of Minnesota	3,866,000*	2
State of Mississippi	Jackson, Mississippi	W. E. Riecken, Jr.	Mississippi State Board of Health		2
State of New Jersey	Trenton, New Jersey	M. S. Gottlieb	Northern District Southern District		2
U.S. Army	U.S. Army, Medical Department Activity, Walsen Army Hospital, Fort Dix, New Jersey	J. D. Bartley	Fort Dix Military Reservation	103,500*	2
State of New York	Albany, New York	J. L. Freitag	Selected local health departments		2
New York City	New York City	P. J. Imperato	New York City	7,896,000*	2
State of North Carolina Dept. of Human Resources	Raleigh, North Carolina	I. C. Grant	Charlotte-Mecklenburg County Guilford County (Greensboro) Orange-Person-Chatham-Lee-Caswell District Health Dept. Gaston County (Gastonia) North Carolina State Board of Health	500,000 350,000 185,000 175,000	2
State of Oklahoma	Oklahoma City, Oklahoma	T. N. Lynn	University of Oklahoma Health Sciences Center Tulsa City-County Health Department Cleveland County Health Department	500,000* 70,000*	2

## 26. PREVENTIVE MEDICINE—Continued

## PUBLIC HEALTH—Continued

Department of Health	Location	Director	Local Areas	*Population	Length of Approved Program (Years)
State of Oregon	Portland, Oregon	H. T. Osterud	Lane County		2
			Jackson County		
			Multnomah County		
			State of Oregon		
State of Tennessee	Nashville, Tennessee	H. Packer	Chattanooga-Hamilton County		2
			Memphis-Shelby County		
			Nashville-Davidson County		
State of Texas	Austin, Texas	J. E. Peavy			2
State of Utah	Salt Lake City	E. A. Isaacson	Salt Lake City-County Health Department	495,000*	2
			Utah State Division of Health		
			Bear River District	79,200*	
			Weber River District	139,100*	
			Great Salt Lake District		
			Central Utah District	41,100*	
			Southwestern District	41,900*	
			Uintah Basin District	28,300*	
Southeastern District	41,300*				
State of Virginia	Richmond, Virginia	R. L. Wood	Richmond and selected rural areas		2
State of Washington	Olympia, Washington	J. A. Beare	Benton-Franklin		2
			Seattle-King		
			Tacoma-Pierce		
			Washington State		
State of Wisconsin	Madison, Wisconsin	R. W. Biek	Wisconsin State		2

NOTE: Rounded figures in population columns usually indicate estimates. Consult program director for additional information on fringe benefits, citizenship requirements, provision for additional academic training, and for current salary information.

28A. PSYCHIATRY

Residency programs in the following hospitals have been accredited for THREE years of training by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association 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, 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. See also List 28B.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES AIR FORCE</b>							
<b>TEXAS</b>							
Wilford Hall U. S. A. F. Medical Center, San Antonio	J. C. Sparks	62	1,005	67,399	4*	012	15,150
<b>UNITED STATES ARMY</b>							
<b>CALIFORNIA</b>							
Letterman Army Medical Center, San Francisco	T. B. Hauschild	62	792	18,359	7C	017	
<b>DISTRICT OF COLUMBIA</b>							
Walter Reed Army Medical Center, Washington	D. W. Morgan	141	903	21,283	3*	025	
<b>UNITED STATES NAVY</b>							
<b>CALIFORNIA</b>							
Naval Regional Medical Center, Oakland	R. W. Steyn	95	915	6,770	3*	012	
<b>MARYLAND</b>							
National Naval Medical Center, Bethesda	V. M. Helm	80	607	23,653	4*	016	
<b>PENNSYLVANIA</b>							
Naval Regional Medical Center, Philadelphia	J. F. Mc Grail	110	816	6,204	4* 1F	017	
<b>VIRGINIA</b>							
Naval Regional Medical Center, Portsmouth (See Eastern Va. Med. School Affil. Hosps., Norfolk, Va.)							
<b>DEPARTMENT OF HEALTH, EDUCATION AND WELFARE</b>							
<b>DISTRICT OF COLUMBIA</b>							
St. Elizabeths, Washington	D. D. Cowell	720	1,606	13,140	6C 2*	024	11,988
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
University of Alabama Medical Center	P. H. Linton				5C	015	
University of Alabama Hospitals	P. H. Linton	60		13,920			12,000
Veterans Admin.	P. H. Linton, H. Kinnane			2,022			10,600
<b>ARIZONA</b>							
<b>PHOENIX</b>							
Arizona State	H. E. Wulsin	676	1,608	20,625	3C 3*	018	13,064
Good Samaritan	L. S. Cohn	19	486	6,000	4C	012	9,425
<b>TUCSON</b>							
University of Arizona Affiliated Hospitals	S. C. Scheiber				8C 2*	020	
University	S. C. Scheiber	15	245	6,391			
Palo Verde	S. C. Scheiber	24					
Veterans Admin.	A. I. Levenson	39	616	8,243			
<b>ARKANSAS</b>							
<b>LITTLE ROCK</b>							
Arkansas State	E. W. Bennett	275	2,578	16,400	4C 1C 3F	012	16,236
University of Arkansas Medical Center	R. F. Shannon					012	
University		13	300	7,776			11,000
Veterans Admin. Consolidated (North Little Rock Division)		1,009	4,468	48,456			15,163.
<b>NORTH LITTLE ROCK</b>							
Veterans Admin. Consolidated (North Little Rock Division) (See University of Arkansas Medical Center, Little Rock)							
<b>CALIFORNIA</b>							
<b>BERKELEY</b>							
Herrick Memorial	P. B. Hume	52	1,471	4,500	3C	009	11,064
<b>CAMARILLO</b>							
Camarillo State	R. E. Moebius	2,109	8,321		16C	016	16,044
<b>DAVIS</b>							
University of California (Davis) Affiliated Hospitals	D. G. Langsley				12*	034	
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	D. G. Langsley	22	990	98,000			10,900
Stockton State (Stockton)	H. H. Brewster	734	1,363	14,438			15,276
<b>FRESNO</b>							
Fresno County Department of Health, Mental Health Services	G. F. Solomon	23	1,173	33,799	4C	009	16,600
Fresno County Department of Health Valley Medical Center of Fresno							

## 28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>CALIFORNIA—Continued</b>							
<b>IMOLA</b>							
Napa State	M. J. Ortega	2,121	5,376		9C	023	15,276
<b>IRVINE</b>							
University of California (Irvine) Affiliated Hospitals	L. A. Gottschalk		743	20,138	14*	056	12,300
Orange County Medical Center (Orange)	L. A. Gottschalk	47	2,464	23,770			13,871
Veterans Admin. (Long Beach)	M. Ross	131					
<b>LOMA LINDA</b>							
Loma Linda University Affiliated Hospitals	H. S. Evans	17	284	10,000	5*	013	10,392
Loma Linda University							
<b>LONG BEACH</b>							
Veterans Admin. (See Univ. of California (Irvine) Affil. Hosps., Irvine)							
<b>LOS ANGELES</b>							
Cedars—Sinai Medical Center	S. Furkel				5C	015	11,580
Cedars of Lebanon Hospital Division		23	268	25,000			
Mount Sinai Hospital Division		182	3,836	89,481	20C	086	12,612
Los Angeles County—U. S. C. Medical Center	S. M. Woods				20*		
					6F		
Martin Luther King, Jr. General	A. Cannon	20	720	4,000	5*	015	15,732
U. C. L. A. Affiliated Hospitals	J. Yager				20C	057	
					3*		
U. C. L. A. Neuropsychiatric Institute		41	526	23,707			10,900
Veterans Admin., Brentwood		419	4,035	164,730			16,138
Veterans Admin. (Sepulveda)	M. Greenblatt	259	1,887	74,218	4*	028	16,138
<b>OAKLAND</b>							
Highland General	J. Mahoney	34	1,329	10,168	4*	020	10,860
					4F		
<b>ORANGE</b>							
Orange County Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)							
<b>PALO ALTO</b>							
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)							
<b>SACRAMENTO</b>							
University of California (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affiliated Hosps., Davis)							
<b>SAN DIEGO</b>							
University of California (San Diego) Affiliated Hospitals	A. J. Mandell				12C	040	
University of California, San Diego—University Hospital		34	454	11,802			10,900
Veterans Admin.		78	1,209	31,186			11,839
<b>SAN FRANCISCO</b>							
Mount Zion Hospital and Medical Center	E. M. Weinschel	13	336	26,589	6*	018	10,900
Pacific Medical Center—Presbyterian	A. Enelow	19	605	6,182	2C	007	10,068
					3F		
St. Mary's Hospital and Medical Center	M. T. Khlentzos	39	925	20,565	8C	032	11,120
					3F		
San Francisco Community Mental Health Services	J. J. Katsuranis	40	21,000	85,000	4C	009	10,900
University of California Program	L. J. Epstein				14C	043	12,300
					1F		
Langley Porter Neuropsychiatric Institute	L. J. Epstein	55	792	18,291			
Veterans Admin.	R. Wallerstein, I. Feinberg			21,215			
<b>SAN MATEO</b>							
San Mateo Community Mental Health Services	P. I. Wachter	25	888	89,361	6*	016	11,064
<b>SANTA BARBARA</b>							
Santa Barbara County Mental Health Services	C. H. H. Branch				2C	008	11,000
					2F		
Santa Barbara General		18	1,249	18,301			
Santa Barbara Cottage		19	343				
<b>STANFORD</b>							
Stanford University Affiliated Hospitals	W. S. Agras				9C	031	11,500
					2*		
Stanford University	W. S. Agras	17	403	16,895			
Veterans Admin. (Palo Alto)	B. S. Kopeil	640	4,900	850			
<b>STOCKTON</b>							
Stockton State (See Univ. of Calif. (Davis) Affiliated Hosps., Davis)							
<b>SYLMAR</b>							
Olive View Medical Center	J. C. Shipper	48	1,362	74,993	3*	009	13,212
<b>TORRANCE</b>							
Los Angeles County Harbor General	C. Ford	35	533	29,057	8*	026	12,612
					2F		
<b>COLORADO</b>							
<b>DENVER</b>							
Denver General	J. F. Yost	39	2,247	14,990	6*	010	
Fort Logan Mental Health Center	P. Mitra	251		10,633	2C	009	11,000
University of Colorado Affiliated Hospitals	D. B. Carter				3C	054	11,600
					10*		
University of Colorado Medical Center		82	740	37,154			
Veterans Admin.		19	371				

## 28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>CONNECTICUT</b>							
<b>FARMINGTON</b>							
University of Connecticut Affiliated Hospitals	R. Cancro				6C 1F	018	10,815
John Dempsey	R. Cancro	15	334	7,100			
Hartford (Hartford)	D. L. Brown	38	972	10,900			
Veterans Admin. (Newington)		21	311	4,904			
<b>HARTFORD</b>							
Hartford (See University of Connecticut Affil. Hosps., Farmington)							
Institute of Living	W. W. Zeller	372	637	14,717	8C	024	14,626
<b>MIDDLETOWN</b>							
Connecticut Valley	S. Glasner	893	5,147	6,720	5C 3*	018	12,219
<b>NEW HAVEN</b>							
Yale—New Haven Medical Center	M. F. Reiser				22*	063	
Yale—New Haven	M. F. Reiser	34	403	9,229			11,190
Yale Psychiatric Institute	M. F. Reiser	41	40				12,500
Yale University Health Service, Div. of Mental Hygiene	M. F. Reiser		70	10,434			11,190
Connecticut Mental Health Center		37	830	47,171			12,500
Veterans Admin. (West Haven)	P. Errera	84	1,081	17,175			11,996
<b>NEWINGTON</b>							
Veterans Admin. (See University of Connecticut Affil. Hosps., Farmington)							
<b>NEWTOWN</b>							
Fairfield Hills	O. W. Thomas	1,117	3,926		6*	018	12,219
<b>NORWICH</b>							
Norwich	M. Martin	926	3,966	2,268	8C	016	12,219
<b>WEST HAVEN</b>							
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)							
<b>DELAWARE</b>							
<b>NEW CASTLE</b>							
Delaware State	R. Winkelmayer	922	1,490	625	4C	012	13,326
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
Georgetown University Affiliated Hospitals	R. A. Steinbach				9C 2F	029	
Georgetown University	R. A. Steinbach			21,312			11,519
Veterans Admin.	G. Scarcella	171	1,206	9,092			11,525
George Washington University	T. G. Webster	31	261	4,155	5C 2*	020	11,526
Howard University	W. H. Bradshaw, Jr.	15	338		4C 1F	015	12,319
<b>FLORIDA</b>							
<b>GAINESVILLE</b>							
University of Florida Affiliated Hospitals	J. E. Adams				9C	018	
William A. Shands Teaching Hosp. and Clinics	J. E. Adams	19	543	4,980			9,667
Veterans Admin.	H. R. Lyons	78	963	2,423			9,891
Anclote Manor (Tarpon Springs)	W. H. Wellborn, Jr.	76	42	6,015			12,500
<b>MIAMI</b>							
University of Miami Affiliated Hospitals	R. L. Bragg				14C 5*	052	
Jackson Memorial	R. L. Bragg	135	2,560	179,452			12,222
Veterans Admin.	J. N. Sussex	151	2,509	24,968			12,322
<b>TAMPA</b>							
University of South Florida Affiliated Hospitals	M. W. Denker				10C	030	
Tampa General	R. Coffey	22	350				11,523
St. Joseph's	E. Klein	22	398	4,200			
Veterans Admin.	W. Chambers	43	371	4,806			11,000
<b>TARPON SPRINGS</b>							
Anclote Manor (See University of Florida Affil. Hosps., Gainesville)							
<b>GEORGIA</b>							
<b>ATLANTA</b>							
Emory University Affiliated Hospitals	B. C. Holland				15C 1F	045	8,800
Emory University	B. C. Holland	11	232				
Grady Memorial	B. C. Holland	31	1,798	42,682			
Georgia Mental Health Institute	B. C. Holland	137	2,143				
Veterans Admin. (Decatur)	T. E. Fulmer	48	438				
<b>AUGUSTA</b>							
Medical College of Georgia Hospitals	E. J. Mc Cranie				4C 3* 1F	016	10,100
Eugene Talmadge Memorial	E. J. Mc Cranie	15	211	7,469			
Veterans Admin.	A. Barchiesi	411	1,647	16,855			
<b>DECATUR</b>							
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)							
<b>HAWAII</b>							
<b>HONOLULU</b>							
University of Hawaii Affiliated Hospitals	J. F. Mc Dermott, Jr.				6C	018	
Hawaii State (Kaneohe)	J. F. Mc Dermott, Jr.	13	58	1,000			
Queen's Medical Center	G. Bolian	30	1,005	8,496			11,400
St. Francis	R. Markoff	5	188	1,680			12,180
University of Hawaii, Leahi	J. F. Mc Dermott, Jr.	13	58				

## 28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>HAWAII—Continued</b>							
<b>KANEHOE</b>							
Hawaii State (See Univ. of Hawaii Affiliated Hospitals, Honolulu)							
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Chicago Medical School Affiliated Hospitals Veterans Admin. (Downey) Cook County George J. London Memorial Forest (Des Plaines)	M. A. Falk				8C	024	
Illinois State Psychiatric Institute	C. Rhead	118	151	13,877	10C	033	14,008
Mc Gaw Medical Center of Northwestern University	L. Diamond				7C 3*	033	11,680
Northwestern Memorial Veterans Admin. Research Evanston (Evanston)	W. Spriegel J. Gerber D. Greaves	68 25 32	1,067 29 431	7,406 15,723			
Michael Reese Hospital and Medical Center	L. Kayton	68	488	20,393	9C	021	12,363
Mount Sinai Hospital Medical Center of Chicago	E. J. Schumack	23	507	3,135	3C	008	12,000
Rush—Presbyterian—St. Luke's Medical Center	L. M. Periolat	58	620	4,000	4*	012	12,000
St. Joseph (See Loyola University Affiliated Hospitals, Maywood)							
University of Chicago Hospitals and Clinics	J. W. Winer	19	449	15,800	8C	024	11,125
University of Illinois Affiliated Hospitals	G. M. Borowitz				7*	028	12,500
University of Illinois Veterans Admin. (West Side)	G. H. Borowitz B. Rappaport	14 68	161 1,334	20,640 31,814			
<b>DES PLAINES</b>							
Forest (See Chicago Medical School Affiliated Hospitals, Chicago)							
<b>DOWNEY</b>							
Veterans Admin. (See Chicago Medical School Affiliated Hospitals, Chicago)							
<b>ELK GROVE VILLAGE</b>							
Alexian Brothers Medical Center (See Loyola University Affiliated Hospitals, Maywood)							
<b>EVANSTON</b>							
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)							
<b>HINES</b>							
John J. Madden Zone Center (See Loyola University Affil. Hosps., Maywood) Veterans Admin. (See Loyola University Affil. Hosps., Maywood)							
<b>JOLIET</b>							
St. Joseph (See Loyola University Affiliated Hospitals, Maywood)							
<b>MAYWOOD</b>							
Loyola University Affiliated Hospitals	J. A. Smith				6C 3*	030	
Foster G. Mc Gaw St. Joseph (Chicago)	J. A. Smith B. E. Rabin	30 32	552 583	7,215 8,333			11,000 11,000
Alexian Brothers Medical Center (Elk Grove Village)	L. Kempton	41	563				12,320
John J. Madden Zone Center (Hines)	R. A. De Vito	140	2,296	22,582			
Veterans Admin. (Hines)	P. R. Staunton	202	3,167	10,100			11,000
St. Joseph (Joliet)	A. J. Spadoni	38	1,049	500			10,200
<b>SPRINGFIELD</b>							
Southern Illinois University Affiliated Hospitals St. Johns Andrew Mc Farland Zone Center Memorial Medical Center Mental Health Association	E. L. Loschen	34 117 58	821 828 1,192	1,700 7,830 12,600	4C	012	10,500
<b>INDIANA</b>							
<b>INDIANAPOLIS</b>							
Indiana University Medical Center Indiana University Hospitals Larue D. Carter Memorial Marion County General Veterans Admin.	J. E. Simmons J. E. Simmons D. F. Moore J. Wright J. E. Simmons	125 38 77	306 1,081 800	5,664 4,082 12,121 8,032	12*	048	10,800 11,102 10,250 10,719
<b>IOWA</b>							
<b>CHEROKEE</b>							
Mental Health Institute	E. A. Kjenaas	272	1,360	8,326	5*	014	16,368
<b>INDEPENDENCE</b>							
Mental Health Institute	S. M. Korson	287	1,663	2,624	4C	012	16,368
<b>IOWA CITY</b>							
University of Iowa Hospitals	R. Noyes, Jr.	61	842	9,128	8C 2*	026	11,500
<b>KANSAS</b>							
<b>KANSAS CITY</b>							
University of Kansas Medical Center	P. C. Laybourne, Jr.	47	644	13,678	9C 4*	028	11,500
Veterans Admin. (Kansas City, Mo.)	F. V. Smith	60	889	3,737			11,500

APPROVED RESIDENCIES

28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>KANSAS—Continued</b>							
<b>NEWTON</b>							
Prairie View Mental Health Center (See Univ. of Kansas (Wichita) Affil. Hosps., Wichita)							
<b>OSAWATOMIE</b>							
Osawatomie State (See Menninger School of Psychiatry, Topeka)							
<b>TOPEKA</b>							
Menninger School of Psychiatry	P. Woolcott, Jr.				6*	060	12,705
C. F. Menninger Memorial	D. R. Aleksandrowicz	151	276	52,341			
Topeka State	W. W. Menninger	376	1,184	13,757			
Veterans Admin.	W. S. Simpson	770	4,321	78,881			
Osawatomie State (Osawatomie)		405	1,667	1,656			
<b>WICHITA</b>							
University of Kansas (Wichita) Affiliated Hospitals	O. I. George				4C 4*	016	12,500
St. Francis	M. O. George	74	1,691				
St. Joseph Hospital and Rehabilitation Center	K. Hull	20	663				
Sedgwick County Department of Mental Health	S. S. Jehan			18,062			
Veterans Admin. Center	C. R. Drummond			4,317			
Wesley Medical Center	M. D. George	55	1,544	25			
Prairie View Mental Health Center (Newton)							
<b>KENTUCKY</b>							
<b>LEXINGTON</b>							
University of Kentucky Medical Center	G. M. Henry				6C 2*	026	
University	G. M. Henry	25	363	15,379			
Veterans Admin.	A. M. Ludwig	62	785	74			9,868
<b>LOUISVILLE</b>							
University of Louisville Affiliated Hospitals	J. J. Schwab				9C	025	
Bingham Child Guidance Clinic							
Central State	R. Alonso	487	1,923				
Louisville General	J. J. Schwab	16	1,763	468			9,600
Norton—Children's Hospitals	J. D. Mc Neely	29	184	2,497			11,000
Veterans Admin.	N. S. Russinovich	47	710	26,250			11,000
<b>LOUISIANA</b>							
<b>MANDEVILLE</b>							
Southeast Louisiana (See Tulane University Affiliated Hospitals, New Orleans)							
<b>NEW ORLEANS</b>							
Louisiana State University Affiliated Hospitals	M. F. Miller				5C 5F	015	
Charity Hospital of Louisiana	W. M. Easson	42	1,104				7,800
Touro Infirmary	E. O. Svenson	19	492	14,172			9,782
Tulane University Affiliated Hospitals	R. G. Heath				6*	036	10,000
Charity Hospital of Louisiana	R. G. Heath	41	1,143				
New Orleans Mental Health Institute							
Veterans Admin.	W. W. Wallace	41	502	18,860			14,271
Southeast Louisiana (Mandeville)	R. G. Heath	473	2,765				10,000
<b>SHREVEPORT</b>							
Confederate Memorial Medical Center	J. T. Brauchi	22	1,294	1,605	3C	012	9,456
<b>MAINE</b>							
<b>PORTLAND</b>							
Maine Medical Center	A. M. Elkins	24	976	29,453	3C	012	10,333
<b>MARYLAND</b>							
<b>BALTIMORE</b>							
Johns Hopkins	J. H. Stephens	65	602	22,564	10C	029	11,800
Spring Grove Hospital Center	O. G. Prado	1,663	4,059	3,341	3C	008	11,350
University of Maryland Affiliated Hospitals							
University of Maryland	W. Weintraub	55	400	12,000	9C	026	11,350
<b>CROWNSVILLE</b>							
Crownsville State	J. S. Wright	860	3,752		2C	008	11,350
<b>SYKESVILLE</b>							
Springfield Hospital Center	O. Jolbitado	2,000	3,013		2*	008	11,350
<b>TOWSON</b>							
Sheppard and Enoch Pratt	W. N. Adler	248	573	5,890	4C 4*	023	11,675
<b>MASSACHUSETTS</b>							
<b>BELMONT</b>							
Mc Lean	P. L. Isenberg	242	139	16,832	8C	022	12,500
<b>BOSTON</b>							
Beth Israel	H. G. Altman	13	187	11,376	5*	015	12,300
Boston State	S. Rosenthal	574	1,285	121,491	3C	009	8,400
Boston University Affiliated Hospitals	S. I. Cohen				18* 3F	052	
Boston City		9	349	5,349			12,070
University		23	244	9,000			12,320
Massachusetts General	N. H. Cassem	21	262	22,741	12C	039	12,500
Massachusetts Mental Health Center	R. I. Shader	168	832	41,000	10*	058	8,400
St. Elizabeth's Hospital of Boston	J. Brennan	46	678	564	1C	004	12,330
Tufts University Affiliated Hospitals	G. Adler				11*	038	
New England Medical Center	G. Adler	22	385	7,000			11,758
Veterans Admin.	D. Holmes	102	870	9,105			12,186
<b>CAMBRIDGE</b>							
Cambridge	J. E. Mack	20	307	13,464	3C 3*	016	11,300
<b>MEDFIELD</b>							
Medfield State	J. H. Hart	403	596	27,342	4C	008	



## 28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MASSACHUSETTS—Continued</b>							
<b>TAUNTON</b>							
Taunton State	T. Iida	749	767	992	2C	006	
<b>WALTHAM</b>							
Metropolitan State	A. N. Papas	714	1,200	22,000	2C	006	15,000
<b>WORCESTER</b>							
Worcester State	J. E. L. Prunier	587	1,619	55,513	3C 2*	016	19,000
<b>MICHIGAN</b>							
<b>ANN ARBOR</b>							
University of Michigan Affiliated Hospitals	A. Z. Guiora				12*	030	
University Veterans Admin.	A. Z. Guiora A. Silverman, R. Ging	56 61	502 675	14,344 3,512			12,250
<b>DETROIT</b>							
Detroit Psychiatric Institute	M. O. Margolis	190	1,005	30,551	6C 6*	018	14,720
Henry Ford	B. K. Bresnahan	32	760	11,600	2C	006	13,000
Lafayette Clinic	C. E. Schorer	43	416	16,269	4C 6*	045	14,720
Sinai Hospital of Detroit	N. Rosenzweig	35	536	8,954	5F 6C	018	13,475
<b>EAST LANSING</b>							
Michigan State University Associated Hospitals	L. W. Rosen				12C	028	
Michigan State University Health Center	L. W. Rosen		39	2,819			
Genesee County Community Mental Health Services (Flint)	R. Chen			28,705			12,879
St. Lawrence Community Mental Health Center (Lansing)	E. Lynn, L. W. Rosen	32	1,057	32,000			
Clinton Valley Center (Pontiac)	I. S. Finkelstein	808	1,584	19,479			14,720
<b>ELOISE</b>							
Wayne County General	M. Minui	244	2,318	22,439	5C	013	14,231
<b>FLINT</b>							
Genesee County Community Mental Health Services (See Michigan State Univ. Associated Hosps., East Lansing)							
<b>LANSING</b>							
St. Lawrence Community Mental Health Center (See Michigan State Univ. Associated Hosps., East Lansing)							
<b>NORTHVILLE</b>							
Northville State	K. C. R. Nair	731	4,040	84,314	8*	024	14,156
<b>PONTIAC</b>							
Clinton Valley Center (See Michigan State Univ. Associated Hosps., East Lansing)							
<b>TRAVERSE CITY</b>							
Traverse City State	P. E. Kauffman	834	810	9,430	6C	018	14,720
<b>YPSILANTI</b>							
Ypsilanti State	J. H. Dawson	1,120	1,041	4,980	8C	024	14,720
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
University of Minnesota Affiliated Hospitals	W. Hausman				9C 6*	026	
University of Minnesota Hospitals	W. Hausman	41	395	3,582	3F		10,500
Hennepin County Medical Center	W. W. Jepsen	23	522	28,405			
St. Paul—Ramsey (St. Paul)	V. B. Tuason	60	1,700	26,000			11,000
Veterans Admin.	W. Hausman	90	1,147	20,625			
Veterans Admin.	E. W. Posey	90	1,147	20,625	4C	012	11,965
<b>ROCHESTER</b>							
Mayo Graduate School of Medicine	M. J. Martin			11,951	5*	020	11,500
Rochester Methodist		20	381				
St. Mary's		42	841				
<b>ST. PAUL</b>							
St. Paul—Ramsey (See Univ. of Minn. Affiliated Hosps., Minneapolis)							
<b>MISSISSIPPI</b>							
<b>JACKSON</b>							
University of Mississippi Medical Center	J. F. Suess				4C 4F	016	
University Veterans Admin. Center		17	322	1,002			10,000
Mississippi State (Whitfield)	A. G. Anderson	3,468	3,381	823			22,000
<b>WHITFIELD</b>							
Mississippi State (See Univ. of Mississippi Medical Center, Jackson)							
<b>MISSOURI</b>							
<b>COLUMBIA</b>							
University of Missouri Medical Center	J. M. A. Weiss, F. Fried	125	1,871	20,167	8C 10*	030	12,600
<b>KANSAS CITY</b>							
University of Missouri at Kansas City Affiliated Hospitals	R. K. Hornstra	124	6,584	22,801	7C	019	13,230
Kansas City General Hospital and Medical Center							
Western Missouri Mental Health Center							
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)							
<b>ST. LOUIS</b>							
Malcolm Bliss Mental Health Center	C. Tomelleri	174	2,344	67,371	18C	050	13,230

## 28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MISSOURI, ST. LOUIS—Continued</b>							
Missouri Institute of Psychiatry—St. Louis State St. Louis University Group of Hospitals	I. W. Sletten C. K. Hoffing	493 43	4,728 768	83,508 4,076	8C 4* 3F	024 031	13,230 13,000
Firmin Desloge General Cardinal Glennon Memorial Hospital for Children David P. Wohl Memorial Mental Health Institute Veterans Admin.		43					
Washington University Affiliated Hospitals Barnes Hospital Group	E. Robins	287	4,316	27,700			
Washington University Medical Center Jewish Hospital of St. Louis	N. M. Simon	350	3,900	22,000	1C 17*	069	13,230
<b>NEBRASKA</b>							
<b>OMAHA</b>							
Creighton University Affiliated Hospitals Creighton Memorial St. Joseph's Douglas County	B. T. Mead	67 55	1,338 1,802	1,274		3C 009	11,440
University of Nebraska Affiliated Hospitals Nebraska Psychiatric Institute Veterans Admin.	M. T. Eaton, Jr. M. T. Eaton, Jr. G. W. Bartholow	62 51	864 805	6,239 5,113		10C 030	10,400 11,649
<b>NEW HAMPSHIRE</b>							
<b>HANOVER</b>							
Dartmouth Medical School Affiliated Hospitals Mary Hitchcock Memorial Veterans Admin. Center (White River Junction, Vt.)	G. J. Tucker G. J. Tucker A. Nies	21 18	676 170	10,652 1,423		7* 019	10,450
<b>NEW JERSEY</b>							
<b>CEDAR GROVE</b>							
Essex County Hospital Center	R. T. Latimer	2,050	1,400	1,215		5C 015	
<b>EAST ORANGE</b>							
Veterans Admin. (See CMDNJ-New Jersey Med. Sch. Affil. Hosps., Newark, N.J.)							
<b>FLEMINGTON</b>							
Hunterdon Medical Center (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)							
<b>HACKENSACK</b>							
Hackensack	D. L. Goldstein	21	528	25,000	2C 1F	006	12,295
<b>HAMMONTON</b>							
Ancora Psychiatric	Shao-Chi Yu	1,520	3,136	9,034		5C 015	
<b>LONG BRANCH</b>							
Monmouth Medical Center	G. H. Ollins	26	591	7,447		2C 006	12,942
<b>MARLBORO</b>							
Marlboro Psychiatric	N. Kiremitci	931	3,380	23,986		3C 009	13,675
<b>NEWARK</b>							
CMDNJ—New Jersey Medical School Affiliated Hospitals	M. S. Denholtz					8C 4*	040
Martland Newark Beth Israel Medical Center Veterans Admin. (East Orange)	M. S. Denholtz S. Olgiati P. E. Schneck	52 194	3,568 1,150	2,100 1,289 4,400			12,295
<b>PARAMUS</b>							
Bergen Pines County	J. Charles, Jr.	226	4,438	24,459		6C 018	10,511
<b>PISCATAWAY</b>							
CMDNJ—Rutgers Medical School Affiliated Hospitals Rutgers Psychiatric Institute Hunterdon Medical Center (Flemington)	Y. Kramer Y. Kramer R. Adams	17 9	210 333	25,597 10,489		5* 015	13,193
<b>TRENTON</b>							
Trenton Psychiatric	C. C. Buford	1,691	2,537	3,061		3* 015	13,675
<b>NEW MEXICO</b>							
<b>ALBUQUERQUE</b>							
University of New Mexico Affiliated Hospitals Bernalillo County Medical Center Veterans Admin.	R. Kellner R. Kellner J. R. Graham	257 71	1,321 900	7,954 7,000		5* 020	9,400
<b>NEW YORK</b>							
<b>ALBANY</b>							
Albany Medical Center Affiliated Hospitals	R. Mastrodonato					3C 6*	026
Albany Medical Center Veterans Admin.	R. Mastrodonato A. M. Kraft, H. H. Bates	56 98	1,210 913	4,557 17,436			12,000 13,092
<b>BINGHAMTON</b>							
Binghamton Psychiatric Center	I. Fras	1,059	1,211	12,936		3C 006	13,982
<b>BUFFALO</b>							
Buffalo Psychiatric Center S.U.N.Y. at Buffalo Affiliated Hospitals Edward J. Meyer Memorial	P. F. Regan P. F. Regan	818 60	1,086 1,826	59,928 17,240		9* 038	12,705 12,705
<b>CENTRAL ISLIP</b>							
Central Islip Psychiatric Center Central Islip State, University Psychiatric Services (See S.U.N.Y. at Stony Brook Affil. Hosps., Stony Brook)	J. N. Crovello	2,349	3,135	20,449		6C 018	14,183
<b>COOPERSTOWN</b>							
Mary Imogene Bassett	H. Gurian	15	274	3,950		2* 2F	006 11,800
<b>EAST MEADOW</b>							
Nassau County Medical Center—Meadowbrook Div.	M. W. Long	57	2,621	23,914		6C 018	11,874

## 28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW YORK—Continued</b>							
<b>HARRISON</b>							
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.)							
<b>KINGS PARK</b>							
Kings Park Psychiatric Center	G. V. Laury	3,842	790	4,095	7*	021	14,183
<b>MANHASSET</b>							
North Shore University	T. Vandersall	21	330	17,400	3C	009	15,400
<b>MARCY</b>							
Marcy Psychiatric Center	F. Tabrizi	1,808	1,078	6,498	4C	011	
<b>MIDDLETOWN</b>							
Middletown Psychiatric Center	A. Del Giudice	1,477	836	35,307	4C	011	13,983
<b>NEW HYDE PARK</b>							
Long Island Jewish—Hillside Medical Center Program	R. Chalfin, M. Drucker				11C 6*	039	13,500
Hillside Hospital Division (New York City)	R. Chalfin	251	1,520	18,238			
Queens Hospital Center (New York City)	M. Drucker	23	175	14,963			
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals	J. Wilder						
Bronx Municipal Hospital Center	E. J. Sachar	112	1,020	46,022	15C	050	13,500
Bronx Psychiatric Center	H. F. Butts	700	3,200	25,000	10C	030	
Lincoln	G. Koz	12	330	18,741	6C	018	13,500
Hospital of the Albert Einstein College of Medicine	M. Greenhill			1,200			
Beth Israel Medical Center Training Program	R. A. Senescu, H. Pinsker				7C	021	15,400
Beth Israel Medical Center	R. A. Senescu, H. Pinsker	290	8,389	20,501			
Gouverneur	E. S. Hetrick			8,512			
Bronx—Lebanon Hospital Center	H. Bluestone	14	403	24,202	3C	007	14,000
Brookdale Hospital Center	J. Frosch	35	428	47,352	7*	021	15,400
Brooklyn Psychiatric Center	M. B. Wallach	1,412	2,232	67,500	10C	030	14,183
Catholic Medical Center of Brooklyn and Queens	J. Alfano	215	978	18,792	2C	006	13,500
Corona—Elmhurst Guidance Center		37	344	7,910			
Creedmoor Psychiatric Center South Shore—Woodridge Units		141	139				
South Shore—Rockaway Mental Health Center		37	495	10,500			
Columbia University Affiliated Hospitals	S. Malitz				10C	035	15,800
New York State Psychiatric Institute		124	524	3,094			
Presbyterian		9	247	9,986			
Creedmoor Psychiatric Center	G. Seaman	2,129	1,952	131,138	10C	030	14,183
Dunlap—Manhattan Psychiatric Center	J. A. Talbott, P. Goodman	633	1,395	34,743	7C	018	13,983
Harlem Hospital Center	E. B. Davis	30	856	42,899	6C 2F	018	16,000
Hillside Hospital Division (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)							
Kirby—Manhattan Psychiatric Center	E. Lowenkopf	512	1,034	35,508	6C	018	15,000
Maimonides Medical Center	N. Sher	40	634	28,835	4C	013	15,200
Meyer Manhattan Psychiatric Center	S. Rachlin	477	942	34,416	5C	014	13,983
Montefiore Hospital and Medical Center	H. Weiner	21	337	13,680	6C	018	13,500
Mount Sinai Hospital Training Program							
Mount Sinai	M. Stein	79	764	14,000	12C	032	15,100
City Hospital Center at Elmhurst	H. Weinstock	122	3,556	21,870	10C	028	14,700
New York Hospital	P. G. Wilson	92	778	20,678	8C 4F	037	14,700
New York Medical College—Metropolitan Hospital Center	S. H. Nagler				16*	046	13,500
Unit 1—Flower and Fifth Avenue Hospitals							
Unit 2—Metropolitan Hospital Center		88	1,817	33,791			
New York University Medical Center	G. L. Ginsberg				13C	035	15,280
University		20	307				
Bellevue Hospital Center		375	8,477	84,147			
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)							
Roosevelt	J. M. Oldham	40	596	35,695	8C	008	14,500
St. Luke's Hospital	E. B. Feigelson	33	480	20,278	6*	016	14,830
St. Vincent's Hospital and Medical Center of New York	J. T. English	72	954	19,126	3* 2F	023	13,855
St. Vincent's Hsp. & M. C. of N.Y., Westchester Br. (Harrison)		91	994	3,446			
Staten Island Mntl. Hlth. Society—St. Vincent's Med. Ctr. of Richmond	L. C. Miller	26	600	14,400	3C	009	
Staten Island Mental Health Society			600				
St. Vincent's Medical Center of Richmond							
S.U.N.Y. Downstate Medical Center	H. Pardes				4* 1F	058	
Kings County Hospital Center		282	9,884	214,117			14,700
State University		24	293	1,671			15,629
Veterans Admin. (Bronx)	R. B. Cornfield	82	1,053	31,713	2C	006	16,001
Veterans Admin. (Manhattan)	M. H. Sacks	165	1,926	5,818	5C	015	16,001
<b>NORTHPORT</b>							
Veterans Admin. (See S. U. N. Y. at Stony Brook Affil. Hosps., Stony Brook)							
<b>ORANGETOWN</b>							
Rockland Psychiatric Center	J. L. Kroll	2,300	1,102	32,729	2*	012	14,183
<b>POUGHKEEPSIE</b>							
Hudson River Psychiatric Center	H. B. Snow	2,355	1,136	46,912	4*	013	13,983

## 28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW YORK—Continued</b>							
<b>ROCHESTER</b>							
Rochester General	W. T. Hart	29	800	68,864	2C	006	12,300
Rochester Psychiatric Center	R. Barton	1,801	2,041	25,369	1F		
Strong Memorial Hospital of the University of Rochester	L. C. Wynne	98	1,841	18,972	4C	012	13,983
					8*	040	11,700
<b>STONY BROOK</b>							
S. U. N. Y. at Stony Brook Affiliated Hospitals	R. M. Derman				4C	012	14,469
Central Islip Psychiatric Center, Univ. Psych. Serv. (Central Islip)		28	398	8,855			
Veterans Admin. (Northport)	R. M. Derman	359	1,258	119,079			
<b>SYRACUSE</b>							
S. U. N. Y. Upstate Medical Center	D. Oken				8C	028	12,318
					8*		
Richard H. Hutchings Psychiatric Center	J. A. Prevost	124	1,209	52,487			
State University	E. A. Kaplan	20	183	7,750			
Veterans Admin.	J. J. Danehy	67	507	11,808			
<b>UTICA</b>							
Utica Psychiatric Center	G. Volow, J. Bamdad	1,253	574	18,095	5C	011	13,983
<b>VALHALLA</b>							
Westchester County Medical Center	H. Babikian	80	2,172	4,126	3*	018	14,700
<b>WEST BRENTWOOD</b>							
Pilgrim Psychiatric Center	B. Chaudhary	6,600	2,200	25,000	6C	021	13,983
<b>WHITE PLAINS</b>							
New York Hospital—Cornell Medical Center (Westchester Division)	P. H. Warren	244	809	6,400	9C	027	10,440
<b>NORTH CAROLINA</b>							
<b>ASHEVILLE</b>							
Highland	H. G. Gillespie	106	371	2,669	4*	012	11,000
Blue Ridge Community Mental Health Center	H. R. Gallberg	10	200	36,000			11,000
Broughton (Morganton)							
<b>BUTNER</b>							
John Umstead	A. Verwoerd	961	3,810		6C	018	15,468
<b>CHAPEL HILL</b>							
North Carolina Memorial	S. Halleck, P. Walker	46	655	10,000	15C	045	10,500
<b>DURHAM</b>							
Duke University Affiliated Hospitals	R. L. Green				12*	044	
Duke University Medical Center	J. M. Rhoads	66	749	10,475			11,385
Veterans Admin.	R. L. Green, Jr.	75	691	4,428			11,935
<b>MORGANTON</b>							
Broughton (See Highland Hospital, Asheville)							
<b>RALEIGH</b>							
Dorothea Dix	P. A. Walker	1,247	5,205	4,647	5*	015	11,500
<b>WINSTON-SALEM</b>							
Bowman Gray School of Medicine Affiliated Hospitals							
North Carolina Baptist	R. C. Proctor	37	954	2,418	4C	016	10,000
					2*		
<b>OHIO</b>							
<b>CINCINNATI</b>							
Rollman Psychiatric Institute	K. F. Finnen	111	1,063	22,992	8C	025	11,066
University of Cincinnati Hospital Group	R. S. Daniels				14C	052	
Cincinnati General	R. S. Daniels	46	686	713			10,244
Veterans Admin.	S. Kaplan	70	1,071	3,540			12,158
<b>CLEVELAND</b>							
Case Western Reserve University Affiliated Hospitals	L. D. Lenkoski				10*	028	
University Hospitals of Cleveland	L. D. Lenkoski	64	776	10,388			11,100
Veterans Admin.	H. S. Sudak	32	152				11,637
Cleveland Clinic	A. D. Weatherhead	32	422	6,373	2*	009	12,000
					1F		
Cleveland Psychiatric Institute	I. M. Rosen	162	1,439	19,885	6C	015	16,058
Fairhill Mental Health Center	P. Luczek	117	1,532	18,678	5C	015	11,600
<b>COLUMBUS</b>							
Columbus State	L. Szabo			26,618	4C	014	
Ohio State University Hospitals	I. W. Gregory	100	1,200	8,000	8*	024	11,280
<b>CUYAHOGA FALLS</b>							
Fallsview Mental Health Center	M. R. Babai	78	1,752	9,905	6*	016	11,060
<b>TOLEDO</b>							
Medical College of Ohio at Toledo Affiliated Hospitals	M. E. Gottlieb				4C	012	12,900
					1F		
Hospital of Medical College of Ohio at Toledo	M. E. Gottlieb		14	5,500			
St. Vincent Hospital and Medical Center	M. E. Gottlieb	47	835	227			
Toledo Mental Health Center	S. Ferguson	1,110	2,593	7,668			
<b>WORTHINGTON</b>							
Harding	G. T. Harding, Jr.	93	538	3,270	3C	009	12,000
<b>OKLAHOMA</b>							
<b>NORMAN</b>							
Central State Griffin Memorial	H. H. Donahue	689	4,341	43,173	6C	016	17,679
					1F		
<b>OKLAHOMA CITY</b>							
University of Oklahoma Health Sciences Center	H. Von Brauchitsch				6C	006	
					1F		
University Hospital and Clinics	H. Von Brauchitsch	11	204	2,194			12,000
Veterans Admin.	C. E. Smith	96	1,591	31,973			10,023

## 28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)
					1976-1977 1st Yr.	All Yrs.	
<b>OREGON</b>							
<b>PORTLAND</b>							
University of Oregon Affiliated Hospitals University of Oregon Health Sciences Center Hospitals and Clinics	P. R. Mc Hugh	20	828	4,933	6C	024	9,900
<b>SALEM</b>							
Oregon State	N. B. Jetmalani	586	2,612		3C	010	12,921
<b>PENNSYLVANIA</b>							
<b>COATESVILLE</b>							
Veterans Admin.	J. C. Scott	944	2,525	32,448	5*	008	12,641
<b>HERSHEY</b>							
Milton S. Hershey Medical Center of the Pennsylvania State University	A. Kales	19	208	2,339	3C	008	11,160
<b>NORRISTOWN</b>							
Norristown State	R. M. Catton	1,527	633		7*	028	14,005
<b>PHILADELPHIA</b>							
Albert Einstein Medical Center	J. L. Solomon	41	861	900	3C	015	10,500
Eastern Pennsylvania Psychiatric Institute	P. Mc Donough, A. Lubizka	94	389	6,128	5C	015	13,281
Hahnemann Medical College and Hospital	E. Lager	1	22,221	51,041	8*	032	11,500
Hospital of the Medical College of Pennsylvania	L. Madow	43	190	502	6C	018	11,000
Institute of the Pennsylvania Hospital	J. M. Myers	166	610	5,958	6*	021	11,700
Philadelphia Psychiatric Center	K. D. Cohen	5	1,844	3,852	6C	016	11,600
Philadelphia State	D. M. A. Freeman	1,425	571		10C	030	14,005
Temple University	A. H. Cristol	14	332	5,540	6*	018	12,000
Thomas Jefferson University	D. Lieberman	31	579	35,185	3C	015	11,800
University of Pennsylvania Affiliated Hospitals Hospital of the University of Pennsylvania Philadelphia General Veterans Admin.	S. S. Hamilton S. S. Hamilton S. S. Hamilton J. N. Di Giacomo	22 40 34	578 450 959	12,869 3,945	9*	044	11,400 11,200 13,000
<b>PITTSBURGH</b>							
Hospitals of the University Health Center of Pittsburgh	T. Detre, P. B. Henderson	95	1,415	70,159	3C 6*	019	11,770
Western Psychiatric Institute and Clinic St. Francis General	A. Twerski	204	2,765	32,064	4*	012	11,300
<b>WARREN</b>							
Warren State	L. H. Brennan	1,068	517		10C	027	14,005
<b>PUERTO RICO</b>							
<b>SAN JUAN</b>							
Puerto Rico Institute of Psychiatry Univ. of Puerto Rico School of Medicine (Department of Psychiatry)	V. J. Bernal	360	1,500	4,890	9C	020	
Veterans Admin. Center	J. E. Morales R. M. De Guzman	981 238	4,484 1,440	42,122 16,800	3C 4C	009 012	9,420 10,354
<b>RHODE ISLAND</b>							
<b>CRANSTON</b>							
Rhode Island Med. Ctr.—Institute of Mental Health & Div. of Alcoholism	J. Mioni	1,556	4,596		10C	020	10,800
<b>PROVIDENCE</b>							
Brown University Affiliated Hospitals	B. W. Feather				6C 6*	024	
Butler	B. W. Feather	75	1,094	3,377			11,550
Miriam	D. R. Fowler	224	7,730	300			12,000
Rhode Island	D. J. Fish	17	393	77			11,950
Emma Pendleton Bradley (Riverside)	S. Alfie	120	60	4,909			
<b>RIVERSIDE</b>							
Emma Pendleton Bradley Hospital (See Brown University Affiliated Hospitals, Providence)							
<b>SOUTH CAROLINA</b>							
<b>CHARLESTON</b>							
Medical University of South Carolina Teaching Hospitals	B. C. Riggs				4C 4*	024	10,720
Medical University of South Carolina Veterans Admin.	B. C. Riggs R. L. Mc Curdy	28 53	386 782	2,873 2,436			
<b>COLUMBIA</b>							
William S. Hall Psychiatric Institute	J. E. Freed	72	527	9,122	6*	024	13,408
<b>TENNESSEE</b>							
<b>MEMPHIS</b>							
University of Tennessee Affiliated Hospitals City of Memphis Hospitals Tennessee Psychiatric Hospital and Institute Veterans Admin.	G. H. Aivazian G. H. Aivazian J. H. Druff	22 180 146	721 1,789 2,020	3,083 34,980 34,835	8C	024	10,236 10,236 11,949
<b>NASHVILLE</b>							
George W. Hubbard Hospital of the Meharry Medical College	W. H. Grier	15	706	27,835	2C	006	
Vanderbilt University Affiliated Hospitals Vanderbilt University	M. H. Hollender	17	401	8,678	6C 4* 2F	024	10,075
<b>TEXAS</b>							
<b>AUSTIN</b>							
Austin State	A. P. Rousos	1,000	4,800		7*	021	17,256

28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>TEXAS—Continued</b>							
<b>DALLAS</b>							
Timberlawn Psychiatric	J. M. Lewis	149	293	16,600	5C	015	12,355
University of Texas Southwestern Medical School							
Affiliated Hospitals	A. W. De Loach				8C	024	
Parkland Memorial	A. W. De Loach	15	442	4,534			9,180
Presbyterian Hospital of Dallas	A. W. De Loach	24	295	5,570			
Veterans Admin.	I. Kimbell, Jr.	126	1,253	4,190			10,071
Terrell State (Terrell)	L. M. Cowley	1,764	3,151	3,502			17,000
<b>GALVESTON</b>							
University of Texas Medical Branch Hospitals	E. I. Bruce, Jr.	229	2,023	6,540	10*	029	11,400
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals	R. L. Williams				12C	036	9,540
Ben Taub General	R. L. Williams	24	714	8,231			
Methodist	R. L. Williams	41	809				
Texas Research Institute of Mental Sciences	J. C. Schoolar	52	650	160,000			
Veterans Admin.	W. E. Fann	360	2,885	18,635			
University of Texas at Houston Affiliated Hospitals							
Hermann	L. A. Faillace	9	303	409	3C	009	9,792
<b>SAN ANTONIO</b>							
University of Texas at San Antonio Teaching Hospitals	M. B. Giffen				14C	036	
Bexar County Teaching		18	626	12,169			9,800
Veterans Admin.		38	658	4,773			10,079
<b>TERRELL</b>							
Terrell State (See U. of Tex. Southwestern Med. Sch. Affil. Hosps., Dallas)							
<b>UTAH</b>							
<b>PROVO</b>							
Utah State (See University of Utah Affiliated Hospitals, Salt Lake City)							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals	E. L. Bliss				6C	018	10,500
University	E. L. Bliss	21	557	1,504			
Salt Lake Community Mental Health Center	L. J. Schmidt			27,129			
Veterans Admin.	T. A. Williams	107	1,692	44,005			
Utah State (Provo)	R. S. Kiger	307	581				
<b>VERMONT</b>							
<b>BURLINGTON</b>							
Medical Center Hospital of Vermont	L. R. Willmuth	24	389	6,441	4*	012	9,250
<b>VIRGINIA</b>							
<b>CHARLOTTESVILLE</b>							
University of Virginia	J. Buckman	31	571	15,244	8C 4F	028	11,900
<b>FALLS CHURCH</b>							
Northern Virginia Mental Health Institute	M. A. Jacobson	82	1,032	1,003	3C	009	17,150
<b>HAMPTON</b>							
Veterans Admin. Center (See Eastern Virginia Medical School Affil. Hosps., Norfolk)							
<b>NORFOLK</b>							
Eastern Virginia Medical School Affiliated Hospitals	D. N. Ratnavale				8*	024	
Community Mental Health Center and Psychiatric Institute	D. N. Ratnavale	45	700	10,652			11,100
Norfolk General	D. N. Ratnavale	55	939				11,100
Veterans Admin. Center (Hampton)	B. Kasinoff	60	651	1,000			11,700
Naval Regional Medical Center (Portsmouth)	P. D. Mozley						
Portsmouth Psychiatric Center (Portsmouth)	T. K. Tsao	78	885	500,000			
Tidewater Psychiatric Institute (Virginia Beach)	D. N. Ratnavale	94	1,036	5,365			11,100
<b>PETERSBURG</b>							
Central State	H. Sormus	1,735	2,304		4C	012	17,150
<b>PORTSMOUTH</b>							
Portsmouth Psychiatric Center (See Eastern Virginia Medical School Affil. Hosps., Norfolk)							
<b>RICHMOND</b>							
Virginia Commonwealth University M. C. V. Affiliated Hospitals							
Medical College of Virginia Hospitals	D. S. Zalis	46	353	8,000	8C 3* 3F	016	9,900
<b>VIRGINIA BEACH</b>							
Tidewater Psychiatric Institute (See Eastern Virginia Medical School Affil. Hosps., Norfolk)							
<b>WILLIAMSBURG</b>							
Eastern State	L. A. Garcia	1,813	2,010		4C	014	
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals	C. Eisdorfer				6C	042	
Harborview Medical Center	L. Sata		1,337	19,393			
University	C. Eisdorfer	26	455	10,829			9,252
Veterans Admin.	M. H. Johnson	60	905	23,000			9,672
<b>WEST VIRGINIA</b>							
<b>CHARLESTON</b>							
Charleston Area Medical Center (See West Virginia University, Morgantown)							
<b>MORGANTOWN</b>							
West Virginia University	W. W. Spradlin	39	1,406	9,443	6C 2* 1F	019	10,200
Charleston Area Medical Center (Charleston)							

## 28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)
					1976-1977 1st Yr.	All Yrs.	
<b>WISCONSIN</b>							
<b>MADISON</b>							
University of Wisconsin Affiliated Hospitals	J. R. Marshall				10C 1F	030	10,800
University Hospitals	J. R. Marshall	11	391	13,174			
Mendota Mental Health Institute	L. I. Stein	161	797	18,259			
<b>MILWAUKEE</b>							
Medical College of Wisconsin Affiliated Hospitals	P. E. Veenhuis				8C 3F	028	
Milwaukee Psychiatric (Wauwatosa)	M. M. Josephson	86	698				11,043
Milwaukee Children's	H. D. Sackin			10,657			12,729
Milwaukee County Mental Health Center	P. Veenhuis	32,522	5,669	120,868			11,043
Veterans Admin. Center (Wood)	T. H. Bhatti	171	1,568	22,378			11,262
<b>WAUWATOSA</b>							
Milwaukee Psychiatric (See Med. Coll. of Wis. Affiliated Hosps., Milwaukee)							
<b>WINNEBAGO</b>							
Winnebago Mental Health Institute	E. C. Ping, Jr.	414	1,619	794	3C	009	13,714

## 28B. PSYCHIATRY

Residency programs in the following hospitals have been accredited for ONE year of training by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association 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, 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. See also List 28A.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)
					1976-1977 1st Yr.	All Yrs.	
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>							
<b>MARYLAND</b>							
National Institutes of Health, Clinical Center, Bethesda							
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>CONNECTICUT</b>							
<b>NEW CANAAN</b>							
Silver Hill Foundation	J. G. Katis	64	374	782	2C	002	18,500
<b>MARYLAND</b>							
<b>ROCKVILLE</b>							
Chestnut Lodge	J. L. Cameron	85	39	3,725			17,500
<b>MASSACHUSETTS</b>							
<b>BOSTON</b>							
Peter Bent Brigham	P. Reich			2,010	2C	002	
<b>STOCKBRIDGE</b>							
Austen Riggs Center	O. A. Will, Jr.	38	33	2,260	7C	007	11,600
<b>NEW YORK</b>							
<b>THIELLS</b>							
Letchworth Village Developmental Center	E. A. Maurer	2,848	49	232	2C	002	16,779

## 28C. CHILD PSYCHIATRY

The following residency training programs in Child Psychiatry are accredited for TWO years of training in the sub-specialty of Child Psychiatry by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology. 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)
					1976-1977 1st Yr.	All Yrs.	
<b>UNITED STATES ARMY</b>							
<b>CALIFORNIA</b>							
Letterman Army Medical Center, San Francisco	C. K. Cordes			4,991	3C	006	
<b>DISTRICT OF COLUMBIA</b>							
Walter Reed Army Medical Center, Washington	J. A. Granger			773	2C	003	

## 28C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
University of Alabama Hospitals	P. H. Linton	15		2,491	2C	004	15,000
<b>CALIFORNIA</b>							
<b>CAMARILLO</b>							
Camarillo State	R. E. Moebius	147	142		4C	004	17,700
<b>DAVIS</b>							
University of California (Davis) Affiliated Hospitals	D. G. Langsley				4C	008	13,600
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		22	990	98,000			
<b>IMOLA</b>							
Napa State	S. W. Grinnell	135	60	230	2C	004	16,044
<b>IRVINE</b>							
University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange)	J. D. Call	9	26	6,482	2C	004	14,700
<b>LOS ANGELES</b>							
Cedars—Sinai Medical Center							
Mount Sinai Hospital Division	S. L. Brown			14,000	3C	003	16,200
Childrens Hospital of Los Angeles	H. E. Hansen	4	43	1,217	4C	004	11,618
Los Angeles County—U. S. C. Medical Center	J. D. Teicher	61	486	22,800	6C	012	17,040
Reiss—Davis Child Study Center	R. L. Motto	49	244	12,366	2C	004	9,000
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	J. Yager	68		11,441	9C	018	14,700
<b>ORANGE</b>							
Orange County Medical Center (See University of California (Irvine) Aff. Hosps, Irvine)							
<b>PASADENA</b>							
Pasadena Child Guidance Clinic	J. M. Mead	45	5	14,000	2C	004	12,000
<b>SACRAMENTO</b>							
University of California (Davis) Sacramento Medical Center (See University of California (Davis) Aff. Hosps., Davis)							
<b>SAN FRANCISCO</b>							
Children's Hospital and Adult Medical Center	J. D. Oremland			8,201	1C	003	11,520
Mount Zion Hospital and Medical Center	C. F. Settlage	29		7,101	2C	004	13,000
St. Mary's Hospital and Medical Center	M. T. Khientzos	26	369	8,400	4C	008	12,520
University of California Program Langley Porter Neuropsychiatric Institute	I. Philips	8	6	7,408	2C	004	12,300
<b>STANFORD</b>							
Stanford University Affiliated Hospitals Stanford University	T. F. Anders			2,889	3C	006	15,200
<b>TORRANCE</b>							
Los Angeles County Harbor General	R. Rogers			11,420*	2C	004	15,732
<b>VAN NUYS</b>							
San Fernando Valley Child Guidance Clinic	L. M. Goldfine	650	1,540	22,356	1C	002	12,000
<b>COLORADO</b>							
<b>DENVER</b>							
University of Colorado Medical Center	G. K. Farley	12	167	13,041	4C	007	14,000
<b>CONNECTICUT</b>							
<b>HARTFORD</b>							
Child and Family Services of Connecticut	M. B. Rosenthal	83	165	4,616	1C	002	15,000
Institute of Living—Children's Clinic	I. N. Orgun	25	105	6,546	1C	002	14,200
					1*		
<b>NEW HAVEN</b>							
Yale University Child Study Center	J. E. Schowalter			6,333	4C	009	11,000
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
Children's Hospital National Medical Center	K. Ravenscroft, Jr.			1,917	1C	009	11,077
Georgetown University	E. S. Kessler			4,122	4C	007	13,438
<b>FLORIDA</b>							
<b>GAINESVILLE</b>							
University of Florida Affiliated Hospitals William A. Shands Teaching Hosp. and Clinics	F. Carrera, 3d	15	14	2,665	3C	006	10,205
<b>MIAMI</b>							
University of Miami Affiliated Hospitals Jackson Memorial	R. L. Bragg	10		8,579	1C	005	15,127
<b>TAMPA</b>							
University of South Florida Affiliated Hospitals Tampa General St. Joseph's	K. Shaw	12	93	240	3C	005	
<b>GEORGIA</b>							
<b>ATLANTA</b>							
Emory University Affiliated Hospitals Georgia Mental Health Institute Grady Memorial	J. Wiener	15	87	3,013	4C	008	
<b>HAWAII</b>							
<b>HONOLULU</b>							
University of Hawaii Affiliated Hospitals University of Hawaii, Leahi	J. F. Mc Dermott, Jr.	13	58	312	3C	006	
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Institute for Juvenile Research	J. G. Hirsch			1,719	4C	008	15,492



## 28C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>ILLINOIS, CHICAGO—Continued</b>							
Mc Gaw Medical Center of Northwestern University Children's Memorial	J. L. Schulman J. L. Schulman	8	459	2,892	2C	004	12,224
Michael Reese Hospital and Medical Center	S. Feinstein			15,750	3C	006	13,699
Rush—Presbyterian—St. Luke's Medical Center	M. Navarro	17	170	3,000	1C	002	
University of Chicago Hospitals and Clinics	O. X. Freedman			2,584	2C	005	12,700
<b>INDIANA</b>							
<b>INDIANAPOLIS</b>							
Indiana University Medical Center Indiana University Hospitals Larue D. Carter Memorial	J. E. Simmons	56	94	2,947 1,689	8C	016	13,000 13,832
<b>IOWA</b>							
<b>IOWA CITY</b>							
University of Iowa Hospitals	M. A. Stewart	12	80	700	2*	004	11,500
<b>KANSAS</b>							
<b>KANSAS CITY</b>							
University of Kansas Medical Center	P. C. Laybourne, Jr.	8	59	4,484	4C	008	12,500
<b>TOPEKA</b>							
Children's Division, the Menninger Foundation	J. T. Morrow, Jr.	65	52	9,999	5C	013	15,015
<b>KENTUCKY</b>							
<b>LEXINGTON</b>							
University of Kentucky Medical Center University Children's Treatment Center (Anchorage)	R. G. Aug	6	61	5,105	3*	006	
<b>LOUISVILLE</b>							
Bingham Child Guidance Clinic	J. F. Ice	36	294	9,300	2C	004	13,000
<b>LOUISIANA</b>							
<b>NEW ORLEANS</b>							
Louisiana State University Medical Center Tulane University Affiliated Hospitals Southeast Louisiana (Mandeville)	N. R. Haslett R. W. Brunstetter	20			2C 2C	004 004	10,000
<b>MAINE</b>							
<b>PORTLAND</b>							
Maine Medical Center	G. A. Heath	1	311	16,802	1C	001	17,000
<b>MARYLAND</b>							
<b>BALTIMORE</b>							
Johns Hopkins University of Maryland Affiliated Hospitals University of Maryland	A. Rodriguez W. Weintraub	9 20	105 200	5,336 6,000	2C 4C	004 012	11,800 11,350
<b>TOWSON</b>							
Shepard and Enoch Pratt	J. J. Gibbs	36	40	2,800	3C	006	12,400
<b>MASSACHUSETTS</b>							
<b>BELMONT</b>							
Mc Lean Hospital, Children's Center	S. J. Onesti	27	247	3,713	6C	012	12,500
<b>BOSTON</b>							
Beth Israel Boston University Medical Center, Children's Ambulatory Services Oouglas A. Thom Clinic for Children Putnam Children's Center Children's Hospital Medical Center Judge Baker Guidance Center Massachusetts General Massachusetts Mental Health Center New England Medical Center	J. H. Backman S. T. Von Amerongen B. Scherz V. B. Tisza V. B. Tisza N. R. Bernstein G. Rochlin K. S. Robson	25 20	97	4,500 4,044 9,253 4,052 4,668 7,200	2C 4C 5C 1C 1C 4C 4C	004 004 010 001 001 008 008	14,000 11,000 13,600 11,000 12,411
<b>CAMBRIDGE</b>							
Cambridge Guidance Center	C. K. Tagiuri			8,200	3C	003	12,000
<b>WALTHAM</b>							
Metropolitan State	W. M. Hanna	50	150	11,000	4C	008	
<b>WORCESTER</b>							
Worcester Youth Guidance Center	H. L. Wylie		500	13,004	2C	004	24,000
<b>MICHIGAN</b>							
<b>ANN ARBOR</b>							
University	S. I. Harrison	27	53	17,499	5C	014	12,250
<b>DETROIT</b>							
Lafayette Clinic	C. B. Simson	43	170	8,889	5C 5F	010	14,720
<b>NORTHVILLE</b>							
Hawthorn Center	H. L. Wright	152	179	14,763	1*	003	14,156
<b>PONTIAC</b>							
Clinton Valley Center	I. Sendi, I. Finkelstein	115	195	5,655	3C	006	16,641
<b>YPSILANTI</b>							
York Woods Center	W. E. Kirk	81	68	2,622	6C	010	14,500
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
University of Minnesota Hospitals	L. M. Greenberg	25	125	600	3C	006	12,000
<b>ROCHESTER</b>							
Mayo Graduate School of Medicine	A. R. Lucas	14	77	3,071	3C	006	13,000
<b>ST. PAUL</b>							
Wildier Department of Child Guidance and Development	P. L. Edwardson	30	20	19,739	1C	002	13,000

## 28C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MISSOURI</b>							
<b>COLUMBIA</b> University of Missouri Medical Center	J. L. Chapel	24	80	4,737	5C	008	14,700
<b>KANSAS CITY</b> Grtr. Kansas Cty. Mntl. Hlth. Fndn., U. Mo. Sch. Med., Kans. City Div.	J. R. Harte	40	502	3,211	3C	006	14,700
<b>ST. LOUIS</b> Malcolm Bliss Mental Health Center	H. Kusama	29	237	22,477	4C	008	15,435
William Greenleaf Eliot Div. of Child Psych.—Wash. U. Sch. of Med.	E. J. Anthony	25	124	19,257	4*	004	11,000
<b>NEBRASKA</b>							
<b>OMAHA</b> Nebraska Psychiatric Institute	M. T. Eaton, Jr.	13	56	1,397	2C	004	12,000
<b>NEW HAMPSHIRE</b>							
<b>HANOVER</b> Dartmouth Medical School Affiliated Hospitals Dartmouth—Hitchcock Mental Health Center Mary Hitchcock Memorial	R. Sobel	4	115	2,598	2*	004	12,650
<b>NEW JERSEY</b>							
<b>PISCATAWAY</b> CMDNJ.—Rutgers Medical School, Department of Psychiatry	L. B. Silver	45	85	700	2C	004	14,300
<b>TRENTON</b> Child Guidance Center of Mercer County	L. B. Tenney			8,932	2C	004	
<b>NEW YORK</b>							
<b>ALBANY</b> Albany Medical Center	R. Filippi	90	30	3,150	1C	003	12,675
<b>BUFFALO</b> S.U.N.Y. at Buffalo Affiliated Hospitals Children's Hospital of Buffalo	G. N. Cohen	60	84	16,533	2C	004	15,185
<b>NEW HYDE PARK</b> Long Island Jewish—Hillside Medical Center Program Hillside Hospital Division (New York City) Queens Hospital Center (New York City)	J. Roheim	45	305	650 15,664	2C	008	16,000
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals							
Bronx Municipal Hospital Center	E. Dulit	13	49	9,919	6C	016	
Brookdale Hospital Center	J. Frosch			12,356	2C	004	15,400
City Hospital Center at Elmhurst	D. Schulman	38	450	4,909	6C	008	16,400
Columbia University Affiliated Hospitals	H. D. Dunton				4C	009	16,000
New York State Psychiatric Institute Presbyterian		9	12	595 1,865			
Harlem Hospital Center	V. N. Wilking			18,125	2C	004	17,000
Hillside Hospital Division (See L. I. Jewish-Hillside Med. Center Program, New Hyde Park)							
Madeleine Borg Child Guidance Institute	A. H. Esman			7,125	1C	002	16,000
Maimonides Medical Center	N. Sher			9,992	1C	001	16,500
Mount Sinai	M. Stein	13	64	2,345	2C	004	17,950
New York Hospital	E. G. Dabbs			4,134	3C	006	16,200
New York Medical College—Metropolitan Hospital Center	R. La Vietes			278	3C	006	16,000
Unit 1—Flower and Fifth Avenue Hospitals				5,952			
Unit 2—Metropolitan Hospital Center							
New York University Medical Center	T. Shapiro	52	399	9,480	5C	009	
Bellevue Hospital Center University							
Postgrad. Ctr. for Mntl. Hlth., Clin. for Children and Adolescents	B. B. Pfeffer	40		40	2C	004	15,000
Roosevelt	A. T. Carmona			2,705	2C	002	18,000
St. Luke's Hospital Center	E. B. Feigelson			8,664	2C	004	17,250
Staten Island Mntl. Hlth. Society—St. Vincent's Med. Ctr. of Richmond	B. L. New	2	17	27,900	4C	008	14,700
Staten Island Mental Health Society St. Vincent's Medical Center of Richmond							
S.U.N.Y. Downstate Medical Center	A. E. Christ	39	464	23,210	8C	016	17,500
Kings County Hospital Center State University							
<b>ROCHESTER</b>							
Strong Memorial Hospital of the University of Rochester	D. W. Goodrich	1	20	1,777	3C	006	13,500
<b>SYRACUSE</b>							
S.U.N.Y. Upstate Medical Center State University	M. D. Schecter	7	55	1,606	3C	006	14,524
<b>VALHALLA</b>							
Westchester County Medical Center	R. L. La Vietes	23	266	2,445	3C	006	16,000
<b>NORTH CAROLINA</b>							
<b>BUTNER</b>							
John Umstead Hospital, Children's Psychiatric Institute	C. Guajardo	75	19	11,622	2C 2F	004	15,468
<b>CHAPEL HILL</b>							
North Carolina Memorial	H. P. Lineberger	9	50	1,114	4C	008	12,000
<b>DURHAM</b>							
Durham Child Guidance Clinic, Duke University Medical Center	H. J. Harris				2C	004	

## 28C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NORTH CAROLINA—Continued</b>							
<b>RALEIGH</b>							
Oorothea Dix	C. M. Mc Ree	125	50	2,600	2C	004	12,500
<b>OHIO</b>							
<b>CINCINNATI</b>							
University of Cincinnati Hospital Group	O. Krug				8C	016	10,749
Central Psychiatric Clinic	I. Dizenhuz, O. Krug	41	376	7,873			
Children's Psychiatric Center of the Jewish Hospital	O. Krug	52	154	9,814			
<b>CLEVELAND</b>							
Case Western Reserve University Affiliated Hospitals	C. A. Malone				4C	008	
University Hospitals of Cleveland	C. A. Malone	9	52	5,356			12,900
Cleveland Guidance Center	G. R. Loomis			4,746			
<b>COLUMBUS</b>							
Ohio State University Hospitals	L. E. Arnold	15	60	2,000	2C	004	11,280
<b>TOLEDO</b>							
Medical College of Ohio at Toledo	J. P. Zrull	32	50	3,600	1C	001	
<b>OKLAHOMA</b>							
<b>OKLAHOMA CITY</b>							
University of Oklahoma Health Sciences Center	P. W. Toussieng	10	237	3,990	2C 4*	008	11,078
<b>OREGON</b>							
<b>PORTLAND</b>							
University of Oregon Affiliated Hospitals							
University of Oregon Health Sciences Center Hospitals and Clinics	W. H. Sack	1	21	1,337	2C	004	
<b>PENNSYLVANIA</b>							
<b>NORRISTOWN</b>							
Central Montgomery Mental Health/Mental Retardation Center	S. I. Altman			17,720	2C	003	10,000
<b>PHILADELPHIA</b>							
Albert Einstein Medical Center	E. S. Webb	1	181	7,327	2C	004	10,500
Hahnemann Medical College and Hospital	W. C. Adamson	25	195	6,155	3C	006	12,900
Medical College of Pa.—Eastern Pennsylvania Psychiatric Institute	R. C. Prall	68	67	36,587	6*	012	17,741
Philadelphia Child Guidance Clinic	S. Minuchin	47	168	1,690	4C	008	
St. Christopher's Hospital for Children	P. Mc Ilhenny			8,110	2C	004	12,500
<b>PITTSBURGH</b>							
Hospitals of the University Health Center of Pittsburgh	P. B. Henderson, T. Oetre	106	544	11,000	3C 6*	023	11,770
Western Psychiatric Institute and Clinic							
<b>WILKES-BARRE</b>							
Childrens Service Center of Wyoming Valley	M. E. Barnes	9	16	7,463	2*	002	12,000
<b>PUERTO RICO</b>							
<b>SAN JUAN</b>							
Puerto Rico Institute of Psychiatry, Child Psychiatry Division	E. Rivera Romero	15	360	2,640	4C	008	7,500
Univ. of Puerto Rico School of Medicine (Department of Psychiatry)				20,333	1C	003	12,360
<b>RHODE ISLAND</b>							
<b>RIVERSIDE</b>							
Emma Pendleton Bradley	S. Alfie				1C	002	
<b>SOUTH CAROLINA</b>							
<b>COLUMBIA</b>							
William S. Hall Psychiatric Institute	R. C. Schnackenberg	12	22	6,307	4C	008	16,075
<b>TENNESSEE</b>							
<b>MEMPHIS</b>							
University of Tennessee Affiliated Hospitals	W. C. Hiatt				2C	004	11,496
City of Memphis Hospitals							
Tennessee Psychiatric Hospital and Institute		54	240	2,315			
University of Tennessee Mental Health Center		2	24	3,820			
<b>NASHVILLE</b>							
Vanderbilt University	H. P. Coppolillo	20	18	2,666	2C	004	9,482
<b>TEXAS</b>							
<b>AUSTIN</b>							
Austin State Hospital—Children's Psychiatric Unit	B. J. Sutton	50	125	5,000	4C	008	17,256
<b>DALLAS</b>							
University of Texas Southwestern Medical School	J. Forgotson				6C	012	7,000
Child Psychiatry Clinic	J. Forgotson	16		4,024			
Dallas Child Guidance Clinic	L. Claman			6,274			
<b>GALVESTON</b>							
University of Texas Medical Branch Hospitals	L. G. Hornsby	24	63	1,204	2C	006	12,800
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals	O. B. Hansen				5C	010	10,740
Ben Taub General							
Children's Mental Health Services	R. L. Williams			17,767			
Texas Children's	D. B. Hansen	1	27	2,219			
Texas Research Institute of Mental Sciences	J. C. Schoolar	52	650	160,000			
<b>SAN ANTONIO</b>							
University of Texas at San Antonio Teaching Hospitals	M. B. Giffen						
Community Guidance Center of Bexar County	A. C. Serrano	30	60	10,656	4*	008	
<b>UTAH</b>							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals	M. H. Egan				2C	003	12,600
University	M. H. Egan						
Primary Children's Medical Center (Psychiatric Center)	P. L. Whitehead	56	172	29,425			
Salt Lake Community Mental Health Center	C. Berensen			5,762			

28C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>VERMONT</b>							
<b>BURLINGTON</b> Medical Center Hospital of Vermont	H. R. Huessy			2,682	2C	004	11,650
<b>VIRGINIA</b>							
<b>ANNANDALE</b> Woodburn Center for Community Mental Health	S. L. Auster			34,110	1C	002	19,147
<b>CHARLOTTESVILLE</b> University of Virginia	A. Derdeyn	30		5,529	2C	004	11,900
<b>RICHMOND</b>							
Virginia Commonwealth University M.C.V. Affiliated Hospitals Virginia Treatment Center for Children	W. Draper	41	92	4,012	2C	002	19,600
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals University	I. N. Berlin	10	23	9,662	4C	008	10,860
<b>WEST VIRGINIA</b>							
<b>MORGANTOWN</b> West Virginia University	J. F. Kelley	4	109	1,690	1C	004	12,000
<b>WISCONSIN</b>							
<b>MADISON</b> University of Wisconsin Affiliated Hospitals University Hospitals Child—Adolescent Center	J. R. Marshall			637	2C	004	12,000
<b>MILWAUKEE</b> Milwaukee Children's	H. D. Sackin			10,657	3C	006	12,729

29. PUBLIC HEALTH

The programs in Public Health which have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association and American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, as List 27E.

30A. RADIOLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association and American Board of Radiology through the Residency Review Committee for Radiology. All programs listed offer THREE years of training in all phases of Radiology, intramurally, or on an integrated basis, or through affiliation with another approved institution. See also Lists 30B and 30C.

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered 1976-1977		Annual Salary (Min.)
			Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	1st Yr.	All Yrs.	
<b>UNITED STATES AIR FORCE</b>								
<b>TEXAS</b>								
Wilford Hall U. S. A. F. Medical Center, San Antonio	A. S. Hale	179,453	50	18	545	3*	011	15,078
<b>UNITED STATES NAVY</b>								
U. S. Navy Coordinated Program								
Naval Regional Medical Center, San Diego, Calif.	Q. E. Crews, Jr.	291,450	6	10	380	1F	004	
National Naval Medical Center, Bethesda, Md.	C. W. Ochs	89,332	27	16	294	2*	014	
Naval Regional Medical Center, Philadelphia	H. L. Giard	82,061	229	295	229	1F	012	
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>								
<b>MARYLAND</b>								
U. S. Public Health Service, Baltimore	W. L. Murphy	30,035	2	7	123	2C	004	
<b>NEW YORK</b>								
U. S. Public Health Service (Staten Island), New York City	O. L. Manfredi	41,416		7	73	3F	009	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>								
<b>ALABAMA</b>								
<b>BIRMINGHAM</b>								
Baptist Medical Centers						2C	008	10,338
Baptist Medical Center—Montclair	F. T. Henley	53,000	436	66		1F		
Baptist Medical Center—Princeton	J. W. Ballard			54				
<b>ARIZONA</b>								
<b>PHOENIX</b>								
St. Joseph's Hospital and Medical Center	A. Kahn, R. E. Stejskal	78,806	6	347		1C	003	12,593
<b>CALIFORNIA</b>								
<b>IRVINE</b>								
University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange)	B. J. O' Loughlin	113,823	9		243	1C	003	

## 30A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examina- tions	New Patients Treated With		Positions Offered 1976-1977 1st All Yr. Yrs.	Annual Salary (Min.)
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho- Voltage Equipment		
<b>CALIFORNIA—Continued</b>						
<b>LOMA LINDA</b> Loma Linda University	M. P. Judkins	88,663	360	10	11,944	1C 003 10,392
<b>LONG BEACH</b> Memorial Hospital Medical Center	W. J. Wilson	64,303				1* 004 9,925
Veterans Admin.	H. W. Pribram	117,241	3	20	219	3C 010 16,138
<b>LDS ANGELES</b> Veterans Admin. Center—Wadsworth	J. Jorgens	103,593	12	163	379	3C 009 16,138
White Memorial Medical Center	I. Sanders	52,262	45	52	293	4F 010 11,764 2C 2F
<b>ORANGE</b> Orange County Medical Center (See Univ. of California (Irvine) Affil. Hospitals, Irvine)						
<b>SAN FRANCISCO</b> Children's Hospital and Adult Medical Center	H. J. Burhenne					1C 003
<b>SANTA BARBARA</b> Santa Barbara General—Cottage Hospitals	P. A. Riemenschneider					1C 004 11,000 1F
Santa Barbara General		13,278				
Santa Barbara Cottage		42,187	66	78	498	
<b>COLORADO</b>						
<b>DENVER</b> Presbyterian Medical Center	J. E. List	46,140	77	113	919	1C 005 10,000 1F
St. Joseph	R. P. Spurck	69,000	30	20	302	1C 004 10,800 2C 004
University of Colorado Affiliated Hospitals	M. L. Daves					
Denver General	E. Salzman	103,000				
General Rose Memorial	S. Reich	57,397				
University of Colorado Medical Center	M. L. Daves	73,039	35	60	600	10,000
Veterans Admin.	M. L. Daves	50,177				12,883
<b>CONNECTICUT</b>						
<b>BRIDGEPORT</b> St. Vincent's	R. D. Russo	51,121	21	34	353	1C 005 12,210 1* 1F
<b>DANBURY</b> Danbury	W. B. Goldstein	50,664	23	4	175	3C 009 11,650
<b>DELAWARE</b>						
<b>WILMINGTON</b> Wilmington Medical Center	E. Renzi	116,829	170	318	1,468	2C 006 12,183 1F
<b>DISTRICT OF COLUMBIA</b>						
<b>WASHINGTON</b> District of Columbia General	B. Gondos	145,540	267	58	325	4C 008 13,130
Georgetown University	H. L. Twigg, Jr.	67,169	147	11	159	1C 001 12,799
George Washington University	S. D. Rockoff	83,564	46	15	509	1C 001 11,526
<b>GEORGIA</b>						
<b>ATLANTA</b> Emory University Affiliated Hospitals	T. F. Leigh					2C 006 9,960
Grady Memorial	W. H. Shuford	159,150	50	21	312	
Emory University	J. V. Rogers	60,754	90	42	651	
Henrietta Eggleston Hospital for Children	B. B. Gay	15,737				
Veterans Admin. (Decatur)	R. W. Eells	48,200		50	277	
<b>DECATUR</b> Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)						
<b>SAVANNAH</b> Memorial Medical Center	W. A. Miller	59,537	47	78	397	2* 008 9,648
<b>ILLINOIS</b>						
<b>CHICAGO</b> Columbus—Cuneo—Cabrini Medical Center	H. P. Girard	52,188				3C 010 11,750 4F
Columbus						2* 022 11,600 2F
Cook County	R. Pinc	343,903	47	54	471	2C 006 12,200 2F
Illinois Masonic Medical Center	R. H. Schmidt	68,180	4	23	181	2C 006 12,200 2F
Louis A. Weiss Memorial	S. Rabushka	73,730	364	13	364	1C 004
Mercy Hospital and Medical Center	B. J. Hill	116,963	64	32	292	3C 009 11,350
University of Illinois Affiliated Hospitals	V. Capek					1* 006 12,500
University of Illinois	V. Capek	125,507	310	12	310	
Veterans Admin. (West Side)	J. W. Coleman	35,638				
<b>EVANSTON</b> St. Francis	R. L. Del Fava	72,366	8	25	315	1* 008 11,000 1F
<b>EVERGREEN PARK</b> Little Company of Mary	J. H. Uhrich, C. A. Lekas	117,115	1,227	75	1,152	1C 004 9,434
<b>HINES</b> Veterans Admin.	A. J. Pizarro	88,644	10	201	693	3C 011 11,000
<b>DAK PARK</b> West Suburban	H. A. Lerner	55,068	300	193	300	1* 005 11,000 1F
<b>PARK RIDGE</b> Lutheran General	S. J. Mulopolos	107,650	23	49	665	2* 005 11,835
<b>PEORIA</b> St. Francis	B. C. Berg, Jr.	87,860	89	205	531	1C 003 10,500

30A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered 1976-1977		Annual Salary (Min.)
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	1st Yr.	All Yrs.	
<b>INDIANA</b>								
<b>INDIANAPOLIS</b>								
Indiana University Medical Center	H. Shidnia					2C	006	
Indiana University Hospitals	H. Shidnia		101	100	745			10,800
Marion County General	C. Helmen	102,058	81,501		75,514			10,250
Veterans Admin.	E. C. Klatte, E. Cockerill	2,800	105	7	15			11,198
<b>IOWA</b>								
<b>IOWA CITY</b>								
University of Iowa Affiliated Hospitals	J. H. Christie	110,000	780	26	754	1C	003	
University of Iowa Hospitals								
<b>KANSAS</b>								
<b>WICHITA</b>								
Wesley Medical Center	S. E. Hershorn, T. Wolfe	89,084	499	117	117	1*	001	10,050
<b>LOUISIANA</b>								
<b>NEW ORLEANS</b>								
Ochsner Foundation	S. F. Ochsner	132,235	42	30	620	3*	012	9,492
Touro Infirmary	A. Payzant	39,347	7	54		1C	003	9,782
<b>MAINE</b>								
<b>PORTLAND</b>								
Maine Medical Center	J. F. Gibbons	85,000		60	700	2*	008	11,067
<b>MARYLAND</b>								
<b>BALTIMORE</b>								
Sinai Hospital of Baltimore	J. O. Salik	63,034	27	20	454	3C	007	12,500
<b>HAGERSTOWN</b>								
Washington County	S. H. Macht	52,904	36	243		1C	003	9,000
<b>MICHIGAN</b>								
<b>ALLEN PARK</b>								
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)								
<b>ANN ARBOR</b>								
University of Michigan Affiliated Hospitals	W. M. Whitehouse					1C	003	11,650
University	W. M. Whitehouse	141,000	94	43	621			
Veterans Admin.	W. M. Whitehouse, R. Rapp	27,374	46	41				
Wayne County General (Eloise)	S. R. Reuter	89,782	7	8	97			12,408
<b>DEARBORN</b>								
Oakwood	R. A. Sony	100,352	30	94	513	3C 3F	012	12,500
<b>DETROIT</b>								
Grace	F. K. Wietersen	102,692	155	22	410	3C	009	11,800
Harper	G. A. Kling	85,670	19	514	495	1C	003	11,800
Henry Ford	W. R. Eyer	180,601	727	100	527	1*	006	12,000
Mount Carmel Mercy Hospital and Medical Center	K. D. Mc Ginnis	83,390	32	143	6,580	2C	008	12,420
Sinai Hospital of Detroit						2C	006	
Wayne State University Affiliated Hospitals	K. L. Krabbenhoft					12*	036	
Veterans Admin. (Allen Park)	J. E. Thornhill	54,896		44	93			11,904
Detroit General	K. L. Krabbenhoft	107,605	298					11,400
Detroit Memorial	R. Kurtzman	32,537	300	20	265			11,400
<b>ELOISE</b>								
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)								
<b>FLINT</b>								
Hurley	R. S. Ormond	66,775	88	120	480	2*	010	9,000
<b>GRAND RAPIDS</b>								
Biodgett Memorial	J. P. Champion	63,035	16	17	440	1C 1F	004	11,160
Butterworth	E. Wahby	58,760	24	60	457	1C 1F	001	8,643
<b>LANSING</b>								
Edward W. Sparrow	R. Bethards	49,735	45	50	350	2C 2F	006	12,200
<b>ROYAL OAK</b>								
William Beaumont	J. Farah	143,734	22	56	461	1C 1F	002	12,800
<b>SOUTHFIELD</b>								
Providence	T. James	93,727			493	2* 1F	006	12,050
<b>MINNESOTA</b>								
<b>MINNEAPOLIS</b>								
Metropolitan Medical Center	S. D. Laxdal, W. Boardman	108,864	497	78		1C	003	
<b>ST. PAUL</b>								
St. Joseph's	A. Veinbergs	30,682	32	162	575	1C	003	
United Hospitals								
Miller Division	D. Ketcham	31,320	4	30	619	1* 1F	001	11,000
<b>MISSISSIPPI</b>								
<b>JACKSON</b>								
University	R. D. Sloan	92,528	185	27	447	4*	012	10,000
<b>MISSOURI</b>								
<b>COLUMBIA</b>								
University of Missouri Medical Center	G. S. Lodwick					1C	003	
<b>KANSAS CITY</b>								
St. Luke's	D. R. Germann	71,826	43	20	440	1*	001	10,108

## 30A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered		Annual Salary (Min.)
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	1976-1977 1st Yr.	All Yrs.	
<b>MISSOURI—Continued</b>								
<b>ST. LOUIS</b>								
Homer G. Phillips	J. Garcia-Otero	51,773				3C	009	10,920
St. Louis University Group of Hospitals	D. C. Weir					1C 1F	021	12,000
Firmen Desloge General		44,850	57	65				
Cardinal Glennon Memorial Hospital for Children		35,775						
St. Louis City		67,015	33					
St. Mary's Health Center		71,030	16	62	402			
Veterans Admin.		55,888	48	122	155			
Washington University Affiliated Hospitals	R. G. Evens					1C	004	
Barnes Hospital Group								
Jewish Hospital of St. Louis	N. Susman	60,263	350	72	322			11,500
Mallinckrodt Institute of Radiology								
<b>NEBRASKA</b>								
<b>OMAHA</b>								
Creighton University Affiliated Hospitals	N. P. Kenney					2C	008	
Creighton Memorial St. Joseph's	N. P. Kenney	50,876	214	14	214			
Archbishop Bergan Mercy	G. Kelly	46,657	4,505	41	4,505			
Douglas County	J. R. Zastera	14,528						
Veterans Admin.	J. J. Phalen	41,317						10,449
University of Nebraska Affiliated Hospitals	P. M. Dettman					1C 1*	002	
University of Nebraska	P. M. Dettman	48,959	304	12	292			11,385
Veterans Admin.	J. J. Phalen	41,317						10,449
<b>NEW HAMPSHIRE</b>								
<b>HANOVER</b>								
Dartmouth Medical School Affiliated Hospitals	R. F. Jeffery					1*	007	10,450
Mary Hitchcock Memorial	R. F. Jeffery	76,500	30	50	490			
<b>NEW JERSEY</b>								
<b>ATLANTIC CITY</b>								
Atlantic City	S. S. Rutkowski	65,966	66	64	444	4C	008	10,800
<b>ENGLEWOOD</b>								
Englewood	J. J. Gallagher	59,326	7	10	310	2C	005	
<b>HACKENSACK</b>								
Hackensack	Y. S. Chang	53,114	14	41	292	1C 1F	003	13,193
<b>JERSEY CITY</b>								
Christ	B. Garfinkel	44,000	20	7	266	2*	006	12,000
<b>LIVINGSTON</b>								
St. Barnabas Medical Center	W. E. Matthey	92,458	159	38	636	1C	004	11,941
<b>LONG BRANCH</b>								
Monmouth Medical Center	M. Brodie, S. Schultz	61,375	41	38	379	2C	006	12,942
<b>MORRISTOWN</b>								
Morristown Memorial	D. L. Bloom	77,989	28	92	247	1C	003	
<b>NEWARK</b>								
Newark Beth Israel Medical Center	L. Spindell	70,287	16	14	325	1C	003	
<b>SUMMIT</b>								
Overlook	R. P. Cavallino	48,807	6	26	438	2*	008	13,000
<b>NEW YORK</b>								
<b>ALBANY</b>								
Albany Medical Center Affiliated Hospitals	J. F. Roach					2C	006	
Albany Medical Center	J. F. Roach	118,941	49	29	685			12,000
Veterans Admin.	J. F. Roach, M. E. Tessier	44,348						13,781
St. Peter's	V. Cross	80,500	231		231	4*	009	13,700
<b>BUFFALO</b>								
Buffalo General	G. Culver	77,790	85	120	1,362	2C	002	11,300
Deaconess Hospital of Buffalo	R. E. Seibel	70,000	17	60	240	1* 1F	004	11,300
Edward J. Meyer Memorial	E. V. Leslie	65,000	2	20	120	3C	012	10,800
Millard Fillmore	F. R. Sheehan	64,262				2*	004	10,800
<b>EAST MEADOW</b>								
Nassau County Medical Center—Meadowbrook Div.	G. A. L. Irwin	85,000	355	49	266	4C	016	11,176
<b>MANHASSET</b>								
North Shore University	H. L. Stein	69,220	393	40	433	2C	006	15,400
<b>MINEOLA</b>								
Nassau	H. Chiat	47,289	14	48	411	1C 1F	005	14,564
<b>NEW HYDE PARK</b>								
Long Island Jewish—Hillside Medical Center								
Program	J. Smulewicz					2*	024	
Long Island Jewish—Hillside Medical Center		108,234	549	28	549			
Queens Hospital Center (New York City)	J. Smulewicz	127,212	184	20	265			14,500
<b>NEW YORK CITY</b>								
Beth Israel Medical Center Training Program	J. Adler					4*	012	15,400
Beth Israel Medical Center	J. Adler	86,261	419	9	167			
Gouverneur	B. Brinsley	39,806						
Bronx—Lebanon Hospital Center	H. L. Miller	86,253	11	7	209	2C	004	14,000
Harlem Hospital Center	C. A. Johnson	118,218	304		292	3C	012	14,700
Jewish Hospital and Medical Center of Brooklyn	D. Bryk	65,000	32	3	236	3C	009	14,700
Greenpoint	D. Bryk	55,489						14,500
Lenox Hill	E. E. Brant	111,296	17	117	217	2C	006	17,050
Long Island College	R. L. Pinck	97,567	265	47		1C 2* 2F	005	15,780
Methodist	N. F. Bartone	77,388	36	20	410	1C	003	15,500
Misericordia—Fordham Training Program	D. B. Hayt					3C	009	15,492
Misericordia Hospital Medical Center		128,068	293	29	293			
Fordham		77,043						

## 30A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examina- tions	New Patients Treated With			Positions Offered 1976-1977		Annual Salary (Min.)
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho- Voltage Equipment	Mega- voltage Treatment Equipment	1st Yr.	All Yrs.	
<b>NEW YORK, NEW YORK CITY—Continued</b>								
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)								
Roosevelt	J. De L. S. Morris	105,494	50	33	299	2C	006	
St. Luke's Hospital Center	N. Finby	100,051	26	145	209	3*	009	16,150
St. Vincent's Hospital and Medical Center of New York	A. R. Clemett	83,030	35	23	345	1C	001	15,055
St. Vincent's Medical Center of Richmond	O. L. Manfredi	56,000	520	30		1C 1*	004	15,780
Veterans Admin. (Manhattan)	O. J. Principato	75,396	39	15	293	4C	012	17,029
<b>NORTH CAROLINA</b>								
<b>CHAPEL HILL</b>								
North Carolina Memorial	J. H. Scatliff	94,384	820	24	397	1C	003	10,000
<b>OURHAM</b>								
Duke University Affiliated Hospitals	R. G. Lester					1C	003	
Duke University Medical Center	R. G. Lester							11,385
Veterans Admin.	T. T. Thompson	63,620		39	299			11,935
<b>NORTH DAKOTA</b>								
<b>BISMARCK</b>								
Bismarck Affiliated Hospitals	S. K. Imes					1C	003	
Bismarck		12,806	11	23	183			8,400
St. Alexius		19,285		25				8,700
<b>OHIO</b>								
<b>CANTON</b>								
Aultman	W. J. Howland	100,155	39	85	490	2*	002	11,000
<b>CINCINNATI</b>								
Jewish	L. S. Rosenberg	71,892	278	36		1C	003	11,500
<b>CLEVELAND</b>								
Cleveland Clinic	T. F. Meaney	195,580	265	52	638	3*	003	
Mount Sinai Hospital of Cleveland	M. Lubert, S. Wiener	82,012	14	993	10,975	2* 1F	008	11,000
University Hospitals of Cleveland	H. L. Friedell	152,993	722	75	647	4*	014	11,100
Veterans Admin.	J. V. Zelch	64,853		14	271			12,237
<b>COLUMBUS</b>								
Ohio State University Hospitals	S. W. Nelson	111,219				1C	002	10,600
<b>DAYTON</b>								
Wright State University Affiliated Hospitals Miami Valley	D. H. Wolf	98,454	95	550	876	1C 1F	003	11,000
<b>ELYRIA</b>								
Elyria Memorial (See St. Joseph-Elyria Memorial Hospitals, Lorain)								
<b>LORAIN</b>								
St. Joseph—Elyria Memorial Hospitals	L. G. Thorley					2C 2F	009	9,900
St. Joseph Elyria Memorial (Elyria)		51,507	208	268	208			
<b>YOUNGSTOWN</b>								
St. Elizabeth	W. Torok	116,739	25	74	374	3*	009	10,800
Youngstown	I. Mendel	141,346	47	79	332	2* 2F	009	11,000
<b>OREGON</b>								
<b>PORTLAND</b>								
Emanuel	O. D. Haugen	48,503	171	21		1C	004	10,596
<b>PENNSYLVANIA</b>								
<b>ABINGTON</b>								
Abington Memorial	C. H. Sillars	84,831	429	52	393	2C	006	11,000
<b>ALLENTOWN</b>								
Sacred Heart	M. Stamatakos, S. Harris	40,179	25	70	360	1C 2F	005	
<b>DARBY</b>								
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)								
<b>HARRISBURG</b>								
Harrisburg Polyclinic	T. A. Tristan	65,167	10	17	501	1C	003	11,000
<b>JOHNSTOWN</b>								
Conemaugh Valley Memorial	J. Wilson	77,311	5,200	1,600	3,600	2C 1F	006	
<b>PHILADELPHIA</b>								
Albert Einstein Medical Center	B. J. Ostrum	89,400		465	867	2C	004	10,500
Germantown Dispensary and Hospital	R. B. Funch	38,579	18	73	248	1C	003	13,000
Hospital of the Medical College of Pennsylvania	G. L. Popky	48,000	31	49	269	2C	008	
Mercy Catholic Medical Center	C. Rominger, J. Mahoney					3C	009	11,000
Misericordia Division		44,683	33	25	600			
Fitzgerald Mercy Division (Darby)		55,008	15					
Nazareth	J. C. Beres	65,005	257	42	215	1C 1F	003	
Pennsylvania	W. J. Tuddenham	55,664	8	72	4,059	1C	004	
Philadelphia General	H. I. Goldberg	69,300	5	33	98	4C	014	11,200
University of Pennsylvania Affiliated Hospitals	R. H. Chamberlain					1*	003	
Hospital of the University of Pennsylvania	R. H. Chamberlain	186,448	12	3	1,008			11,400
Graduate Hospital of the University of Pennsylvania	M. M. Mishkin	38,200						12,500
Veterans Admin.	R. H. Chamberlain	54,847	148		148			13,000
<b>PITTSBURGH</b>								
St. Francis General	J. A. Marasco, Jr.	91,834	97	145	650	1*	003	11,300



## 30A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered 1976-1977		Annual Salary (Min.)
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	1st Yr.	All Yrs.	
<b>PENNSYLVANIA, PITTSBURGH—Continued</b>								
Western Pennsylvania	W. S. Mellon, Jr.	93,536	29	9	308	2C 1F	006	12,600
<b>SAYRE</b>								
Robert Packer	J. T. Littleton	54,024	35	27	203	1C	003	9,750
<b>SOUTH CAROLINA</b>								
<b>CHARLESTON</b>								
Medical University of South Carolina Teaching Hospitals	J. J. Kane					4C	020	9,900
Medical University of South Carolina Charleston County Veterans Admin.	J. J. Kane S. E. Puckette P. Ross	69,039 30,445 29,473	140	84	928			
<b>TENNESSEE</b>								
<b>CHATTANOOGA</b>								
University of Tennessee Clinical Education Center Baroness Erlanger	E. F. Besemann	82,045	34	103	4,873	3C 1F	004	10,800
<b>KNOXVILLE</b>								
University of Tennessee Memorial Research Center and Hospital	E. Buonocore	56,000				1C	005	9,487
<b>MEMPHIS</b>								
Baptist Memorial	J. L. Booth	160,639	66	59	880	2* 2F	012	11,460
Methodist	E. H. Mabry	102,291	72	54	603	4C 1F	010	11,460
<b>NASHVILLE</b>								
George W. Hubbard Hospital of the Meharry Medical College	G. J. Tarleton, Jr.	18,958	9		46	2*	008	
<b>TEXAS</b>								
<b>DALLAS</b>								
Baylor University Medical Center St. Paul	A. D. Sears J. E. Miller	123,394 75,572	130 42	45 38	809 873	1C 1C	003 003	9,630 10,080
University of Texas Southwestern Medical School Affiliated Hospitals Parkland Memorial Children's Medical Center Veterans Admin.	R. N. Berk R. N. Berk G. Currarino G. E. Williams, Jr.	158,460 22,362 90,465	209 2	4 23	215 436	2C 2C	006 009	9,660 9,660 9,471
<b>GALVESTON</b>								
University of Texas Medical Branch Hospitals	R. N. Cooley	108,420	36	27	552	1C	003	12,100
<b>HOUSTON</b>								
University of Texas at Houston Affiliated Hospitals Hermann St. Joseph	T. S. Harle T. S. Harle V. Carlson	9,341 89,490	55 33	112 63	364 315	6C	018	9,792 9,960
University of Texas M. O. Anderson Hospital and Tumor Institute	G. O. Dodd	71,476	1,163	38	306			
<b>SAN ANTONIO</b>								
Baptist Memorial	H. F. Elmendorf	109,096	315	112		1C	003	9,000
University of Texas at San Antonio Teaching Hospitals Bexar County Teaching Santa Rosa Medical Center Veterans Admin.	M. D. Jones M. D. Jones R. M. Maurer M. D. Jones	146,646 75,468 26,107	200 41 76	54	40 345	2*	021	9,800 9,800 10,072
<b>VERMONT</b>								
<b>BURLINGTON</b>								
Medical Center Hospital of Vermont	J. P. Tampas	89,225	14	35	431	1C	003	9,850
<b>VIRGINIA</b>								
<b>NEWPORT NEWS</b>								
Riverside	B. L. Roberts	112,000	16	34	316	2* 2F	008	11,400
<b>NORFOLK</b>								
De Paul	J. Foster	80,631	413	64	342	1C 2F	005	11,100
<b>ROANOKE</b>								
Roanoke Memorial Hospitals	J. A. Martin	56,833	563	67	496	2C 2* 2F	006	7,275
<b>WASHINGTON</b>								
<b>SEATTLE</b>								
Swedish Hospital Medical Center	R. F. Roedel					1C	003	
<b>SPOKANE</b>								
Sacred Heart Medical Center	E. F. Parsons		2,180	277	9,271			9,300
<b>WEST VIRGINIA</b>								
<b>WHEELING</b>								
Ohio Valley Medical Center	A. K. Butler	56,525	345	50	300	1*	005	12,420
<b>WISCONSIN</b>								
<b>MILWAUKEE</b>								
Columbia	R. R. Byrne	59,473	2	67	82	3C	003	10,497
Evangelical Deaconess	A. F. Rymut, Jr.	38,906	7		262	1*	004	9,500
Medical College of Wisconsin Affiliated Hospitals Milwaukee County General Milwaukee Children's Veterans Admin. Center (Wood) St. Joseph's	J. E. Youker J. E. Youker D. P. Babbitt G. F. Unger J. F. Wepfer	132,337 44,546 6,268 90,273	53 6 478	20 19 478	400 48 198 478	1C 1* 2F	003 003	10,537 10,545 11,262 11,000

## 30B. RADIOLOGY, DIAGNOSTIC

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association 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. See also Lists 30A and 30C.

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>UNITED STATES AIR FORCE</b>					
<b>CALIFORNIA</b>					
David Grant U. S. A. F. Medical Center, Fairfield	R. P. Hill	63,987	3C 2F	012	
<b>TEXAS</b>					
Wilford Hall U. S. A. F. Medical Center, San Antonio	A. S. Hale	179,453	3*	013	15,078
<b>UNITED STATES ARMY</b>					
U. S. Army Coordinated Program Letterman Army Medical Center, San Francisco, Calif.	J. J. Du Bois	66,458	4C 1*	015	
Fitzsimons Army Medical Center, Denver, Colo.	P. E. Sieber	99,020	1F 1C	011	
Walter Reed Army Medical Center, Washington, D. C.	M. M. Reeder	118,689	5C	017	
Tripler Army Medical Center, Honolulu, Hawaii	H. T. Uhrig	87,067	1*	015	
Brooke Army Medical Center, San Antonio, Tex.	R. O. Hagen	134,326	2F 1C 1F	016	
<b>UNITED STATES NAVY</b>					
U. S. Navy Coordinated Program Naval Regional Medical Center, Oakland, Calif.	M. Nieves, Jr.	70,189	3C 3F	012	
Naval Regional Medical Center, San Diego, Calif. National Naval Medical Center, Bethesda, Md.	Q. E. Crews, Jr. C. W. Ochs	291,450	5*	020	
<b>NON FEDERAL AND VETERANS ADMINISTRATION</b>					
<b>ALABAMA</b>					
<b>BIRMINGHAM</b>					
Baptist Medical Centers	J. Henley, J. Ballard		1C	003	10,338
Baptist Medical Center—Montclair	F. T. Henley	53,000			
Baptist Medical Center—Princeton	J. W. Ballard	44,566			
University of Alabama Medical Center	D. M. Witten		4C	022	
University of Alabama Hospitals	D. M. Witten	150,000			10,200
Veterans Admin.	D. M. Witten, R. Luna	56,831			10,600
<b>ARIZONA</b>					
<b>PHOENIX</b>					
St. Joseph's Hospital and Medical Center	A. Kahn, R. E. Stejskal	78,806	1C	005	12,593
<b>TUCSON</b>					
University of Arizona Affiliated Hospitals University Veterans Admin.	I. M. Freundlich	45,134 35,609	1C	012	10,132 11,225
<b>ARKANSAS</b>					
<b>LITTLE ROCK</b>					
University of Arkansas Medical Center	W. C. Diner		3C 3F	016	9,300
University Veterans Admin. Consolidated	W. C. Diner G. V. Dalrymple	52,622 56,889			
<b>CALIFORNIA</b>					
<b>DAVIS</b>					
University of California (Davis) Affiliated Hospitals	P. E. S. Palmer		4*	012	11,700
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	P. E. S. Palmer	87,905			
Sutter Community Hospitals of Sacramento (Sacramento)	B. A. Swerdloff	49,787			
<b>IRVINE</b>					
University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange)	B. J. O' Loughlin	113,823	3C 1*	012	12,300
<b>LOMA LINDA</b>					
Loma Linda University	M. P. Judkins	88,663	6C	023	10,392
<b>LONG BEACH</b>					
St. Mary Medical Center	J. F. Mack	59,404	1*	004	12,000
Veterans Admin.	H. W. Pribram	117,241	4C	009	16,138
<b>LOS ANGELES</b>					
Cedars—Sinai Medical Center			3C	008	13,896
Cedars of Lebanon Hospital Division	N. Zheutlin	46,106	1*	003	10,800
Hospital of the Good Samaritan Medical Center	G. B. Iba	46,000	1F		
Kaiser Foundation	M. S. Kleinman	253,815	2*	005	11,267
Los Angeles County—U.S.C. Medical Center	H. I. Meyers	413,754	3*	043	15,732
Martin Luther King, Jr. General	J. A. Campbell	70,384	3C 4*	013	15,732
U.C.L.A. Hospital and Clinics, Center for the Health Sciences	G. H. Wilson	166,089	9C	022	12,300
Veterans Admin. Center—Wadsworth	J. Jorgens	103,593	8C 4F	024	16,138

## 30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1976-1977		Annual Salary (Min.)
			1st Yr.	All Yrs.	
<b>CALIFORNIA—Continued</b>					
<b>ORANGE</b>					
Orange County Medical Center (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)					
<b>PALO ALTO</b>					
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)					
<b>SACRAMENTO</b>					
Sutter Community Hospitals of Sacramento (See Univ. of California (Davis) Affiliated Hospitals, Davis)					
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)					
<b>SAN DIEGO</b>					
University of California (San Diego) Affiliated Hospitals					
	J. R. Amberg		8C	028	
University of California, San Diego—University Hospital					
	J. R. Amberg	69,240			10,900
Veterans Admin.					
	F. Brahme	72,088			11,839
<b>SAN FRANCISCO</b>					
Children's Hospital and Adult Medical Center					
	H. J. Burhenne	26,995	1C	002	11,520
Mount Zion Hospital and Medical Center					
	A. J. Davidson	41,377	2*	011	10,900
St. Mary's Hospital and Medical Center					
	J. C. Bennett	42,383	1C	005	11,120
			2F		
			4*	041	
University of California Program H. C. Moffitt—University of California Hospitals					
	A. R. Margulis	88,729			10,900
San Francisco General					
	A. R. Margulis	104,874			10,900
Veterans Admin.					
	W. Coulson	77,730			12,300
	C. O. Ovenfors				
<b>SAN JOSE</b>					
Santa Clara Valley Medical Center					
	J. J. Mc Cort	96,624	3C	008	12,966
			2F		
<b>SANTA BARBARA</b>					
Santa Barbara General—Cottage Hospitals					
	P. A. Riemenschneider		1C	004	11,000
			1F		
Santa Barbara General					
		13,278			
Santa Barbara Cottage					
		42,187			
Cancer Foundation of Santa Barbara					
<b>STANFORD</b>					
Stanford University Affiliated Hospitals					
	F. F. Zboralske		7C	024	11,500
			1*		
Stanford University Veterans Admin. (Palo Alto)					
	F. F. Zboralske	75,000			
	L. M. Zatz	39,266			
<b>TORRANCE</b>					
Los Angeles County Harbor General					
	R. Lachman	142,419	5C	021	12,612
			2F		
<b>COLORADO</b>					
<b>DENVER</b>					
University of Colorado Affiliated Hospitals					
	M. L. Daves		2C	033	
University of Colorado Medical Center					
	M. L. Daves	73,039			10,000
Denver General					
	E. Salzman	103,000			
General Rose Memorial					
	S. Reich	57,397			
Veterans Admin.					
	M. L. Daves	50,177			12,883
<b>CONNECTICUT</b>					
<b>BRIDGEPORT</b>					
Bridgeport					
	J. J. Esposito	68,583	2C	006	11,665
St. Vincent's					
	R. D. Russo	51,121	1C	003	
<b>HARTFORD</b>					
Hartford					
	A. H. Janzen	103,000	2C	008	10,950
			1F		
<b>NEW HAVEN</b>					
Hospital of St. Raphael					
	R. Shapiro	64,325	2*	009	12,210
Yale—New Haven Medical Center					
	R. Greenspan		6*	018	
Yale—New Haven					
	R. Greenspan	144,732			11,190
Veterans Admin. (West Haven)					
	M. F. Keohane	29,775			11,996
<b>WEST HAVEN</b>					
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)					
<b>DISTRICT OF COLUMBIA</b>					
<b>WASHINGTON</b>					
Georgetown University					
	H. L. Twigg, Jr.	67,169	4C	012	12,799
			4F		
George Washington University Affiliated Hospitals					
	S. D. Rockoff		2*	015	11,526
George Washington University					
		83,564			
Washington Hospital Center					
		136,535			
Howard University					
	H. C. Press, Jr.	62,200	1*	007	13,181
<b>FLORIDA</b>					
<b>GAINESVILLE</b>					
University of Florida Affiliated Hospitals					
	O. F. Agee		6C	016	
William A. Shands Teaching Hosp. and Clinics					
	O. F. Agee	63,197			9,044
Veterans Admin.					
	F. C. Clore	71,940			9,891
<b>MIAMI</b>					
Jackson Memorial					
	M. Viamonte, F. P. Gargano	182,071	6C	019	13,247
<b>MIAMI BEACH</b>					
Mount Sinai Medical Center of Greater Miami					
	M. Viamonte, Jr.	86,209	5C	015	12,222
<b>TAMPA</b>					
University of South Florida Affiliated Hospitals					
	M. L. Silbiger		2C	012	
Tampa General					
	M. L. Silbiger	74,169*			11,523
St. Joseph's					
	R. G. Isbell	80,000			
Veterans Admin.					
	A. D. Graham	47,947			11,717

## 30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1976-1977		Annual Salary (Min.)
			1st Yr.	All Yrs.	
<b>GEORGIA</b>					
<b>ATLANTA</b>					
Emory University Affiliated Hospitals	T. F. Leigh		9C 4* 1F	032	9,960
Grady Memorial	W. H. Shuford	159,150			
Emory University	T. F. Leigh	53,000			
Henrietta Egleson Hospital for Children	B. B. Gay	15,737			
Veterans Admin. (Decatur)	R. W. Eells	48,169			
<b>AUGUSTA</b>					
Medical College of Georgia Hospitals	W. H. Pool	53,873	3C 1F	009	10,100
Eugene Talmadge Memorial					
<b>DECATUR</b>					
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)					
<b>SAVANNAH</b>					
Memorial Medical Center	W. A. Miller	59,537	2*	009	9,648
<b>ILLINOIS</b>					
<b>CHICAGO</b>					
Mc Gaw Medical Center of Northwestern University	L. F. Rogers		6*	023	11,680
Children's Memorial	H. White	33,296			
Northwestern Memorial	L. F. Rogers	115,410			
Veterans Admin. Research	R. Marsan	47,087			
Evanston (Evanston)	J. Fotopoulos	72,124			
Michael Reese Hospital and Medical Center	B. Levin	120,000	2*	015	11,695
Mount Sinai Hospital Medical Center of Chicago	G. B. Greenfield	66,239	3C	008	12,000
Rush—Presbyterian—St. Luke's Medical Center	R. E. Buenger	110,000	5*	015	12,000
University of Chicago Hospitals and Clinics	J. J. Fennessy	98,000	6*	018	11,925
University of Illinois Affiliated Hospitals	V. Capek		3*	010	12,500
University of Illinois	V. Capek	125,507			
Veterans Admin. (West Side)	J. W. Coleman	35,638			
<b>EVANSTON</b>					
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)					
<b>MAYWOOD</b>					
Loyola University Affiliated Hospitals	L. Love	57,135	3C	009	11,000
Foster G. Mc Gaw					
<b>SPRINGFIELD</b>					
Southern Illinois University Affiliated Hospitals	D. W. Sherrick	147,319	2*	004	10,500
St. Johns Memorial Medical Center					
<b>INDIANA</b>					
<b>INDIANAPOLIS</b>					
Indiana University Medical Center	E. C. Klatte		10C	040	
Indiana University Hospitals	E. C. Klatte	275,000			10,250
Marion County General		102,058			11,198
Veterans Admin.	E. C. Klatte, E. Cockerill	58,155			12,012
Methodist Hospital of Indiana	E. D. Van Hove	140,975	4C 1F	012	
<b>IOWA</b>					
<b>IOWA CITY</b>					
University of Iowa Affiliated Hospitals	J. H. Christie		3*	018	10,500
University of Iowa Hospitals		110,000			
Veterans Admin.		40,000			
<b>KANSAS</b>					
<b>KANSAS CITY</b>					
University of Kansas Medical Center	A. W. Templeton	89,500	5C	016	10,500
<b>WICHITA</b>					
Wesley Medical Center	S. E. Hershorn, T. Wolfe	89,084	2*	006	10,050
<b>KENTUCKY</b>					
<b>LEXINGTON</b>					
University	H. D. Rosenbaum	71,240	5C	015	
<b>LOUISVILLE</b>					
University of Louisville Affiliated Hospitals	J. T. Ling		3C	012	9,600
Louisville General	J. T. Ling	73,426			
Norton—Children's Hospitals	L. A. Davis	27,938			
Veterans Admin.	J. T. Ling	33,941			
<b>LOUISIANA</b>					
<b>NEW ORLEANS</b>					
Ochsner Foundation	S. F. Ochsner	132,235	3C	009	9,492
<b>SHREVEPORT</b>					
L. S. U. (Shreveport) Affiliated Hospitals	E. K. Lang	78,864	3C	009	
Confederate Memorial Medical Center					
<b>MAINE</b>					
<b>PORTLAND</b>					
Maine Medical Center	J. F. Gibbons	85,000	2C 1F	008	11,067
<b>MARYLAND</b>					
<b>BALTIMORE</b>					
Johns Hopkins	M. W. Donner	151,392	5C	015	12,450
University of Maryland Affiliated Hospitals	J. N. Diaconis	110,000	4C	004	11,350
University of Maryland					

## 30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1976-1977		Annual Salary (Min.)
			1st Yr.	All Yrs.	
<b>MASSACHUSETTS</b>					
<b>BOSTON</b>					
Beth Israel	M. Simon	56,600	4C	012	12,300
Boston University Affiliated Hospitals	J. H. Shapiro	124,217	7C 3F	021	
Boston City University	J. H. Shapiro	124,217			12,070
Pondville (Norfolk)	J. H. Shapiro	40,000			
Lahey Clinic—New England Baptist Lahey Clinic	J. Meyer	11,286			11,200
New England Baptist Massachusetts General	R. E. Wise	106,417	2C	006	12,500
New England Deaconess	J. M. Taveras	217,471	8C 2*	034	12,500
Peter Bent Brigham	M. A. Kellett	47,000	1*	003	12,250
Children's Hospital Medical Center	H. L. Abrams	70,945	5C 2*	015	12,300
Tufts University Affiliated Hospitals	J. A. Kirkpatrick	66,708			15,700
New England Medical Center	J. P. Moore	87,670	2C	020	11,758
Lemuel Shattuck	J. P. Moore	12,674			12,186
Veterans Admin.	J. B. Dealy, Jr. A. H. Robbins	55,831			
<b>CAMBRIDGE</b>					
Mount Auburn	S. C. Schatzki	56,103	1*	003	12,869
<b>NORFOLK</b>					
Pondville (See Boston University Affiliated Hospitals, Boston)					
<b>SPRINGFIELD</b>					
Medical Center of Western Massachusetts	R. A. Grugan	57,609	2C 2* 2F	006	12,350
<b>WORCESTER</b>					
St. Vincent	M. L. Janower	73,977	2C	006	11,100
<b>MICHIGAN</b>					
<b>ANN ARBOR</b>					
St. Joseph Mercy	F. Lee	100,000	1C	003	12,000
University of Michigan Affiliated Hospitals	W. M. Whitehouse		9C	033	
Veterans Admin.	W. M. Whitehouse	142,984			11,650
Wayne County General (Eloise)	W. M. Whitehouse, R. Rapp S. R. Reuter	27,374 89,782			12,408
<b>DETROIT</b>					
Harper	G. A. Kling	85,670	4C 4F	012	11,800
Children's Hospital of Michigan	J. O. Reed, Jr.	63,361			
Bon Secours (Grosse Pointe)	F. P. Shea	34,000			
Henry Ford	W. R. Eyler	180,601	2* 2F	012	12,000
Mount Carmel Mercy Hospital and Medical Center	K. D. Mc Ginnis	83,390	1C	003	
Sinai Hospital of Detroit	M. Tatelman	72,307	2C	006	
<b>ELOISE</b>					
Wayne County General (See Univ. of Michigan Affiliated Hospitals, Ann Arbor)					
<b>GROSSE POINTE</b>					
Bon Secours (See Harper, Detroit)					
<b>PONTIAC</b>					
St. Joseph Mercy	E. J. Keefe	62,601	1C 1* 1F	008	12,190
<b>ROYAL OAK</b>					
William Beaumont	J. Farah	143,734	1C 2* 2F	012	12,800
<b>MINNESOTA</b>					
<b>MINNEAPOLIS</b>					
University of Minnesota Affiliated Hospitals	E. Gedgaudas		4* 2F	036	
University of Minnesota Hospitals	E. Gedgaudas	97,298			
Veterans Admin.	E. Gedgaudas	89,835			
Hennepin County Medical Center	S. H. Tsai	99,628			
St. Paul—Ramsey (St. Paul)	R. G. B. Bjornson	92,326			11,000
<b>ROCHESTER</b>					
Mayo Graduate School of Medicine Rochester Methodist St. Mary's	H. L. Baker, Jr.	500,000	4*	031	11,500
<b>ST. PAUL</b>					
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)					
United Hospitals Miller Division	D. Ketcham	31,320	1* 1F	003	11,000
<b>MISSOURI</b>					
<b>COLUMBIA</b>					
University of Missouri Medical Center	G. S. Lodwick		4C	014	
<b>KANSAS CITY</b>					
St. Luke's	D. R. Germann	71,826	2*	008	10,108
<b>ST. LOUIS</b>					
Washington University Affiliated Hospitals Barnes Hospital Group Mallinckrodt Institute of Radiology	R. G. Evens	189,045	8C	024	11,500

## 30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1976-1977		Annual Salary (Min.)
			1st Yr.	All Yrs.	
<b>NEBRASKA</b>					
<b>OMAHA</b>					
University of Nebraska Affiliated Hospitals	P. M. Dettman		1C 1*	002	11,385
University of Nebraska Veterans Admin.		49,959			
<b>NEW HAMPSHIRE</b>					
<b>HANOVER</b>					
Dartmouth Medical School Affiliated Hospitals Mary Hitchcock Memorial	R. F. Jeffery	76,500	1*	007	10,450
<b>NEW JERSEY</b>					
<b>MORRISTOWN</b>					
Morristown Memorial	D. L. Bloom	77,989	2C 2F	006	12,075
<b>NEWARK</b>					
CMDNJ—New Jersey Medical School Affiliated Hospitals Martland	G. T. Curtis	89,415	2C 5*	025	12,295
Newark Beth Israel Medical Center	L. Spindell	70,287	1F 2C	006	12,295
<b>NEW MEXICO</b>					
<b>ALBUQUERQUE</b>					
University of New Mexico Affiliated Hospitals Bernalillo County Medical Center Bataan Memorial Veterans Admin.	R. D. Moseley, Jr. R. D. Moseley, Jr. D. S. Hedrick R. D. Moseley, Jr.	99,357 56,300 41,043	4*	012	9,400
<b>NEW YORK</b>					
<b>ALBANY</b>					
Albany Medical Center	J. F. Roach	118,941	2C	006	12,000
<b>EAST MEADOW</b>					
Nassau County Medical Center—Meadowbrook Div.	G. A. L. Irwin	85,000	4C	016	11,176
<b>MANHASSET</b>					
North Shore University	H. L. Stein	69,220	2C	006	15,400
<b>NEW YORK CITY</b>					
Albert Einstein College of Medicine Affiliated Hospitals	M. Elkin	147,019	6C	019	
Bronx Municipal Hospital Center		42,902			
Hospital of the Albert Einstein College of Medicine		86,253	2C	004	14,000
Bronx—Lebanon Hospital Center	H. L. Miller	82,938	2C	006	15,780
Long Island College	R. L. Pinck		2*		
Methodist	N. F. Bartone	77,388	2F 1C	008	15,500
Montefiore Hospital and Medical Center	H. G. Jacobson	214,855	4C	017	13,500
Mount Sinai Hospital Training Program Mount Sinai	B. S. Wolf	128,000	4C	016	16,380
New York Hospital—Cornell Medical Center and Affiliated Hospitals	J. A. Evans		5C 2F	021	14,700
New York Hospital Memorial Hospital for Cancer and Allied Diseases Hospital for Special Surgery	J. A. Evans R. C. Watson R. H. Freiburger	151,763 70,000 48,138			
New York Medical College—Metropolitan Hospital Center	R. M. Friedenberg	56,695	4*	019	13,500
Unit 1—Flower and Fifth Avenue Hospitals		144,085			
Unit 2—Metropolitan Hospital Center					
New York University Medical Center Bellevue Hospital Center University	A. F. Keegan	168,141 92,468	3C	030	
Presbyterian	W. B. Seaman	237,173	7C	021	15,500
Roosevelt	J. De L. S. Morris	105,494	2C	007	
St. Luke's Hospital Center	N. Finby	100,051	3*	009	16,150
St. Vincent's Hospital and Medical Center of New York	A. R. Clemett	83,030	3C 3F 6C	012	13,855
S. U. N. Y. Downstate Medical Center	J. A. Becker	229,843		024	14,700
Kings County Hospital Center		41,861			
Brooklyn—Cumberland Medical Center	G. C. Ramsay	40,915			15,629
State University		64,168			16,001
Veterans Admin. (Bronx)	K. F. Chan		4C	012	
<b>ROCHESTER</b>					
Rochester General	T. F. Van Zandt	85,000	2C 1F	008	12,300
Strong Memorial Hospital of the University of Rochester	H. Fischer, S. M. Rogoff	100,000	3*	015	11,700
			1F		
<b>SYRACUSE</b>					
S. U. N. Y. Upstate Medical Center State University	E. R. Heitzman, Jr.	74,052	4C 1*	018	12,318
<b>NORTH CAROLINA</b>					
<b>CHAPEL HILL</b>					
North Carolina Memorial	J. H. Scattif	94,384	4C	012	10,000
<b>DURHAM</b>					
Duke University Affiliated Hospitals Duke University Medical Center Veterans Admin.	R. G. Lester R. G. Lester T. T. Thompson	169,992 63,620	10C	035	11,385 11,935

## 30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1976-1977		Annual Salary (Min.)
			1st Yr.	All Yrs.	
<b>NORTH CAROLINA—Continued</b>					
<b>WINSTON-SALEM</b>					
Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	I. Meschan	112,515	5*	021	10,000
<b>OHIO</b>					
<b>CANTON</b>					
Aultman	W. J. Howland	100,155	3* 2F	008	11,000
<b>CINCINNATI</b>					
University of Cincinnati Hospital Group	J. F. Wiot		5C 2F	024	
Cincinnati General Veterans Admin.		123,991 44,476			9,744 12,158
<b>CLEVELAND</b>					
Case Western Reserve University Affiliated Hospitals University Hospitals of Cleveland Veterans Admin.	H. L. Friedell H. L. Friedell J. V. Zelch	152,993 64,853	4*	012	11,100 12,237
Cleveland Clinic	T. F. Meaney	195,580	3C	014	12,000
<b>COLUMBUS</b>					
Ohio State University Hospitals	S. W. Nelson	111,219	4C	015	10,600
<b>TOLEDO</b>					
Medical College of Ohio at Toledo Affiliated Hospitals	A. K. Freimanis		2C 1* 1F	007	10,795
Hospital of Medical College of Ohio at Toledo St. Vincent Hospital and Medical Center		29,444 78,231			
<b>OKLAHOMA</b>					
<b>NORMAN</b>					
Central State Griffin Memorial Hospital (See University of Oklahoma Health Sciences Center, Oklahoma)					
<b>OKLAHOMA CITY</b>					
Baptist Medical Center of Oklahoma	G. B. Carter	45,339	1C 3F 6C 1F	010 024	10,023
University of Oklahoma Health Sciences Center	S. Traub				
University Hospital and Clinics Presbyterian St. Anthony Veterans Admin. Central State Griffin Memorial (Norman)	S. P. Traub E. H. Kalmon G. Hallum S. P. Traub	75,000 17,793 53,786			10,803 10,023 10,023
<b>OREGON</b>					
<b>PORTLAND</b>					
University of Oregon Affiliated Hospitals University of Oregon Health Sciences Center Hospitals and Clinics	C. T. Dotter	84,000	4C 3F	019	9,900
<b>PENNSYLVANIA</b>					
<b>BRYN MAWR</b>					
Bryn Mawr	R. P. Cancelmo	59,748	2C 1F	006	
St. Christopher's Hospital for Children (Philadelphia)	M. A. Capitano	19,452			13,056
<b>DANVILLE</b>					
Geisinger Medical Center	J. L. Williams	92,867	2C 1*	008	11,300
<b>DARBY</b>					
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)					
<b>HARRISBURG</b>					
Harrisburg	J. R. Croteau	52,971	1C	003	10,634
<b>PHILADELPHIA</b>					
Albert Einstein Medical Center	B. J. Ostrum	89,400	4C	012	10,500
Episcopal	H. M. Pollack	60,000	2C 2F	006	11,700
Hahnemann Medical College and Hospital Mercy Catholic Medical Center Misericordia Division Fitzgerald Mercy Division (Darby)	M. E. Kricun J. F. Mahoney	70,000 44,683 55,008	4C 3C	013 009	11,500 11,000
Pennsylvania Philadelphia General	W. J. Tuddenham H. J. Naidech	69,300	2C 4C	006 014	11,200
Presbyterian—University of Pennsylvania Medical Center	G. N. Stein	36,125	2C 1F	007	11,400
St. Christopher's Hospital for Children (See Bryn Mawr Hospital, Bryn Mawr)					
Temple University	M. S. Lapayowker	63,892	5*	016	12,000
Thomas Jefferson University	J. F. Lally	85,000	5C	015	11,800
University of Pennsylvania Affiliated Hospitals Hospital of the University of Pennsylvania Graduate Hospital of the University of Pennsylvania	R. H. Chamberlain R. H. Chamberlain	186,448	7C	021	11,400
Veterans Admin.	M. Mishkin R. H. Chamberlain	38,200 54,847			12,500 13,000
<b>PITTSBURGH</b>					
Allegheny General Hospitals of the University Health Center of Pittsburgh	J. H. Feist	76,000	3*	009	12,285
Children's Hospital of Pittsburgh Magee—Womens Montefiore Presbyterian—University Veterans Admin.	E. R. Heinz B. R. Girdany J. Mazer	241,631	6*	022	12,965

30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1976-1977	Annual Salary (Min.)
			1st Yr. All Yrs.	
<b>PENNSYLVANIA, PITTSBURGH—Continued</b>				
Mercy	J. Lewin, C. Ilkhanipour	89,500	1C 008	12,300
St. Francis General	J. A. Marasco, Jr.	91,834	2* 1F	11,300
<b>READING</b>				
Reading	G. R. Matthews	91,071	2* 1C 1*	11,800
<b>PUERTO RICO</b>				
<b>SAN JUAN</b>				
University of Puerto Rico Affiliated Hospitals	H. Pagan-Saez		6C 019	
Industrial		73,990		
San Juan City	H. Pagan-Saez	195,859		
University District	H. Pagan-Saez			
Veterans Admin. Center	J. M. Gonzalez	58,118		10,918
<b>RHODE ISLAND</b>				
<b>PROVIDENCE</b>				
Rhode Island	J. J. Lambiase	120,112	3* 012	11,950
<b>TENNESSEE</b>				
<b>MEMPHIS</b>				
Baptist Memorial	J. L. Booth	160,639	2* 2F 6C	11,460
University of Tennessee Affiliated Hospitals	J. G. Rabinowitz		6C 022	
City of Memphis Hospitals	J. G. Rabinowitz	125,846		10,236
Veterans Admin.	I. K. Ettman	84,530		12,635
<b>NASHVILLE</b>				
Vanderbilt University Affiliated Hospitals			6C 018	
Nashville Metropolitan General	W. Rogers	33,663		
Vanderbilt University	H. Burko	93,188		9,482
Veterans Admin.	H. Burko	53,116		
<b>TEXAS</b>				
<b>DALLAS</b>				
Baylor University Medical Center	A. D. Sears	123,394	5C 1F	9,630
St. Paul	J. E. Miller	68,072	3C 003	10,080
University of Texas Southwestern Medical School				
Affiliated Hospitals	R. N. Berk		3C 006	9,660
Parkland Memorial	R. N. Berk	172,469		9,660
Children's Medical Center	G. Currarino	22,362		
<b>GALVESTON</b>				
University of Texas Medical Branch Hospitals	M. H. Schreiber	108,420	4* 016	12,100
<b>HOUSTON</b>				
Baylor College of Medicine Affiliated Hospitals	R. S. Mac Intyre		7C 1F	
Ben Taub General	R. S. Mac Intyre	159,115		9,540
Jefferson Davis	R. S. Mac Intyre	37,818		9,540
Methodist	R. S. Mac Intyre	145,947		10,140
St. Luke's Episcopal	E. B. Singleton	75,641		9,540
Texas Children's	E. B. Singleton	33,527		9,540
Veterans Admin.	R. S. Mac Intyre	113,093		
University of Texas at Houston Affiliated Hospitals	T. S. Harle		2C F	
Hermann	T. S. Harle	59,146		9,792
St. Joseph	V. Carlson	89,490		9,954
University of Texas M.D. Anderson Hospital and Tumor Institute	G. D. Dodd	71,476		
<b>SAN ANTONIO</b>				
University of Texas at San Antonio Teaching Hospitals	M. D. Jones		5C 017	
Bexar County Teaching		141,371		
Santa Rosa Medical Center		77,890		
Veterans Admin.		17,606		
<b>TEMPLE</b>				
Scott and White Memorial	J. F. Bergstrom	125,000	2C 008	10,500
<b>UTAH</b>				
<b>SALT LAKE CITY</b>				
University of Utah Affiliated Hospitals	D. G. Bragg		3C 016	10,500
Primary Children's Medical Center				
University	D. G. Bragg	60,000		
Veterans Admin.	J. D. Armstrong, Jr.	30,700		
<b>VERMONT</b>				
<b>BURLINGTON</b>				
Medical Center Hospital of Vermont	J. P. Tampas	89,225	1C 008	9,850
<b>VIRGINIA</b>				
<b>CHARLOTTESVILLE</b>				
University of Virginia	T. E. Keats	115,044	5C 020	10,449
<b>RICHMOND</b>				
Virginia Commonwealth University M.C.V. Affiliated Hospitals	K. Ranniger		6C 2*	9,900
Medical College of Virginia Hospitals		145,000		
Veterans Admin.		60,931		
<b>ROANOKE</b>				
Roanoke Memorial	J. A. Martin	56,833	2C 2* 2F	7,275



## 30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1976-1977		Annual Salary (Min.)
			1st Yr.	All Yrs.	
<b>WASHINGTON</b>					
<b>SEATTLE</b>					
Swedish Hospital Medical Center	R. R. Greening	77,908	3*	003	9,000
University of Washington Affiliated Hospitals University	R. H. Troupin R. H. Troupin	43,933	2*	014	9,252
Children's Orthopedic Hospital and Medical Center	B. H. Ward	34,384			
Harborview Medical Center	J. Loop	43,053			
Swedish Hospital Medical Center	R. R. Greening	77,908			
Veterans Admin.	J. D. Harley	36,094			9,672
Virginia Mason	L. L. Burnett	90,913	1F	004	10,204
<b>SPOKANE</b>					
Sacred Heart Medical Center	C. A. Stevenson	45,762	1C 3F	004	9,300
<b>WEST VIRGINIA</b>					
<b>MORGANTOWN</b>					
West Virginia University	O. F. Gabriele	85,456	2C	010	12,500
<b>WISCONSIN</b>					
<b>MADISON</b>					
University of Wisconsin Affiliated Hospitals University Hospitals Veterans Admin.	J. H. Juhl	75,385 31,648	4*	016	10,800
<b>MILWAUKEE</b>					
Medical College of Wisconsin Affiliated Hospitals	J. E. Youker		4C 4F	020	
Milwaukee Children's	D. P. Babbitt	44,546			10,545
Milwaukee County General	J. E. Youker	132,337			10,537
Veterans Admin. Center (Wood)	G. F. Unger	96,323			11,262
St. Joseph's	J. F. Wepfer	90,273	2*	006	11,000
St. Luke's	A. Fueredi	114,428	1*	006	
			1F		

## 30C. RADIOLOGY, THERAPEUTIC

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association 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. See also Lists 30A and 30B.

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial, Intra- Cavitary Treatments	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES NAVY</b>							
<b>CALIFORNIA</b>							
Naval Regional Medical Center, San Diego	O. E. Crews, Jr.	400	9,220	10	1*	004	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
University of Alabama Medical Center University of Alabama Hospitals Veterans Admin.	R. E. Roth	924 171	23,697 3,736	154 1	1*	004	10,600
<b>ARIZONA</b>							
<b>TUCSON</b>							
University of Arizona Affiliated Hospitals University	M. L. M. Boone	817	15,204	112	2*	008	10,132
<b>ARKANSAS</b>							
<b>LITTLE ROCK</b>							
University of Arkansas Medical Center University Veterans Admin. Consolidated	O. R. Harris	536	10,903	65	1C	003	9,600
<b>CALIFORNIA</b>							
<b>DAVIS</b>							
University of California (Davis) Affiliated Hospitals University of Calif. (Davis) Sacramento Medical Center (Sacramento)	A. Raventos				2C	006	12,300
Sutter Community Hospitals of Sacramento (Sacramento)	A. Raventos	15		15			
	R. S. L. Doggett	1,283	30,794	176			
<b>DUARTE</b>							
City of Hope Medical Center (See Los Angeles County Harbor General, Torrance)							
<b>IRVINE</b>							
University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange) Childrens Hospital of Orange County (Orange) St. Joseph (Orange) Veterans Admin. (Long Beach)	H. Vermund H. Vermund J. Harrison H. W. Pribram	263 296 242	8,545 8,440 7,062	14 46 3	1C	004	12,300
<b>LOMA LINDA</b>							
Loma Linda University	J. M. Slater	436	12,567	69	1C	003	10,392
<b>LONG BEACH</b>							
Veterans Admin. (See University of Calif. (Irvine) Affil. Hospitals, Irvine)							

## 30C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Teletherapy Treatments	Interstitial, Intra-Cavitary Treatments	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>CALIFORNIA—Continued</b>							
<b>LOS ANGELES</b>							
Kaiser Foundation	A. R. Kagan	635		55	1C	002	14,087
Los Angeles County—U. S. C. Medical Center	D. P. Anderson	950	30,000	150	3*	012	15,732
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	E. A. Langdon	654	12,715	19	2C	006	12,300
<b>ORANGE</b>							
Childrens Hospital of Orange County (See University of Calif. (Irvine) Affil. Hospitals, Irvine)							
Orange County Medical Center (See Univ. of California (Irvine) Affiliated Hosps., Irvine)							
St. Joseph (See University of Calif. (Irvine) Affil. Hospitals, Irvine)							
<b>PALO ALTO</b>							
Veterans Admin. (See Stanford Univ. Affil. Hospitals, Stanford)							
<b>SACRAMENTO</b>							
Sutter Community Hospitals of Sacramento (See Univ. of California (Davis) Affiliated Hospitals, Davis)							
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)							
<b>SAN DIEGO</b>							
University of California, San Diego—University Hospital	C. F. Von Essen	452	6,222	336	1C	004	12,300
<b>SAN FRANCISCO</b>							
Mount Zion Hospital and Medical Center	J. R. Castro	531	9,531	42	2*	008	10,900
Pacific Medical Center and Affiliated Hospitals	J. M. Vaeth				2C	008	
					2F		
Pacific Medical Center—Presbyterian		900	7,500	30			10,068
St. Mary's Hospital and Medical Center		1,200	25,000	35			10,420
Santa Rosa Radiation Therapy Center (Santa Rosa)		500	10,300	14			10,764
University of California Program	T. L. Phillips				1*	009	
					2F		
H. C. Moffitt—University of California Hospitals	T. L. Phillips	857	19,167	75			10,900
Ralph K. Davies Medical Center—Franklin	L. Margolis, R. Evans	387	14,900	20			12,300
San Francisco General	W. Coulson	72					10,900
<b>SAN JOSE</b>							
Santa Clara Valley Medical Center (See Stanford Univ. Affil. Hospitals, Stanford)							
<b>SANTA BARBARA</b>							
Cancer Foundation of Santa Barbara	M. F. Northrop	586	11,188	54	1C	004	11,000
Santa Barbara Cottage	M. F. Northrop						
<b>SANTA ROSA</b>							
Santa Rosa Radiation Therapy Center (See Pacific Med. Ctr. and Affil. Hospitals, San Francisco)							
<b>STANFORD</b>							
Stanford University Affiliated Hospitals	M. A. Bagshaw				4C	018	
					2*		
Stanford University	M. A. Bagshaw	1,131	24,623	45			11,500
Veterans Admin. (Palo Alto)							
Santa Clara Valley Medical Center (San Jose)	J. W. Kraut	380	225	8			12,966
<b>TORRANCE</b>							
Los Angeles County Harbor General	J. Byfield	350	300	25	1C	003	15,732
					1F		
City of Hope Medical Center (Duarte)	M. L. Jacobs	229	5,844	32			18,000
<b>COLORADO</b>							
<b>DENVER</b>							
Presbyterian Medical Center	R. W. Lackey	1,031	34,219	87	1*	003	10,000
					1F		
<b>CONNECTICUT</b>							
<b>NEW HAVEN</b>							
Yale—New Haven Medical Center	J. J. Fischer				2*	007	
Yale—New Haven		1,500	1,000	200			11,190
Veterans Admin. (West Haven)		568	2,549	6			11,996
<b>WEST HAVEN</b>							
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)							
<b>DELAWARE</b>							
<b>WILMINGTON</b>							
Wilmington Medical Center	E. Schubert	1,956	29,852	170	1C	003	12,183
					1F		
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
Georgetown University		195	4,016	20	1C	002	12,799
					1F		
George Washington University Affiliated Hospitals	J. G. Maier				1C	003	
George Washington University	J. G. Maier	555	571	46			12,799
Children's Hospital National Medical Center							
Veterans Admin.	J. R. Andrews	223	3,935				11,525
Howard University Affiliated Hospitals	U. K. Henschke				1C	003	10,712
					1*		
					1F		
Howard University	U. K. Henschke	382	10,328	66			
District of Columbia General	B. Gondos	267	3,642	14			

## 30C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial, Intra- Cavitary Treatments	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>FLORIDA</b>							
<b>GAINESVILLE</b>							
William A. Shands Teaching Hosp. and Clinics	R. R. Million	968	19,544	129	3C	009	9,666
<b>MIAMI</b>							
University of Miami Affiliated Hospitals Jackson Memorial Mount Sinai Medical Center of Greater Miami (Miami Beach)	K. K. N. Charyulu	741	13,697	190	1C	003	
<b>MIAMI BEACH</b>							
Mount Sinai Hospital of Greater Miami (See University of Miami Affiliated Hospitals, Miami)							
<b>GEORGIA</b>							
<b>ATLANTA</b>							
Emory University Affiliated Hospitals	J. Mc Laren, A. Kirchner				2C 2*	006	11,000
Emory University	J. Mc Laren	651	10,116	90			
Grady Memorial	A. B. Kirchner	426	7,689	53			
Veterans Admin. (Decatur)	R. W. Eells	400	10,200				
<b>AUGUSTA</b>							
Medical College of Georgia Hospitals Eugene Talmadge Memorial University Veterans Admin.	H. E. Brizel	208 578	2,934 8,724	31 39	1C	003	10,600
<b>DECATUR</b>							
Veterans Admin. (See Emory University Affil. Hosps., Atlanta)							
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Mc Gaw Medical Center of Northwestern University Northwestern Memorial Veterans Admin. Research	W. N. Brand	608 526	26,782 7,047	11	2C	008	11,680
Rush—Presbyterian—St. Luke's Medical Center University of Chicago Hospitals and Clinics	F. R. Hendrickson M. L. Griem	1,000 754	12,904 650	33 130	2* 1C 4*	006 010	12,000 11,925
University of Illinois Affiliated Hospitals University of Illinois Columbus Mercy Hospital and Medical Center	E. J. Liebner E. J. Liebner D. J. Lochman J. H. Chao	326 720 310	8,190 18,879 9,135	59 86 117	1*	003	12,500 11,750
<b>HINES</b>							
Veterans Admin.	S. Stefani	918	31,089	24	3C	009	11,000
<b>IOWA</b>							
<b>IDWA CITY</b>							
University of Iowa Affiliated Hospitals	H. B. Latourette				1C 2*	005	10,500
University of Iowa Hospitals Veterans Admin.		880	27,785	175			
<b>KENTUCKY</b>							
<b>LEXINGTON</b>							
University	Y. Maruyama	800	16,668	100	1*	006	14,000
<b>LOUISVILLE</b>							
University of Louisville Affiliated Hospitals Louisville General Norton—Children's Hospitals Veterans Admin.	R. M. Scott R. M. Scott	1,233	28,034	149	1*	001	9,600
<b>MARYLAND</b>							
<b>BALTIMORE</b>							
Johns Hopkins	M. W. Donner	861	29,867	143	2C	003	12,450
University of Maryland Affiliated Hospitals University of Maryland	R. G. Slawson	900	18,000	200	2C	006	11,350
<b>MASSACHUSETTS</b>							
<b>BOSTON</b>							
Boston University Affiliated Hospitals Boston City University Pondville (Norfolk)	M. I. Feldman M. I. Feldman R. J. Messer	407 700 692	74 13,500 7,065	60 43	3C	003	11,500 11,200
Joint Center for Radiation Therapy Massachusetts General	S. Hellman H. D. Suit	1,884 1,469	30,097 41,695	202 108	4* 3C	016 010	11,800 12,000
Tufts University Affiliated Hospitals New England Medical Center Lemuel Shattuck Veterans Admin.	J. E. Munzenrider J. E. Munzenrider	1,500 37 377	34,500 3,625 14,961	180 2 8	2*	012	11,758 12,186
<b>NORFOLK</b>							
Pondville (See Boston University Affiliated Hospitals, Boston)							
<b>MICHIGAN</b>							
<b>ANN ARBOR</b>							
University of Michigan Affiliated Hospitals University Veterans Admin. Wayne County General (Eloise)	J. Fayos J. Fayos W. M. Whitehouse, R. Rapp S. R. Reuter	656 41 108	17,484 2,106	78 12	1C	003	11,650 12,408
<b>DETROIT</b>							
Harper Henry Ford Sinai Hospital of Detroit	B. Considine, Jr. M. Boles H. Perry	495 601 572	18,231 410 13,896	19 36 88	1C 2* 1C	003 004 003	11,800 12,500

## 30C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial, Intra- Cavitary Treatments	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MICHIGAN—Continued</b>							
<b>ELOISE</b>							
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)							
<b>ROYAL OAK</b>							
William Beaumont	R. J. Bloor	557	14,730	28	1* 1F	003	12,800
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
University of Minnesota Affiliated Hospitals	S. H. Levitt				1*	007	10,500
University of Minnesota Hospitals		800	14,112	156			
Veterans Admin.		162	5,011	1			
<b>ROCHESTER</b>							
Mayo Graduate School of Medicine	D. S. Childs, Jr.	2,079	32,144	130	1C	003	12,000
Rochester Methodist							
<b>MISSOURI</b>							
<b>COLUMBIA</b>							
Ellis Fischel State Cancer	N. R. Canoy	548	13,010	113	1C 1*	003	10,840
<b>ST. LOUIS</b>							
Washington University Affiliated Hospitals	R. G. Evens	1,400	28,537	180	2C 2*	006	11,500
Barnes Hospital Group	W. E. Powers						
Mallinckrodt Institute of Radiology	W. E. Powers						
<b>NEBRASKA</b>							
<b>OMAHA</b>							
University of Nebraska Affiliated Hospitals	P. M. Dettman				1C 1*	002	11,385
University of Nebraska		636	8,481	18			
Veterans Admin.			117				
<b>NEW HAMPSHIRE</b>							
<b>HANOVER</b>							
Dartmouth Medical School Affiliated Hospitals	F. W. Lane, Jr.	550	10,215	30	1C	004	11,110
Mary Hitchcock Memorial							
<b>NEW MEXICO</b>							
<b>ALBUQUERQUE</b>							
University of New Mexico Affiliated Hospitals	M. M. Kligerman				1*	003	9,400
Bernalillo County Medical Center	M. M. Kligerman	310	7,425	16			
Bataan Memorial	D. S. Hedrick	333	7,525	16			
Veterans Admin.	R. D. Mosely, Jr.						
<b>NEW YORK</b>							
<b>BUFFALO</b>							
Buffalo General	Y. Laor	957	38,497	85	1C	003	11,300
Roswell Park Memorial Institute	R. Johnson	878		121	1C	004	11,236
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals	N. A. Ghossein				2C	006	
Bronx Municipal Hospital Center		124	3,873	116			
Hospital of the Albert Einstein College of Medicine		256	9,691	54			
Memorial Hospital for Cancer and Allied Diseases	G. D'Angio	382			7C	015	
Methodist	S. Rafla	649	8,052	43	1C	003	15,500
Montefiore Hospital and Medical Center	H. Jacobson, C. Botstein	933	22,596	43	1C	004	13,500
Mount Sinai	J. Boland	1,072	13,950	80	1*	003	16,380
New York Medical College—Metropolitan Hospital Center	M. Rotman				1C	003	14,700
Unit 1—Flower and Fifth Avenue Hospitals		392	4,865	41			
Unit 2—Metropolitan Hospital Center		392		45			
Unit 3—Bird S. Coler Memorial Hospital and Home		30					
Westchester County Medical Center (Valhalla)					2*	006	15,280
New York University Medical Center	J. Newall						
Bellevue Hospital Center		165	4,855	11			
University		497	1,527	37			
Presbyterian	C. H. Chang	1,057	21,252	33	2C	006	14,500
St. Vincent's Hospital and Medical Center of New York	G. Schwarz	371	7,226	39	1C 1F 3C	003	13,855
S. U. N. Y. Downstate Medical Center	J. Bohorquez					009	
Kings County Hospital Center		560	7,635	48			14,700
State University		510	7,676	81			15,629
Veterans Admin. (Bronx)	B. Roswit	303	11,048	7	2C	005	16,001
<b>ROCHESTER</b>							
Strong Memorial Hospital of the University of Rochester	R. Cooper, Jr., P. Rubin	769	15,000	36	2*	007	11,700
<b>SYRACUSE</b>							
S. U. N. Y. Upstate Medical Center State University	R. H. Sagerman	973	12,196	78	2C	006	12,318
<b>VALHALLA</b>							
Westchester County Medical Center (See N. Y. Med. Coll.—Metropolitan Hosp. Ctr., New York City)							
<b>NORTH CAROLINA</b>							
<b>CHAPEL HILL</b>							
North Carolina Memorial	G. S. Montana	402	8,869	95	1C	003	10,000
<b>DURHAM</b>							
Duke University Affiliated Hospitals	R. G. Lester				2C	006	
Duke University Medical Center	R. G. Lester	931	16,525	132			11,385
Veterans Admin.	R. W. Byhardt	338	10,465				11,935

## 30C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele-therapy Treatments	Inter-stitial, Intra-Cavitary Treatments	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NORTH CAROLINA—Continued</b>							
<b>WINSTON-SALEM</b>							
Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	M. Raben	810	15,220	64	1C	004	10,000
<b>OHIO</b>							
<b>CINCINNATI</b>							
University of Cincinnati Hospital Group Children's Christian R. Holmes Cincinnati General Jewish	B. Aron	47 471	787 7,100	68	1C	005	10,244
<b>CLEVELAND</b>							
Case Western Reserve University Affiliated Hospitals University Hospitals of Cleveland Veterans Admin. Cleveland Clinic	J. P. Storaasli J. P. Storaasli J. P. Storaasli A. R. Antunez	755 271 1,039	23,730 5,231 15,588	70 52	1C	002 003	11,100 12,237
<b>COLUMBUS</b>							
Ohio State University Hospitals	S. W. Nelson	1,297	15,693	126	1C	003	12,500
<b>OKLAHOMA</b>							
<b>OKLAHOMA CITY</b>							
University of Oklahoma Health Sciences Center University Hospital and Clinics	C. R. Bogardus	562	22,017	47	2C	008	10,803
<b>OREGON</b>							
<b>PORTLAND</b>							
University of Oregon Affiliated Hospitals University of Oregon Health Sciences Center Hospitals and Clinics  St. Vincent Hospital and Medical Center	W. T. Moss  R. Lowy	429	15,756	22	1C 1F	004	9,900
<b>PENNSYLVANIA</b>							
<b>PHILADELPHIA</b>							
Albert Einstein Medical Center American Oncologic Hahnemann Medical College and Hospital Temple University Thomas Jefferson University  University of Pennsylvania Affiliated Hospitals Hospital of the University of Pennsylvania Veterans Admin.	D. M. Sklaroff  L. W. Brady R. Robbins S. Kramer  R. H. Chamberlain	821 1,157 995 511 820  1,023 321	36,766 19,000 28,200 12,868 29,483  23,801 4,669	61 65 185 20 65  12	1C 1* 2* 1* 2C 1F 1*	003 003 008 003 009  003	10,500 10,500 12,200 12,000 11,800  11,400 13,000
<b>PITTSBURGH</b>							
Allegheny General Hospitals of the University Health Center of Pittsburgh Presbyterian—University Magee—Womens St. Francis General	J. P. Concannon  J. A. Parsons  J. D. Mc Allister	606  783 453 650	14,723  6,521 6,079 25,621	69  2 78 85	4C 1C 1*	004 003 004	12,285  11,300
<b>PUERTO RICO</b>							
<b>SAN JUAN</b>							
University of Puerto Rico Affiliated Hospitals Puerto Rico Nuclear Center	V. A. Marcial	850	21,000	105	1C 1F	004	9,000
<b>TENNESSEE</b>							
<b>MEMPHIS</b>							
University of Tennessee Affiliated Hospitals City of Memphis Hospitals	J. J. Nickson	303	12,777	135	1C	004	10,920
<b>NASHVILLE</b>							
Vanderbilt University	S. L. Stroup	704	10,613	31	2*	003	9,482
<b>TEXAS</b>							
<b>DALLAS</b>							
Baylor University Medical Center University of Texas Southwestern Medical School Affiliated Hospitals Parkland Memorial Children's Medical Center St. Paul	R. E. Collier  R. N. Berk R. N. Berk D. E. Fuller	984  182 786	30,491  215 37,489	186  32 140	2C 2C	006 006	9,630  9,660 12,001
<b>GALVESTON</b>							
University of Texas Medical Branch Hospitals	R. N. Cooley	669	16,189	58	1C	003	12,100
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals  Ben Taub General Methodist Veterans Admin. University of Texas M.O. Anderson Hospital and Tumor Institute	R. S. Mac Intyre  R. S. Mac Intyre P. T. Hudgins P. T. Hudgins G. H. Fletcher	48 1,298 541 2,782	29,215 6,038 65,624	50 290 20 461	2C 1F 6*	006 020	10,140 10,000
<b>UTAH</b>							
<b>SALT LAKE CITY</b>							
Latter—Day Saints  University	H. P. Plenk  J. R. Eltringham	829 650	13,277 21,503	84 80	1C 4F 1C	005 004	11,200 10,500
<b>VERMONT</b>							
<b>BURLINGTON</b>							
Medical Center Hospital of Vermont	J. G. S. Brown	466	14,870	16	1C	003	9,850

## 30C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Teletherapy Treatments	Interstitial, Intra-Cavitary Treatments	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>VIRGINIA</b>							
<b>CHARLOTTESVILLE</b>							
University of Virginia	W. C. Constable	920	15,605	60	3C	006	10,449
<b>RICHMOND</b>							
Virginia Commonwealth University M.C.V. Affiliated Hospitals	E. R. King	885	16,283	139	3C	005	10,450
Medical College of Virginia Hospitals							
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals	A. J. Gerdes				2*	008	
University Children's Orthopedic Hospital and Medical Center	A. J. Gerdes	582	10,113	58			9,252
Swedish Hospital Medical Center	J. T. Griffin	53					
Virginia Mason	G. Hibbs	1,421	22,264	72			
	W. J. Taylor	596	13,807	17			
<b>WISCONSIN</b>							
<b>MADISON</b>							
University Hospitals	W. L. Caldwell	1,088	20,621	136	2*	011	10,800
<b>MILWAUKEE</b>							
Medical College of Wisconsin Affiliated Hospitals	J. D. Cox				2C 1F	006	10,537
Milwaukee County General	J. D. Cox	460	13,800	54			10,537
Milwaukee Children's	D. Babbitt, A. Grueninger	48	1,991				10,545
Veterans Admin. Center (Wood)	G. F. Unger	217	366	6			11,262
St. Joseph's	S. A. Marks	478	9,332	56	1*	003	11,000

## 31A. SURGERY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Board of Surgery and the American College of Surgeons, through the Residency Review Committee for 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. See also List 31C.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES AIR FORCE</b>							
<b>CALIFORNIA</b>							
David Grant U. S. A. F. Medical Center, Fairfield	T. Daniel, R. M. Takamoto	98	4,392	71,641	6*	014	
<b>MISSISSIPPI</b>							
U.S.A.F. Medical Center, Biloxi	C. Hernandez	142	4,641	74,135	8C	020	14,000
<b>TEXAS</b>							
Wilford Hall U. S. A. F. Medical Center, San Antonio	C. O. Hagood, Jr.	76	3,082	54,134	20*	036	16,278
<b>UNITED STATES ARMY</b>							
<b>CALIFORNIA</b>							
Letterman Army Medical Center, San Francisco	H. B. Conklin	83	2,369	65,349	3C 3F	017	
<b>COLORADO</b>							
Fitzsimons Army Medical Center, Denver	J. H. Baugh, L. A. Mologne	37	1,168	10,187	3C 3F	018	
<b>DISTRICT OF COLUMBIA</b>							
Walter Reed Army Medical Center, Washington	D. P. Horan, R. W. Muir	51	1,141	12,500	4C 1F	015	
<b>HAWAII</b>							
Tripler Army Medical Center, Honolulu	D. E. Waugh	109	4,321	31,632	4C 4F	020	
<b>TEXAS</b>							
William Beaumont Army Medical Center, El Paso	G. Lavenson, Jr., M. Barry	51	2,478	10,019	3* 3F	019	
Brooke Army Medical Center, San Antonio	M. G. Zeigler	40	1,523	11,248	3C 1F	016	
<b>WASHINGTON</b>							
Madigan Army Medical Center, Tacoma	J. T. Gillespie	49	1,958	14,290	3C 2F	013	
<b>UNITED STATES NAVY</b>							
<b>CALIFORNIA</b>							
Naval Regional Medical Center, Long Beach (See Memorial Hosp. of Long Beach, Long Beach, Calif.)							
Naval Regional Medical Center, Oakland	V. H. Fitchett	70	2,061	10,866	3*	015	
Naval Regional Medical Center, San Diego	C. C. Atkins	136	4,450	22,700	6*	022	
<b>MARYLAND</b>							
National Naval Medical Center, Bethesda	W. J. Fouty	61	1,768	10,893	2C 2* 1F	016	

## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES NAVY—Continued</b>							
<b>PENNSYLVANIA</b>							
Naval Regional Medical Center, Philadelphia	S. J. Mucha	100	1,541	8,971	1C 1*	010	
<b>VIRGINIA</b>							
Naval Regional Medical Center, Portsmouth	J. T. Mullen	150	3,894	17,019	4C	020	
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>							
<b>ARIZONA</b>							
U. S. Public Health Service Indian, Phoenix (See Phoenix Integrated Sur. Res., Phoenix Ariz.)							
<b>CALIFORNIA</b>							
U. S. Public Health Service, San Francisco	J. Tovey	68	1,459	9,648	3* 2F	014	
<b>LOUISIANA</b>							
U. S. Public Health Service, New Orleans	R. G. Clay, Jr.	76	1,127	4,285	4C 6F	013	
<b>MARYLAND</b>							
U. S. Public Health Service, Baltimore	H. E. Ramsey	42	842	10,686	2C 2*	008	
<b>WASHINGTON</b>							
U. S. Public Health Service, Seattle (See University of Washington Affiliated Hospitals, Seattle)							
<b>OTHER FEDERAL</b>							
<b>CANAL ZONE</b>							
Gorgas, Balboa Heights	F. J. Montegut	28	1,255	9,607	2F	006	13,969
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
Baptist Medical Centers	D. E. Merck				6C 3* 4F	019	10,338
Baptist Medical Center—Montclair	J. M. Akin, Jr.	188	6,411	1,124			
Baptist Medical Center—Princeton	D. E. Merck	21	4,990	286			
Carraway Methodist Medical Center	R. B. Kent	142	5,763	24,303	6C 4* 1F	022	10,080
University of Alabama Medical Center	J. W. Kirklin	209	6,827	13,446	12*	045	10,175
University of Alabama Hospitals	J. W. Kirklin	137	4,463	3,588			10,600
Veterans Admin.	J. W. Kirklin, W. Sterling						
<b>FAIRFIELD</b>							
Lloyd Noland	J. M. Slaughter	53	2,529	35,450	4C 4F	008	12,000
<b>MOBILE</b>							
University of South Alabama Affiliated Hospitals							
University of South Alabama Medical Center Hospital and Clinics	A. J. Donovan	80	3,034	13,571	6* 2F	016	10,704
<b>ARIZONA</b>							
<b>PHOENIX</b>							
Maricopa County General	H. W. Hale, Jr.	130	4,260	29,468	8C 6F	032	14,502
St. Joseph's Hospital and Medical Center	H. W. Hale, Jr.	119	2,887	174			
Phoenix Integrated Surgical Residency	W. P. Kleitsch				3C 2*	017	11,519
Good Samaritan	R. Gilsdorf	36	1,107	4,422			
U. S. Public Health Service Indian	F. L. Zwerner	73	2,288	2,954			
Veterans Admin.	W. P. Kleitsch						
<b>TUCSON</b>							
Tucson Hospitals Medical Education Program	E. G. Ramsay				3* 7F	022	10,000
Pima County General		34	1,228	12,703			
Tucson Medical Center		228	10,316	2,853			
University of Arizona Affiliated Hospitals	E. E. Peacock, Jr.	11	420	2,899	6*	020	
University	E. E. Peacock, Jr.	32	1,103	1,312			
Veterans Admin.	G. D. Robertson						9,650
<b>ARKANSAS</b>							
<b>LITTLE ROCK</b>							
University of Arkansas Medical Center	G. S. Campbell				4C 6* 7F	037	
University		52	1,689	6,963			9,300
Veterans Admin. Consolidated		89	2,015	3,890			10,606
<b>CALIFORNIA</b>							
<b>BAKERSFIELD</b>							
Kern County General	J. D. Watts	55	2,419	10,504	4C 1F	014	14,400
<b>DAVIS</b>							
University of California (Davis) Affiliated Hospitals	E. F. Wolfman, Jr.						
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		171	6,007	32,725	9C	026	10,900
<b>FRESNO</b>							
Valley Medical Center of Fresno	E. T. Peter	72	3,163	13,544	2C 2F	012	15,540

## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>CALIFORNIA—Continued</b>							
<b>IRVINE</b>							
University of California (Irvine) Affiliated Hospitals	J. E. Connolly				17C	041	
Childrens Hospital of Orange County (Orange)		22	2,335	21			
Orange County Medical Center (Orange)	J. E. Connolly	38	1,833	12,470			12,300
Veterans Admin. (Long Beach)	E. A. Stemmer	48	1,621	12,810			16,138
<b>LOMA LINDA</b>							
Loma Linda University Affiliated Hospitals	D. B. Hinshaw				6C 4*	034	
Loma Linda University	B. Branson	97	3,702	16,874			10,392
Riverside General (Riverside)	J. Longerbeam	74	3,637	16,059			13,780
<b>LONG BEACH</b>							
Memorial Hospital Medical Center	S. Ede	210	8,245	350	4*	012	9,925
Naval Regional Medical Center	G. B. Hart	57	1,442	19,145			12,000
Veterans Admin. (See U. of Calif. (Irvine) Affiliated Hosps., Irvine)							
<b>LOS ANGELES</b>							
California Hospital Medical Center	K. L. Senter	78	4,671	5,624	2C	005	12,660
Cedars—Sinai Medical Center		129	6,171	5,182	4C	017	11,580
Cedars of Lebanon Hospital Division	L. Morgenstern			72,050	3C	014	11,267
Kaiser Foundation	R. Oorazio	90	2,967		1*		
Los Angeles County—U.S.C. Medical Center	L. Rosoff, Sr.	119	5,287	21,170	12* 2F	036	15,732
Martin Luther King, Jr. General	J. L. Alexander	65	2,488	23,548	8C 2*	026	15,732
Queen of Angels	K. J. Schmutzer	98	4,048	282	2C	008	12,598
U. C. L. A. Affiliated Hospitals	W. P. Longmire, Jr.				28C	066	
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	W. P. Longmire, Jr.	67	2,230	13,846			10,900
Veterans Admin. (Sepulveda)	J. S. Clarke	99	1,268	6,615			16,138
Veterans Admin. Center—Wadsworth	H. E. Gordon	52	5,008	6,640	8C	024	13,871
White Memorial Medical Center	S. H. Fritz	38	1,495	3,889	4* 5F	014	11,764
<b>MARTINEZ</b>							
Veterans Admin.	B. H. Burch	139	2,465	11,695	4C	011	12,554
<b>OAKLAND</b>							
Highland General	A. J. Hunnicutt	36	1,749	5,749	4C 6* 8F	034	10,860
Kaiser Foundation	H. D. Grant	50	2,998	27,877	5C	012	10,920
<b>ORANGE</b>							
Childrens Hospital of Orange County (See U. of Calif. (Irvine) Affiliated Hosps., Irvine)							
Orange County Medical Center (See U. of Calif. (Irvine) Affiliated Hosps., Irvine)							
<b>PALO ALTO</b>							
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)							
<b>PANORAMA CITY</b>							
Kaiser Foundation	O. Dean	94	4,734	43,177	2C	006	11,267
<b>PASADENA</b>							
Huntington Memorial	E. N. Snyder	131	5,425	4,184	3C	011	10,965
<b>RIVERSIDE</b>							
Riverside General (See Loma Linda University Affiliated Hospitals, Loma Linda)							
<b>SACRAMENTO</b>							
Kaiser Foundation	D. B. Moore	37	2,527	40,737	2C	008	10,920
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)							
<b>SAN DIEGO</b>							
Mercy Hospital and Medical Center	M. J. Trummer	128	6,752	3,543	1C 2F	007	11,700
University of California (San Diego) Affiliated Hospitals	M. J. Orloff				25*	052	
University of California, San Diego—University Hospital	M. J. Orloff	116	4,705	27,698			10,900
Veterans Admin.	G. W. Peskin	155	4,209	25,205			11,839
<b>SAN FRANCISCO</b>							
Kaiser Foundation	P. D. Smith, Jr.	88	4,418	93,938	4C	017	10,320
Mount Zion Hospital and Medical Center	M. J. Pearl	95	4,103	3,367	5*	012	10,900
St. Mary's Hospital and Medical Center	A. Cohen	108	3,974	1,572	3C 4* 1F	023	11,120
University of California Program	P. A. Ebert				10C	070	
H. C. Moffitt—University of California Hospitals	P. A. Ebert	43	1,534	10,005			10,300
Children's Hospital and Adult Medical Center	V. Richards	63	4,274	3,950			11,520
San Francisco General	F. W. Blaisdell	80	4,292	15,410			10,300
Veterans Admin.	L. W. Way	32	1,005	8,180			12,300
<b>SAN JOSE</b>							
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)							
<b>SANTA BARBARA</b>							
Santa Barbara General—Cottage Hospitals	F. W. Preston				4* 3F	012	11,000
Santa Barbara General		13	1,349	807			
Santa Barbara Cottage		61	6,852				



## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>CALIFORNIA—Continued</b>							
<b>STANFORD</b>							
Stanford University Affiliated Hospitals	H. A. Oberhelman, Jr.				6C 4*	040	
Stanford University	H. A. Oberhelman, Jr.	55	2,392	5,357			11,500
Veterans Admin. (Palo Alto)	S. Kohatsu	27	1,178	2,031			11,500
Santa Clara Valley Medical Center (San Jose)	J. M. Guernsey		1,094	3,398			12,966
<b>STOCKTON</b>							
San Joaquin General	W. Brock	34	1,845	18,261	1C 2F	010	14,160
<b>TORRANCE</b>							
Los Angeles County Harbor General	O. State	65	3,859	10,120	10C 3F	037	12,612
<b>COLORADO</b>							
<b>DENVER</b>							
St. Joseph Hospital—Colorado State	M. E. Johnson				4C 2*	022	10,800
St. Joseph	M. E. Johnson	183	7,843	6,518			
Colorado State (Pueblo)	T. J. Fogel	27	708	7,325			
University of Colorado Affiliated Hospitals	C. G. Halgrimson				20C 6*	072	
Denver General	B. Eiseman	6	2,402	6,823			10,000
General Rose Memorial	E. Blair	99	4,322				
Presbyterian Medical Center	R. Mc Curdy, M. Lubchenco	162	8,136	2,963			
University of Colorado Medical Center	C. Halgrimson, M. Lubchenco						
Veterans Admin.	I. Penn	53	1,032	1,200			12,883
<b>PUEBLO</b>							
Colorado State (See St. Joseph Hospital—Colorado State, Denver)							
<b>CONNECTICUT</b>							
<b>BRIDGEPORT</b>							
Bridgeport	A. J. Panettieri	202	9,922	2,260	2C 2*	017	11,665
St. Vincent's	P. W. Brown	126	7,481	1,133	2C 2*	009	12,210
<b>FARMINGTON</b>							
John Dempsey (See University of Connecticut—Hartford, Hartford)							
John Dempsey (See Univ. of Connecticut—New Britain General, New Britain)							
<b>HARTFORD</b>							
University of Connecticut—Hartford	J. H. Foster				10C 2F	030	10,950
Hartford	J. H. Foster	205	8,814	7,028			
John Dempsey (Farmington)		75	1,544	9,146			
Veterans Admin. (Newington)							
University of Connecticut—St. Francis	H. Mannix, Jr.				5C 2F	018	10,950
St. Francis	H. Mannix, Jr.	231	10,371	5,136			
Mount Sinai	J. Deutsch						
<b>NEW BRITAIN</b>							
University of Connecticut—New Britain General	C. A. Smith				6C	018	11,000
New Britain General		138	6,615	991			
John Dempsey (Farmington)		75	1,544	9,146			
Veterans Admin. (Newington)							
<b>NEW HAVEN</b>							
Hospital of St. Raphael	D. A. Farmer	180	6,761	2,224	8C 7* 5F	036	11,190
Yale—New Haven Medical Center	H. K. Wright				18C	047	
Yale—New Haven	H. K. Wright	110	3,851	9,440			11,190
Veterans Admin. (West Haven)	E. H. Storer	47	1,226	2,740			11,996
<b>NEWINGTON</b>							
Veterans Admin. (See University of Connecticut—Hartford, Hartford)							
Veterans Admin. (See Univ. of Connecticut—New Britain General, New Britain)							
<b>STAMFORD</b>							
Stamford	J. F. Rogers	90	3,704	5,867	5C	D14	11,000
<b>WATERBURY</b>							
St. Mary's	W. C. Butterfield	135	5,533	3,015	3C	008	9,706
Waterbury	E. Dunn	135	18,882	1,386	2C 2*	012	11,904
<b>WEST HAVEN</b>							
Veterans Admin. (See Yale—New Haven Medical Center, New Haven)							
<b>DELAWARE</b>							
<b>WILMINGTON</b>							
Veterans Admin. (See Bryn Mawr, Bryn Mawr, Pa.)							
Wilmington Medical Center	G. Mc Innes	322	15,798	5,308	6C 1F	021	12,183
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
Georgetown University Affiliated Hospitals	C. A. Hufnagel				12C	041	11,519
District of Columbia General	H. H. Baich	25	645	3,189			
Georgetown University	C. A. Hufnagel	245	1,501				
Veterans Admin.	G. A. Higgins, Jr.	90	1,168	130,169			
Arlington (Arlington, Va.)	F. Cardenas	71	3,082	646			
Fairfax (Falls Church, Va.)	A. Hall	169	10,955	285			
George Washington University Affiliated Hospitals	P. E. Shorb, Jr.				12C	038	11,526
George Washington University	P. E. Shorb, Jr.	72	2,795	12,669			
Veterans Admin.	G. A. Higgins, Jr.	90	1,168	130,169			

## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>DISTRICT OF COLUMBIA, WASHINGTON—Continued</b>							
Howard University Affiliated Hospitals	L. D. Leffall, Jr.				6C 2* 1F	026	
Howard University	L. D. Leffall, Jr.	64	2,018	7,693			13,181
District of Columbia General	L. H. Kurtz	26	656	3,056			11,370
Washington Hospital Center	K. A. Absolon	119	4,060	3,500	6C 13*	024	11,087
<b>FLORIDA</b>							
<b>GAINESVILLE</b>							
University of Florida Affiliated Hospitals	E. R. Woodward, W. W. Pfaff				14*	038	
William A. Shands Teaching Hosp. and Clinics	E. R. Woodward, W. W. Pfaff	111	4,020	18,675			9,044
Veterans Admin.	E. I. Weinschelbaum	39	1,058	3,853			9,891
Veterans Admin. (Lake City)	E. R. Woodward	65	1,505	5,300			9,891
<b>JACKSONVILLE</b>							
Jacksonville Hospitals Educational Program	S. E. Stephenson, Jr.				12C	030	9,825
Baptist Memorial		105	5,235	494			
St. Luke's		40	1,774				
St. Vincent's		88	3,832	15,307			
University Hospital of Jacksonville		61	2,556	17,662			
<b>LAKE CITY</b>							
Veterans Admin. (See University of Florida Affiliated Hospitals, Gainesville)							
<b>MIAMI</b>							
University of Miami Affiliated Hospitals	R. Zeppa				18*	056	
Jackson Memorial		92	2,308	12,023			12,222
Veterans Admin.		75	1,606	6,752			12,322
<b>MIAMI BEACH</b>							
Mount Sinai Medical Center of Greater Miami	J. J. Greenberg	76	2,761	2,377	10*	017	12,222
<b>ORLANDO</b>							
Orange Memorial	D. J. Davis	144	5,709	2,610	5C	015	10,081
<b>PENSACOLA</b>							
Pensacola Educational Program	G. C. Carr, S. H. Shippey				1C 1* 2F	008	10,680
Baptist		159	6,995				
Sacred Heart		45	2,673	12,649			
University		24	1,053	3,338			
<b>TAMPA</b>							
University of South Florida Affiliated Hospitals	R. T. Sherman				6C	028	
Tampa General		68	2,289	2,548			10,837
Veterans Admin.		80	1,572	4,776			11,031
<b>GEORGIA</b>							
<b>ATLANTA</b>							
Emory University Affiliated Hospitals	M. J. Jurkiewicz				44C 10*	078	
Grady Memorial	M. J. Jurkiewicz	120	3,849	15,884			9,960
Crawford W. Long Memorial	J. Mc Clure	145	6,724	7,777			10,440
Emory University	W. D. Warren	57	2,333				
Henrietta Egleson Hospital for Children	R. B. Smith, 3d	57	1,297	24,735			
Veterans Admin. (Decatur)	J. P. Wilson	140	8,287	1,926	3C 4F	015	10,320
Georgia Baptist							
Piedmont	H. R. Gertner, Jr.	161	8,106	1,744	1C	006	9,495
St. Joseph's Infirmary	D. Shepard	103	4,326	2,963	2*	008	10,740
<b>AUGUSTA</b>							
Medical College of Georgia Hospitals	A. R. Mansberger, Jr.				11* 1F	037	9,600
Eugene Talmadge Memorial	A. R. Mansberger, Jr.	59	1,509	6,632			
University	A. R. Mansberger, Jr.	221	13,717	5,332			
Veterans Admin.	W. D. Jennings, Jr.	46	870	3,461			
<b>DECATUR</b>							
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)							
<b>MACON</b>							
Medical Center of Central Georgia	R. O. Schoffstall	180	8,040	8,499	4* 2F	010	10,200
<b>SAVANNAH</b>							
Memorial Medical Center	R. Gongaware, J. Winburn	97	3,691	6,005	6* 1F	014	9,648
<b>HAWAII</b>							
<b>HONOLULU</b>							
University of Hawaii Affiliated Hospitals	T. Whelan				6C 7* 4F	042	
Queen's Medical Center	J. J. Mc Namara	156	9,456	1,728			11,400
Kaiser Foundation	C. J. Straehley						
Kauaikeolani Children's	W. Shim	50	3,602	10,396			12,984
Kuakini	R. T. Tanoue	89	3,850				
St. Francis	G. M. Kokame	73	3,981	2,535			12,180
Straub Clinic and Hospital		54	3,135				
<b>ILLINOIS</b>							
<b>BERWYN</b>							
Mac Neal Memorial (See Univ. of Illinois Metropolitan Hospital Group, Chicago)							

## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>ILLINOIS—Continued</b>							
<b>CHICAGO</b>							
Columbus—Cuneo—Cabrini Medical Center	P. F. Nora				4C 6F	015	11,750
Columbus Frank Cuneo		190 51	4,137 2,059	1,402 1,098			
Cook County	J. A. Saletta	216	8,217	35,846	10C 3F	047	11,600
Illinois Central Community	W. R. Lawrence	78	3,746	3,529	2*	005	11,400
Mc Gaw Medical Center of Northwestern University	J. R. Hines				16C	049	11,680
Northwestern Memorial	J. M. Beal	157	5,366	1,796			
Veterans Admin. Research	T. Shields	206	3,133	8,049			
Evanston (Evanston)	E. F. Scanlon	139	6,041	5,046			
Michael Reese Hospital and Medical Center	R. M. Bendix	120	2,306	5,950	12C	032	12,363
Mount Sinai Hospital Medical Center of Chicago	M. C. Airan	149	5,661	6,414	8C 1*	021	12,000
					2F		
Rush—Presbyterian—St. Luke's Medical Center	H. W. Southwick	79	2,871	2,587	5C 10*	031	12,000
St. Joseph	E. Del Beccaro	162	5,700	9,829	5*	015	11,000
University of Chicago Hospitals and Clinics	D. B. Skinner	61	1,869	11,647	12C	030	11,125
University of Illinois Affiliated Hospitals	L. M. Nyhus				5C	030	12,500
University of Illinois	L. M. Nyhus	167	14,451	28,959			
Veterans Admin. (West Side)	S. S. Clark	79	1,200	5,000			
University of Illinois Metropolitan Hospital Group	R. L. Schmitz				6C	031	11,630
Illinois Masonic Medical Center	C. T. Drake	109	4,111	4,438			
Louis A. Weiss Memorial	J. M. Silver	59	2,153	743			
Mercy Hospital and Medical Center	R. L. Schmitz	183	4,916	3,100			11,630
Ravenswood Hospital Medical Center	J. F. Giannola	50	2,199	315			
Mac Neal Memorial (Berwyn)	R. G. Mrazek	155	6,233	494			
Lutheran General (Park Ridge)	C. J. Staley	227	9,860	6,880			
<b>EVANSTON</b>							
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)							
St. Francis	J. Mason	107	3,417	3,876	6C 2F	016	11,000
<b>EVERGREEN PARK</b>							
Little Company of Mary	E. J. Rooney	190	6,356	9,323	4C	012	10,890
<b>HINES</b>							
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)							
<b>MAYWOOD</b>							
Loyola University Affiliated Hospitals	R. J. Freeark				10C 6*	052	11,000
Foster G. Mc Gaw	R. J. Freeark	36	1,301	3,175			
Veterans Admin. (Hines)	H. B. Greenlee	201	4,652	5,135			
<b>OAK LAWN</b>							
Christ	E. Tsai	185	4,217	1,430	10C	025	12,000
<b>PARK RIDGE</b>							
Lutheran General (See Univ. of Illinois Metropolitan Hospital Group, Chicago)							
<b>PEORIA</b>							
St. Francis	R. D. Hertenstein	180	7,356	17,366	2C 3F	010	10,500
<b>SPRINGFIELD</b>							
Southern Illinois University Affiliated Hospitals	A. G. Birtch				6C	016	10,500
St. Johns Memorial Medical Center		83 210	2,570 9,164				
<b>INDIANA</b>							
<b>INDIANAPOLIS</b>							
Indiana University Medical Center	J. E. Jesseph				20*	044	
Indiana University Hospitals	J. E. Jesseph	51	1,369	975			10,250
Marion County General	J. Glover	50	1,592	4,150			10,250
Veterans Admin.		39	1,119	1,152			10,648
Methodist Hospital of Indiana	D. M. Schlegel	148	5,406	1,954	4* 1F	016	11,316
<b>IOWA</b>							
<b>DES MOINES</b>							
Iowa Methodist Medical Center	H. Jenkins	238	10,667	15,619	2C 2* 1F	004	10,500
Broadlawns Polk County	R. B. Stickler	29	1,410	10,028			
Veterans Admin.	L. T. Palumbo	131	3,472	13,764	5C	015	12,228
<b>IOWA CITY</b>							
University of Iowa Affiliated Hospitals	S. E. Ziffren				11C	043	10,500
University of Iowa Hospitals		184	5,079	33,371			
Veterans Admin.		48	3,240	2,894			
<b>KANSAS</b>							
<b>KANSAS CITY</b>							
University of Kansas Medical Center	L. J. Humphrey	55	1,789	6,243	10C	035	10,500
Veterans Admin. (Kansas City, Mo.)	R. A. Boudet	64	2,331	1,943			10,000
<b>LEAVENWORTH</b>							
Veterans Admin. Center	M. P. Mc Anaw	75	967	8,550	2C	005	12,652
<b>WICHITA</b>							
St. Francis Hospital—Veterans Admin. Center	G. J. Farha	176	9,858	664	6*	022	10,050
St. Francis	G. J. Farha	64	863	986			10,123
Veterans Admin. Center	C. H. Diener						
Wesley Medical Center	G. J. Mastio	164	8,346	1,407	1C 2*	010	10,050

## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>KENTUCKY</b>							
<b>HARLAN</b> Harlan Appalachian Regional	P. M. Walstad	58	2,959	31,029	3C	010	12,000
<b>LEXINGTON</b> University of Kentucky Medical Center	W. O. Griffen, Jr.	61	2,167	6,186	16C	023	10,260
University Veterans Admin.		51	2,140	5,196			
<b>LOUISVILLE</b> University of Louisville Affiliated Hospitals	H. C. Polk, Jr.				7C 6*	033	9,600
Jewish		58	2,331	3,128			
Louisville General		130	4,991	26,934			
Norton—Children's Hospitals		201	8,015	8,187			
St. Joseph Infirmary		169	2,160	1,609			
Veterans Admin.		77	1,532	4,688			
<b>LOUISIANA</b>							
<b>ALEXANDRIA</b> Veterans Admin. (See Tulane University Affiliated Hospitals, New Orleans)							
<b>BATON ROUGE</b> Earl K. Long Memorial (See Louisiana State Univ. Affil. Hosps., New Orleans)							
<b>INDEPENDENCE</b> Lallie Kemp Charity (See Tulane Univ. Affiliated Hospitals, New Orleans)							
<b>LAFAYETTE</b> Lafayette Charity (See Louisiana State Univ. Affil. Hosps., New Orleans)							
<b>MONROE</b> E. A. Conway Memorial (See Ochsner Foundation, New Orleans)							
<b>NEW ORLEANS</b> Louisiana State University Affiliated Hospitals	I. Cohn, Jr.	62	2,072	23,068	12C	052	7,800
Charity Hospital of Louisiana	I. Cohn, Jr.	62	2,007	6,952			9,871
Veterans Admin.	B. G. Taylor	40	1,546	7,588			
Earl K. Long Memorial (Baton Rouge)	I. Cohn, Jr.	44	1,343	8,767			9,444
Lafayette Charity (Lafayette)	F. Alessi	72	2,426	26,202	6C 3*	016	9,492
Ochsner Foundation	J. L. Ochsner	33	1,065		14C	040	12,600
E. A. Conway Memorial (Monroe)	J. W. Ochsner	72	2,371	26,476			
Tulane University Affiliated Hospitals		62	1,449	3,536			
Charity Hospital of Louisiana		37	1,588	5,130			
Veterans Admin. (Alexandria)							
Lallie Kemp Charity (Independence)							
Huey P. Long Memorial (Pineville)							
<b>PINEVILLE</b> Huey P. Long Memorial (See Tulane Univ. Affiliated Hospitals, New Orleans)							
<b>SHREVEPORT</b> L.S.U. (Shreveport) Affiliated Hospitals	F. T. Kurzweg				6* 6F	024	
Confederate Memorial Medical Center		73	2,988	9,626			9,456
Veterans Admin.		55	1,620	2,860			11,358
<b>MAINE</b>							
<b>PORTLAND</b> Maine Medical Center	R. C. Britton	148	5,729	5,235	4*	017	10,333
<b>MARYLAND</b>							
<b>BALTIMORE</b> Franklin Square	P. J. Ferris	100	4,325	39,117	6C 14* 18*	029	9,300
Johns Hopkins Affiliated Hospitals	G. D. Zuidema	116	7,062	14,124		057	11,800
Johns Hopkins	G. D. Zuidema	33	773	8,008			11,800
Baltimore City Hospitals	G. W. Smith	45	1,207	1,896			11,200
Veterans Admin.	R. F. Kieffer, Jr.	127	4,456	5,417	3* 6F	013	11,000
Lutheran Hospital of Maryland	M. Fraiman	118	3,967	4,850	2C 1F	016	11,500
Maryland General	F. A. Clark, Jr.	157	5,885	5,433	5C 5*	019	11,500
St. Agnes	A. S. Garrison	161	6,621	4,261	6C	020	11,200
St. Joseph	B. Del Carmen	120	4,762	3,575	10C	021	11,500
Sinai Hospital of Baltimore	M. E. Gann	148	4,806	11,992	6* 6F	021	11,550
South Baltimore General	N. Novin	125	4,807	8,866	7C	022	12,000
Union Memorial	T. H. Wilson, Jr.	72	2,140	12,618	15*	030	11,350
University of Maryland Affiliated Hospitals	G. R. Mason	102	4,316	9,940			
University of Maryland	T. B. Hubbard						
Mercy							
<b>CHEVERLY</b> Prince George's General	J. T. Estes	450	23,047	17,938	8*	022	11,566
<b>MASSACHUSETTS</b>							
<b>BOSTON</b> Beth Israel	W. Silen	87	2,636	3,106	10C	032	12,300

## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MASSACHUSETTS, BOSTON—Continued</b>							
Boston University Affiliated Hospitals	J. A. Mannick				18C	057	
University	J. A. Mannick	67	2,277	731			11,770
Boston City	L. F. Williams, Jr.	148	3,081	10,950			11,316
Carney							
Veterans Admin.	D. C. Nabseth	39	1,031	2,791			12,186
Brockton (Brockton)	F. D. Cogliano	132	5,336	17,341			
Frammingham Union (Frammingham)							
Massachusetts General	L. W. Ottinger	355	8,950	22,800	14C	057	12,000
New England Deaconess Hospital—Harvard Surgical							
Service	W. V. Mc Dermott, Jr.	1,400	35,822	306,556	8*	038	
Faulkner	M. P. Osborne	95	2,750	2,135			12,250
New England Deaconess							12,250
Cambridge (Cambridge)	M. A. Aliapoulos						12,250
Mount Auburn (Cambridge)	F. W. Ackroyd						12,869
Veterans Admin. (Manchester, N. H.)	J. A. Lynch	147	3,147	39,150			
New England Medical Center	R. J. Cleveland	54	2,073	8,919	10C	034	11,758
Veterans Admin.	D. C. Nabseth	37	1,061	2,791			12,186
Peter Bent Brigham	F. D. Moore	160	5,506	32,923	8*	033	11,800
					2F		
Veterans Admin. (West Roxbury)	E. M. Barsamian	41	586	3,480			
St. Elizabeth's Hospital of Boston	R. H. Stanton	126	4,654	5,608	8C	020	11,760
Lawrence F. Quigley Memorial (Chelsea)	S. R. Gargano	26	728	3,673			
<b>BROCKTON</b>							
Brockton							
(See Boston University Affiliated Hospitals, Boston)							
<b>CAMBRIDGE</b>							
Cambridge							
(See New England Deaconess Hosp.—Harvard Surg. Serv., Boston)							
Mount Auburn							
(See New England Deaconess Hosp.—Harvard Surg. Serv., Boston)							
<b>CHELSEA</b>							
Lawrence F. Quigley Memorial							
(See St. Elizabeth's Hospital of Boston, Boston)							
<b>FRAMMINGHAM</b>							
Frammingham Union							
(See Boston University Affiliated Hospitals, Boston)							
<b>PITTSFIELD</b>							
Berkshire Medical Center	R. Tracy	130	5,955	18,741	2C	014	12,037
					2*		
<b>SPRINGFIELD</b>							
Medical Center of Western Massachusetts	P. Friedmann	179	7,999	2,414	6*	021	11,500
<b>WORCESTER</b>							
Memorial	W. T. Small	144	6,719	483	2C	013	11,100
					1*		
St. Vincent	H. B. Wheeler	175	6,802	366	2C	019	11,100
					1*		
Worcester City	J. B. Herrmann	125	4,190	5,999	3C	013	11,024
					1*		
					2F		
<b>MICHIGAN</b>							
<b>ALLEN PARK</b>							
Veterans Admin.							
(See Wayne State University Affiliated Hospitals, Detroit)							
<b>ANN ARBOR</b>							
St. Joseph Mercy	R. O. Kraft	90	3,402	14,706	3C	021	12,000
					3*		
University of Michigan Affiliated Hospitals	J. G. Turcotte				12*	048	
University	J. G. Turcotte	105	2,424	9,656			11,650
Veterans Admin.	J. Turcotte, S. Lindenauer	44	854	2,240			
Wayne County General (Eloise)	C. F. Frey	44	1,319	4,298			12,408
<b>DETROIT</b>							
Detroit—Macomb Hospitals	P. T. Lee				6*	018	11,700
					10F		
Detroit Memorial		75	3,020	562			
South Macomb (Warren)		83	4,342				
Grace	Y. S. Kim	143	7,792	1,425	8C	031	11,800
					3*		
					1F		
Henry Ford	D. E. Szilagyi	133	3,919	65,077	10C	030	12,000
Mount Carmel Mercy Hospital and Medical Center	W. C. Carpenter	219	8,875	3,408	6C	016	13,020
					2*		
					3F		
St. John	P. J. Jewell	151	6,913	2,141	6*	022	12,400
					3F		
St. Joseph Mercy							
(See Providence, Southfield, Mich.)							
Sinai Hospital of Detroit	S. Sakwa	150	5,609	572	7C	018	11,075
Wayne State University Affiliated Hospitals	A. J. Walt	371	9,959	24,262	13*	047	
					5F		
Veterans Admin. (Allen Park)		92	2,382	8,480			11,904
Detroit General							11,400
Harper							11,400
Hutzel							11,400
<b>ELOISE</b>							
Wayne County General							
(See U. of Mich. Affil. Hosps., Ann Arbor)							

31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977	1st Yr.	All Yrs.	Annual Salary (Min.)
<b>MICHIGAN—Continued</b>								
<b>FLINT</b>								
Hurley	A. E. Nehme	234	1,393	3,484	3C 3* 6F		015	
Mc Laren General	L. H. Hudson	130	6,573	2,249	2C 2*		011	11,232
<b>GRAND RAPIDS</b>								
Blodgett Memorial	R. A. Wehrenberg	118	6,772	751	3*		010	11,160
Butterworth	H. Bratt	139	6,666	964	7*		021	8,643
St. Mary's	F. S. Gillett	85	4,529	4,098	2C 2F		008	10,080
<b>HIGHLAND PARK</b>								
Highland Park General	C. G. Barone	159	6,827	27,344	2C		010	12,598
<b>KALAMAZOO</b>								
Southwestern Michigan Area Health Education Center Bronson Methodist	J. B. Kilway	115	6,718	427	6* 4F		024	13,800
<b>PONTIAC</b>								
Pontiac General	S. M. Baylis	110	4,817	1,597	4C 3F		014	12,960
Oakland Medical Center	Y. Lakra	22	250	204				
St. Joseph Mercy	A. Silbergleit	131	6,151	1,381	2C 2* 2F		014	12,190
<b>ROYAL OAK</b>								
William Beaumont	R. J. Lucas	268	9,739	3,340	10* 1F		030	12,800
<b>SAGINAW</b>								
Saginaw Cooperative Hospitals	W. T. Rice			51	2C 4F		012	11,033
Saginaw General		84	4,196					
St. Luke's		90	4,302					
St. Mary's		62	4,041					
<b>SOUTHFIELD</b>								
Providence	J. Pfeifer	136	5,748	603	3C 3* 3F		017	12,050
St. Joseph Mercy (Detroit)	F. R. Jackson	75	2,604	2,365				
<b>WARREN</b>								
South Macomb (See Detroit-Macomb Hospitals, Detroit)								
<b>MINNESOTA</b>								
<b>MINNEAPOLIS</b>								
Hennepin County Medical Center	C. R. Hitchcock	83	3,464	17,877	12* 4F		036	10,500
University of Minnesota Affiliated Hospitals	J. S. Najarian				20C		070	
Mount Sinai	M. M. Eisenberg	101	5,847	2,802				
University of Minnesota Hospitals	J. S. Najarian	107	2,913	3,844				10,500
Veterans Admin.	J. S. Najarian	105	2,449	4,060				
<b>ROCHESTER</b>								
Mayo Graduate School of Medicine Rochester Methodist St. Mary's	R. B. Wallace	84 84	4,354 5,281	76,770			068	11,500
<b>ST. PAUL</b>								
St. Paul—Ramsey United Hospitals	J. F. Perry, Jr. F. A. Miller	77	2,886	7,753	8C 1* 2F		019 007	11,000 11,000
Miller Division		98	4,796	1,238				
St. Luke's Division		83	3,598					
<b>MISSISSIPPI</b>								
<b>JACKSON</b>								
University of Mississippi Medical Center	J. D. Hardy	67	2,259	7,703	8*		030	10,000
University	J. D. Hardy							
Veterans Admin. Center	J. H. Conn	70	1,877	2,850				9,583
<b>MISSOURI</b>								
<b>CDLUMBIA</b>								
University of Missouri Medical Center Veterans Admin.	D. Silver W. F. Keitzer	45 32	1,401 671	4,481 2,845			034	10,100
<b>KANSAS CITY</b>								
Menorah Medical Center University of Missouri at Kansas City Affiliated Hospitals	A. Adelman	77	3,615	3,095	2C		008	11,600
Kansas City General Hospital and Medical Center	W. R. Snider	65	1,454	12,361	2C 2*		016	
St. Luke's	P. G. Koontz, Jr.	140	5,612	950	1F 2C 2* 2F		012	9,763
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)								
<b>ST. LOUIS</b>								
Deaconess	R. O. Frederick	170	6,227	1,191	1C 9F		024	11,700
Homer G. Phillips	A. D. Spencer	109	4,033	8,588	9C 11F		034	10,920
St. John's Mercy Medical Center	W. W. Monafu	220	8,732	1,448	4C		019	9,492
St. Louis—Little Rock Hospitals	F. E. Pennington	80	2,250	36,500	4*		010	10,200

## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MISSOURI, ST. LOUIS—Continued</b>							
St. Louis University Group of Hospitals	V. L. Willman	235	8,230	9,200	9C	031	11,500
Firmin Desloge General	V. L. Willman	49	1,600	1,605			
Cardinal Glennon Memorial Hospital for Children	V. L. Willman	28	1,000	47,865			
St. Louis City	V. L. Willman	38	1,400	18,000			
St. Mary's Health Center	V. L. Willman; T. Dubuque	95	3,120	146			
Veterans Admin.	V. L. Willman	68	2,400	15,000			
St. Luke's	C. A. Mc Afee	103	3,301	975	4*	014	9,600
Washington University Affiliated Hospitals	W. F. Ballinger				16*	046	
Barnes Hospital Group	W. F. Ballinger	125	938	3,708			
St. Louis City	G. J. Hill, 2d	26	783	3,451			
St. Louis County	L. Wise	43	1,480	30,640			
Veterans Admin.	W. T. Newton	173	4,214	10,251			
Washington University Medical Center							
Jewish Hospital of St. Louis	T. H. Covey, Jr.	147	5,531	2,818	8C	025	11,500
<b>NEBRASKA</b>							
<b>LINCOLN</b>							
Veterans Admin.	C. R. Mota	66	1,407	4,805	4C 2*	010	10,449
					2F		
St. Elizabeth Community Health Center	R. W. Gillespie	100	5,413	86			
<b>OMAHA</b>							
Creighton University Affiliated Hospitals	C. H. Organ, Jr.				8C	019	
Creighton Memorial St. Joseph's	C. H. Organ, Jr.	140	2,540	5,485			11,440
Douglas County	C. H. Organ, Jr.	29	600				
Veterans Admin.	E. M. Howells	56	1,158	2,280			10,449
University of Nebraska Affiliated Hospitals	P. E. Hodgson				6C 3*	021	
University of Nebraska	P. E. Hodgson	36	1,297	6,560			11,385
Veterans Admin.	W. C. Davis	56	1,158	2,280			10,449
<b>NEW HAMPSHIRE</b>							
<b>HANDOVER</b>							
Dartmouth Medical School Affiliated Hospitals	R. Karl, W. B. Crandell				12C	036	10,450
Mary Hitchcock Memorial	R. Karl	82	3,686	60,565			
Veterans Admin. Center (White River Junction, Vt.)	W. B. Crandell	35	739	5,999			
<b>MANCHESTER</b>							
Veterans Admin. (See N. E. Deaconess Hosp. -Harvard Surg. Svc., Boston, Mass.)							
<b>NEW JERSEY</b>							
<b>ATLANTIC CITY</b>							
Atlantic City	M. J. Elowitz	137	6,345	2,047	2C 5F	015	10,800
<b>CAMDEN</b>							
Cooper	L. Pierucci, D. Villanueva	200	5,036	1,425	2C 1*	010	11,700
					1F		
<b>EAST ORANGE</b>							
Veterans Admin. (See CMDNJ-New Jersey Med. School Affil. Hosps., Newark)							
<b>ENGLEWOOD</b>							
Englewood	P. A. Mele, G. O. Halsted	136	7,113	1,243	2C	015	
<b>FLEMINGTON</b>							
Hunterdon Medical Center (See C M D N J-Rutgers Med. School Affil. Hosps., Piscataway)							
<b>GREEN BROOK</b>							
Raritan Valley (See CMDNJ-Rutgers Med. School Affil. Hospitals, Piscataway)							
<b>HACKENSACK</b>							
Hackensack (See C M D N J-New Jersey Med. School Affil. Hosps., Newark)							
<b>JERSEY CITY</b>							
Jersey City Medical Center	J. J. Timmes	72	2,900	5,604	8C	017	12,800
<b>LIVINGSTON</b>							
St. Barnabas Medical Center	L. R. M. Del Guercio	242	7,860	22,341	4C 3F	016	11,941
<b>LONG BRANCH</b>							
Monmouth Medical Center	C. S. Arvanitis	107	4,871	4,254	6C	016	12,942
Jersey Shore Medical Center—Fitkin (Neptune)	E. M. Lance	144	4,705	3,193			
<b>MORRISTOWN</b>							
Morristown Memorial	A. L. Filippone	163	6,237	2,275	6C 5F	014	11,550
<b>MOUNT HOLLY</b>							
Burlington County Memorial (See Hahnemann Medical College Affil. Hosps., Philadelphia)							
<b>NEPTUNE</b>							
Jersey Shore Medical Center—Fitkin (See Monmouth Medical Center, Long Branch)							
<b>NEWARK</b>							
CMDNJ—New Jersey Medical School Affiliated Hospitals	B. F. Rush, Jr.				26C 4*	071	
Martland	B. F. Rush, Jr.	40	4,367	5,532			12,296
Newark Beth Israel Medical Center	V. Parsonnet	125	3,835	1,795			
St. Michael's Medical Center	A. R. Wychulis	79	2,728	3,384			12,295
Veterans Admin. (East Orange)	N. K. Cheung	120	1,465	7,660			13,662
Hackensack (Hackensack)	A. A. Alessi	114	5,426	1,331			12,295
<b>NEW BRUNSWICK</b>							
Middlesex General	N. Rosenberg	152	7,468	3,607	8C	015	12,500

31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW JERSEY, NEW BRUNSWICK—Continued</b>							
St. Peter's General	F. Clarke, Jr., G. Hardy	128	5,552	1,472	3C	009	12,000
<b>PATERSON</b>							
St Joseph's Hospital and Medical Center	J. M. Connolly	88	7,816	2,186	4C	010	12,296
<b>PERTH AMBOY</b>							
Perth Amboy General	W. Murray	126	4,208	490	1C 1F	005	10,000
<b>PISCATAWAY</b>							
CMDNJ—Rutgers Medical School Affiliated Hospitals	J. H. Landor				4*	014	
Raritan Valley (Green Brook)	J. H. Landor	44	2,233	3,143			
Hunterdon Medical Center (Flemington)	C. B. Katzenbach	26	1,371	4,384			
Medical Center at Princeton (Princeton)	J. J. Chandler	84	5,007	123			
<b>PRINCETON</b>							
Medical Center at Princeton (See C M D N J—Rutgers Med. School Affil. Hosps., Piscataway)							
<b>TRENTON</b>							
St. Francis Medical Center	F. A. Camp	140	6,102	4,390	5*	010	11,000
<b>NEW MEXICO</b>							
<b>ALBUQUERQUE</b>							
University of New Mexico Affiliated Hospitals	W. S. Edwards				6C	012	
Bernalillo County Medical Center	W. S. Edwards	52	744	2,974			9,400
Bataan Memorial Veterans Admin.	J. D. Bartlett	28	1,374	6,880			9,400
	D. E. Smith	26	651	1,154			9,566
<b>NEW YORK</b>							
<b>ALBANY</b>							
Albany Medical Center Affiliated Hospitals	S. R. Powers				10C	032	
Albany Medical Center	S. R. Powers	90	2,602	1,203			12,000
St. Peter's	J. J. Phelan	151	5,754	2,512			
Veterans Admin.	S. R. Powers, H. Gullick	52	1,041	3,520			13,092
<b>BUFFALO</b>							
Deaconess Hospital of Buffalo	D. R. Becker	137	4,585	10,149	4C 2F	016	10,800
Millard Fillmore	P. B. Wels	229	9,355	17,162	4C 4*	018	10,800
Sisters of Charity	F. M. Zaepfel	163	6,360	3,574	2C 2F	016	11,575
Emergency Hospital	F. M. Zaepfel	85	1,795	4,928			11,575
S. U. N. Y. at Buffalo Affiliated Hospitals, Program 1	J. H. Siegel				16*	037	
Buffalo General	J. H. Siegel	135	4,543	1,772			10,800
Veterans Admin.	A. A. Gage	45	772	2,620			11,300
S. U. N. Y. at Buffalo Affiliated Hospitals, Program 2	W. G. Schenk, Jr.				4C 3* 3F	022	
Edward J. Meyer Memorial Veterans Admin.	W. G. Schenk, Jr. A. A. Gage	110 33	583	1,970			11,300
<b>CASTLE POINT</b>							
Veterans Admin. (See St. Clare's Hospital and Health Center, New York City)							
<b>COOPERSTOWN</b>							
Mary Imogene Bassett	D. A. Blumenstock	54	1,631	18,051	4C 2F	015	11,800
<b>EAST MEADOW</b>							
Nassau County Medical Center—Meadowbrook Div.	A. Di Benedetto	74	2,205	9,411	10C	020	11,176
<b>HUNTINGTON</b>							
Huntington (See S. U. N. Y. at Stony Brook Affil. Hospitals, Stony Brook)							
<b>JOHNSON CITY</b>							
Charles S. Wilson Memorial	F. W. Wood	108	4,589	9,640	3*	009	10,400
<b>MANHASSET</b>							
North Shore University (See N. Y. Hosp.-Cornell Med. Ctr. Affil. Hosps., N. Y. City)							
<b>MINEOLA</b>							
Nassau (See S. U. N. Y. at Stony Brook Affil. Hosps., Stony Brook)							
<b>MOUNT VERNON</b>							
Mount Vernon	S. Kaplan	126	4,299	5,189	4C 4F	012	12,000
<b>NEW HYDE PARK</b>							
Long Island Jewish—Hillside Medical Center Program	L. Wise				4C 10*	036	13,500
Long Island Jewish—Hillside Medical Center	L. Wise	134	4,508	4,075			
Queens Hospital Center (New York City)	I. Teicher	58	1,522	6,382			
<b>NEW ROCHELLE</b>							
New Rochelle Hospital Medical Center	W. J. Mc Cann	162	6,742	2,801	4C 3F	010	9,368
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals	R. W. M. Frater				38*	066	
Bronx Municipal Hospital Center		139	3,750	20,401			
Hospital of the Albert Einstein College of Medicine		133	3,213	4,856			
Lincoln		38	1,504	11,338			
Beekman—Downtown	R. B. Nolan	110	2,887	13,904	8*	020	14,000
Beth Israel Medical Center	W. I. Wolff	132	4,047	28,763	2C 12*	042	15,400



## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW YORK, NEW YORK CITY—Continued</b>							
Booth Memorial	J. L. Chassin	132	6,257	3,670	5C 3*	014	14,280
Bronx—Lebanon Hospital Center	P. Gerst	155	7,000	14,000	10C	025	14,000
Brookdale Hospital Center	W. Mackler	154	5,347	6,600	15*	039	15,400
Brooklyn—Cumberland Medical Center	H. R. Freund	211	6,106	29,514	11C 2F	033	14,500
Cabrini Health Care Center—Columbus Hospital Division	L. M. Rosati	186	4,599	7,422	6C 3* 4F	033	15,400
Catholic Medical Center of Brooklyn and Queens	A. Klaum	68	2,384	4,142	15C	035	13,500
Mary Immaculate Division	N. Tiscione			725			
St. John's Queens Division	J. J. Morrissey	117	3,170				
St. Mary's Division	B. Savits	61	1,762	7,870			
Flushing Hospital and Medical Center	J. J. Creedon	122	3,859	2,847	3C 2* 1F	015	13,900
Harlem Hospital Center	H. P. Freeman	121	3,762	19,191	20C	085	14,700
Hospital for Joint Diseases and Medical Center	J. R. Wilder	87	3,099	15,949	4C	012	14,500
Jamaica	H. Barber	105	2,697	8,193	3C	011	14,700
Jewish Hospital and Medical Center of Brooklyn	B. S. Levowitz	157	4,200	6,314	8C	030	14,700
Greenpoint	B. S. Levowitz	45	1,531	33,822			14,500
Jewish Memorial	R. T. Purdy	84	2,283	8,193	4C 4F	012	11,750
Lenox Hill	J. O. Vieta	165	4,895	24,058	13C	023	15,767
Long Island College	R. A. Mainzer	71	2,276	4,900	1C	010	15,780
Lutheran Medical Center	G. F. Cucolo	115	2,738	11,032	4*	017	14,700
Maimonides Medical Center Training Program	G. Degenshein				8C 6*	014	14,000
Maimonides Medical Center	G. Degenshein	220	4,520	2,879			
Coney Island	A. Kane	80	2,029	7,497			
Methodist	I. F. Enquist	160	5,200	14,482	2C 10* 1F	021	14,100
Misericordia—Fordham Training Program	B. M. Reynolds				11C	031	14,220
Misericordia Hospital Medical Center		109	3,330	6,153			
Fordham		102	2,556	20,694			
Montefiore Hospital Training Program	M. L. Gliedman				4C 20*	052	
Montefiore Hospital and Medical Center		145	2,762	4,148			
Morrisania City		60	1,166	8,335			
Mount Sinai Hospital Training Program	A. H. Aufses, Jr.				35C	071	
Mount Sinai	A. H. Aufses, Jr.	280	8,100	7,723			15,100
City Hospital Center at Elmhurst	A. Singer	81	2,129	13,953			13,500
Veterans Admin. (Bronx)	A. H. Aufses, Jr.	94	1,216	9,725			16,001
New York Hospital—Cornell Medical Center and Affiliated Hospitals	B. Thorbjarnarson				14C	049	13,300
New York Hospital	B. Thorbjarnarson	255	8,000	19,635			
Memorial Hospital for Cancer and Allied Diseases	N. Martini	233	6,413	35,794			
New York Hospital—Cornell Medical Center and Affiliated Hospitals							
North Shore University (Manhasset)	A. R. Beil, Jr.	127	5,798	5,427	10C	030	15,400
New York Medical College—Metropolitan Hospital Center	W. L. Mersheimer				12C 12*	056	13,500
Unit 1—Flower and Fifth Avenue Hospitals		79	2,420	1,140			
Unit 2—Metropolitan Hospital Center		147	3,352	21,738			
Unit 3—Bird S. Coler Memorial Hospital and Home		115	51	612			
New York University Medical Center	F. C. Spencer				22*	069	
Bellevue Hospital Center		175	2,534	19,679			
University		98	2,748				
Veterans Admin. (Manhattan)		105	1,876	7,328			
Presbyterian	K. Reemtsma	172	7,305	60,166	12*	038	14,500
Queens Hospital Center							
(See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)							
Roosevelt	W. A. Wichern, Jr.	185	4,247	26,500	10C	032	14,500
St. Clare's Hospital and Health Center	W. F. Mitty	163	4,398	3,758	14C	029	15,000
Veterans Admin. (Castle Point)				16,895			
St. John's Episcopal	J. E. Mule	93	2,053	9,645	4C 6F	016	15,780
St. Luke's Hospital Center	H. F. Fitzpatrick	125	3,398	12,283	9C	029	14,830
St. Vincent's Hospital and Medical Center of New York	T. F. Nealon, Jr.	237	6,749	20,548	10* 1F	033	13,855
St. Vincent's Medical Center of Richmond	W. C. Frederick	90	2,748	3,971	2C 4*	014	15,780
Staten Island	G. J. Lustig	75	2,710	3,805	3* 4F	010	13,500
S.U.N.Y. Downstate Medical Center	S. L. Kountz				20* 2F	075	
Kings County Hospital Center	S. L. Kountz	213	6,424	66,092			13,500
State University	S. L. Kountz	42	1,645	2,395			15,629
Veterans Admin. (Brooklyn)	H. H. Le Veen	150	2,454	4,315			16,001
Unity	G. Koota	53	2,681	4,571	3C	009	13,000
Wyckoff Heights	P. A. Zoller	118	3,570	4,229	5C	023	14,700
<b>NORTHPORT</b>							
Veterans Admin.							
(See S. U. N. Y. at Stony Brook Affil. Hosps., Stony Brook)							

31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>NEW YDRK—Continued</b>							
<b>ROCHESTER</b>							
University of Rochester Affiliated Hospitals, Program 1	C. G. Rob				14C	035	11,700
Strong Memorial Hospital of the University of Rochester	C. G. Rob	73	2,701	3,194			
Highland Hospital of Rochester	H. D. Kingsley	98	4,993	3,000			
University of Rochester Affiliated Hospitals, Program 2	C. G. Rob				20C	053	11,700
Rochester General	J. R. Hinshaw	203	6,790	1,920			
Genesee	R. Menguy	136	5,042	3,384			
St. Mary's	A. J. Graziani	96	4,247	1,905			
<b>ROSLYN</b>							
St. Francis (See S. U. N. Y. at Stony Brook Affil. Hosps., Stony Brook)							
<b>SCHENECTADY</b>							
Eliis	M. J. Tsapogas	132	6,096	441	3C 5F	017	11,800
<b>STONY BROOK</b>							
S. U. N. Y. at Stony Brook Affiliated Hospitals	H. S. Soroff				12C	044	14,469
Veterans Admin. (Northport)	H. S. Soroff	96	1,057	9,118			
Huntington (Huntington)							
Nassau (Mineola)	D. E. Janelli	93	4,759	472			14,564
St. Francis (Roslyn)							
<b>SYRACUSE</b>							
St. Joseph's Hospital Health Center	A. A. Vercillo	126	7,659	1,228	2* 4F	013	11,672
S. U. N. Y. Upstate Medical Center	W. R. Webb				12*	041	12,318
Community General Hospital of Greater Syracuse	B. E. Chamberlain	65	3,084				
Crouse Irving—Memorial	E. W. Swift	72	2,672				
State University	W. R. Webb	53	1,715	8,178			
Veterans Admin.	L. S. Rogers	46	1,381	2,928			
<b>VALHALLA</b>							
Westchester County Medical Center	M. Rohman	47	2,073	12,135	6C	018	14,700
<b>NORTH CAROLINA</b>							
<b>CHAPEL HILL</b>							
North Carolina Memorial	C. G. Thomas, Jr.	47	1,610	15,969	15*	035	10,000
<b>CHARLOTTE</b>							
Charlotte Memorial Hospital and Medical Center	H. F. Hamit	63	2,459	6,335	3*	011	10,920
<b>OURHAM</b>							
Duke University Affiliated Hospitals	D. C. Sabiston, Jr.				18C	048	
Duke University Medical Center	D. C. Sabiston, Jr.	82	2,121	21,875			11,385
Veterans Admin.	R. W. Postlethwait	71	1,347	4,635			11,935
<b>WILMINGTON</b>							
New Hanover Memorial	L. B. Mason	168	4,024	1,735	2*	002	10,000
<b>WINSTON-SALEM</b>							
Bowman Gray School of Medicine Affiliated Hospitals							
North Carolina Baptist	R. T. Myers	73	2,717	3,455	7C 3*	028	10,000
<b>OHIO</b>							
<b>AKRON</b>							
Akron City	C. W. Loughry	165	5,576	1,443	3* 1F	015	10,500
Akron General	D. M. Evans	108	3,571	15,723	3C	014	10,500
St. Thomas	C. R. Fox	140	4,506	1,584	6C 5F	012	11,500
<b>CINCINNATI</b>							
Good Samaritan Hospital Training Program					8C	021	10,800
Good Samaritan	J. J. Cranley	115	4,265	558			
Providence	R. Matuska, J. Cranley	200	8,143	1,042			
Jewish	H. J. Heimlich	245	10,869	2,117	5C 2F	021	11,100
University of Cincinnati Hospital Group	W. A. Altemeier, Jr.				18*	049	
Children's		51	2,981	4,433			
Cincinnati General		191	5,663	14,985			9,744
Veterans Admin.		67	1,121	4,240			12,158
<b>CLEVELAND</b>							
Case Western Reserve University Affiliated Hospitals	W. D. Holden				17*	063	
University Hospitals of Cleveland	C. A. Hubay	97	3,962	8,247			11,100
Cleveland Metropolitan General	W. H. Holden, W. J. Pories	72	2,007	21,471			11,700
Veterans Admin.	J. W. Benson	83	1,105	2,450			12,237
Cleveland Clinic—St. Vincent Charity	P. H. Mullally				6*	031	12,000
Cleveland Clinic	R. E. Hermann	89	2,557	27,197			
St. Vincent Charity	P. H. Mullally	78	2,456	4,652			
Fairview General	S. O. Hoerr	139	5,299	2,172	9*	027	12,000
Robinson Memorial Portage County (Ravenna)	S. O. Hoerr	88	5,815	509			
St. John's	J. J. McLaughlin	124	4,223	1,406			11,400
Huron Road	M. D. Ram	175	6,479	6,342	4*	015	11,100
Mount Sinai Hospital of Cleveland	J. L. Berk	114	5,207	5,597	4C 3*	019	11,000
St. Alexis	C. R. Lulenski	280	10,990	5,344	5C 6F	018	10,200
St. Luke's	F. S. Cross	89	3,622	7,477	2C 2*	008	11,100
<b>COLUMBUS</b>							
Mount Carmel Medical Center	R. W. Zollinger	123	4,211	1,314	4* 1F	012	10,936
Ohio State University Hospitals	L. C. Carey	347	11,707	41,441	12C	065	10,060
Riverside Methodist	R. Patton	158	6,197	685	2C 3F	008	10,000

## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>OHIO—Continued</b>							
<b>DAYTON</b>							
Wright State University Affiliated Hospitals Good Samaritan	J. G. Greene, Jr.	183	9,409	2,229	3C 7F	012	12,360
Miami Valley	R. K. Finley, Jr.	213	8,237	2,844	2C 2*	013	11,000
Veterans Admin. Center Charles F. Kettering Memorial (Kettering)	C. L. Cogbill R. A. DeWall	152 180	2,060 8,616	4,856 300	1F 6* 3C 2F	012 009	12,355 10,200
<b>KETTERING</b>							
Charles F. Kettering Memorial (See Wright State University Affil. Hosps., Dayton)							
<b>RAVENNA</b>							
Robinson Memorial Portage County (See Fairview General, Cleveland)							
<b>TOLEDO</b>							
Medical College of Ohio at Toledo Affiliated Hospitals	W. S. Blakemore				15C 1F	038	10,795
Hospital of Medical College of Ohio at Toledo Mercy	W. S. Blakemore	59	1,897	1,401			
St. Vincent Hospital and Medical Center Toledo	R. A. Gandy, Jr. W. S. Blakemore J. B. Rank	132 120 281	5,370 3,690 12,482	926 1,043 384			
<b>YOUNGSTOWN</b>							
St. Elizabeth	F. A. Pesa	232	7,084	15,893	4C 7*	027	10,800
Youngstown	J. J. Turner	319	13,192	3,401	4C 2* 2F	022	11,000
<b>OKLAHOMA</b>							
<b>NORMAN</b>							
Central State Griffin Memorial (See Univ. of Oklahoma Health Sciences Center, Oklahoma City)							
<b>OKLAHOMA CITY</b>							
St. Anthony	L. L. Long	50	2,600	1,037	2C 2* 4F	011	10,023
University of Oklahoma Health Sciences Center University Hospital and Clinics Presbyterian Veterans Admin. Central State Griffin Memorial (Norman)	G. R. Williams G. R. Williams E. R. Munnell R. C. Elkins	36 43	1,331 948 2,445	8,696 514 4,780	12*	037	10,803 10,023 10,023
<b>TULSA</b>							
Tulsa Surgical Education Trust Hillcrest Medical Center St. Francis St. John's	O. W. Bobek O. W. Bobek R. G. Tompkins F. S. Nelson	153 584 149	4,812 30,143 8,653	1,585 24,678 920	2C	012	10,023
<b>OREGON</b>							
<b>PORTLAND</b>							
Emanuel Good Samaritan Hospital and Medical Center	B. L. Bachulis G. H. Lawrence	79 16,120	3,718 7,951	925 9,368	3F 2C 1*	009 011	10,596 10,596
St. Vincent Hospital and Medical Center University of Oregon Affiliated Hospitals	R. D. Liechty W. W. Krippaehne	200	8,528	2,000	1F 3C 10C 5F	015 031	10,752
University of Oregon Health Sciences Center Hospitals and Clinics Veterans Admin.	W. W. Krippaehne R. M. Vetto	89 86	2,730 1,997	12,467 1,912			9,900 10,969
<b>PENNSYLVANIA</b>							
<b>ABINGTON</b>							
Abington Memorial	A. S. Frobese	84	3,066	767	6*	015	11,000
<b>ALLENTOWN</b>							
Allentown Affiliated Hospitals	D. H. Gaylor				4* 1F	013	11,750
Allentown Allentown and Sacred Heart Hospital Center	D. H. Gaylor	160	7,168	14,820			
<b>BETHLEHEM</b>							
St. Luke's	P. V. Kiehl	146	6,369	2,703	2C 2* 1F	009	12,979
<b>BRYN MAWR</b>							
Bryn Mawr Veterans Admin. (Wilmington, Del.)	W. C. Stainback D. Pecora	149 67	6,690 998	5,057 1,930	9C	018	10,000 13,801
<b>CHESTER</b>							
Crozer—Chester Medical Center (See Hahnemann Medical College Affil. Hosps., Philadelphia)							
<b>OHANVILLE</b>							
Geisinger Medical Center	H. M. Klinger	89	3,261	22,794	2C 2* 4F	016	11,300
<b>DARBY</b>							
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)							
<b>EASTON</b>							
Easton	L. S. Serfas	92	5,112	618	4*	016	10,750

## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>PENNSYLVANIA—Continued</b>							
<b>ERIE</b> Hamot Medical Center	M. L. Brockmyer	168	7,815	2,451	3C 2* 2F	010	10,100
<b>HARRISBURG</b> Harrisburg Harrisburg Polyclinic	R. P. Duttlinger L. T. Patterson	170 152	6,427 6,796	4,465 4,976	2C 4C	006 010	10,634 11,000
<b>HERSHEY</b> Milton S. Hershey Medical Center of the Pennsylvania State University	J. A. Waldhausen	109	4,257	30,041	2C 3* 2F	020	11,160
<b>JOHNSTOWN</b> Conemaugh Valley Memorial	J. B. Lovette	141	5,297	1,040	2C 2F	008	
<b>MC KEESPORT</b> Mc Keesport	F. R. Bondi		6,552	6,367	2C	008	11,500
<b>NORRISTOWN</b> Sacred Heart	R. A. Buyers	116	4,602	7,123	2*	006	10,000
<b>PHILADELPHIA</b> Albert Einstein Medical Center	A. D. Bennett			2,289	6C 6*	026	10,500
Episcopal	L. H. Stahlgren	64	2,337	10,545	4C 2*	012	11,700
Graduate Hospital of the University of Pennsylvania Hahnemann Medical College Affiliated Hospitals	P. Nemir, Jr. T. Matsumoto		859	2,531	5C 12C 1F	019 036	12,500
Hahnemann Medical College and Hospital	T. Matsumoto	180	3,425	3,750			10,300
St. Agnes	F. A. De Clement, J. Cossa	82	8,805	2,451			10,500
Crozer—Chester Medical Center (Chester)	H. V. Armitage	106	4,843	3,608			
Burlington County Memorial (Mount Holly, N.J.)	W. R. Muir	119	4,974	2,501			10,500
Hospital of the Medical College of Pennsylvania	D. R. Cooper					5C 4* 2F	021
Veterans Admin. Lankenau	J. E. Rhoads, Jr. E. W. Shearburn	32 58	741 6,903	2,500 1,903	2C 2* 5C	011 014	13,000 10,500 11,000
<b>Mercy Catholic Medical Center</b> Misericordia Division Fitzgerald Mercy Division (Darby) Nazareth	E. D. Mc Laughlin E. C. Meyer P. R. Casey	69 102 150	2,495 4,712 6,879	12,256 4,366 19,902	2C 2* 4F 4C	012	10,000
Pennsylvania Presbyterian—University of Pennsylvania Medical Center	D. A. De Laurentis L. W. Stevens	37 104	1,420 3,209	2,704 12,975	4C 11*	012 021	11,100 11,400
Temple University Affiliated Hospitals Temple University Germantown Dispensary and Hospital Veterans Admin. (Wilkes—Barre)	R. R. Tyson R. R. Tyson J. S. C. Harris H. S. Irons, Jr.	79 100 97	2,809 3,092 1,275	7,546 5,343 1,625		6C	022
Thomas Jefferson University Affiliated Hospitals Thomas Jefferson University Chestnut Hill Methodist	G. F. Schwartz G. F. Schwartz J. W. Stayman, Jr. J. J. De Tuerk	65 85 41	2,116 3,801 1,586	2,530 1,224 1,734		20*	063
University of Pennsylvania Affiliated Hospitals Hospital of the University of Pennsylvania Philadelphia General Veterans Admin.	W. T. Fitts, Jr. W. T. Fitts, Jr. W. Y. Inouye E. F. Rosato	183 36 36	5,357 1,099 701	8,614 5,714 2,600			11,400 11,200 13,000
<b>PITTSBURGH</b> Allegheny General Hospitals of the University Health Center of Pittsburgh Children's Hospital of Pittsburgh Montefiore Presbyterian—University Veterans Admin.	R. Zemei H. T. Bahnson W. B. Kiesewetter H. T. Bahnson C. E. Copeland	173 337 107	5,578 10,935 3,311	18,339 12,218 2,970	5C 12C	018 034	11,650 11,770
Mercy St. Francis General Shadyside Western Pennsylvania	T. J. Madigan R. C. Golinger J. C. Gaisford	210 100 178	11,297 3,437 6,911	10,332 3,315 8,551	3* 2F 6* 3C 3F 5C 6*	015 020 014 020	11,300 11,300 9,600 12,600
<b>SAYRE</b> Robert Packer	J. M. Thomas	141		31,803	2C	005	8,500
<b>WILKES-BARRE</b> Veterans Admin. (See Temple University Affiliated Hospitals, Philadelphia)							
<b>YORK</b> York	L. A. Lindquist	147	9,189	4,359	2C 2* 2F	012	11,360
<b>PUERTO RICO</b>							
<b>CAGUAS</b> Caguas Sub—Regional	F. Santiago	66	1,914	5,773	2C 2* 2F	012	9,420
<b>PONCE</b> Hospital De Damas	L. F. Sala	136	4,128	1,422	1C 3F	004	9,600

## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>PUERTO RICO, PONCE</b> —Continued Ponce District General	R. A. Armstrong	191	4,446	18,523	4C 1F	016	8,760
<b>SAN JUAN</b> San Juan City University of Puerto Rico Affiliated Hospitals	G. Escalera V. S. Gutierrez	119	3,893	42,074	9C 10C 8* 2F	030 044	10,320
University District Veterans Admin. Center	V. S. Gutierrez V. S. Gutierrez	105 140	3,811 1,216	56,554 5,231			9,420 10,354
<b>RHODE ISLAND</b>							
<b>PROVIDENCE</b> Brown University Affiliated Hospitals Rhode Island	H. T. Randall	129	5,303	4,568	8C 6*	035	11,950
<b>SOUTH CAROLINA</b>							
<b>CHARLESTON</b> Medical University of South Carolina Teaching Hospitals	C. P. Artz				4C 7*	023	
Medical University of South Carolina Charleston County Veterans Admin.		57 24 41	1,813 856 1,245	7,673 3,410			9,900 10,440
<b>COLUMBIA</b> Richland Memorial	H. C. Mc Gown	153	6,166	3,249	2C 3F	010	10,000
<b>GREENVILLE</b> Greenville Hospital System	C. D. Bessinger, Jr.	364	11,983	5,437	5C 3F	012	10,000
<b>SPARTANBURG</b> Spartanburg General	W. D. Young	197	21,341	4,068	2C 2* 2F	016	10,000
<b>SOUTH DAKOTA</b>							
<b>YANKTON</b> Sacred Heart	C. B. Mc Vay	45	2,571	3,809	2C	007	9,200
<b>TENNESSEE</b>							
<b>CHATTANOOGA</b> University of Tennessee Clinical Education Center Baroness Erlanger	Y. Kato	185	7,408	7,355	4C 2* 1F	016	10,800
<b>KNOXVILLE</b> University of Tennessee Memorial Research Center and Hospital	H. A. Blake	91	4,125	3,271	1* 2F	008	
<b>MEMPHIS</b> Baptist Memorial	R. M. Miles	451	19,227	2,363	4C 4* 6F	032	10,860
Methodist	T. V. Stanley, Jr.	196	8,663	1,987	3C 4* 1F	011	11,460
University of Tennessee Affiliated Hospitals City of Memphis Hospitals Veterans Admin.	J. W. Pate J. W. Pate J. J. Mc Caughan, Jr.	113 71	3,710 2,575	14,644 7,626	8C	030	10,920 12,635
<b>NASHVILLE</b> Baptist George W. Hubbard Hospital of the Meharry Medical College St. Thomas Vanderbilt University Affiliated Hospitals Nashville Metropolitan General Vanderbilt University Veterans Admin.	J. Harris L. J. Bernard R. A. Daniel, Jr. J. L. Sawyers H. W. Scott, Jr. R. E. Richie	181 55 167 34 70 84	7,373 1,659 5,873 1,282 1,985 1,841	849 6,899 431 8,092 13,248 11,442	6C 4* 6* 20*	012 017 016 055	10,816 10,579 9,482 9,755
<b>TEXAS</b>							
<b>AUSTIN</b> Brackenridge (See St. Joseph, Houston)							
<b>DALLAS</b> Baylor University Medical Center	R. S. Sparkman	132	4,741	2,512	5C 5* 2F	030	9,630
John Peter Smith (Fort Worth) Methodist Hospital of Dallas St. Paul	C. A. Crenshaw W. H. Gossard E. Poulos	53 161 137	1,877 9,342 6,081	9,292 1,826 1,373	5* 3C 1* 1F	008 014	12,600 10,000 10,080
University of Texas Southwestern Medical School Affiliated Hospitals Parkland Memorial Veterans Admin.	R. C. Jones	126 76	3,959 1,630	18,150 6,899	27*	040	9,660 10,071
<b>FORT WORTH</b> John Peter Smith (See Baylor University Medical Center, Dallas)							
<b>GALVESTON</b> University of Texas Medical Branch Hospitals	J. C. Thompson	66	2,362	7,643	17*	038	12,100

## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>TEXAS—Continued</b>							
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals	M. E. De Bakey				15C 15* 4F	067	9,540
Ben Taub General	M. E. De Bakey	85	4,988	19,780			
Methodist	J. W. Overstreet	62	2,548				
St. Luke's Episcopal	W. D. Seybold	159	6,361	115			
Texas Children's	L. W. Able, F. J. Harberg	45	3,597	206			
Veterans Admin.	P. H. Jordan, Jr.	93	2,131	11,201			
St. Joseph	D. L. Moore	237	9,211	1,332	2C 4* 5F	018	
Brackenridge (Austin)	C. D. Smith	40	2,355	4,330			11,760
University of Texas at Houston Affiliated Hospitals Hermann	S. J. Dudrick	68	2,619	1,699	12*	029	9,792
<b>SAN ANTONIO</b>							
University of Texas at San Antonio Teaching Hospitals Bexar County Teaching	J. B. Aust	71	2,885	24,420	12*	046	9,800
<b>TEMPLE</b>							
Scott and White Memorial Veterans Admin. Center	C. W. Broders A. S. Haisten	67 179	3,562 2,915	18,868 12,722	2C	010	10,500
<b>UTAH</b>							
<b>OGDEN</b>							
Mc Kay—Dee Hospital Center (See University of Utah Affiliated Hosps., Salt Lake City)							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals University	F. G. Moody	27	366	5,194	18C	053	10,500
Latter—Day Saints	C. R. Smart	132	7,023	485			11,200
Holy Cross Hospital of Salt Lake City	D. Albo, Jr.	33	1,971				10,500
Veterans Admin.	H. M. Lazarus	24	920	5,480			10,500
Mc Kay—Dee Hospital Center (Ogden)	W. J. Gardner, 3d	241	11,723	2,340			
<b>VERMONT</b>							
<b>BURLINGTON</b>							
Medical Center Hospital of Vermont	J. H. Davis, Jr.	73	2,973	9,200	8C	020	9,250
<b>WHITE RIVER JUNCTION</b>							
Veterans Admin. Center (See Dartmouth Medical School Affil. Hosps., Hanover, N.H.)							
<b>VIRGINIA</b>							
<b>ARLINGTON</b>							
Arlington (See Georgetown University Affil. Hosps., Washington, D.C.)							
<b>CHARLOTTESVILLE</b>							
University of Virginia Affiliated Hospitals University of Virginia Veterans Admin. (Salem)	W. H. Muller, Jr. W. H. Muller, Jr. R. C. Chakravorty	50 38	1,740 1,475	16,304 3,930	14C	036	9,900 12,719
<b>FALLS CHURCH</b>							
Fairfax (See Georgetown University Affil. Hosps., Washington, D.C.)							
<b>NORFOLK</b>							
Oe Paul	F. Rosato	152	6,928	7,071	3C	008	11,100
Norfolk General	B. J. Innes	169	4,890	3,374	10C 3F	033	11,100
<b>RICHMOND</b>							
Virginia Commonwealth University M.C.V. Affiliated Hospitals	L. J. Greenfield				14C 4*	053	
Medical College of Virginia Hospitals	L. J. Greenfield	243	7,381	48,436			9,900
Richmond Memorial	W. Robertson, W. Anderson	172	7,256	2,572			9,900
Veterans Admin.	J. S. Wolf	70	1,384	6,324			10,634
<b>ROANOKE</b>							
Community Hospital of Roanoke Valley	A. T. Donato	166	7,461	39,713	6*	015	11,280
Roanoke Memorial Hospitals	R. E. Berry	276	10,069	6,439	2C 2* 2F	014	7,275
<b>SALEM</b>							
Veterans Admin. (See University of Virginia Affil. Hosps., Charlottesville)							
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
Providence Medical Center	L. R. Sauvage	160	8,206	312	2*	007	9,252
Swedish Hospital Medical Center	R. D. Pinkham	211	11,818	646	3C 3*	006	9,000
University of Washington Affiliated Hospitals Harborview Medical Center	G. T. Shires		924	5,883	12*	039	
U. S. Public Health Service University	G. T. Shires W. W. Sikkema	26 31	714 1,050	4,526 6,582			9,252 9,672
Veterans Admin.	H. M. Radke	110	2,599	1,781			10,204
Virginia Mason	P. C. Jolly	107	7,925	45,138	6*	021	
<b>WEST VIRGINIA</b>							
<b>BECKLEY</b>							
Appalachian Regional	S. T. J. Lee	74	2,917	14,892	3C	010	12,000
<b>CHARLESTON</b>							
Charleston Area Medical Center	B. Bradford, Jr.	124	5,164	5,131	6C 2F	021	9,900

## 31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>WEST VIRGINIA—Continued</b>							
<b>CLARKSBURG</b>							
Veterans Admin. (See West Virginia Univ. Medical Center, Morgantown)							
<b>MORGANTOWN</b>							
West Virginia University Medical Center West Virginia University	A. L. Watne	67	2,199	6,489	3C 3*	018	10,260
Veterans Admin. (Clarksburg)							
<b>WHEELING</b>							
Ohio Valley Medical Center	C. D. Hershey	141	4,354	1,482	4C 1F	011	12,420
<b>WISCONSIN</b>							
<b>LA CROSSE</b>							
La Crosse Lutheran Hospital and Gundersen Clinic	S. B. Gundersen, Jr.	179	9,141	85,264	2C 3F	006	7,200
<b>MADISON</b>							
University of Wisconsin Affiliated Hospitals	F. O. Belzer				4C 2*	025	10,800
Madison General Methodist	E. Bolder	55	2,553				
St. Marys Hospital Medical Center		56	2,174				
University Hospitals	F. O. Belzer	43	1,188	4,370			
Veterans Admin.	J. T. Mendenhall	40	830	2,879			
<b>MARSHFIELD</b>							
Marshfield—University of Wisconsin Affiliated Hospitals Marshfield Clinic St. Joseph's	B. Lawton, R. Sautter	152	5,814	42,839 4,652	2C	010	11,000
<b>MILWAUKEE</b>							
Medical College of Wisconsin Affiliated Hospitals	J. J. De Cosse	46	2,333	9,709	10C	038	10,537
Milwaukee County General	J. J. De Cosse	55	1,667	5,950			11,262
Veterans Admin. Center (Wood)	R. E. Condon	46	1,592	1,722			10,644
Lutheran Hospital of Milwaukee	D. E. Koepke	88	4,447	6,710			10,497
Columbia	W. J. Boulanger	23	2,151	6,253			10,545
Milwaukee Childrens	M. Glicklich	143	5,730	3,841	2*	010	10,800
Mount Sinai Medical Center	E. C. Saltzstein	250	11,000	18,500	2*	012	11,000
St. Joseph's	W. Weisel				2F		
St. Luke's	J. F. Zimmer	174	6,729	1,341	1C 1*	008	10,500
					2F		

## 31B. SURGERY

Institutions offering ONE year of training as an integral part of an accredited program of four or more years' duration are no longer listed separately. Such institutions may be included as part of a program listed under 31A.

## 31C. SURGERY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Board of Surgery, and the American College of Surgeons, through the Residency Review Committee for Surgery, for additional training following the completion of an approved residency.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977 1st Yr.	All Yrs.	Annual Salary (Min.)
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>CALIFORNIA</b>							
<b>DUARTE</b>							
City of Hope Medical Center	R. L. Byron	34	1,187	13,465	1C	006	13,200
<b>COLORADO</b>							
<b>DENVER</b>							
Children's	W. C. Bailey	26	1,831	375	2C	003	10,000
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
Children's Hospital National Medical Center	J. G. Randolph	48	3,500	8,500	2C	005	15,000
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Children's Memorial	J. Raffensperger	12	1,260	4,240	4C	004	12,224
<b>MASSACHUSETTS</b>							
<b>BOSTON</b>							
Children's Hospital Medical Center	R. M. Filler	49	2,679	829	7C	010	12,300
<b>NORFOLK</b>							
Pondville	M. Yatsushashi	67	1,255	16,584	4C	004	19,656

31C. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MICHIGAN</b>							
<b>DETROIT</b>							
Children's Hospital of Michigan	J. H. Hertzler	35	2,058	4,576	2C	002	
<b>MISSOURI</b>							
<b>COLUMBIA</b>							
Ellis Fischel State Cancer	J. S. Spratt, Jr.	43	1,417	9,084	2C	002	
<b>NEW YORK</b>							
<b>BUFFALO</b>							
Children's Hospital of Buffalo	T. C. Jewett, Jr.	40	2,993	14,300	1C	002	13,800
Roswell Park Memorial Institute	E. D. Holyoke	127	2,939	14,103	4C	008	11,236
<b>NEW YORK CITY</b>							
Francis Delafield	J. A. Buda	70	1,001	4,992	5C	013	14,700
Memorial Hospital for Cancer and Allied Diseases	N. Martini	233	6,413	35,794	1C	002	
Presbyterian	T. V. Santulli				2C	002	19,000
<b>OHIO</b>							
<b>COLUMBUS</b>							
Children's	E. T. Boles, Jr.	42	1,837	5,189	1C	002	
<b>PENNSYLVANIA</b>							
<b>PHILADELPHIA</b>							
American Oncologic	P. Grotzinger, J. Strawitz	70	2,162	15,719	1C	002	
Children's Hospital of Philadelphia	C. E. Koop	35	1,567	1,836	1C	002	12,900
St. Christopher's Hospital for Children	S. L. Cresson	18	1,594	2,550	2C	002	13,056
<b>PITTSBURGH</b>							
Hospitals of the University Health Center of Pittsburgh							
Children's Hospital of Pittsburgh	W. B. Kiesewetter	35	2,239	3,019	7C	007	15,000
<b>PUERTO RICO</b>							
<b>SAN JUAN</b>							
I. Gonzalez Martinez	R. E. Llobet	11	303	3,914	1C	001	12,000
<b>TEXAS</b>							
<b>HOUSTON</b>							
University of Texas M. D. Anderson Hospital and Tumor Institute	E. C. White	91	2,601	22,025	6C	009	13,000
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
Children's Orthopedic Hospital and Medical Center	A. H. Bill	37	3,818	3,396	1C	001	11,916

31D. SURGERY

Residency programs were formerly approved by the Council on Medical Education as offering satisfactory training of ONE or TWO YEARS' duration in general surgery as preparation for residency training in the surgical specialties. Approval of such programs was withdrawn as of June 30, 1975, as they are no longer acceptable as preparatory training to the surgical specialties; consequently, the list of those institutions previously approved to June 30, 1975, is not being published in this edition, as the Directory lists positions being offered as of July 1, 1976.

32. THERAPEUTIC RADIOLOGY

Residency programs that have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association and the American Board of Radiology, through the Residency Review Committee for Radiology, are listed under Radiology, List 30C.

33. THORACIC SURGERY

Residency programs in the following hospitals have been accredited for TWO or MORE years of training by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES AIR FORCE</b>							
<b>TEXAS</b>							
Wilford Hall U. S. A. F. Medical Center, San Antonio	W. Stanford	38	502	1,880	2C	002	16,500
<b>UNITED STATES ARMY</b>							
<b>CALIFORNIA</b>							
Letterman Army Medical Center, San Francisco	A. C. Gomez	14	252	1,904	1C	002	
<b>DISTRICT OF COLUMBIA</b>							
Walter Reed Army Medical Center, Washington	D. C. Green	22	503	863	2C	003	
<b>TEXAS</b>							
Brooke Army Medical Center, San Antonio	R. L. Treasure	14	231	426	1C	002	



## 33. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES NAVY</b>							
<b>CALIFORNIA</b>							
Naval Regional Medical Center, San Diego	J. A. Gibbons	28	674	2,510	1C	002	
<b>MARYLAND</b>							
National Naval Medical Center, Bethesda	M. Mills	21	349	685	1C	002	
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
University of Alabama Medical Center	J. W. Kirklín				2C	004	13,675
University of Alabama Hospitals		51	1,427	1,977			13,675
Veterans Admin.		10	145	384			
<b>ARKANSAS</b>							
<b>LITTLE ROCK</b>							
University of Arkansas Medical Center	G. S. Campbell				1C	002	
University		52	1,689	6,963			
Veterans Admin. Consolidated		8	184	371			
<b>CALIFORNIA</b>							
<b>IRVINE</b>							
University of California (Irvine) Affiliated Hospitals	J. E. Connolly				2C	004	
Orange County Medical Center (Orange)	J. E. Connolly	5	165	199			16,200
Veterans Admin. (Long Beach)	E. A. Stemmer	15	349	475			22,247
<b>LONG BEACH</b>							
Veterans Admin. (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)							
<b>LOS ANGELES</b>							
Hospital of the Good Samaritan Medical Center	B. W. Meyer	130	350	22	2C	004	17,052
Childrens Hospital of Los Angeles	G. G. Lindesmith	6	168	19			18,000
Los Angeles County—U.S.C. Medical Center	J. H. Kay	19	1,380	1,040	3C	003	20,988
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	J. V. Maloney, Jr.	12	433	253	2C	004	16,200
Veterans Admin. Center—Wadsworth	J. S. Carey	9	130	475			20,903
White Memorial Medical Center	L. G. Ludington	15	443	3,393	1C	002	13,692
<b>OAKLAND</b>							
Highland General	P. C. Samson	3	111	329	2C	004	16,380
<b>ORANGE</b>							
Orange County Medical Center (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)							
<b>SAN FRANCISCO</b>							
University of California Program	P. A. Ebert				1C	002	
H. C. Moffitt—University of California Hospitals	P. A. Ebert	10	251	65			16,800
Veterans Admin.	B. B. Roe, D. J. Ulliyot	31	382	1,018			12,300
<b>SAN JOSE</b>							
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)							
<b>STANFORD</b>							
Stanford University Affiliated Hospitals	J. B. D. Mark				4C	008	
Stanford University	J. B. D. Mark	36	1,086	3,653			15,200
Santa Clara Valley Medical Center (San Jose)	J. M. Guernsey		506	901			12,966
<b>CONNECTICUT</b>							
<b>NEW HAVEN</b>							
Yale—New Haven Medical Center	W. W. L. Glenn				2C	006	
Yale—New Haven	W. W. L. Glenn	28	700	1,966			
Hospital of St. Raphael	M. G. Carter	20	501	62			14,475
Veterans Admin. (West Haven)	W. W. L. Glenn	7	195	465			11,996
<b>WEST HAVEN</b>							
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)							
<b>DELAWARE</b>							
<b>WILMINGTON</b>							
Wilmington Medical Center (See Thomas Jefferson Univ. Affil. Hosps., Philadelphia, Pa.)							
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
George Washington University Affiliated Hospitals	P. C. Adkins				1C	002	15,368
George Washington University	P. C. Adkins	18	504	1,121			
Children's Hospital National Medical Center	J. G. Randolph	5	138	250			
<b>FLORIDA</b>							
<b>GAINESVILLE</b>							
University of Florida Affiliated Hospitals	G. R. Daicoff				2C	004	12,206
William A. Shands Teaching Hosp. and Clinics	G. R. Daicoff	19	592	922			
Veterans Admin.	P. V. Moulder	20	402	1,305			
<b>MIAMI</b>							
University of Miami Affiliated Hospitals	G. A. Kaiser				2C	004	
Jackson Memorial	G. A. Kaiser	22	366	463			16,839
Mount Sinai Medical Center of Greater Miami (Miami Beach)	J. J. Greenberg	28	743				
Veterans Admin.	G. A. Kaiser	-11	138	994			12,322
<b>MIAMI BEACH</b>							
Mount Sinai Medical Center of Greater Miami (See University of Miami Affiliated Hospitals, Miami)							

## 33. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>GEORGIA</b>							
<b>ATLANTA</b>							
Emory University Affiliated Hospitals	C. R. Hatcher				3C	006	12,360
Emory University	C. R. Hatcher, Jr.	19	671				
Grady Memorial	C. R. Hatcher, Jr.	12	526	1,575			
Veterans Admin. (Decatur)	W. H. Fleming	11	151	775			
<b>AUGUSTA</b>							
Medical College of Georgia Hospitals	R. G. Ellison				2C	004	
Eugene Talmadge Memorial	R. G. Ellison	18	488	1,356			12,100
Veterans Admin.	J. W. Rubin	15	158	452			
Memorial Medical Center (Savannah)	T. J. Yeh	18	450	150			11,705
<b>DECATUR</b>							
Veterans Admin. (See Emory Univ. Affil. Hosps., Atlanta)							
<b>SAVANNAH</b>							
Memorial Medical Center (See Medical College of Georgia Hosps., Augusta)							
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Cook County	C. J. Tatroles	39	989	913	2C	004	14,600
Rush—Presbyterian—St. Luke's Medical Center	H. Najafi	80	2,100	5,500	3C	005	12,000
University of Chicago Hospitals and Clinics	D. B. Skinner		115	1,051	1C	002	15,000
University of Illinois Affiliated Hospitals	S. Levitsky				2C	006	
University of Illinois		26	252	1,627			
Veterans Admin. (West Side)		18	96	1,560			
<b>HINES</b>							
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)							
<b>MAYWOOD</b>							
Loyola University Affiliated Hospitals	R. Pifarre				2C	004	
Foster G. Mc Gaw	R. Pifarre	14	7	219			
University of Chicago Hospitals and Clinics (Chicago)	D. B. Skinner		115				
Veterans Admin. (Hines)	R. Pifarre	18	426	1,045			13,400
<b>INDIANA</b>							
<b>INDIANAPOLIS</b>							
Indiana University Medical Center	H. King				2C	004	
Indiana University Hospitals		30	739	301			14,000
Veterans Admin.		16	567	480			10,648
Methodist Hospital of Indiana	H. Siderys	35	691		1C	002	14,712
<b>IOWA</b>							
<b>IOWA CITY</b>							
University of Iowa Hospitals	J. L. Ehrenhaft	55	1,361	2,700	2C	004	15,000
<b>KANSAS</b>							
<b>KANSAS CITY</b>							
University of Kansas Medical Center	R. L. Reis	17	317		1C	002	10,500
<b>KENTUCKY</b>							
<b>LEXINGTON</b>							
University of Kentucky Medical Center	J. R. Utley				1C	002	11,300
University		22	395	1,065			
Veterans Admin.		12	301	538			
<b>LOUISVILLE</b>							
University of Louisville Affiliated Hospitals	L. G. Gray, Jr.				3C	004	9,600
Jewish		32	374				
Louisville General		12	258	690			
Norton—Children's Hospitals		12	304	119			
Veterans Admin.		12	160	591			
<b>LOUISIANA</b>							
<b>NEW ORLEANS</b>							
Charity Hospital of Louisiana—Tulane University Division		2	69	683	1C	002	
Louisiana State University Affiliated Hospitals	L. R. Bryant				1C	002	
Charity Hospital of Louisiana	L. R. Bryant	5	164	589			10,500
Veterans Admin.	S. F. Sayegh	8	223	726			12,871
Ochsner Foundation	J. L. Ochsner				1C	002	11,602
<b>MARYLAND</b>							
<b>BALTIMORE</b>							
University of Maryland Affiliated Hospitals	J. S. Mc Laughlin				4C	008	
University of Maryland		40	633	1,563			14,075
Mount Wilson Center (Mount Wilson)		253	665				13,950
<b>MOUNT WILSON</b>							
Mount Wilson Center (See University of Maryland Affiliated Hospitals, Baltimore)							
<b>MASSACHUSETTS</b>							
<b>BOSTON</b>							
Boston University Affiliated Hospitals	R. L. Berger				2C	004	15,088
Boston City University		14	311	720			
			333				
New England Deaconess	F. H. Ellis, Jr.	50	1,100	6,235	1C	002	16,700
New England Medical Center	R. J. Cleveland	37	745	2,413	1C	002	15,677
St. Elizabeth's Hospital of Boston	A. Lefemine	12	154	160			
<b>MICHIGAN</b>							
<b>ALLEN PARK</b>							
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)							
<b>ANN ARBOR</b>							
University	H. Sloan	22	496	1,187	3C	006	14,650

## 33. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MICHIGAN—Continued</b>							
<b>DETROIT</b>							
Wayne State University Affiliated Hospitals	R. F. Wilson	46	751	837	2C	004	13,400
Harper	R. F. Wilson						13,400
Children's Hospital of Michigan	R. F. Wilson						13,400
Detroit General	R. F. Wilson						13,400
Veterans Admin. (Allen Park)	A. J. Walt	18	138	470			11,904
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
University of Minnesota Affiliated Hospitals	R. L. Varco	23	750	790	2C	004	13,200
University of Minnesota Hospitals		15	397	525			
Veterans Admin.							
<b>ROCHESTER</b>							
Mayo Graduate School of Medicine	D. C. Mc Goon	18	730	4,874	4C	009	13,500
Rochester Methodist		54	2,317				
St. Mary's							
<b>MISSISSIPPI</b>							
<b>JACKSON</b>							
University of Mississippi Medical Center	J. O. Hardy	7	142	73	1C	002	10,000
University	J. D. Hardy			965			13,729
Veterans Admin. Center	J. H. Conn	7	215				
<b>MISSOURI</b>							
<b>COLUMBIA</b>							
University of Missouri Medical Center	C. H. Almond	17	604	594	2C	004	12,600
Missouri State Chest (Mount Vernon)	C. H. Almond	301	1,446	5,549			12,600
<b>KANSAS CITY</b>							
St. Luke's	W. A. Reed	45	1,675	1,560	1C	002	13,749
<b>MOUNT VERNON</b>							
Missouri State Chest (See University of Missouri Medical Center, Columbia)							
<b>ST. LOUIS</b>							
Barnes Hospital Group	C. S. Weldon				2C	004	14,000
<b>NEW JERSEY</b>							
<b>BROWNS MILLS</b>							
Deborah Heart and Lung Center (See Temple University Affiliated Hospitals, Philadelphia)							
<b>EAST ORANGE</b>							
Veterans Admin. (See CMDNJ-New Jersey Medical School Affil. Hosps., Newark)							
<b>NEWARK</b>							
CMDNJ—New Jersey Medical School Affiliated Hospitals	W. E. Neville				1C	002	15,435
Marlland	W. E. Neville	18	350	338			14,873
St. Michael's Medical Center	A. R. Wychulis						
Veterans Admin. (East Orange)	W. E. Neville	31	222	1,040			
<b>NEW MEXICO</b>							
<b>ALBUQUERQUE</b>							
University of New Mexico Affiliated Hospitals	W. S. Edwards				1C	002	12,800
Bernalillo County Medical Center		16	138	290			12,800
Veterans Admin.		15	130	279			12,966
<b>NEW YORK</b>							
<b>ALBANY</b>							
Albany Medical Center Affiliated Hospitals	R. D. Alley				2C	004	15,350
Albany Medical Center	R. D. Alley	23	636	2,668			
Veterans Admin.	R. D. Alley, J. A. O' Hern	18	151	475			
<b>BUFFALO</b>							
S. U. N. Y. at Buffalo Affiliated Hospitals	R. H. Adler				2C	004	13,800
Buffalo General	R. H. Adler						
Children's Hospital of Buffalo	S. Subramanian	8	160	220			
Veterans Admin.	A. J. Federico	12	131	1,173			
<b>NEW HYDE PARK</b>							
Long Island Jewish—Hillside Medical Center Program	B. G. Wisoff				1C	002	19,200
Long Island Jewish—Hillside Medical Center	B. G. Wisoff	34	660	1,200			
Queens Hospital Center (New York City)	J. Garvey	12	431	93			
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals	P. H. Weil				1C	002	
Bronx Municipal Hospital Center		15	367	830			
Hospital of the Albert Einstein College of Medicine		10	288	60			
Columbia University Affiliated Hospitals	J. R. Malm				2C	004	19,000
Presbyterian	J. R. Malm						19,200
Harlem Hospital Center	J. E. Hutchinson, 3d	8	137	446			14,700
Jewish Hospital and Medical Center of Brooklyn	E. Senderoff	20	341	413	1C	002	14,700
Montefiore Hospital and Medical Center	G. Robinson	29	590	62	2C	004	
Mount Sinai	R. S. Litwak	50	775	1,540	1C	002	20,600
New York University Medical Center	F. C. Spencer				4C	008	
Bellevue Hospital Center		10	324	210			
University		42	928	2,298			
Veterans Admin. (Manhattan)		23	243	994			
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)							
S. U. N. Y. Downstate Medical Center	J. H. Stuckey				2C	004	19,200
Kings County Hospital Center		22	195	544			15,629
State University		7	142				

## 33. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW YORK—Continued</b>							
<b>ROCHESTER</b>							
University of Rochester Affiliated Hospitals	J. De Weese				2C	004	12,900
Rochester General	R. S. Weiner	20	620				
Strong Memorial Hospital of the University of Rochester	J. De Weese	20	625				
<b>SYRACUSE</b>							
S. U. N. Y. Upstate Medical Center	W. R. Webb	15	549		2C	004	15,821
Crouse Irving—Memorial	W. R. Webb	18	511	1,295			
State University	W. R. Webb	10	146	516			
Veterans Admin.	C. E. Bredenberg						
<b>NORTH CAROLINA</b>							
<b>ASHEVILLE</b>							
Veterans Admin.	T. Takaro	28	536	1,423	1C	003	14,313
<b>CHAPEL HILL</b>							
North Carolina Memorial	B. R. Wilcox	15	454	1,298	1C	002	15,000
<b>CHARLOTTE</b>							
Charlotte Memorial Hospital and Medical Center	F. Robicsek	48	1,562	363	2C	004	12,720
<b>DURHAM</b>							
Duke University Medical Center	D. Sabiston, Jr., W. Sealy	44	744	3,381	1C	002	13,585
<b>WINSTON-SALEM</b>							
Bowman Gray School of Medicine Affiliated Hospitals							
North Carolina Baptist	F. R. Johnston	19	516	1,252	1C	002	12,500
<b>OHIO</b>							
<b>CLEVELAND</b>							
Case Western Reserve University Affiliated Hospitals	J. L. Ankeney				2C	004	
University Hospitals of Cleveland	J. L. Ankeney	22	825	321			14,100
Cleveland Metropolitan General	J. L. Ankeney	9	270	414			13,500
Veterans Admin.	J. Clayman	14	183	375			12,237
Cleveland Clinic	F. Loop	123	2,896	958	4C	006	14,500
St. Vincent Charity	E. B. Kay	33	789	652	2C	004	13,000
<b>COLUMBUS</b>							
Ohio State University Affiliated Hospitals	K. P. Klassen				1C	004	12,300
Ohio State University Hospitals		42	1,025	3,324			
Children's		8	175	180			
<b>OKLAHOMA</b>							
<b>OKLAHOMA CITY</b>							
University of Oklahoma Health Sciences Center	G. R. Williams	4	90	170	2C	004	11,390
University Hospital and Clinics	G. R. Williams	8	140	560			
Oklahoma Children's Memorial	G. R. Williams	8	210	610			10,023
Veterans Admin.	R. C. Elkins	6					
<b>OREGON</b>							
<b>PORTLAND</b>							
University of Oregon Affiliated Hospitals	A. Starr				2C	004	
University of Oregon Health Sciences Center							
Hospitals and Clinics	A. Starr	14	453	1,116			12,900
Veterans Admin.	J. E. Okies	7	322	468			10,969
<b>PENNSYLVANIA</b>							
<b>PHILADELPHIA</b>							
Temple University Affiliated Hospitals	G. M. Lemole				2C	004	
Temple University	G. M. Lemole	9	216	750			14,700
Episcopal	T. J. E. O'Neill	14	346	714			11,700
St. Christopher's Hospital for Children	F. N. Niguidula	7	168	384			13,000
Deborah Heart and Lung Center (Browns Mills, N. J.)	G. M. Lemole	27	478	1,281			
Thomas Jefferson University Affiliated Hospitals	S. K. Brockman				1C	003	
Thomas Jefferson University	S. K. Brockman	26	520	1,040			14,900
Wilmington Medical Center (Wilmington, Del.)	M. Oz	35	946	231			13,456
University of Pennsylvania Affiliated Hospitals	L. H. Edmunds, Jr.				2C	004	
Hospital of the University of Pennsylvania	L. H. Edmunds, Jr.	17	213				11,400
Children's Hospital of Philadelphia	L. H. Edmunds, Jr.	7	220	500			
Graduate Hospital of the University of Pennsylvania							
Veterans Admin.	P. Nemir, Jr.						13,000
	L. H. Edmunds, Jr.						
<b>PITTSBURGH</b>							
Allegheny General	G. J. Magovern	38	1,419	1,500	2C	004	16,025
Hospitals of the University Health Center of Pittsburgh							
Presbyterian—University	H. T. Bahnson	19	429	1,020	1C	003	15,555
Children's Hospital of Pittsburgh							
Veterans Admin.							
<b>SOUTH CAROLINA</b>							
<b>CHARLESTON</b>							
Medical University of South Carolina Teaching Hospitals	W. H. Lee, Jr.				2C	004	12,048
Medical University of South Carolina		22	665	1,623			
Charleston County		1	77				
Veterans Admin.		10	237	749			
<b>TENNESSEE</b>							
<b>MEMPHIS</b>							
University of Tennessee Affiliated Hospitals	J. W. Pate				3C	006	
City of Memphis Hospitals	J. W. Pate	20	407	306			13,200
Veterans Admin.	C. E. Eastridge	13	378	404			12,635
West Tennessee Chest Disease	F. H. Cole	24	337	150			11,760
<b>NASHVILLE</b>							
Vanderbilt University Affiliated Hospitals					4C	006	
Vanderbilt University	H. W. Bender, Jr.	20	538	1,076			9,482
Nashville Metropolitan General							
Veterans Admin.	R. D. Fisher	13	249	1,040			12,717

## 33. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>TEXAS</b>							
<b>DALLAS</b>							
University of Texas Southwestern Medical School							
Affiliated Hospitals	M. R. Platt				3C	006	
Parkland Memorial	M. R. Platt	11	417	1,366			11,496
Baylor University Medical Center	D. L. Paulson	51	1,503	173			11,868
Children's Medical Center	M. R. Platt		39				
Veterans Admin.	M. R. Platt	14	259	1,196			10,071
<b>GALVESTON</b>							
University of Texas Medical Branch Hospitals	R. T. Padula	27	728	1,097	1C	002	14,200
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals	M. E. De Bakey				3C	006	11,940
Ben Taub General			488	201			
Methodist		209	6,331				
Veterans Admin.		6	117	872			
Texas Heart Institute	D. A. Cooley	130	3,429	4,452	3C	003	11,940
St. Luke's Episcopal	W. D. Seybold	112	2,948				11,940
Texas Children's	L. W. Able	18	491				11,940
<b>UTAH</b>							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals	R. M. Nelson				3C	006	
University	R. M. Nelson	5	368	146			14,000
Latter—Day Saints	R. M. Nelson	40	1,470	22			14,000
Primary Children's Medical Center	C. B. Jensen	35	129	360			
Veterans Admin.							10,500
<b>VIRGINIA</b>							
<b>CHARLOTTESVILLE</b>							
University of Virginia	S. P. Nolan	39	1,250	1,280	1C	002	12,549
<b>WISCONSIN</b>							
<b>MADISON</b>							
University of Wisconsin Affiliated Hospitals	D. R. Kahn				2C	004	
University Hospitals	D. R. Kahn	29	494	2,258			13,700
Veterans Admin.	G. M. Kroncke	4	40	294			
<b>MILWAUKEE</b>							
Medical College of Wisconsin Affiliated Hospitals	L. I. Bonchek				3C	006	
Milwaukee County General	L. I. Bonchek	8	332	809			10,537
Milwaukee Children's	S. B. Litwin	8	246	31			10,545
St. Luke's	R. Flemma	38	825	661			12,500
Veterans Admin. Center (Wood)	B. F. Stengel	20	387	1,465			13,995
St. Joseph's	W. Weisel	23	715	830	1C	002	13,500

## 34. UROLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the American Medical Association, the American Board of Urology, and 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.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES AIR FORCE</b>							
<b>TEXAS</b>							
Wilford Hall U. S. A. F. Medical Center, San Antonio	T. P. Ball	35	1,140	12,916	2*	010	17,110
<b>UNITED STATES ARMY</b>							
<b>CALIFORNIA</b>							
Letterman Army Medical Center, San Francisco	R. E. Stutzman	15	525	7,834	1C 1F	005	
<b>COLORADO</b>							
Fitzsimons Army Medical Center, Denver	J. W. Weigel	16	627	11,108	1C	004	
<b>DISTRICT OF COLUMBIA</b>							
Walter Reed Army Medical Center, Washington	B. T. Mittermeyer	40	610	16,602	2C	008	
<b>HAWAII</b>							
Tripler Army Medical Center, Honolulu	D. T. Schamber	15	862	13,336	1C	004	
<b>TEXAS</b>							
Brooke Army Medical Center, San Antonio	M. P. Gangai	34	876	19,298	2C 1F	009	
<b>WASHINGTON</b>							
Madigan Army Medical Center, Tacoma	J. N. Wettlaufer	21	1,021	21,098	1C 1F	005	
<b>UNITED STATES NAVY</b>							
<b>CALIFORNIA</b>							
Naval Regional Medical Center, Oakland	G. A. Le Blanc	19	668	11,420	1F	005	
Naval Regional Medical Center, San Diego	C. R. Sargent	47	1,500	41,580	2F	010	
<b>MARYLAND</b>							
National Naval Medical Center, Bethesda	M. Edson	25	710	15,383	1C 1F	005	

## 34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>UNITED STATES NAVY—Continued</b>							
<b>PENNSYLVANIA</b>							
Naval Regional Medical Center, Philadelphia	B. B. Schwartz	31	2	7,000	1C 1F	005	
<b>VIRGINIA</b>							
Naval Regional Medical Center, Portsmouth	O. W. Chenault	57	1,512	14,548	2C 2F	008	
<b>UNITED STATES PUBLIC HEALTH SERVICE</b>							
<b>LOUISIANA</b>							
U. S. Public Health Service, New Orleans (See Tulane University Affiliated Hospitals, New Orleans)							
<b>NEW YORK</b>							
U.S. Public Health Service (Staten Island), New York City	K. M. Chen	37	580	5,305	1C 1F	004	
<b>WASHINGTON</b>							
U.S. Public Health Service, Seattle (See University of Washington Affiliated Hospitals, Seattle)							
<b>OTHER FEDERAL</b>							
<b>CANAL ZONE</b>							
Gorgas, Balboa Heights	D. Gates	18	633	8,947	1C 1F	003	14,886
<b>NONFEDERAL AND VETERANS ADMINISTRATION</b>							
<b>ALABAMA</b>							
<b>BIRMINGHAM</b>							
Carraway Methodist Medical Center	H. C. Hudson	24	1,137	8,877	3C 1F 9C	009	10,080
University of Alabama Medical Center	A. J. Bueschen	18	677	3,475		009	
University of Alabama Hospitals	A. J. Bueschen	8	889	735			
Children's	E. V. Scott	37	1,107	3,036			10,600
Veterans Admin.	A. J. Bueschen						
<b>MOBILE</b>							
University of South Alabama Medical Center Hospital and Clinics (See Ochsner Foundation, New Orleans, La.)							
<b>ARIZONA</b>							
<b>TUCSON</b>							
University of Arizona Affiliated Hospitals	G. W. Drach				1* 1F	005	
University		9	326	2,214			10,300
Veterans Admin.		14	572	1,326			9,650
<b>ARKANSAS</b>							
<b>LITTLE ROCK</b>							
University of Arkansas Medical Center	J. F. Redman				2C 2F	008	
Arkansas Children's		2	170	723			
University		13	494	2,732			9,600
Veterans Admin. Consolidated		36	979	2,488			11,206
<b>CALIFORNIA</b>							
<b>DAVIS</b>							
University of California (Davis) Affiliated Hospitals	J. M. Palmer				2C	008	
Kaiser Foundation (Sacramento)	B. Kamhi	10	661	10,103			13,600
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	J. M. Palmer	10	505	3,308			13,600
Veterans Admin. (Martinez)	D. C. Merrill	26	609	3,074			15,062
<b>IRVINE</b>							
University of California (Irvine) Affiliated Hospitals	D. Martin				2C	008	
Orange County Medical Center (Orange)	D. Martin	7	438	1,501			13,600
Veterans Admin. (Long Beach)	J. R. Ravera	35	841	5,575			16,138
<b>LOMA LINDA</b>							
Loma Linda University Affiliated Hospitals	R. W. Barnes			1,158	1*	003	
Loma Linda University	R. W. Barnes	15	695	7,144			10,392
Riverside General (Riverside)	R. Boylan	4	168	1,436			13,780
<b>LONG BEACH</b>							
Veterans Admin. (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)							
<b>LOS ANGELES</b>							
Kaiser Foundation	J. F. Cooper	24	1,925	25,032	2C	006	15,479
Los Angeles County—U.S.C. Medical Center	R. Mendez	33	993	10,424	4* 2F 3C	021	15,732
U. C. L. A. Affiliated Hospitals	J. J. Kaufman					014	
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	J. J. Kaufman	32	1,518	6,050			18,299
Veterans Admin. (Sepulveda)	J. S. Clarke	19	444	2,290			16,138
Veterans Admin. Center—Wadsworth	R. B. Smith	28	1,411	7,955			18,299
Los Angeles County Harbor General (Torrance)	J. J. Kaufman	10	553	5,552			15,732
White Memorial Medical Center	R. T. Bergman	25	402	3,120	1C 1F	003	11,764
<b>MARTINEZ</b>							
Veterans Admin. (See Univ. of Calif. (Davis) Affil. Hosps., Davis)							
<b>ORANGE</b>							
Orange County Medical Center (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)							

## 34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>CALIFORNIA—Continued</b>							
<b>PALO ALTO</b>							
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)							
<b>RIVERSIDE</b>							
Riverside General (See Loma Linda University Affiliated Hospitals, Loma Linda)							
<b>SACRAMENTO</b>							
Kaiser Foundation (See Univ. of Calif. (Davis) Affil. Hosps., Davis)							
University of California (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affil. Hosps., Davis)							
<b>SAN DIEGO</b>							
University of California (San Diego) Affiliated Hospitals							
	R. F. Gittes				2C	008	
Mercy Hospital and Medical Center							
	J. R. Dillon, Jr.	21	1,265	563			12,300
University of California, San Diego—University Hospital							
	R. F. Gittes	13	662	4,941			12,300
Veterans Admin.							
	R. F. Gittes	23		3,382			13,316
<b>SAN FRANCISCO</b>							
University of California Program							
	D. R. Smith	8	437	2,819	3*	015	10,300
H. C. Moffitt—University of California Hospitals							
	D. R. Smith	7	338	1,383			10,300
San Francisco General							
	F. Hinman	7	338	1,383			10,300
Veterans Admin.							
	S. J. Silber	12	404	1,967			12,300
<b>SAN JOSE</b>							
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)							
<b>SANTA CLARA</b>							
Kaiser Foundation (See Stanford University Affiliated Hospitals, Stanford)							
<b>STANFORD</b>							
Stanford University Affiliated Hospitals							
	T. A. Stamey				2C	011	
Stanford University							
	T. A. Stamey	16	820	5,020	1*		11,500
Veterans Admin. (Palo Alto)							
	J. S. Elliot	14	543	1,973			11,500
Santa Clara Valley Medical Center (San Jose)							
	R. Kessler	10	360	3,850			12,966
Kaiser Foundation (Santa Clara)							
	L. L. Smith	9	619	8,479			11,256
<b>TORRANCE</b>							
Los Angeles County Harbor General (See U. C. L. A. Affiliated Hospitals, Los Angeles)							
<b>COLORADO</b>							
<b>DENVER</b>							
University of Colorado Affiliated Hospitals							
	R. R. Pfister				2C	008	
University of Colorado Medical Center							
	R. R. Pfister	10	487	3,163			11,600
Denver General							
	N. Peterson	4	170	1,879			12,883
Veterans Admin.							
	O. Stonington	18	469	850			
<b>CONNECTICUT</b>							
<b>FARMINGTON</b>							
University of Connecticut Affiliated Hospitals							
	E. M. Sigman				2C	006	
Hartford (Hartford)							
	R. J. Spillane	32	2,400	462			
St. Francis (Hartford)							
	B. M. Fox	24	1,241	440			
New Britain General (New Britain)							
	G. S. Slater	13	897	59			
Newington Children's (Newington)							
	G. T. Klauber	6	201	1,201			11,500
Veterans Admin. (Newington)							
		11	306	1,833			
<b>HARTFORD</b>							
Hartford (See University of Connecticut Affil. Hospitals, Farmington)							
St. Francis (See University of Connecticut Affil. Hospitals, Farmington)							
<b>NEW BRITAIN</b>							
New Britain General (See University of Connecticut Affil. Hospitals, Farmington)							
<b>NEW HAVEN</b>							
Yale—New Haven Medical Center							
	B. Lytton				2C	008	
Yale—New Haven							
	B. Lytton	36	1,739	5,207			13,160
Veterans Admin. (West Haven)							
	B. Lytton	15	645	1,630			11,996
Waterbury (Waterbury)							
	J. K. Shearer	16	938	101			
<b>NEWINGTON</b>							
Newington Children's (See University of Connecticut Affil. Hospitals, Farmington)							
Veterans Admin. (See University of Connecticut Affil. Hospitals, Farmington)							
<b>WATERBURY</b>							
Waterbury (See Yale-New Haven Medical Center, New Haven)							
<b>WEST HAVEN</b>							
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)							
<b>DELAWARE</b>							
<b>WILMINGTON</b>							
Veterans Admin. (See Thomas Jefferson University Affil. Hosps., Philadelphia)							

34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>DELAWARE, WILMINGTON</b> —Continued							
Wilmington Medical Center	J. Furlong	28	1,341	1,530	1C	003	12,127
<b>DISTRICT OF COLUMBIA</b>							
<b>WASHINGTON</b>							
Georgetown University Affiliated Hospitals	R. Baker				2C	007	
District of Columbia General	A. G. Jackson	17	460	3,600			13,130
Georgetown University	R. Baker						12,799
Sibley Memorial	R. Baker						
Veterans Admin.	R. Baker, J. F. Bresette	25	558				
George Washington University Affiliated Hospitals	H. C. Miller, Jr.				2C	007	
George Washington University	H. C. Miller, Jr.	28	1,252	504			
Children's Hospital National Medical Center	J. C. Kenealy	4	518	515			
District of Columbia General	A. G. Jackson	17	460	3,600			13,130
Veterans Admin.	F. B. Hendricks	25	558				
Howard University	G. W. Jones	23	730	3,900	2C	010	13,181
					2*		
					1F		
Washington Hospital Center	W. D. Jarman	37	2,116	1,332	2C	006	11,671
Children's Hospital National Medical Center	J. C. Kenealy	4	518	515			
<b>FLORIDA</b>							
<b>GAINESVILLE</b>							
University of Florida Affiliated Hospitals	D. M. Drylie				3C	007	10,205
William A. Shands Teaching Hospital and Clinics	D. M. Drylie	10	380	4,888			
Veterans Admin.	G. H. Miller, Jr.	17	641	3,167			
Veterans Admin. (Lake City)	D. M. Drylie	20	322	2,812			
<b>JACKSONVILLE</b>							
Jacksonville Hospitals Educational Program	C. W. Lewis, Jr.				1C	003	11,085
University Hospital of Jacksonville		9	417	3,315			
St. Vincent's		21	1,595	506			
<b>LAKE CITY</b>							
Veterans Admin. (See University of Florida Affiliated Hospitals, Gainesville)							
<b>MIAMI</b>							
University of Miami Affiliated Hospitals	V. Politano				6C	016	
Jackson Memorial		48	1,445	4,961			14,215
Veterans Admin.		28	703	4,338			12,322
<b>MIAMI BEACH</b>							
Mount Sinai Medical Center of Greater Miami	S. B. Goldman	39	1,314	789	1C	003	14,215
<b>TAMPA</b>							
University of South Florida Affiliated Hospitals	R. P. Finney				2C	006	
Tampa General		28	1,328	1,190			12,189
Veterans Admin.		30	620	2,505			12,383
<b>GEORGIA</b>							
<b>ATLANTA</b>							
Emory University Affiliated Hospitals	K. N. Walton				3C	009	10,920
Emory University	K. N. Walton	18	879				
Grady Memorial	K. N. Walton	17	595	8,744			
Henrietta Eggleston Hospital for Children							
Veterans Admin. (Decatur)	E. Haltiwanger	18	737	3,515			
<b>AUGUSTA</b>							
Medical College of Georgia Hospitals	R. Witherington				2C	006	10,600
Eugene Talmadge Memorial	R. Witherington	14	445	3,768			
Veterans Admin.	A. G. Franceschi	13	483	2,709			
<b>DECATUR</b>							
Veterans Admin. (See Emory Univ. Affil. Hosps., Atlanta)							
<b>SAVANNAH</b>							
Memorial Medical Center	P. L. Scardino	35	2,123	1,473	1C	003	10,979
<b>ILLINOIS</b>							
<b>CHICAGO</b>							
Cook County *	I. M. Bush	76	3,315	9,814	3*	015	11,600
Mc Gaw Medical Center of Northwestern University	J. T. Grayhack				2C	010	11,680
Children's Memorial	L. King	16	784	3,741			
Northwestern Memorial	J. T. Grayhack	8	1,046	1,104			
Veterans Admin. Research	J. T. Grayhack	12	1,120	3,120			
Evanston (Evanston)	J. Graham	9	479	283			
Michael Reese Hospital and Medical Center	D. Presman	37	1,174	2,187	2*	010	12,363
Mercy Hospital and Medical Center	E. T. Wilson	6	180	1,456			
Mount Sinai Hospital Medical Center of Chicago	N. Sadoughi	25	1,635	1,593	1C	003	14,000
Louis A. Weiss Memorial	H. Sohn	26	961	366			11,630
Rush—Presbyterian—St. Luke's Medical Center	M. J. Flanagan	33	1,243	1,381	2*	004	12,000
University of Illinois Affiliated Hospitals	S. S. Clark				2*	010	
University of Illinois		14	510				
Veterans Admin. (West Side)		38	564	4,940			
<b>EVANSTON</b>							
Evanston (See Mc Gaw Med. Center of Northwestern Univ., Chicago)							
<b>HINES</b>							
Veterans Admin.	F. A. Lloyd	53	959	4,715	3C	009	12,200
<b>SPRINGFIELD</b>							
Southern Illinois University Affiliated Hospitals	A. D. Beck			20,000	1C	002	10,500
St. Johns		130	1,082				
Memorial Medical Center		29	1,090				
<b>INDIANA</b>							
<b>INDIANAPOLIS</b>							
Indiana University Medical Center	J. P. Donohue				3C	009	
Indiana University Hospitals		55	1,675	10,500			10,800
Marion County General		9	381	2,834			10,250
Veterans Admin.		14	476	3,360			10,648



## 34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>INDIANA, INDIANAPOLIS—Continued</b>							
Methodist Hospital of Indiana	D. M. Newman	67	4,019	940	1F	007	12,696
<b>IOWA</b>							
<b>DES MOINES</b>							
Veterans Admin. (See University of Iowa Affiliated Hospitals, Iowa City)							
<b>IOWA CITY</b>							
University of Iowa Affiliated Hospitals	O. A. Culp				4C	020	
University of Iowa Hospitals	D. A. Culp	75	2,439	17,294			10,500
Veterans Admin.	D. A. Culp	23		4,142			
Veterans Admin. (Des Moines)	L. T. Palumbo	31	1,030	5,505			14,628
<b>KANSAS</b>							
<b>KANSAS CITY</b>							
University of Kansas Medical Center	W. K. Mebust	18	816	3,992	3C	009	10,500
Veterans Admin. (Kansas City, Mo.)	W. K. Mebust	30	793	2,231			10,000
<b>LEAVENWORTH</b>							
Veterans Admin. Center (See U. of Mo. at Kansas City Affil. Hosps., Kansas City, Mo.)							
<b>KENTUCKY</b>							
<b>LEXINGTON</b>							
University of Kentucky Medical Center	J. W. Mc Roberts				2C	008	10,260
St. Joseph		6	912				
University		14	611	3,068			
Veterans Admin.		14	636	2,040			
<b>LOUISVILLE</b>							
University of Louisville Affiliated Hospitals	M. Amin				3C	006	9,600
Louisville General		17	272	4,850			
Norton—Children's Hospitals		6	322	438			
Veterans Admin.		16	431	2,305			
<b>LOUISIANA</b>							
<b>BATON ROUGE</b>							
Earl K. Long Memorial (See Louisiana State Univ. Affil. Hosps., New Orleans)							
<b>MONROE</b>							
E. A. Conway Memorial Hospital (See Ochsner Foundation Hosp., New Orleans)							
<b>NEW ORLEANS</b>							
Louisiana State University Affiliated Hospitals	G. C. Tomskey				4C 4F	011	7,800
Charity Hospital of Louisiana		17	575	9,041			
Earl K. Long Memorial (Baton Rouge)		10	351	2,262			
Ochsner Foundation	W. Brannan	17	794	15,864	2C	008	9,497
E. A. Conway Memorial (Monroe)	W. Brannan	5	178	1,811			13,860
Univ. of South Alabama Med. Center Hosp. and Clinics (Mobile, Ala.)	J. Hyman	7	344	1,492			10,704
Tulane University Affiliated Hospitals					1C 3*	020	
Charity Hospital of Louisiana	J. U. Schlegel	21	707	10,615			9,000
Touro Infirmary	J. L. Fischman	16	665	1,167			10,044
U. S. Public Health Service	H. P. Gutierrez	19	611	2,267			
Veterans Admin.	J. U. Schlegel	15	448	6,207			11,017
<b>SHREVEPORT</b>							
L.S.U. (Shreveport) Affiliated Hospitals	R. W. Turner				2C 2F	010	
Confederate Memorial Medical Center		27	965	6,224			9,456
Veterans Admin.		23	530	3,566			11,358
<b>MARYLAND</b>							
<b>BALTIMORE</b>							
Johns Hopkins	P. C. Walsh	35	1,139	10,016	4C	013	13,150
Sinai Hospital of Baltimore	M. A. Robbins	21	898	718	1C	003	13,200
University of Maryland Affiliated Hospitals					4C	013	
University of Maryland	J. D. Young, Jr.	21	660	13,335			12,675
Veterans Admin.	H. C. Kramer	17	749	3,576			12,158
<b>MASSACHUSETTS</b>							
<b>BOSTON</b>							
Boston University Affiliated Hospitals	C. A. Olsson				3C	012	
Boston City			483	3,396			12,070
University		14	529				13,100
Veterans Admin.		37	827	1,971			12,186
Harvard Affiliated Hospitals	R. Gittes				2C	008	
Peter Bent Brigham	R. Gittes	17	644	1,770			13,100
Beth Israel	L. A. Klein	13	551	934			12,300
Children's Hospital Medical Center	R. M. Filler						
Lahey Clinic	L. Zinman	65	2,700	9,000	2C	006	13,100
New England Deaconess	L. M. Woodruff	52	975				13,100
Lawrence F. Quigley Memorial (Chelsea)	L. M. Woodruff	8	196	1,158			
Massachusetts General	G. R. Prout, Jr.	58	2,180	5,059	2C	007	13,600
New England Medical Center	R. M. Spellman	9		45	1C	003	
<b>CHELSEA</b>							
Lawrence F. Quigley Memorial (See Lahey Clinic, Boston)							
<b>MICHIGAN</b>							
<b>ALLEN PARK</b>							
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)							

34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>MICHIGAN—Continued</b>							
<b>ANN ARBOR</b>							
University of Michigan Affiliated Hospitals	J. Lapidès				4*	020	
University	J. Lapidès	32	1,427	6,353			11,650
St. Joseph Mercy	R. P. Dorr	22	1,607	6,399			11,650
Veterans Admin.	J. Lapidès, J. W. Konnak	23	627	1,516			
Wayne County General (Eloise)	J. Lapidès	15	476	1,858			12,408
<b>DETROIT</b>							
Harper	E. J. Shumaker	34	1,052	657	1C	003	12,200
Henry Ford	J. C. Cerny	35	1,240	12,500	2C	006	12,500
Sinai Hospital of Detroit—Grace (Northwest Unit)	W. H. Rattner				2C	008	11,650
Sinai Hospital of Detroit	W. H. Rattner	32	1,315	364			
Grace (Northwest Unit)	W. H. Rattner	35	1,364	398			
Wayne State University Affiliated Hospitals	J. M. Pierce, Jr.	78	2,036	11,714	3C	009	12,200
Children's Hospital of Michigan	A. D. Perlmutter	9	600	4,680			12,200
Detroit General	J. M. Pierce, Jr.	25	458	4,283			12,200
Hutzel	J. M. Pierce, Jr.	23	514	471			12,200
Veterans Admin. (Allen Park)	J. M. Pierce, Jr.	21	464	2,280			11,904
<b>EAST LANSING</b>							
Michigan State University Associated Hospitals	S. N. Rous				1C	002	11,600
Ingham Medical Center (Lansing)	S. N. Rous	8	344	943			
Veterans Admin. (Saginaw)							
<b>ELOISE</b>							
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)							
<b>GRAND RAPIDS</b>							
Butterworth	J. Irwin	18	1,067	720	1C 1F	004	8,643
<b>LANSING</b>							
Ingham Medical Center (See Michigan State University Assoc. Hosps., East Lansing)							
<b>ROYAL OAK</b>							
William Beaumont	H. E. Lichtwardt	33	1,704	2,708	2C 2F	006	12,800
<b>SAGINAW</b>							
Veterans Admin. (See Michigan State University Assoc. Hosps., East Lansing)							
<b>MINNESOTA</b>							
<b>MINNEAPOLIS</b>							
University of Minnesota Affiliated Hospitals	E. E. Fraley				3C	012	
University of Minnesota Hospitals	E. E. Fraley	19	662	7,603			10,200
Hennepin County Medical Center	A. C. Markland	7	475	3,274			
Veterans Admin.	E. E. Fraley	39	958	6,495			
<b>ROCHESTER</b>							
Mayo Graduate School of Medicine	D. C. Utz			35,043	5*	025	11,500
Rochester Methodist		23	1,122				
St. Mary's		42	1,920				
<b>ST. PAUL</b>							
St. Paul—Ramsey	A. S. Cass	9	544	4,626	1C	004	11,000
<b>MISSISSIPPI</b>							
<b>JACKSON</b>							
University of Mississippi Medical Center	W. L. Weems				2*	008	
University		17	725	3,269			10,000
Veterans Admin. Center		25	622	4,259			10,083
<b>MISSOURI</b>							
<b>COLUMBIA</b>							
University of Missouri Medical Center	I. M. Thompson	34	1,229	5,650	2*	008	10,600
Veterans Admin.	J. E. Montie	16	527	1,615			
<b>INDEPENDENCE</b>							
Independence Sanitarium and Hospital (See Univ of Mo. at Kansas City Affil. Hosps., Kansas City)							
<b>KANSAS CITY</b>							
University of Missouri at Kansas City Affiliated Hospitals	A. L. Stockwell				2C	006	
Kansas City General Hospital and Medical Center	A. L. Stockwell	14	2,420	3,813			11,500
Children's Mercy	H. N. Habib	2	141	574			11,500
Research Hospital and Medical Center							
Independence Sanitarium and Hospital (Independence)							
Veterans Admin. Center (Leavenworth, Kan.)	J. G. Desai	22	505	8,550			12,652
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)							
<b>ST. LOUIS</b>							
Homer G. Phillips	M. Abrams	16	320	2,050	1C 4C 1F	004 012	11,385 12,500
St. Louis University Group of Hospitals	H. Schoenberg						
Firmen Desloge General	H. Schoenberg	7	274	597			
Cardinal Glennon Memorial Hospital for Children	H. Schoenberg	6	407	714			
St. Louis City	H. Schoenberg	11	345	2,323			
St. Mary's Health Center	H. Schoenberg, W. Melick	20	871	26			
Washington University Affiliated Hospitals	R. K. Royce				3C	009	12,500
Barnes Hospital Group	R. K. Royce		2,059	2,443			
Veterans Admin.	W. T. Newton	20	533	5,195			
<b>NEBRASKA</b>							
<b>OMAHA</b>							
Creighton University Affiliated Hospitals	M. P. Walzak, Jr.				1C	003	
Creighton Memorial St. Joseph's		18	676	1,215			11,440
Douglas County							
Veterans Admin.		21	540	1,175			10,449

## 34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEBRASKA, OMAHA—Continued</b>							
University of Nebraska Affiliated Hospitals	F. F. Bartone				1C	003	12,000
University of Nebraska		6	482	1,600			
Bishop Clarkson Memorial		17	791	277			
Douglas County							
Nebraska Methodist							
Veterans Admin.		21	540	1,175			10,449
<b>NEW HAMPSHIRE</b>							
<b>HANOVER</b>							
Dartmouth Medical School Affiliated Hospitals	L. J. Morin				1C	003	11,880
Mary Hitchcock Memorial		12	771	3,014			
Veterans Admin. Center (White River Junction, Vt.)		9	225	880			
<b>NEW JERSEY</b>							
<b>EAST ORANGE</b>							
Veterans Admin.							
(See CMDNJ—New Jersey Med. School Affil. Hosps., Newark)							
<b>JERSEY CITY</b>							
Jersey City Medical Center							
(See CMDNJ—New Jersey Med. School Affil. Hosps., Newark)							
<b>NEWARK</b>							
CMDNJ—New Jersey Medical School Affiliated Hospitals	J. J. Seebode				2C	015	
					1F		
Martland	J. J. Seebode	17	374	1,540			
Veterans Admin. (East Orange)	A. Sporer	34	515	4,160			13,662
Jersey City Medical Center (Jersey City)	J. J. Seebode	25	625	1,200			12,800
<b>TRENTON</b>							
St. Francis							
(See Hahnemann Medical College Affil. Hosps., Philadelphia)							
<b>NEW MEXICO</b>							
<b>ALBUQUERQUE</b>							
University of New Mexico Affiliated Hospitals	T. A. Borden				2C	006	
Bernalillo County Medical Center		9	376	3,015			10,750
Veterans Admin.		22	626	1,839			10,916
<b>NEW YORK</b>							
<b>ALBANY</b>							
Albany Medical Center Affiliated Hospitals	M. W. Woodruff				2C	006	
Albany Medical Center	M. W. Woodruff	28	2,712	2,967			12,675
Veterans Admin.	M. W. Woodruff, C. Oahlen	23	506	1,915			14,563
<b>BUFFALO</b>							
Millard Fillmore	P. A. Greco	38	1,941	6,792	1C	003	11,800
S. U. N. Y. at Buffalo Affiliated Hospitals	W. J. Staubitz				4C	012	
Buffalo General	W. J. Staubitz	26	1,000	3,480			11,300
Children's Hospital of Buffalo	W. J. Staubitz	10	935	603			13,800
Deaconess Hospital of Buffalo	T. F. Kaiser	18	718	831			12,800
Edward J. Meyer Memorial	W. J. Staubitz	21	525	2,469			13,800
Roswell Park Memorial Institute							
Veterans Admin.	W. J. Staubitz	28	676	4,790			13,800
<b>EAST MEADOW</b>							
Nassau County Medical Center—Meadowbrook Div.	M. Goldfarb	18	746	2,879	1*	003	12,571
<b>MINEDLA</b>							
Nassau	S. Rudansky	21	993	210	1*	004	14,564
					1F		
<b>NEW HYDE PARK</b>							
Long Island Jewish—Hillside Medical Center Program	A. T. Cole				2C	006	16,000
Long Island Jewish—Hillside Medical Center		14	514	536			
Queens Hospital Center (New York City)		17	572	3,929			
<b>NEW YORK CITY</b>							
Albert Einstein College of Medicine Affiliated Hospitals	H. R. Newman				4C	012	
Bronx Municipal Hospital Center		32	912	4,324			
Hospital of the Albert Einstein College of Medicine		20	809	1,691			
Lincoln		14	272	3,376			
Beth Israel Medical Center	L. A. Orkin	49	1,424	3,780	2C	008	16,780
Francis Delafield Hospital—Harlem Hospital Center	R. J. Veinama, H. Garnes				2C	006	16,000
Francis Delafield	R. J. Veinama	24	295	2,073			
Harlem Hospital Center	H. Garnes	22	493	3,952			
French and Polyclinic Medical School and Health Center	R. D. Amelar	41	1,704	6,068	1C	003	15,000
Jewish Hospital and Medical Center of Brooklyn	M. E. Klinger	53	1,208	1,475	2C	004	14,700
Lenox Hill	J. H. Mc Govern	17	641	1,027	1C	003	17,947
Long Island College	J. J. Ippolito	31	1,146	924	1C	004	15,780
Methodist	J. J. Ippolito	15	705	769			
Maimonides Medical Center Training Program	G. Wise				2C	006	15,200
Maimonides Medical Center		45	1,083	1,318			
Coney Island		20	495	3,413			
Kings County Hospital Center							
Misericordia—Fordham Training Program	R. L. Gentile				1C	004	16,870
Misericordia Hospital Medical Center		24	546	715			
Fordham		11	263	2,137			
Montefiore Hospital Training Program	S. Z. Freed				3C	009	
Montefiore Hospital and Medical Center		41	982	2,546			
Morrisania City		5	177	2,908			
Mount Sinai Hospital Training Program	H. Brendler				8C	016	
Mount Sinai	H. Brendler	63	1,500	3,484			17,950
City Hospital Center at Elmhurst	M. Pincus	15	407	5,912			16,000
Veterans Admin. (Bronx)	H. Brendler	31	759	6,635			16,001

## 34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>NEW YORK, NEW YORK CITY—Continued</b>							
New York Hospital	V. F. Marshall	80	2,520	6,930	2C	008	13,300
New York Medical College—Metropolitan Hospital Center	J. E. Davis				3C	009	16,000
Unit 1—Flower and Fifth Avenue Hospitals	J. E. Davis	30	850	1,500			
Unit 2—Metropolitan Hospital Center	C. Mallouh	16	443	4,582			
Unit 3—Bird S. Coler Memorial Hospital and Home	J. E. Davis	10	64	978			
New York University Medical Center University	P. Morales	34	1,393		4C	016	19,130
Veterans Admin. (Manhattan)		46	686	2,911			
Bellevue Hospital Center		27	476	4,578			18,350
Presbyterian	J. K. Lattimer	68	2,729	8,638	3C	011	15,500
Queens Hospital Center (See L. I. Jewish-Hillside Med. Center Program, New Hyde Park)							
Roosevelt	P. B. Snyder	27	935	1,246	1C	003	16,800
St. Luke's Hospital Center	R. W. Lavengood, Jr.	40	716	4,171	1C	004	17,250
S. U. N. Y. Downstate Medical Center	K. Waterhouse				3C	012	
Brooklyn—Cumberland Medical Center	P. Finkelstein	14	656	1,802			
Kings County Hospital Center	K. Waterhouse	19	637	6,186			16,000
State University	K. Waterhouse	13	620	2,824			15,629
Veterans Admin. (Brooklyn)	J. I. Abrahams	33	924	2,095			16,001
<b>ROCHESTER</b>							
Strong Memorial Hospital of the University of Rochester	A. T. K. Cockett	14	640	1,169	2C	008	12,900
<b>SYRACUSE</b>							
S. U. N. Y. Upstate Medical Center	O. M. Lilien				2C	006	13,875
Crouse Irving—Memorial	I. Goldman	13	595				
State University	O. M. Lilien	15	732	1,093			
Veterans Admin.	O. M. Lilien	17	499	2,232			
<b>NORTH CAROLINA</b>							
<b>ASHEVILLE</b>							
Veterans Admin. (See Duke University Affiliated Hospitals, Durham)							
<b>CHAPEL HILL</b>							
North Carolina Memorial	F. A. Fried	16	521	5,027	2C	002	12,000
Memorial Hospital of Wake County (Raleigh)	J. F. Rhodes	17	924	732			
<b>CHARLOTTE</b>							
Charlotte Memorial Hospital and Medical Center	H. R. Justis	55	2,601	1,236	1C	003	11,400
<b>DURHAM</b>							
Duke University Affiliated Hospitals	J. F. Glenn				4C	012	
Duke University Medical Center	J. F. Glenn	34	1,500	12,053			12,485
Veterans Admin.	J. E. Dees	20	489	3,825			11,935
Veterans Admin. (Asheville)	S. V. Kishev	26	447	1,828			
<b>RALEIGH</b>							
Memorial Hospital of Wake County (See North Carolina Memorial Hospital, Chapel Hill)							
<b>WINSTON-SALEM</b>							
Bowman Gray School of Medicine Affiliated Hospitals							
North Carolina Baptist	W. H. Boyce	29	1,239	1,024	2*	010	10,000
<b>OHIO</b>							
<b>AKRON</b>							
Akron City	M. L. Ford	45	1,844	782	1C 1F	006	11,000
Akron General	L. D. Arbuckle	29	1,416	6,487	1*	005	10,500
<b>CINCINNATI</b>							
Good Samaritan	H. W. Rattledge	44	1,279	378	1C	003	11,550
University of Cincinnati Hospital Group	A. T. Evans				4*	024	
Cincinnati General		20	1,204	4,647			11,257
Children's		521	6	346			
Christ		46	2,863	302			13,000
Veterans Admin.	A. T. Evans	30	552	2,320			12,158
<b>CLEVELAND</b>							
Case Western Reserve University Affiliated Hospitals	L. Persky				2C	006	
University Hospitals of Cleveland		41	2,304	2,354			12,300
Cleveland Metropolitan General		7	306	2,656			
Veterans Admin.		33	593	1,475			12,237
Cleveland Clinic	R. A. Straffon	58	2,022	10,513	3C	009	12,500
St. Vincent Charity	J. A. Kmieck	12	369	899			
Huron Road	P. F. Boyd	19	695	520	1C	003	11,100
<b>COLUMBUS</b>							
Ohio State University Affiliated Hospitals	C. C. Winter				2C	006	
Ohio State University Hospitals	C. C. Winter	25	783				11,180
Children's	J. P. Smith	9	508	683			
Riverside Methodist	R. Rehm	22	938	196			10,000
<b>DAYTON</b>							
Wright State University Affiliated Hospitals							
Veterans Admin. Center	B. Pilloff	24	280	1,950	1*	003	12,680
<b>TOLEDO</b>							
Medical College of Ohio at Toledo Affiliated Hospitals	B. Kropp				2* 2F	010	10,795
Hospital of Medical College of Ohio at Toledo		15	273	650			
St. Vincent Hospital and Medical Center		30	1,274	492			
<b>OKLAHOMA</b>							
<b>OKLAHOMA CITY</b>							
University of Oklahoma Health Sciences Center	W. L. Parry				3* 1F	015	
University Hospital and Clinics		8	295	2,005			10,803
Veterans Admin.		21	650	3,375			10,023

## 34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>OREGON</b>							
<b>PORTLAND</b>							
University of Oregon Affiliated Hospitals	C. V. Hodges				6C 3F	017	
University of Oregon Health Sciences Center Hospitals and Clinics Veterans Admin.	C. V. Hodges J. M. Barry	23 18	834 658	4,692 856			9,900 10,969
<b>PENNSYLVANIA</b>							
<b>ABINGTON</b>							
Abington Memorial (See Hahnemann Med. College Affiliated Hosps., Philadelphia)							
<b>BRYN MAWR</b>							
Bryn Mawr (See Thomas Jefferson Univ. Affil. Hosps., Philadelphia)							
<b>CHESTER</b>							
Crozer—Chester Medical Center (See Hahnemann Medical College Affil. Hospitals, Philadelphia)							
<b>DANVILLE</b>							
Geisinger Medical Center	H. E. Brown	20	1,064	13,554	1* 1F	005	11,300
<b>ERIE</b>							
Hamot Medical Center—St. Vincent Health Center	H. J. Mc Laren				1C 3F	009	
Hamot Medical Center St. Vincent Health Center	J. H. Petre H. J. Mc Laren	28 27	1,486 1,232	5,435 11,614			11,100 12,100
<b>HARRISBURG</b>							
Harrisburg (See Milton S. Hershey Med. Ctr. of Pa. State Univ., Hershey)							
<b>HERSHEY</b>							
Milton S. Hershey Medical Center of the Pennsylvania State University Harrisburg (Harrisburg)	T. J. Rohner, Jr. T. J. Rohner, Jr.	12 15	556 689	2,922 376	1C	003	12,384
<b>PHILADELPHIA</b>							
Albert Einstein Medical Center	W. Wolgin	31	1,163	936	1C	004	11,100
Graduate Hospital of the University of Pennsylvania	H. M. Burros		225	771	1C	003	12,500
Hahnemann Medical College Affiliated Hospitals	P. Gonick				2*	006	
Hahnemann Medical College and Hospital	P. Gonick	11	462	3,014			11,200
Abington Memorial (Abington)	G. J. Gislason	17	775	267			11,000
Crozer—Chester Medical Center (Chester)							
St. Francis Medical Center (Trenton, N.J.)							
Pennsylvania	T. R. Malloy	13	534	1,302	1C	003	11,700
Philadelphia General	S. G. Mulholland	26	211	4,409	1C	004	11,200
Temple University Affiliated Hospitals	A. R. Kendall				2C	005	12,500
Temple University	A. R. Kendall	12	466	1,676			
Hospital of the Medical College of Pennsylvania	L. Karafin	9	194	691			
St. Christopher's Hospital for Children	A. R. Kendall	7	150	700			
Thomas Jefferson University Affiliated Hospitals	P. D. Zimskind				1C 1F	010	
Thomas Jefferson University	P. D. Zimskind	23	755	1,828			11,800
Bryn Mawr (Bryn Mawr)	G. L. Tobias	19	1,030	312			
Veterans Admin. (Wilmington, Del.)	A. Raney	16	252	1,195			13,801
University of Pennsylvania Affiliated Hospitals	J. J. Murphy				3C	009	
Hospital of the University of Pennsylvania	J. J. Murphy	19	938	6,150			11,400
Children's Hospital of Philadelphia	J. W. Duckett, Jr.	1	360	160			11,514
Veterans Admin.	A. J. Wein	20	567	4,450			13,000
<b>PITTSBURGH</b>							
Hospitals of the University Health Center of Pittsburgh	F. N. Schwentker	60	2,361	4,938	2C	006	14,160
Presbyterian—University Children's Hospital of Pittsburgh Veterans Admin.							
Mercy	N. J. Mc Cague	19	884	825	1C	003	12,300
Western Pennsylvania	S. H. Johnson, 3d	21	874	401	1C	002	13,250
<b>PUERTO RICO</b>							
<b>CAGUAS</b>							
Caguas Sub—Regional (See University of Puerto Rico Affiliated Hospitals, San Juan)							
<b>SAN JUAN</b>							
University of Puerto Rico Affiliated Hospitals	B. Gonzalez-Flores				5F	015	
I. Gonzalez Martinez	B. Gonzalez-Flores	8	186	1,450			12,720
San Juan City	R. Fortuno	15	493	4,171			10,320
University District	B. Gonzalez-Flores	15	320	7,633			10,320
Veterans Admin. Center	B. Gonzalez-Flores	19	686	4,399			12,166
Caguas Sub—Regional (Caguas)	F. C. Rivera	16	370	1,825			9,420
<b>RHODE ISLAND</b>							
<b>PROVIDENCE</b>							
Brown University Affiliated Hospitals	E. K. Landsteiner				2C	006	
Rhode Island	E. K. Landsteiner	23	1,068	1,286			13,570
Roger Williams General Veterans Admin.	W. S. Klutz, C. A. Olsson	13	318	1,485			12,186

## 34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1976-1977		Annual Salary (Min.)
					1st Yr.	All Yrs.	
<b>SOUTH CAROLINA</b>							
<b>CHARLESTON</b>							
Medical University of South Carolina Teaching Hospitals	W. R. Turner, Jr.				2C	006	10,968
Medical University of South Carolina Charleston County Veterans Admin.		14 8 16	519 303 527	2,696  2,520			10,440
<b>TENNESSEE</b>							
<b>MEMPHIS</b>							
University of Tennessee Affiliated Hospitals City of Memphis Hospitals Veterans Admin.	C. E. Cox C. E. Cox W. P. Jordan, Jr.	24 27	744 826	4,854 4,930	6C	014	11,496 12,635
<b>NASHVILLE</b>							
Vanderbilt University Affiliated Hospitals Nashville Metropolitan General Vanderbilt University Veterans Admin.	T. Paine R. K. Rhamy H. V. Braren	6 42 27	229 1,750 838	1,589 13,606 4,320	2C	008	9,482 10,941
<b>TEXAS</b>							
<b>DALLAS</b>							
University of Texas Southwestern Medical School Affiliated Hospitals Parkland Memorial Baylor University Medical Center Children's Medical Center Presbyterian Hospital of Dallas Veterans Admin. John Peter Smith (Fort Worth)	P. C. Peters P. C. Peters F. Fuqua P. C. Peters T. D. Allen G. F. Begley	18 52 18 36 5	660 2,523 816 1,311 553 231	4,818 381 392 3,442 1,723	3C	015	9,660 10,699  9,660 10,071 12,600
<b>FORT WORTH</b>							
John Peter Smith (See Univ. of Texas S. W. Med. School Affil. Hosp., Dallas)							
<b>GALVESTON</b>							
University of Texas Medical Branch Hospitals	D. F. McDonald	12	393	3,232	1C	003	12,800
<b>HOUSTON</b>							
Baylor College of Medicine Affiliated Hospitals  Ben Taub General St. Luke's Episcopal Texas Children's Veterans Admin. University of Texas at Houston Affiliated Hospitals Hermann St. Joseph University of Texas M. D. Anderson Hospital and Tumor Institute	C. E. Carlton, Jr.  C. E. Carlton, Jr. F. B. Scott F. B. Scott P. D. Beach J. N. Corriere, Jr. J. N. Corriere, Jr. J. N. Corriere, Jr. D. E. Johnson	15 55 15 38 25 35 19	557 3,134 1,591 659 1,518 1,707 704	10,988 142 252 6,766 1,572 225 3,186	4C 2F	016	10,140    9,792
<b>SAN ANTONIO</b>							
University of Texas at San Antonio Teaching Hospitals Bexar County Teaching Santa Rosa Medical Center	H. M. Radwin H. M. Radwin H. L. Wolff	65 30	2,528 1,582	8,039 134	2C	008	9,800
<b>TEMPLE</b>							
Scott and White Memorial  Veterans Admin. Center	P. S. Nussbaum E. A. Webb	9 19	472 350	9,066 1,975	1C 1F	005	10,500
<b>UTAH</b>							
<b>SALT LAKE CITY</b>							
University of Utah Affiliated Hospitals University Veterans Admin.	R. G. Middleton R. G. Middleton D. S. Dahl	6 7	367 328	1,670 1,570	2C	006	11,900 10,500
<b>VERMONT</b>							
<b>BURLINGTON</b>							
Medical Center Hospital of Vermont	G. W. Leadbetter, Jr.	17	879	941	1C	003	10,450
<b>WHITE RIVER JUNCTION</b>							
Veterans Admin. Center (See Dartmouth Med. School Affil. Hospitals, Hanover, N.H.)							
<b>VIRGINIA</b>							
<b>CHARLOTTESVILLE</b>							
University of Virginia Affiliated Hospitals University of Virginia Veterans Admin. (Salem)	J. Y. Gillenwater J. Y. Gillenwater	28 9	978 187	9,813 1,645	2C	008	10,449 12,719
<b>DANVILLE</b>							
Memorial	R. R. Landes	71	2,574	15,500	2*	005	11,000
<b>NORFOLK</b>							
Norfolk General—Children's Hospital of the King's Daughters Children's Hospital of the King's Daughters Norfolk General	P. C. Devine	4 33	405 1,251	455 1,204	2C	006	12,300
<b>RICHMOND</b>							
Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals Richmond Memorial Veterans Admin.	W. W. Koontz, Jr. W. W. Koontz, Jr. J. E. Hill, W. M. Anderson R. H. Hackler	33 9 38	1,009 449 923	7,271 243 3,410	3C	009	10,450 10,450 10,634
<b>SALEM</b>							
Veterans Admin. (See Univ. of Virginia Affil. Hosps., Charlottesville)							

## 34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)
					1976-1977 1st Yr.	All Yrs.	
<b>WASHINGTON</b>							
<b>SEATTLE</b>							
University of Washington Affiliated Hospitals	J. S. Ansell				2C	012	
Harborview Medical Center	M. Kiviat		168	2,412			
University	J. S. Ansell	5	283	4,080			9,252
U. S. Public Health Service	G. D. Monda	8	381	2,284			
Veterans Admin.	J. A. Tremann		302	3,075			9,672
Virginia Mason	R. J. Correa	17	1,628	7,936			
<b>WEST VIRGINIA</b>							
<b>CHARLESTON</b>							
Charleston Area Medical Center	A. T. Mc Coy	28	1,065	644	1C	003	10,260
<b>MORGANTOWN</b>							
West Virginia University	D. F. Milam	17	738	3,156	2C	006	10,500
<b>WISCONSIN</b>							
<b>MADISON</b>							
University of Wisconsin Affiliated Hospitals	J. B. Wear, Jr.				2*	014	10,800
Madison General	A. Schoenenberger	14	837				
St. Mary's Hospital Medical Center		11	610				
University Hospitals	J. B. Wear, Jr.	18	598	3,549			
Veterans Admin.	P. O. Madsen	26	772	2,098			
<b>MILWAUKEE</b>							
Medical College of Wisconsin Affiliated Hospitals	N. B. Hodgson				2C 1F	011	
Milwaukee County General	N. B. Hodgson	12	355	4,216			10,537
Columbia	J. W. Kearns	9	460				10,497
Lutheran Hospital of Milwaukee	N. B. Hodgson	6	267	63			
Milwaukee Children's	N. B. Hodgson	3	370	203			10,545
Mount Sinai Medical Center	S. Fine						
St. Joseph's	D. W. Calvy	27	941	370			10,537
Veterans Admin. Center (Wood)	R. B. Bourne	21	564	7,303			11,809

# Essentials of Approved Residencies\*

REVISED TO JULY 30, 1976  
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.

- |                               |  |
|-------------------------------|--|
| 1. Allergy and Immunology     | 17. Pediatrics                           |
| 2. Anesthesiology             | Cardiology <sup>1</sup>                  |
| 3. Colon and Rectal Surgery   | 18. Physical Medicine and Rehabilitation |
| 4. Dermatology                | 19. Plastic Surgery                      |
| 5. Family Practice            | 20. Preventive Medicine                  |
| 6. General Practice           | General Preventive Medicine              |
| 7. General Surgery            | Aerospace Medicine                       |
| Pediatric Surgery             | Occupational Medicine                    |
| 8. Internal Medicine          | Public Health                            |
| 9. Neurological Surgery       | 21. Psychiatry and Neurology             |
| 10. Neurology                 | 22. Radiology                            |
| 11. Nuclear Medicine          | Diagnostic Radiology                     |
| 12. Obstetrics and Gynecology | Therapeutic Radiology                    |
| 13. Ophthalmology             | 23. Thoracic Surgery <sup>2</sup>        |
| 14. Orthopedic Surgery        | 24. Urology                              |
| 15. Otolaryngology            |  |
| 16. Pathology                 |  |

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.

## 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

\*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. Candidates must fulfill the certification requirements of the American Board of Surgery before they are eligible for examination by the American Board of Thoracic Surgery.

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 supervision and direction of the residency program, and for correlating the activities of the resident staff in various departments of the hospital. The committee might well include the pathologist, the radiologist, and other department heads who, because of the inherent relationship of the departmental work will be called on to assist in the training program.

The particular specialties in which residents are being trained should be represented in the staff by well qualified, experienced, and proficient physicians, whether or not they hold membership in special societies and colleges or are certified in their specialty. Adequate organization of the medical staff presupposes careful selection of the head of the department and of the chiefs of the various services. In addition to their qualifications in the specialty, they should have high professional standing, and possess the attributes of the teacher. Being responsible for the training of residents, they should be chosen on the basis of ability, aptitude, and interest.

Members of the attending staff should be assigned by the department head to specific responsibility as far as the work



of the services is concerned. The service of each attending physician should include an adequate number of patients and extend over a sufficient period to elicit his full interest and attention while on service. On the other hand the service should not be so large as to be a burden to the attending staff and thus result in reduced attention to the educational program. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

The staff must hold an adequate number of regularly scheduled clinical pathological conferences and other staff conferences, in addition to meetings of the staff at which the histories, clinical observations, laboratory studies, and pathology of selected cases are reviewed. Scientific meetings at which papers are presented by members of the staff or guest speakers are considered commendable but do not serve to meet the requirements of these scheduled conferences. In addition to meetings of the staff as a whole, it is expected that departmental conferences will be conducted in which residents should take an active part, so that the quality of the service given by that department to its patients may be recurrently evaluated. Other educational activities requiring the full support and cooperation of the staff are described under Training Program, and Applied Basic Sciences (Section I-7, I-9) and under Special Requirements (Section VI).

#### 2. DEPARTMENT OF RADIOLOGY

The department of radiology should be under the direction of a qualified radiologist proficient in the various functions of his specialty. He must cooperate fully in the training of all hospital residents and supervise any direct contact which they may have with the work of the department. This supervision, if not full time, necessitates at least daily visits to the hospital during which the radiologist is expected to be available for consultation with the resident staff in addition to supervising the work of the department.

The department should contain modern roentgenographic, roentgenoscopic, and where indicated, therapeutic equipment and radium adequate for the needs of the hospital. The department should be properly organized to carry out its functions in an effective manner. It should keep adequately indexed records, including cross indices, to assure efficient operation and to facilitate investigative work. These requirements are essential in institutions offering residency programs in any field.

#### 3. DEPARTMENT OF PATHOLOGY

The department of pathology should be under the direction of a qualified pathologist who shall be prepared to cooperate fully in the training of all hospital residents and supervise any direct contact they may have with the laboratory. There should be continuous supervision of the laboratory by the pathologist who, preferably, should have no 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 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. BIOMEDICAL INFORMATION

Institutions offering approved residencies should provide access to biomedical information including carefully selected, authoritative medical textbooks and monographs, recent editions of the Index Medicus, and current medical journals in the various branches of medicine and surgery in which training is being conducted, as well as other learning resources (e.g. audiovisuals). The information resources should be properly supervised.

#### 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 completed and include the patient's chief complaint, case history, physical examination on admission, a provisional diagnosis, record of laboratory examinations, therapy employed, descriptions of operations if performed, adequate progress notes, consultation remarks, a final diagnosis, condition on discharge, necropsy observations in case of death if postmortem examination is performed, and an appropriate summary. The records should show by signatures or at least initials, the names of all physicians writing the record in whole or part, as well as the names of the staff members by whom the records are verified. Each completed record should be verified by a responsible staff member.

In a hospital assuming responsibility for graduate training, it is expected that the clinical records be sufficiently comprehensive to permit of their use for teaching purposes. While responsibility for the preparation of parts of the record, such as the admission work-up, may be delegated to the intern or resident assigned to the case, the ultimate responsibility for the completed record lies with the staff member in charge.

There should be a records committee of the staff which will meet periodically with the record librarian to review the clinical charts and report their findings. This committee may be empowered to make recommendations concerning the disciplinary measures necessary to assure the maintenance of adequate clinical records on a current basis. Satisfactory records can be maintained only through the continuous and cooperative efforts of the staff, the medical records department, and the hospital administration.

#### 6. SELECTION OF RESIDENTS

The development of a satisfactory program requires, first of all, a careful selection of applicants for appointment to the resi-

dent 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. (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 Commission for Foreign Medical Graduates, 3624 Market 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 residency positions acquire reasonable assurance in regard to their medical qualifications through utilization of the program of the Educational Commission.

[Beyond July 1, 1961, no hospital should expect to maintain an approved 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.

4. In the case of students who have completed, in an accredited American College or university, undergraduate pre-medical work of the quality acceptable for matriculation in an accredited U.S. medical school, have studied medicine at a medical school located outside the United States, Puerto Rico, or Canada but which is recognized by the World Health Organization, have completed all of the formal requirements of the foreign medical school except internship and/or social service, may substitute for an internship required by a foreign medical school, an academic year of supervised clinical training (such as a clinical clerkship or junior internship) on or after July 1, 1971, prior to entrance into the first year of AMA approved graduate medical education. The supervised clinical training must be under the direction of a medical school approved by the Liaison Committee on Medical Education. Before beginning the supervised clinical training, also known as the "Fifth Pathway," students must have their academic records reviewed and approved by the medical schools supervising their clinical training and must attain a score satisfactory to the sponsoring medical school on a screening examination acceptable to the Council on Medical Education.

After July 1, 1961, the Council will recommend to the Residency Review Committees the disapproval of those training programs whose rosters contain graduates of foreign medi-

cal 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 Programs.*—While internship and residency programs have ordinarily been considered as full-time activities, there are particular circumstances under which physicians can undertake graduate medical education programs only on a part-time basis. It is highly desirable that these physicians be encouraged to proceed as far as possible with the necessary training to prepare them for licensure and medical practice.

It is incumbent upon the responsible program director to arrange a program which meets the educational needs of the trainee and at the same time includes in its total extent the sum of clinical experience and responsibilities acquired by a trainee on a normal schedule. Such a part-time plan must be fair to the other trainees and fully compatible with the hospital's training program and responsibilities in the care of patients.

The responsible program director must be prepared to justify to the appropriate review committee, as well as to state boards of licensure and specialty boards, the manner in which the program will be arranged so as to provide the equivalent of a full-time appointment, and the manner in which the trainee's experience and responsibilities will be documented. Of great importance is documentation of the manner in which the trainee's patient-care responsibilities will be discharged during those periods off duty. If two half-time trainees were to assume responsibility for the care of the same group of patients, this would not be unlike the manner in which patient care is delivered in some private practice situations.

*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 the 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 larger 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 hospital 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 prepara-

tion 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.

*Preparation for Practice.*—It is essential that the house officer before completing his period of formal graduate medical education in the hospital and its ambulatory facilities be exposed to the variety of methods by which he will apply his knowledge in the practice situation. If adequate models do not exist within the hospital environment, then a formal plan must be developed to expose the house officers to meaningful experience in health and medical service under a representative variety of patterns now developing throughout the nation. Inherent in this experience is an opportunity to become oriented to the social and economic aspects of medical practice. Preceptorial experience, seminars, or investigative projects on the relationship of medicine to the needs of society should be an essential part of the house officer's experience before he is considered to have completed his graduate medical education.

*Special Requirements for Programs of International Educational Exchange in Medicine.*—In addition to the foregoing requirements for all residents, 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) An orientation program 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 6, "Selection of Residents," 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.

(c) 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.

(d) 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.

#### 8. COLLABORATING AND AFFILIATING PROGRAMS

Some hospitals that have excellent facilities and clinical material for the greater part of an approved training program may be deficient in some particular phase of the work that can be well provided in another hospital of graduate training caliber. In such instances the hospital which has the greater part of the required clinical material and facilities may become the parent institution and collaborate with the second institution to provide a well rounded and complete program of training in a given specialty.

In other instances, especially on university connected services, the chief of an approved service may elect to augment the opportunity afforded his trainees for clinical experience by rotating them to a smaller affiliated institution for short periods of service. Such short-term services need not be independently approved. However, their contribution to the resident's training is taken into consideration and recognized when evaluating the over-all program of which it is a part. The departmental staff of the parent institution sponsoring the program must assume responsibility for the resident's training during the period he is assigned to the affiliating service, as well as when he is serving at the parent hospital. Under arrangements of this nature, it is not intended that the resident be assigned to affiliating services without supervision even though he may obtain extensive experience in this way. The resident's work must be properly supervised at all stages of his training. In general, affiliated services should not constitute more than a third of the training period. Hospitals which can offer satisfactory training for more than this period can probably develop acceptable programs of their own.

#### 9. BASIC SCIENCE TRAINING

Competence in any of the various specialties in clinical medicine requires a knowledge of the basic medical sciences as related to that specialty. Therefore, acceptable residency programs must provide for training in the applied basic medical sciences. Such training does not necessitate formal course work, specific assigned laboratory exercises, or affiliation of the residency hospital with a medical school; it should be distinctly of an applied nature, closely integrated with the clinical experience of the resident.

Any resident seeking competence or certification in a specialty must be able to apply at least the following basic sciences to his special field of medicine: anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology.

Undergraduate education in an approved medical school provides a background for an understanding of these sciences. In a graduate training program, therefore, training in basic sciences should stress reviews of their clinical application and not constitute primarily a review of undergraduate work.

*Anatomy.*—Anatomy at the residency level may be taught, reviewed or learned from the living body, on the operating or examining table, or from the fresh tissues in the pathological laboratory. More important in anatomical instruction of residents than an available anatomical laboratory is the attitude and enthusiasm of the hospital staff in availing themselves of opportunities to teach and learn applied gross and microscopic anatomy from clinical and pathological material. Opportunities of 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 as-

signments to clinical, laboratory or ambulatory care facilities.

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

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

A breach of the agreement by either a hospital or a resident is not condoned by the Council.

Whenever complaint of such a breach is made, it is the policy of the Council to ask each of the parties involved to submit an explanatory statement. Such statements become a part of the physician's and hospital's records, and are made available upon request to authorized agencies.

#### 11. EMPLOYMENT RELATIONS OF HOUSE OFFICERS

The primary purpose of intern and resident programs is professional education. Supervised service to patients is an essential part of intern and resident training, and it benefits both trainee and patient.

The accreditation process should include evidence that the employment agreements with interns and residents provide appropriate safeguards for the educational component of the program as follows:

1. There must be a mechanism for satisfactory intra-institutional communication between the governing board, the professional staff, and house officers with respect to service, research, and educational problems.
2. There must be a clearly-stated basis for annual reappointment. This must be based on evidence of progressive scholarship and professional growth of the trainee as demonstrated by his ability to assume graded and increasing responsibility for patient care. This determination is the responsibility of the program director, with advice from members of his teaching staff, and cannot be delegated to a professional or non-professional staff member who is primarily concerned with the service needs of the institution. A primary objective of the accreditation process is determination of the excellence of the experience as an exercise in professional education. Since supervised service to patients is an essential part of intern and resident training, these aspects of the program as measured by satisfactory performance of service functions should be considered in determining continued tenure.
3. There must be an equitable and satisfactory mechanism, involving the participation of the medical staff, for the redress of grievances. Although final responsibility rests with the institution's governing body, the latter should rely upon the determinations of the medical staff in professional and educational matters.

It is inappropriate that house officers be expected to assume increasing responsibility for patient care, while not at the same time participating effectively in communications which contribute ultimately to policy-making decisions. The intern and resident must be integrated into the medical staff as true colleagues in order that effective programs of medical education and patient care be carried out.

**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 supervise 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 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 American Board of 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 collaboration with the American Board of Medical Specialties, through the Liaison Committee on Specialty Boards 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 Allergy and Immunology  
(a Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics)

Herbert C. Mansmann, Jr., M.D., Executive Secretary  
3930 Chestnut Street, Philadelphia, Pa. 19104

American Board of Anesthesiology

E. S. Siker, M.D., Secretary-Treasurer  
100 Constitution Plaza, Hartford, Conn. 06103

American Board of Colon and Rectal Surgery  
Norman D. Nigro, M.D., Secretary  
320 West Lafayette, Detroit, Mich. 48226

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  
John A. Benson, Jr., M.D., President  
3930 Chestnut St., Philadelphia, Pennsylvania 19104

American Board of Neurological Surgery  
Robert B. King, M.D., Secretary  
750 E. Adams Street, Syracuse, N.Y. 13210

American Board of Nuclear Medicine  
(a Conjoint Board of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Radiology)

S. James Adelstein, M.D., Secretary  
475 Park Avenue South, New York, N.Y. 10016

American Board of Obstetrics and Gynecology  
James A. Merrill, M.D., Secretary-Treasurer  
Univ. of Okla. Health Sciences Center  
P.O. Box 26901, Oklahoma City, Okla. 73190

American Board of Ophthalmology  
Francis H. Adler, M.D., Secretary-Treasurer  
8870 Towanda St., Philadelphia, Pa. 19118

American Board of Orthopaedic Surgery  
William A. Larmon, M.D., Executive Secretary  
430 N. Michigan Ave., Chicago, Ill. 60611

American Board of Otolaryngology  
Walter Work, M.D., Executive Secretary-Treasurer  
1301 E. Ann St., HR-5032, Ann Arbor, Michigan 38103

American Board of Pathology  
A. James French, M.D., Executive Director  
Office of Board, Suite 780  
5401 West Kennedy Blvd., Tampa, Fla. 33609

American Board of Pediatrics  
F. Howell Wright, M.D., Executive Secretary  
Museum of Science and Industry  
57th St. & South Lake Shore Dr., Chicago, Ill. 60637

American Board of Physical Medicine and Rehabilitation  
Earl C. Elkins, M.D., Secretary-Treasurer  
Suite D, IA Kahler East, Rochester, Minn. 55901

American Board of Plastic Surgery  
Charles E. Horton, M.D., Secretary-Treasurer  
4647 Pershing Ave., St. Louis, Mo. 63108

American Board of Preventive Medicine  
Raymond Seltser, M.D., Secretary-Treasurer  
615 N. Wolfe St., Baltimore, Md. 21205

American Board of Psychiatry and Neurology  
Lester H. Rudy, M.D., Executive Secretary-Treasurer  
1603 Orrington Avenue, Evanston, Ill. 60201

American Board of Radiology  
C. Allen Good, M.D., Secretary  
Kahler East, Rochester, Minn. 55901

American Board of Surgery  
James W. Humphreys, Jr., M.D., Secretary-Treasurer  
1617 John F. Kennedy Blvd., Philadelphia, Pa. 19103

American Board of Thoracic Surgery  
Herbert Sloan, M.D., Secretary-Treasurer  
14624 East Seven Mile Rd., Detroit, Michigan 48205

American Board of Urology  
William L. Valk, M.D., Secretary-Treasurer  
4121 W. 83d Street, Suite 124  
Prairie Village, Kansas 66208

Certain of the boards certify physicians in subspecialties, as follows: Internal Medicine, in allergy, cardiovascular disease, gastroenterology, and pulmonary disease; Pediatrics, in allergy and cardiology; Psychiatry and Neurology, in child psychiatry. Candidates for certification in these special fields should communicate with the secretary of the American Board concerned, concerning the prerequisites.

The two conjoint Boards now approved (The American Board of Allergy and Immunology and the American Board of Nuclear Medicine) will certify physicians as specialists in the field indicated by their names, following the requisite training obtained in the primary fields of internal medicine or pediatrics, in the case of the American Board of Allergy and Immunology; and in the primary fields of internal medicine, radiology, or pathology in the case of the American Board of Nuclear Medicine.

**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

On January 1, 1975, the Liaison Committee on Graduate Medical Education, which has as its sponsoring bodies the American Medical Association, the American Board of Medical Specialties, the American Hospital Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies, assumed the responsibility for accreditation of programs in graduate medical education. The Residency Review Committees will continue their function of detailed review of specialty programs, based on the information provided by program directors, surveys by the Field Representatives of the Department of Graduate Medical Education of the American Medical Association, specialist site visits requested by the Residency Review Committees, and other pertinent information concerning the program.

Prior to the formation of the Liaison Committee on Graduate Medical Education, the American Medical Association bore most of the cost of assembling information and the survey of programs, as well as costs associated with the review and evaluation, notification, record keeping, and publication of the annual Directory of Approved Internships and Residencies. With the assumption of responsibility by the Liaison Committee on Graduate Medical Education (LCGME) for accreditation of residency programs, a fee of \$300 will be charged for the evaluation of each program for accreditation, effective January 1, 1975. Details of methods of billing and of payment will be included with the application and survey forms forwarded to an institution or agency that has requested approval of its residency program, or at the time of the regular periodic review of a residency program.

Procedures for considering an institution for approval of a residency to offer training in a recognized specialty are as follows:

The institution should make application to the Liaison Committee on Graduate Medical Education, in care of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610. The staff of the Department of Graduate Medical Education of the American Medical Association, which provides the secretariat for the Residency Review Committees, will provide application blanks and arrange to conduct a survey of the institution or institutions to determine whether the residency complies with the standards set forth in these "Essentials," including both the section on "General Requirements" and the section on "Special Requirements" pertaining to the residency for which application is made.

Individual Residency Review Committees, representing the Council on Medical Education of the American Medical Association, the specialty boards, and certain other national organizations, will review the programs and recommend to the

LCGME the action to be taken, including for accredited programs the manner in which they should be listed in the Directory of Approved Residencies, published annually by the American Medical Association.

As indicated elsewhere in these "Essentials," recognition may be withdrawn whenever the training program no longer conforms to the "Essentials," or when the positions in a residency 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 Residencies in Allergy and Immunology

The discipline of allergy and immunology reaches into a wide variety of clinical problems and is likely to become even more wide-ranging in the future. Therefore, rigid criteria for graduate medical education in this discipline are not appropriate. A variety of educational options can be approved if certain basic requirements are met. The objective of intensive education in allergy and immunology is to prepare the physician for the most effective practice, teaching, and research in the specialty. This preparation requires the acquisition of specialized knowledge and particular skills which will entitle the physician to be consulted and serve as an expert.

A graduate medical education program in allergy and immunology must offer a minimum of two years of full-time graduate medical education under competent supervision, after completion of primary education. In this connection, candidates for positions in programs offering specialized education in allergy and immunology should have fulfilled the basic requirements of at least one of the parent boards prior to undertaking the two year specialized program. Trainees should be given thorough training in the fundamentals of human and animal hypersensitivity through clinical studies and laboratory experiments. In both inpatient and outpatient settings, trainees should be given progressive responsibility for diagnosis and management of various disease entities of allergy and clinical immunology, as well as opportunities to gain experience in teaching and consultation as they demonstrate capabilities for such activities. The program should offer and encourage trainees to participate in clinical or laboratory research in allergy and immunology as a means of developing special competencies and stimulating inquiring and critical attitudes.

The program director, although not necessarily full-time, should be able to develop close and continuous contacts with trainees, and be available to provide advice and instruction on a daily basis. The staff of the teaching program should be devoted to education and be adequate in number to provide immediate consultation to trainees when needed. The director and the staff should be recognized for proficiency in allergy and immunology and should demonstrate those special competencies in teaching and research needed to provide a valuable educational experience for all trainees.

Allergy and immunology programs should be offered only in institutions with approved graduate medical education programs in pediatrics and internal medicine, and should develop affiliations which ensure graduate education in the broad fields of both pediatric and adult allergy and immunology. Exceptions will be considered for innovative programs based in private clinics which demonstrate educational equivalency. The clinical allergy portion of the program should provide an adequate number and variety of ambulatory patients. Inpatient services should provide consultative oppor-

tunities sufficiently comprehensive to assure a broad experience in clinical immunology. The program should have full laboratory services available, including special methodology required in the field; for example, immunologic, physiologic, pharmacologic, pathologic, and bacteriologic techniques.

The provisions of the General Requirements must also be met for approval of the program.

## 2. Special Requirements for Residency Training in Anesthesiology

*Objectives.*—An approved three-year training program in anesthesiology is expected to provide instruction and experience of such a nature and in such an atmosphere that the physician so engaged will be prepared and inclined to employ his knowledge and talents as a physician in the field of anesthesiology. It is essential that the physician who desires to be qualified in anesthesiology be thoroughly familiar not only with applied anatomy, physiology, pharmacology and biochemistry, but also with the patient in health and disease. Only by acquisition of such knowledge can he be expected not only to predict the influence of anesthesia and surgery upon the patient and adjust for it, but also to interpret and treat, as well, the unanticipated changes that occur. Although technical proficiency in the management of anesthesia is essential, a director of a program warranting sustained approval should strive to teach more than the development of technical skill.

It is not the intent to dictate the teaching methods employed in accomplishing the objectives outlined. It is recognized that there are many approaches to the development of a qualified anesthesiologist and these *Essentials* set forth only certain minimum standards.

*General Considerations for 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 post-



operative 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.

### 3. 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.

#### 4. 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.

*Requirements for Training Programs in Dermatopathology.*—The training program shall include all aspects of dermatopathology, including the gross and microscopic diagnosis of skin disorders by means of direct visual inspection and by light and fluorescence microscopy, as well as histochemistry, together with the relevant aspects of electron microscopy, cutaneous mycology, bacteriology, and entomology. Furthermore, the program should provide the trainee with the ability to set up and operate a laboratory to perform the applicable procedures, including supervision and training of personnel.

In order to provide such training the program shall be directed and closely supervised by a physician qualified in dermatopathology and devoting his major activities to the specialty of dermatopathology. The training institution should be of such size and composition as to provide not only ample dermatologic clinical material but possess all the supporting facilities necessary to accomplish the objectives of the program. Ordinarily, the institution would have approved residency programs in both dermatology and pathology.

The minimum training period in dermatopathology shall be one year in addition to the completion of acceptable residency training in an approved program of either dermatology or pathology as outlined in the "Directory of Approved Residencies."

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.

#### 5. 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 under-

standing 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 (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

**6. Special Requirements for Residency Training in General Practice**

Residencies in general practice should be specifically designed to meet the needs of graduate intending to enter general practice. General practice residency programs should provide for 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 special-

ties 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.

**7. Special Requirements for Residency Training in General Surgery**

*General Characteristics of Approved Programs:* Residencies in surgery which are designed to meet the requirements of the Council on Medical Education of the AMA, the American College of Surgeons, and the American Board of Surgery should provide education in the basic biologic phenomena which constitute the foundations of surgical practice and an increasing degree of responsibility for and experience in the application of these principles to the management of clinical entities. Adequate opportunity must be provided for the trainee, under guidance and supervision of a qualified teaching staff, to develop a satisfactory level of clinical maturity, surgical judgment, and technical skill which will, upon completion of the program, render him fit for the safe and independent practice of surgery.

The basic areas of education should include, but not be limited to, wound healing; hemostasis and blood disorders; immunobiology; oncology and transplantation; shock; circulatory physiology; surgical bacteriology; muscle and bone mechanics and physiology; respiratory physiology; genito-

urinary physiology; gastrointestinal physiology; surgical endocrinology; surgical nutrition; fluid and electrolyte balance; metabolic response to injury; applied surgical anatomy; and surgical pathology.

The trainees must be provided with the opportunity for direct and responsible patient management experience so that they may attain detailed knowledge of congenital, degenerative, neoplastic, infective, and traumatic conditions of the gastrointestinal system and other abdominal organs; of the blood and vascular system; of the integument; of the respiratory system; of the breast; of the endocrine glands; and of the head and neck. The trainee must gain an adequate understanding of the principles of and experience in the management of musculoskeletal trauma; of head injuries; and of the more common problems in cardiothoracic, gynecologic, neurologic, orthopedic, plastic and urologic surgery. The programs are expected to provide experience with pediatric problems and a wide range of trauma conditions.

Programs of graduate education in surgery must be so constructed that there is a clear demonstration by the trainee of competence in basic surgical knowledge prior to progression to the level of supervised, semi-independent patient management and operative experience. A further demonstration of competence in clinical surgery prior to completion of the program is required. Any program which does not establish a system of trainee evaluation which clearly demonstrates that each trainee has or has not successfully passed each of the milestones mentioned above, cannot be considered to be an adequate program. The American Board of Surgery in-training examination is an example of an acceptable test mechanism.

It is urged that the performance of each house officer be reviewed by the teaching staff each six months and that a documented record of his performance be prepared and retained for review by appropriate accrediting and credentialing bodies. It is suggested that comments be included from other departments or services involved in his training.

A satisfactory training program cannot be conducted in the absence of programs in other disciplines in the same institution. An absolute minimum is an approved program in internal medicine but programs in pathology, radiology, pediatrics, and other surgical specialties are highly desirable.

It is strongly recommended that, in order to insure the proper relationship of basic sciences and other clinical disciplines to surgery, a program be conducted in those institutions having a training committee advising and appraising all programs. Where possible, the committee should be composed of representatives speaking for surgery, internal medicine, radiology, anatomy, and both clinical and anatomic pathology.

*Duration and Scope of Training:* The specific time required to acquire the necessary knowledge, judgment, and technical skill cannot be specified, but experience has demonstrated that a minimum four year program can be established in special educational circumstances. In most instances five years post-medical school is required. The minimal four year program must include at least four years of *clinical* experience after graduation from medical school. Of these four years, at least three and one-half years must be in clinical surgery. Up to six months of these four clinical years may be in allied disciplines such as anesthesiology, surgical pathology, internal medicine, or pediatrics. Any additional full time assignments to disciplines other than surgical or to nonclinical pursuits such as research, must be in addition to the *four years of clinical experience*. A program approved for five years may include full time assignments to research, basic sciences or other electives, but there must be at least four years of clinical experience to include three and one-half years of clinical surgery, and the fifth and final year must encompass "Senior or Chief" responsibilities.

A minimum of two years of the program including the "Senior or Chief" year must be devoted to surgery. Assignments for education in specialty fields of surgery should be arranged in each program according to local conditions so as

to provide the most effective training for general surgeons.

*Staff:* The staff responsible for the direction and execution of the program must be well qualified and diversified so as to represent the many facets of surgery. The program director should be an institutionally based, highly qualified, preferably certified, dedicated surgeon who is responsible for the work done in the department and for the teaching activities.

There should be at least one individual primarily involved in the administration and supervision of the program, and in carrying out his responsibility, the director of the program should have an equally qualified surgeon to supervise no more than three residents at the senior level when there are more than three senior residents in the program.

It is essential that key staff members have a real interest in teaching, be willing to give the necessary time and effort to the educational program and be engaged in scholarly activities such as (1) participation in regional or national scientific societies; (2) participation in their own continuing surgical education; (3) engage in scientific publications and presentations; and (4) show active interest in research as it pertains to their specialty. A staff which does not exhibit such characteristics will be cause for grave concern as to its adequacy and suitability for conducting a program of graduate surgical education.

The staff must be organized and at least the key members should be appointed for duration long enough to insure adequate continuity in the supervision of the house staff. Persons elected or appointed for short durations in an "honorary" capacity cannot be considered adequate to serve as program directors or key teaching staff.

*Clinical Material:* An institution, to be approved to conduct graduate education in surgery, must be able to provide an adequate number and variety of surgical patients for which the resident has appropriate responsibility.

It is not sufficient that the house staff be involved only with those patients in hospital, but an adequate out-patient clinic or service in which patients may be seen pre-admission and in follow-up is considered necessary.

Institutions which cannot provide totally adequate material within their walls should seek other hospitals, perhaps those which limit their clientele to special type cases, to become "affiliates" of the program or even to join as integral parts of the parent program. Such affiliations must be approved by the Residency Review Committee for Surgery.

*Special Information:* Graduate education in surgery must be a continuum with undergraduate education. Therefore, the first post M.D. year should be an integral part of the process. Internships either "Categorical" or "Flexible" are not required, but if offered should be a part of the continuum.

Broad training in general surgery is recommended as a preliminary to graduate education in most special fields of surgery. For some surgical specialties a definite amount of preliminary training in general surgery is required. This type of preliminary surgical education should be obtained in the regular approved general surgical programs, the duration and content being determined by the program director in accordance with the requirements of the Specialty Board concerned.

As stated in the General Requirements for Residencies, it is not essential, or even desirable, that all institutions adopt exactly the same program content and structure, but it is essential that all institutions participating in graduate education be able to meet the requirements for approval and either alone or in collaboration with other institutions, attain comparable results in the quality of education and experience obtained.

A significant measurement of the quality of a program is the performance of its graduates on the examinations of the American Board of Surgery. An excessive failure rate by a program's graduates on the Board examinations over a three-year period will be considered cause for placing that program on a probationary status.

All of the provisions of the General Requirements (Sections

1 to 10) must also be met for approval.

**Note:** Residents who plan to seek Certification by an American Board in Surgery should communicate with the Secretary of the appropriate Board, as listed in Section IV, to obtain the full requirements for Certification.

#### Training in Pediatric Surgery

*General Characteristics of Approved Programs:*—Graduate programs in Pediatric Surgery should be designed to provide education in the principles of pediatric surgical practice.

There must be a clear demonstration by the trainee of competence in basic surgical knowledge prior to progression to the senior year level of supervised and semi-independent patient management and operative experience. Demonstration of competence in Clinical Pediatric Surgery prior to completion of the program is required. Any program which does not establish an effective system of in-training evaluation cannot be considered to be adequate.

It is urged that the performance of each house officer be reviewed by the teaching staff at six month intervals and that a documented record of his performance be prepared and retained for review by appropriate accrediting and credentialing bodies. It is suggested that comments be included from other departments or services involved in his training.

It is strongly recommended that, in order to insure the proper relationship of basic sciences and other clinical disciplines to surgery the program be conducted in those institutions having a training committee advising and appraising all of its programs. Where possible, the committee should be composed of representatives speaking for Pediatric Surgery, Pediatrics, Radiology, Pathology and Infectious Disease.

*Duration of Training:*—At least two years of specialized training in Pediatric Surgery must be acquired in addition to that training required for qualification in General Surgery. Eighteen months of the two years must be devoted to Clinical Pediatric Surgery including the surgical specialties. Twelve months of this clinical training must be at the "Senior or Chief" Pediatric Surgical Resident level with a high degree of responsibility for patient management and operative experience. The remaining six months of the two years may be devoted to Clinical Pediatric Surgery or related disciplines or may be allocated to research.

Rotations of not more than three months of the total required twenty-four may be made to other institutions at the discretion of the Program Director. Rotations outside the parent program in excess of three months and not to exceed six months may be made only with the approval of the Residency Review Committee for Surgery. Assignment of residents outside the parent institution for periods of greater than six months, requires that the participating institution(s) receive prior approval of the Residency Review Committee for Surgery as "Affiliates" of the parent program.

*Scope of Training:*—The trainees must be provided with the opportunity for direct and responsible patient management experience so that they may attain detailed knowledge of congenital, neoplastic, infective and traumatic conditions of the gastrointestinal system and other abdominal organs; of the blood and vascular system; of the integument; of the respiratory system; of the endocrine glands; in gynecology; and of the head and neck. The trainee must gain an adequate understanding of the principles of and experience in the management of musculoskeletal trauma; of head injuries; and of the more common problems in cardiothoracic, neurologic, orthopedic, plastic and urologic surgery in the pediatric age group.

It is expected that every trainee will have previously acquired adequate knowledge in the fundamental areas specified for general surgery. Additional education should be provided by the pediatric surgery program to include, but not be limited to, embryology; genetics; wound healing; hemostasis and blood disorders; immunobiology; oncology; transplantation; shock; circulatory physiology; muscle and bone mechanics and physiology; respiratory physiology; gastrointestinal physiology; genitourinary physiology; surgical bacteriology; surgi-

cal endocrinology; surgical nutrition; fluid and electrolyte balance; metabolic response to injury; applied surgical anatomy; pediatric pathology and antibiotic therapy as pertaining to the pediatric age group.

*Surgical Staff:*—The staff which is responsible for the direction and execution of the pediatric surgical program must be well qualified and diversified so as to represent the many facets of Pediatric Surgery. The staff should be composed of qualified surgeons under the direction of a Chief of Service or Training Director who is institutionally based and certified by the American Board of Surgery as having "Special Competence in Pediatric Surgery." There should be at least one individual spending full time in the supervision and administration of the program regardless of the number of trainees.

It is essential that key staff members have a real interest in teaching, be willing to give the necessary time and effort to the educational program and be engaged in scholarly activities such as (1) participation in appropriate regional or national scientific societies; (2) participation in their own continuing pediatric surgical education; (3) engage in scientific publications and presentations; and (4) show an active interest in research as it pertains to pediatric surgery. A staff which does not exhibit such characteristics will be cause of grave concern as to its adequacy and suitability for conducting a program of graduate pediatric surgical education.

The staff must be organized and at least the key members should be appointed for durations long enough to insure adequate continuity in the supervision of house staff. Persons elected or appointed for short durations in an "honorary" capacity cannot be considered adequate to serve as program directors or key teaching staff.

*The Institution:*—An institution to have an approved pediatric surgical program must meet all requirements specified in the "General Essentials." In addition it must have intensive care facilities for the pediatric age group; a pediatric emergency facility; designated pediatric surgical beds; and pediatric anesthesiology capability. The institution should have a burn unit; inhalation therapy services; and social and physical medicine services. There should also be nuclear medicine support and the capability to carry out microanalytic determinations.

*The Training Program:*—An acceptable program in Pediatric Surgery should include but not be limited to, the following structural educational activities on a regular basis: (1) Proper emphasis on teaching rounds and bedside teaching; (2) Supervision of residents' operative experience; (3) Grand rounds; (4) Weekly teaching conferences; (5) Morbidity and mortality conferences; (6) Chief of Service rounds; and (7) Other pertinent clinical conferences such as pediatric radiology, pediatric pathology and tumor board, etc.

*Patient Volume:*—To be approved for training in Pediatric Surgery, an institution must provide an adequate number and variety of pediatric surgical patients. Arbitrary figures cannot reflect these conditions accurately, however under usual circumstances, the general pediatric surgical service should perform at least 750 operations per year. The senior resident must be provided with a broad and varied experience. It is expected that he will be the responsible surgeon for at least 120 major pediatric surgical operations during his senior year.

*Special Information:* As stated in the General Requirements for Residencies, it is not essential, or even desirable, that all institutions adopt exactly the same program content and structure. It is essential that all institutions participating in graduate education in pediatric surgery be able to meet the requirements for approval and either alone or in collaboration with other institutions, attain comparable results in the quality of education and experience obtained.

An important measurement of the quality of a program is the performance of its graduates on the examinations of the American Board of Surgery for Special Competence in Pediatric Surgery.

**NOTE:** All questions concerning the examination, or Certi-

fication for Special Competence in Pediatric Surgery should be addressed to The Secretary, American Board of Surgery, Inc.

#### 8. Special Requirements for Residency Training in Internal Medicine

Residencies should be organized to provide experience in the broad field of internal medicine. This necessitates a well organized, well qualified, and diversified staff which adequately represents internal medicine and its various subspecialties. The Chief of the Service or Program Director must be a highly qualified and dedicated physician who is responsible for the work done in the department and the teaching performed. The strength of a medical service is directly related to the professional competence and leadership qualities of the Chief of the Service or Program Director. This same concept applies to the section heads. The position of Chief of Service or Program Director should therefore not be an honorary one and its duration should be such as to insure continuity of the Program. The Chief or Program Director must also be willing and able to spend the many hours required to organize, supervise, and implement a good training program. He may be on a full-time or part-time basis, but an increasing number of institutions are finding a full-time Chief of Service or Program Director to be a major asset to the training program.

It is essential that the key professional personnel in the department shall (1) have adequate special training and experience, (2) actively participate in appropriate national scientific societies, (3) participate in their own continuing medical education, (4) engage in scientific presentations as appropriate, and (5) exhibit active interest in medical research related to their specialties.

A residency program in internal medicine should have access to an adequate number and variety of medical admissions. Particular emphasis should be placed on the study of the etiology, pathogenesis, symptoms, signs, and courses of various diseases so that the residents may develop skill and accuracy in diagnosis as well as mature judgment and resourcefulness in therapy. It is of the utmost importance that the residency be primarily an educational experience; service responsibilities of residents must be limited to patients for whom they bear major diagnostic and therapeutic responsibility.

It is essential that, under the supervision of properly qualified members of the staff, residents assume individual responsibility in actual case management. This applies regardless of the economic status of the patient on the teaching service or the method of payment for his medical care. The overall training of the resident must include a minimum of 24 months of meaningful patient responsibility. This responsibility must be relevant to the attainment of clinical competence in the broad field of internal medicine. The degree of responsibility must be progressively increased during the residency.

Daily disposition or business rounds conducted by a physician are essential to patient care and can be a valuable educational experience. However, fundamental to a good teaching program are frequent, regularly scheduled bedside rounds, during which both resident and attending staff are active participants. The major emphasis in these rounds should be the patient and the clinical problem he presents. Scheduled teaching rounds should be conducted by attending physicians assigned to this responsibility for periods of time sufficient to insure a meaningful and continuous teaching relationship. These principles apply to all patients on the teaching service.

Geographical concentration of patients assigned to a resident is highly desirable, promotes effective teaching, improves patient care and fosters effective interaction with nurses and other allied health personnel.

Active resident participation in well-structured departmental seminars and clinical conferences is essential, as are reviews of the pertinent literature with respect to such conferences and particularly to current clinical problems.

Evaluation of pathological material from the resident's patients, both at the autopsy table and in the clinical pathological laboratory, is a requisite part of his training. Regularly scheduled clinical pathological conferences and death conferences are highly advisable.

Training in internal medicine should place emphasis upon the patient as a whole, and must continue to do so. This should include experience in the social, ambulatory, and preventive aspects of medicine, as well as in rehabilitation. Furthermore, it is essential that there be available expertise and facilities in such areas as allergy, cardiology, endocrinology, gastroenterology, hematology, infectious diseases, metabolism, nephrology, nuclear medicine, oncology, pulmonary diseases and rheumatology. A reasonable amount of experience is also desirable in dermatology, neurology and psychiatry, even though these may be organized as individual residencies. It is not essential or even desirable that each resident rotate through all of these subspecialty areas, but it is important that he be trained in the specialized knowledge and methods of operation of a significant number of the recognized major subspecialties. Vital to the success of such subspecialty activity are well-qualified subspecialists with leadership ability who devote sufficient time to all aspects of their service, have adequate, in-depth assistance by well-trained colleagues, and have access to appropriate clinical laboratories.

Not every hospital with an approved medical residency need have programs and special laboratories for each of the subspecialties, but there must be appropriate laboratory facilities available for those represented. Facilities may be shared, as by cardiology and pulmonary diseases, and nearby hospitals may develop and share laboratory facilities.

Programs offering training designed to qualify individuals as subspecialists must have an adequate patient population and appropriately developed staff and facilities to support such training with requisite depth and sophistication. It is desirable that the trainees obtain 24 months of meaningful patient responsibility as previously defined in the broad field of internal medicine prior to embarking on such subspecialty training.

A good residency program in internal medicine requires the support of strong services in other specialties, notably surgery, radiology, and pathology, even though approved residencies in those specialties are not necessarily required. In addition, the number of residents should be large enough to permit intellectual exchange and sharing of experiences, both within the medical service and with other services.

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.

#### 9. 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 surgically-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 diag-

nostic 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 training in surgery, either a straight surgical internship or residency training.

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 neuro-ophthalmology. This should be closely related 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.

10. Special Requirements for Residency Training in Neurology (See Psychiatry and Neurology)

11. Special Requirements for Residency Training in Nuclear Medicine

Nuclear Medicine is concerned with the diagnostic, therapeutic, and investigational uses of radionuclides.

**Training Goal.**—Residencies should provide training and experience in all divisions of the specialty of nuclear medicine, including diagnostic and therapeutic applications of radionuclides, and those fields of basic science relevant to the attainment of competence in the broad field of nuclear medicine.

**Training Duration.**—The minimum training period in nuclear medicine shall be two years following an approved preparatory post-doctoral period of at least two years duration, as outlined in the American Board of Nuclear Medicine requirements for certification as stated in the current *Directory of Approved Internships and Residencies*. The program will ensure that during the total post-doctoral training the candidate will have the equivalent of two years in which the primary emphasis is on the patient and his clinical problems.

**Training Content.**—At the completion of the total training program the trainee should have a broad knowledge of medicine, with the ability to obtain a pertinent history, perform an appropriate physical examination, and arrive at a differential diagnosis. The trainee should be able to plan and perform appropriate nuclear medicine, procedures, to interpret the results, and to arrive at a logical diagnosis. He should be qualified to recommend therapy or further studies. If radionuclide therapy is indicated, he should be capable of assuming responsibility for patient care.

The trainee should have received adequate instruction in the theoretical and practical aspects of diagnostic and therapeutic nuclear medicine, including education in the relevant basic sciences. The trainee must have participated in a suitably organized and conducted institutional program which must have included medical nuclear physics, radiation biology, radiation protection, instrumentation, radiopharmaceutical chemistry, and statistics.

The program should be structured so that the trainee's

responsibilities in nuclear medicine increase progressively during the residency. The program should be sufficiently adaptable so that at completion of the residency the trainee will be knowledgeable in the relevant aspects of clinical medicine, including patient care.

The trainee should become familiar with the methods of investigation, with special emphasis on the use of radionuclides, and should be encouraged to participate in research of his own under adequate supervision.

**Program Director and Staff.**—The Program Director must be a highly qualified physician, full-time in the specialty of nuclear medicine or otherwise acceptable to the Residency Review Committee for Nuclear Medicine. The Director must be responsible for all aspects of the training program.

The teaching staff assisting the Program Director should have a breadth of experience which is sufficient to assure adequate education in all areas of the broad field of nuclear medicine.

The ratio of teaching staff to trainees should be sufficient to ensure adequate supervision and training.

**Institutional Requirements.**—The medical facilities within which a residency in nuclear medicine is offered should be of such size and composition as to provide ample clinical material. The program should provide adequate opportunity for trainees to participate and study personally patients with scanning procedures, *in vitro* and *in vivo* laboratory studies, and nuclear medicine therapy. The program should be of sufficient magnitude and diversity to provide a broad experience in the diagnosis, treatment, and follow-up of various types of clinical applications of radionuclides. There must be an adequate mechanism for recording case records and results and to facilitate follow-up and teaching. The number of nuclear medicine technologists must be adequate for the workload of the facility.

Space must be adequate for both educational and clinical functions of the nuclear medicine service. This may be accomplished by sharing of facilities. An active medical library should be available within easy commuting distance of the nuclear medicine facility used for residency training.

The provisions of the General Requirements, I (Sections 1 to 11), and the other provisions of the *Essentials of Approved Residencies* 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 Obstetrics and Gynecology

Residency programs in obstetrics and gynecology should constitute a structured educational experience, planned in continuity with undergraduate medical education, in the health care area encompassed by this specialty. While such residency programs contain a patient service component, they must be designed to provide education first and not function primarily to provide hospital service.

The Program Director should be familiar with:

- (1) The principles set forth under General Requirements;
- (2) "Guide for Residency Programs in Obstetrics and Gynecology," a document prepared by the Residency Review Committee to amplify these Special Requirements;
- (3) "Contents of a Residency in Obstetrics and Gynecology," prepared as a general guide by the Council on Resident Education in Obstetrics and Gynecology (CREOG);
- (4) The consultation services to proposed or existing residency program available by request to CREOG.

**Length of Graduate Medical Education.**—The minimum requirement for residency education acceptable for American Board certification is clearly stated—36 months of progressive clinical experience in obstetrics and gynecology with the



usual time as a chief resident.

Residency programs must be of 36 months or longer duration. Most are planned to provide either three or four years of experience. Two programs of different lengths are not approvable in the same institution. A graduate may enter residency directly after receiving the M.D. degree or its equivalent. Physicians beginning graduate medical education after 1976, in order to assure eligibility for examinations of the American Board of Obstetrics and Gynecology, must have a minimum of four years of approved clinically oriented graduate medical education of which three years must be in the specialty. Longer programs are permissible.

After July 1, 1975, the *Categorical* first year of graduate medical education will be comparable to the previous straight internship. It must be conducted in conjunction with an approved residency, and must have the same Program Director. It may be structured in any of several ways desired by the Program Director, subject to the approval of the Residency Review Committee. The *Flexible* first postgraduate year requires establishment, direction, and approval by *two or more* different specialties and their respective Residency Review Committees. It is unlikely that the Flexible first postgraduate year will have frequent applicability or direct relationship to obstetrics and gynecology residency programs, although individuals completing such a first postgraduate year could enter an obstetrics and gynecology residency.

The policy of the Residency Review Committee is to approve only parallel (non-pyramidal) residency assignments. During the Categorical or Flexible first postgraduate year a program may have more appointees than can be appointed into the 36 months of clinical residency training. No more residents should be appointed to begin their required 36 months of clinical training than can be accommodated in the final or chief resident year.

As noted in the General Requirements, it is not expected that all residencies will adopt the same rotations or a rigid uniform sequence of experience. Rotation to or experience in other disciplines such as pediatrics, anesthesia, general surgery, internal medicine, pathology, or urology may be desirable. Such rotations however cannot be counted as a formal part of the required 36 months of clinical experience in obstetrics and gynecology.

*Number of Residents.*—The question of the exact number of residents in a given training program cannot be answered precisely. The maximum number of residents that can be adequately and responsibly trained at one time depends on several interrelated factors. Large programs may lose their effectiveness if the number of residents exceeds 30. The minimum number of residents approved is one in each year of a three-year program. These small programs are reviewed most critically by the Residency Review Committee, which looks, among other factors, for a full complement of residents in the obstetrics and gynecology program, adequate numbers of residents in other approved residency training programs in the same hospital, and sufficient total responsibility, including operative and outpatient experience, to enable him to adequately practice his specialty on graduation from the program. This responsibility must progress in an orderly fashion culminating in the chief resident year. Each resident must have sufficient independent operating experience to make him competent, and total responsibility for a sufficient number of patients to enable him to possess those diagnostic and treatment skills that are demanded in the wide area of medical and surgical problems for which an obstetrician and gynecologist is responsible in both his office and hospital practice.

Clinical responsibility alone does not constitute a suitable educational experience. It is also very important that each program have a sufficient number of interested and competent teaching staff. The staff must be sufficient to supervise the residents at all levels and in all aspects of the specialty. It is also the responsibility of the program to maintain a continuous evaluation of each resident and to be sufficiently flexible to

respond to and accommodate the varied backgrounds and needs of individual residents so as to graduate capable and competent specialists.

*Staff.*—It is desirable that the Chief of Service of the Department be certified by the American Board 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.

Where the services of obstetrics and gynecology are separate in any given hospital, the chief of each service seeking residency approval, and at least one subordinate 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 to provide 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 individual certified by the American Board of Obstetrics and Gynecology or otherwise qualified as specialists in this field as specified above.

In addition to these Special Requirements as set forth, all provisions of the General Requirements (Sections I-10) must also be met for approval of a residency program.

Residents who plan to seek certification by the American Board of Obstetrics and Gynecology should communicate with the Secretary of the Board, as listed in Section IV, to obtain the latest information regarding current requirements for certification.

### 13. 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 demonstration on clinical and technical subjects pertinent to the various phases of ophthalmology. Cases should be presented and discussed during ward rounds at least twice a week. Residents should have daily contact with at least one staff man.

Instruction in surgical technique should be sufficient to enable residents to undertake operative work under supervision, especially toward the end of the residency program. Presentation of cases by the resident to the attending ophthalmologist at ward rounds and in the clinic should be routine procedures at least once a week.

**Basic Medical Sciences.**—There should be laboratory training in anatomy of the eye and adnexa and the related nervous system, also in microbiology, biochemistry, embryology, pathology, optics, pharmacology, and physiology. These studies should be closely correlated with the clinical experience. The resident should be assigned for a period of service in pathology and bacteriology. It is important that frequent departmental conferences are held for detailed discussion of problem cases. Clinical pathological conferences should be so conducted that the residents are able to study and discuss with the pathologist and the staff all tissues removed at operations, and all autopsy material, from patients on their services.

Surgical anatomy should be demonstrated by the attending surgeons in discussing surgical cases with the resident. Opportunity for the residents to work out special anatomical problems, by performing regional dissections should, if possible, be provided. Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the resident should be provided, together with stimulating guidance and supervision during the latter part of his training.

**Staff.**—The staff should be composed of highly qualified teachers who have skill and judgment. They should be properly organized with the designated head or chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment but should be held by the ophthalmologist best fitted for this responsibility. The members of the staff should have a sincere interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

**Clinical Material.**—The hospital must be able to provide a satisfactory number and variety of patients. Statistical data alone cannot reveal these considerations adequately. During the residency program an adequate operative responsibility must be provided the resident staff. Such experience is essential to give the progressive experience, both as assistant and operator, necessary for the development of surgical judgment and skill by the resident. The residency program should be so organized that the resident will hold positions of increasing responsibility for the care and management of patients. The residents shall have sufficient operative experience under supervision to acquire surgical skills 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 ap-

proved 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 Orthopedic Surgery

Surgical and orthopedic facilities must be satisfactory and clinical material sufficient to afford residents adequate experience in the correction of congenital and acquired deformities and in the treatment of fractures and other acute and chronic disorders which interfere with the proper function of the skeletal system and its associated structures. Residents should become thoroughly familiar with all methods of diagnosis and treatment, corrective exercises, physical medicine, operative procedures and the use of orthopedic appliances. Instruction in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program. Clinical instruction should include teaching rounds and departmental conferences.

Residencies may be organized in the fields of adult orthopedics, children's orthopedics, fractures, or in combinations of these. As preliminary training the Council recommends one year of general surgery in addition to the internship.

**Quantitative Requirements.**—Both hospital and outpatient facilities are desirable, and institutions offering residency instruction should treat a minimum of 200 patients annually.

**Applied Basic Science Instruction.**—Anatomy, bacteriology, biochemistry, embryology, pathology, and physiology are especially desirable and should be closely correlated with clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 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 Otolaryngology

**Duration of Training:** 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, must be of at least 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 but not as the final year. It is emphasized that the above are minimal requirements for certification and are necessary to provide a foundation for further development in the broad field of otolaryngology.

**Scope of Training:** As stated in the general requirements (Section 7, Training Program), it is not essential or even desirable that all residency programs should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all institutions participating in graduate training in otolaryngology should be able to meet the fundamental requirements for an approved program and, either alone or in collaboration, should obtain comparable results in the quality of training and in the experience obtained.

Residencies in otolaryngology should offer broad training and should preferably include some experience in closely related fields of surgery. Adequate educational content and overall clinical and operative experience should be provided to enable the resident on completion of his training to begin

the practice of his specialty in a scientific and competent manner. Residencies in otolaryngology must provide in-depth training and experience in medicine and regional surgery. 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. The program director should provide training in the following areas:

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 item one above.

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 nasal septum surgery
- c. Maxillofacial, plastic and reconstructive surgery of head and neck
- 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 lymphatic tissues of the pharynx
- i. Pre- and post-operative care

5. Diagnosis and diagnostic methods including related laboratory procedures.

6. Diagnostic and therapeutic radiology, including the interpretation of roentgenograms of the nose, accessory sinuses, salivary glands, temporal bone, skull, neck, larynx, lungs and esophagus.

7. Awareness of the current literature especially pertaining to the areas mentioned in item one above.

8. Awareness of the habilitation and rehabilitation techniques and procedures pertaining to otolaryngology.

A more detailed list of the procedures to be performed by residents may be obtained by reviewing AMA Council on Medical Education, Residencies in Otolaryngology Operative Experience Classification List. The training shall include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of otolaryngology. Adequate experience should be provided in office practice procedures and management.

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 institution with progressive responsibility for the residents. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

*Application of the Basic Medical Sciences:* There should be training in the concepts and technique of allergy therapy, and in audiology and speech and language disorders. There should be applied training in hearing, hearing evaluation, hearing aid use, hearing conservation, hearing rehabilitation, and the effects of noise on hearing. There should be instruction in the recognition and management of such disorders as aphasia, articulation, dysfluency and voice disorders as well as in normal and abnormal language development. Also, there should be applied training in vestibular function evaluation

and vestibular disabilities.

Frequent departmental conferences for a detailed discussion of problem cases are important, as are also 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 dissections in the laboratory should 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:* The chief of the training program should be certified by the American Board of Otolaryngology, in the interests of the proper teaching of the specialty of otolaryngology. At least one other member of the staff should be similarly qualified. The chief of service must devote sufficient time to the program to insure that adequate supervision and organization of residents' clinical and basic science activities exist.

*Surgical Staff:* The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. It should be properly organized and harmonious, with the designated head or chief of service responsible for the quality of work done in the department, and he should be the surgeon 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.

Approval cannot be granted for residency training in otolaryngology if the service is a division of the department of surgery unless that division is headed and staffed by qualified otolaryngologists as specified above.

*Clinical Material:* The institution must be able to provide an adequate number and variety of otolaryngic medical and surgical patients. Arbitrary figures cannot reveal these considerations accurately. The surgical cases provided by the hospital should reflect a broad range of pathological problems and clinical experience pertinent to otolaryngology. 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.

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.**

#### 16. Special Requirements for Residency Training in Pathology

Recognition is extended in this field to residencies in anatomic pathology, clinical pathology, forensic pathology, and neuropathology. Training programs or courses of study intended to qualify applicants for certification in other special fields of pathology by the American Board of Pathology are approved by the Board on an individual basis.

*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, in electron and other forms of microscopy, histo-chemistry, 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 special 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 per-

formed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of patients.

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 clinicopathologic-correlative conference should be held regularly to review deaths.

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.

*Requirements for Training Programs in Neuropathology.*—It is expected that the program will be directed and adequately supervised by a qualified neuropathologist.

The neuropathology program should be associated with the Department of Pathology in which during each year at least 200 necropsies, with examination of the nervous system, are performed, and 100 neurosurgical specimens from operative procedures are examined for diagnosis. The number of residents in neuropathology should not exceed one for each fifty such annual necropsies.

Adequate facilities and competent personnel should be available and properly utilized for the conduct of the special procedures customarily employed in neuropathology.

There should be teaching material in the form of slide collections augmented by photographs or museum specimens sufficient to provide adequate study by the residents of conditions and diseases not frequently encountered in the routine necropsies and surgical specimens.

Teaching conferences in neuropathology, conferences with the general pathology service and conferences with the clinical services of neurology, psychiatry and neurology should be regularly scheduled and attended.

It is expected that residents in neuropathology will participate in research and will be provided with adequate facilities.

*Requirements for Training Programs in Forensic Pathology.*—Institutions or offices may apply for approval of training programs in the special field of forensic pathology.

It is expected that the program will be directed and adequately supervised by a qualified forensic pathologist.

The approved institution or office should conduct at least 150 medical legal necropsies per year. Of these, 50 or more should be in cases in which death is due to the immediate (within 24 hours) and direct effects of physical or chemical injury. Twenty-five or more of these autopsies in which death is the immediate result of violence, the investigation by the pathologist should include an examination of the body at the scene of death before it has been disturbed.

Adequate facilities and competent personnel shall be available and properly utilized for the conduct of all bacteriological, biochemical, toxicological, firearms, trace element, and other scientific studies as may be needed to insure complete postmortem investigation.

*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.

**Requirements for Training Programs in Blood Banking**—It is expected that the program will be directed and adequately supervised by a physician qualified in blood banking.

The training program shall include all aspects of blood banking, i.e., administration, medical, technical, and research. The program must be conducted in institutions where blood is regularly drawn and processed and also must include training and experience in an active transfusion service of a hospital.

The administrative experience should include donor recruitment and processing as well as logistical aspects of blood banking. The scientific segments of the program should provide adequate study of the technical and laboratory facets of transfusion and transplantation. The hospital training should include clinical experience in the use of blood and blood components. It is expected that the resident in blood banking will participate in research or development activities and that adequate facilities will be provided.

In order to obtain adequate training in a blood bank program, a sufficient number of blood donations and transfusions to provide the required skills should be performed in the participating institution(s). Also, an active teaching program in laboratory medicine and pathology, as well as a training program or school for blood bank technologists, in one or all of the institutions in the training of blood bank physicians is considered to be desirable.

**Requirements for Training Programs in Radioisotopic Pathology**—The training program shall include all aspects of the use of radionuclides in the study of body fluids, excreta, or tissues quantified outside the body. The training program should provide the trainee adequate information regarding the basic theory and physics of radiation, isotope production and labeling, radiation protection, appropriate instrumentation, a broad spectrum of *in vitro* analyses and their interpretation, autoradiography, quality control, and other related topics. Furthermore, the program should provide the trainee with the ability to set up and operate a laboratory to perform the applicable procedures, including supervision and training of personnel.

In order to provide such training, the program shall be directed and closely supervised by a physician qualified in radioisotopic pathology and devoting his major activities to the specialty of radioisotopic pathology. The training institution should be of such size and composition as to provide not only ample radioisotopic clinical material but possess all the supporting facilities necessary to accomplish the above objectives of the program.

The minimum training period in radioisotopic pathology shall be one year in addition to the completion of acceptable residency training in an approved program of either anatomic and/or clinical pathology as outlined in the Directory of Approved Residencies.

**Requirements for Training Programs in Dermatopathology**—The training program shall include all aspects of dermatopathology, including the gross and microscopic diagnosis of skin disorders by means of direct visual inspection and by light and fluorescence microscopy, as well as histochemistry, together with the relevant aspects of electron microscopy, cutaneous mycology, bacteriology, and entomology. Furthermore, the program should provide the trainee with the ability to set up and operate a laboratory to perform the applicable procedures, including supervision and training of personnel.

In order to provide such training the program shall be directed and closely supervised by a physician qualified in dermatopathology and devoting his major activities to the specialty of dermatopathology. The training institution should

be of such size and composition as to provide not only ample dermatologic clinical material but possess all the supporting facilities necessary to accomplish the objectives of the program. Ordinarily, the institution would have approved residency programs in both dermatology and pathology.

The minimum training period in dermatopathology shall be one year in addition to the completion of acceptable residency training in an approved program of either dermatology or pathology as outlined in the "Directory of Approved Residencies."

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 AP-3.** In anatomic pathology only for three or more years.

**Category CP-3.** In clinical pathology only for three or more years.

**Category APFP-4.** In both anatomic pathology and forensic pathology, two years in each, for a total of four years.

**Category APNP-4.** In both anatomic pathology and neuropathology, two years in each, for a total of four years.

**Category SP-1.** In special pathology, usually for only one year. Programs in this category are ordinarily approved in highly specialized hospitals of acknowledged excellence which because of the limitations of their clinical material cannot provide general training in anatomic or clinical pathology. Residents receiving part of their training in such programs should consult with the American Board of Pathology as to what other training is necessary to provide acceptable breadth of experience.

**Category FP-1.** In forensic pathology for one year.

**Category FP-2.** In forensic pathology for two years.

**Category NP-1.** In neuropathology for one year.

**Category NP-2.** In neuropathology for two years.

The provisions of the General Requirements (Sections I to 10) must also be met for approval.

Residents who plan to seek clarification 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 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 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.

*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, vectocardiography, phonocardiography and other laboratory tests used in diagnosis and management. Thorough understanding of embryology and anatomy of the normal heart and vascular system as well as the deviations from normal that may occur should be mastered. Knowledge of normal and abnormal cardiovascular physiology should be required. Experience and instruction in technics of and understanding of the limitations of cardiac catheterization and selective angiocardiography are necessary. Experience with pre- and post-operative care of patients having cardiac surgery, both by closed and open methods, in close cooperation with the cardiovascular surgical staff is required. Opportunity for long-term follow-up observation of post-operative patients must be afforded the trainee. Study of rheumatic fever and other infections and metabolic conditions resulting in abnormalities in cardiovascular function should be combined with experience in management of patients in sufficient numbers to demonstrate the typical and atypical features of each.

*Basic Medical Sciences.*—The resident should be assigned for a period of service in pathology with instruction by a qualified pathologist. Specimens demonstrating the various types of congenital cardiovascular anomalies should be classified and readily available for study. Conferences involving current pathological 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.

#### 18. Special Requirements for Residency Training in Physical Medicine and Rehabilitation

*Scope of Training.*—Residencies in this specialty should include training in the clinical and diagnostic uses of the physical procedures and in the various aspects of medical rehabilitation. The service is particularly concerned with the treatment and restoration of the convalescent and the physically handicapped patient. A complete program should include the availability and the use of the paramedical services related to the field.

*Duration of Training.*—A minimum of three years of residency training is considered necessary to train a physician contemplating specialization in the field. It is desirable, if not essential, that the training be under the supervision of one approved institution. The Department of Physical Medicine and Rehabilitation should be organized as a major service, with a qualified head of the department and associates, as well as trained personnel in the various paramedical areas. The department should operate as a service department to the broad fields of medicine and surgery. Sufficient space and equipment must be provided to carry out a comprehensive program of training. 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 admissions and 7,500 patient visits annually.

The trainee should have the opportunity to learn to become proficient in prescribing and supervising all types of physical therapy, occupational therapy, and rehabilitative procedures for outpatients as well as patients on the hospital services. There should be an experience in evaluation, including electromyography and other electrodiagnostic procedures, 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.

#### 19. 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 at least three years of training in a residency in general surgery in a program approved by the Residency Review Committee for Surgery.

*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.

#### 20. 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" (Sections 1 to 10) are not directly pertinent to residencies in preventive medicine, relating as they do more specifically to the clinical specialties, the principles underlying them do apply to programs in all fields of preventive medicine.

##### General Preventive Medicine

Residencies in preventive medicine should be organized on a broad basis to furnish instruction in the various special fields which combine to form the foundation of the total field of preventive medicine. Any given residency may place emphasis upon a special field, e.g., epidemiology. Residency training in preventive medicine may be offered by Schools of Public Health, organized Departments of Preventive Medicine in Medical Schools, other appropriate Graduate Schools in Universities, or other appropriate institutions or agencies in which an established component of their program is the graduate training of physicians. Institutions seeking approval of residency training in preventive medicine must provide evidence that the resident in training is assured of a supervised, comprehensive and progressively graded educational experience over a period of at least three years. One institution or agency, preferably one with a primary interest in graduate education, must assume overall responsibility for directing and supervising the preventive medicine residency training program. The residency program need not be encompassed within a single institution or agency, however, but may be constructed by formal programming and coordinated supervision of the educational and training experience of the residency by two or more institutions or agencies.

The educational and training experience of the residency training program should include two phases: one of academic study (normally of one year's duration) in which the candidate is enrolled as a graduate student, in residence; and a second phase (normally of two years' duration) in which the candidate secures field training and experience. These two phases may be carried out consecutively or concurrently. In the latter case, three years are required for the program.

*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, 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:** 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 content of field training may vary greatly. However, since research methods and scientific inquiry have an important role in the practice of preventive medicine, special efforts should be directed toward providing each resident with an opportunity to participate in an organized research program or to undertake an independent research project of his own, under proper supervision. For those who elect to pursue an advanced degree (beyond the required one year of academic work), an original research project culminating in a thesis replaces the field training phase of the residency.

**Facilities:** The facilities of the training institution need not conform to any rigid pattern; educational institutions, research centers or operating agencies may qualify, provided the residency program is appropriately affiliated with and supervised by an approved and accredited academic institution. A plan of affiliation between two or more of these categories will be necessary in most instances. In every case, the combination must provide:

1. An educational environment capable of providing the breadth of instruction outlined above;
2. Laboratory space, supplies, and technical assistance for research by the resident;
3. A well-stocked, up-to-date medical library;
4. Facilities for field training of sufficient size and scope to provide experience in each of the major areas of preventive medicine and to exemplify good administrative organization. The staff members associated with residency programs should have demonstrable interest in and capacities for teaching, as well as high competence in their respective fields.

**Personnel and Organization:** The Director of the residency training program should be qualified in preventive medicine and have established competence in teaching and graduate training. There should be at least one person on the training staff who has established competence and continuing experience in each of the major fields of instruction. The training staff members should be selected by the Director and should be directly responsible to him for their participation in the program. There should be specific commitments concerning the time to be contributed by each staff member and the content of training which he is to provide. There should be a Residency Advisory Committee composed of the Director and the heads of the departments primarily concerned with the training of the resident, and selected consultants. This Committee should concern itself with the development, content and improvement of the training program, the policies, procedures and conduct of the program inclusive of instructional techniques, and the periodic evaluation of all phases

of the resident's training. It should report periodically, at least annually, to the head of the training institution.

**Eligibility of Applicants:** In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the qualification of each applicant for an appointment to an approved residency in general preventive medicine without designation of specialized field should be reviewed by an appropriate committee appointed by the training institution or agency. The committee should make special effort to evaluate each candidate's suitability for career training in preventive medicine on the basis of preliminary and medical education, including internship, professional motivation and career objectives.

#### Aerospace Medicine

A formal training program in aerospace medicine should include academic training in the fundamental disciplines of preventive medicine and public health; it should also include training and experience in the basic and clinical sciences related to aerospace operations and ground support, and in administrative support of aerospace medicine programs. The formal training program should be of at least three years' duration. One year should be devoted to academic study in preventive medicine and public health, and two years to a residency in aerospace medicine. The residency should include an academic component and an applicatory component; the entire residency should normally be under sponsorship of a school of aerospace medicine, a medical school, a school of public health, or a graduate school. An approved government or civilian agency or institution may also serve as the agency responsible for residency training. It should normally be responsible for the maintenance of the health of a sufficiently large number of flying and ground support personnel to provide the residents with the broad experience in the various phases of the specialty. There should be a sufficient amount and variety of aeronautical equipment available to enable the resident to familiarize himself with its use. A well-staffed hospital to which aerospace-medicine problems are referred should be available. If not, such training should be provided through affiliation. Experience in the examination, care, and management of ambulatory patients should be provided through the facilities of an adequately staffed and well-equipped outpatient department. The agency should have access to an adequately equipped laboratory in which studies on problems relating to aircraft accidents and hazards of flight can be carried out. The applicatory component may be secured through affiliation with the sponsoring agency.

#### Academic Program—Public Health and Preventive Medicine.

Courses should normally be such as to satisfy requirements for the Master of Public Health Degree or its equivalent. These courses should normally cover the following fields:

1. Epidemiology: the study of disease and injury in human populations, the factors contributing to increase or spread, and means of control.
2. Public health administration or practice: organization and administration of programs for promotion of health.
3. Evaluation and control of environmental hazards to health.
4. Statistical methods applicable to the study of disease or injury and the evaluation of control procedures.
5. Such other subjects as may be required for the Master of Public Health degree or equivalent and such desired elective subjects as may be applicable to aerospace medicine.

#### Residency.

The residency should provide training and experience in the principles of preventive medicine as applied to flying personnel, those engaged in ground support of flight or aerospace operations, the environments in which they work, and the protection of all concerned from the hazards which may be encountered. The residency should include an aca-



demic 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, two years of which are given to academic study of occupational medicine and 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 Academic 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. In-Plant Training.

### A. 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.

*B. 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.

*C. 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, hygiene 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.

*D. 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 qualifications required for applicants in other specialties, applicants in this field should have completed one year in an approved internship, or a period of experience deemed by the Board to have been equivalent to such internship.

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 four additional years of training and experience in occupational medicine. Two of these years must have been devoted to the academic study of occupational medicine.

At least one of the remaining two years must have been spent in an approved occupational medicine program in one or more industrial medical organizations approved for scope and quality of service. (Section II, 16.)

### Public Health

Residencies in this field should provide supervised training and experience in all aspects of general public health practice, including communicable and chronic disease control, community health organization (public, private, and professional), medical care administration, health protection and promotion, maternal and child health (including school health), environmental health and sanitation, mental health, epidemiology, dental health, health education, public health nursing, health care services in homes and nursing homes as well as hospitals, program planning, health legislation, and fiscal, personnel, and administrative policies and procedures.

Residency training in public health is usually organized under a state health agency using one or more local health departments, although a large and well organized local health department may have independent approval. The residency may be of one or two years' duration. In a two-year program, one year may be spent in an appropriate clinical specialty training program.

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.

**Eligibility of Applicants.** In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicant for appointment to an approved residency in public health should have completed one academic year, leading to a degree of Master of Public Health, in an accredited school of public health, or plans for such an academic year should be correlated with the residency training program.

**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 four 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 year 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.

### 21. Special Requirements for Residency Training in Psychiatry and Neurology

Residencies in Psychiatry and Neurology are offered separately.

#### *Training in Psychiatry*

##### I. INTRODUCTION

An approved residency program in psychiatry must demonstrate that it provides an educational experience of such quality and excellence as to assure that its graduates will possess mature clinical judgment and a high order of knowledge about the diagnosis, etiology, treatment, and prevention of all psychiatric disorders and the common neurological disorders. While residents cannot be expected to achieve in three years of training the highest possible degree of expertise in all of the diagnostic and treatment procedures used in psychiatry, those individuals who satisfactorily complete residency programs in psychiatry must be competent to render effective professional care to patients. Furthermore, they must have a keen awareness of their own strengths and limitations and of the necessity for continuing their own professional development.

The philosophy and organization of the residency program

should make the resident aware that there are no short cuts to clinical competence, and no substitutes for hard individual study. The initiative and originality of all residents should be stimulated; their independence of mind promoted; and their ability to appraise critically the various schools of thought about human behavior should be encouraged.

Both the didactic and clinical curriculum must provide a thorough and well balanced presentation of all of the generally accepted theories, schools of thought, and diagnostic or therapeutic procedures in the field of psychiatry and it must avoid indoctrinating residents in any single point of view. Thoughtful and informed appraisal of all of the major theories and viewpoints in psychiatry, together with a thorough grounding in the generally accepted facts, are fundamental to a sound professional education.

With rare exceptions, only those programs are eligible for approval which:

- (1) Currently provide at least three years of residency education and as of July 1, 1977, provide four years of graduate education following receipt of the M.D. degree. (See regulations of the American Board of Psychiatry and Neurology.<sup>1</sup>)
- (2) Are conducted under the sponsorship of a hospital which meets the General Requirements that apply to residency programs in all specialties as outlined in Sections I, II, III, and IV of Approved Residencies;
- (3) Meet all of the Special Requirements of Residency Training in Psychiatry.

Under rare and unusual circumstances programs of either one year or two years duration may be approved, even though they do not meet all of the General Requirements or all of the Special Requirements for Psychiatry. Such one- or two-year programs will be approved only if they provide some highly specialized educational program of great excellence and outstanding value.

A minimum number (or "critical mass") of residents should be enrolled in a program at all times in order to insure the stimulating educational atmosphere that a good peer group provides. It is impossible to define exactly how many residents constitute the "critical mass" necessary to maintain the vitality of a program and insure a satisfactory educational climate. However, all programs must have at least two trainees in each year of training at all times if the program is to maintain full approval. Failure to recruit any new trainees for two consecutive years will result in disapproval of the program.

##### II. EDUCATIONAL PROGRAMS

Formal educational activity shall have high priority in the allotment of the resident's time and energies. The clinical responsibilities of residents must not infringe unduly on didactic educational activities and formal instruction.

However, the clinical care of patients is the heart of an adequate program since the chief objective of residency education is the development of a high order of clinical competence in its graduates. The attainment of this chief objective must not be attenuated by the participation of residents in other activities such as hospital administration, ward management, the teaching of other hospital personnel, or research. Nevertheless, residents should obtain adequate and supervised experience in administration, ward management and teaching (hospital personnel, more junior residents, medical students, etc.).

Residents should also learn about research methodology, and develop the ability to appraise critically professional and scientific literature. Approved programs should provide op-

The regulations of the American Board of Psychiatry and Neurology, referred to in (1) above state that two patterns of training are acceptable:

1. Prior to entering an approved Psychiatry or Neurology training program, a physician must have completed one year of approved training after receiving the degree of Doctor of Medicine. This year of clinical experience should emphasize internal medicine or pediatrics or family practice.
2. A four-year training program in Psychiatry or in Neurology would be acceptable with the provision that at least one year be spent in an approved program providing direct responsibility for the general medical care of children and/or adults.

portunities for actual participation in clinical or basic research by residents, but, at the same time, research activity should not interfere with the development of clinical competence or residents.

Clinical and didactic teaching must be of sufficient breadth to insure that all residents become thoroughly acquainted with the major methods of diagnosis and treatment of mental illness which are recognized as significant both in this country and abroad.

Didactic instruction must be well organized, thoughtfully integrated, based on sound educational principles, and carried out on a regularly scheduled basis. In a progressive fashion it should expose residents to topics appropriate to their level of training. Systematically organized formal instruction (prepared lectures, seminars, assigned reading, etc.) must be an essential part of the residency. Staff meetings, clinical case conferences, journal clubs, and lectures by visitors are desirable adjuncts, but must not be used as substitutes for an organized didactic curriculum.

The faculty must provide instruction to help the resident develop the ability to interview patients effectively, to perform a comprehensive psychiatric examination and evaluation of mental status, to write histories clearly and in good detail, to produce a meaningful continuous record of the patient's illness, background and course of treatment, and to present or discuss the case in a lucid and thoughtful manner.

All residents must participate to a significant degree in regularly scheduled clinical case conferences in which the resident is responsible for presenting case material and discussing the relevant theoretical and practical issues. A significant proportion of the psychiatrists, psychologists, and other mental health professionals on the full-time faculty should attend these conferences as well as the residents and other personnel who have responsibility for the care of patients.

The curriculum must include adequate and systematic instruction in such basic sciences relevant to psychiatry and neurology, and neuroanatomy, neurophysiology, neuropathology, neurochemistry, pharmacology, genetics, psychopathology, nosology, psychodynamics, and sufficient material from the social and behavioral sciences (such as psychology, anthropology, sociology) to help the resident understand the importance of economic, ethnic, social and cultural factors in mental health and mental illness. The curriculum must also provide a thorough grounding in medical ethics and in the history of psychiatry and its relation to the evolution of modern medicine.

The clinical portion of the curriculum must provide experience in:

- (1) Psychiatric care of adults, children, and adolescents in both inpatient and outpatient settings;
- (2) Clinical psychophysiology or psychosomatic medicine;
- (3) Psychiatric consultation or liaison psychiatry involving patients hospitalized on other clinical services such as pediatrics, medicine, surgery, obstetrics and gynecology;
- (4) Hospital emergency room (or some equivalent experience in emergency care);
- (5) Crisis intervention;
- (6) Community psychiatry;
- (7) Neurology; and
- (8) Forensic psychiatry.

The clinical services must be organized so that residents have basic responsibility for the care of a significant proportion of all patients assigned to them, and so that they have an appropriate amount of supervision by the staff. Residents must have the major responsibility for the diagnosis and treatment of a reasonable number of patients suffering from all of the major categories of psychiatric illness and ample experience in the diagnosis and management of the more common neurological disorders. They must have experience in the care of patients of both sexes, patients of various ages

from childhood to senility, and patients from a wide variety of ethnic, social, and economic backgrounds.

Clinical training must include regularly scheduled individual supervision and teaching rounds. In addition, all programs should provide some scheduled time for residents to pursue individually chosen electives.

The amount and type of basic responsibility for patient care that a resident assumes must increase as the resident advances in training. Responsibility must at all times be commensurate with the resident's abilities and clinical competence.

The training program must include a significant amount of time spent in the care of hospitalized patients. It is recommended that residents devote at least one-third of their resident experience to work with hospitalized patients. It is undesirable for a program to devote more than two-thirds of a resident's time to the care of hospitalized patients.

The number of patients in the care of a resident at any one time must be sufficiently small to permit adequate study and treatment of each patient on an individual basis. At any given time the resident should have primary clinical responsibility for no more than approximately 20 inpatients.

Clinical assignments for residents must provide experience in the continuous care of a significant number of patients (approximately ten) for at least a year or more. A portion (approximately five) of the patients for whom the resident has responsibility for such continuous care must be patients suffering from chronic psychotic illnesses.

A significant amount of the resident's clinical work must involve active collaboration with psychologists, psychiatric nurses, social workers and other professional and para-professional mental health personnel.

Diagnostic skills in psychiatry should include active familiarity with all the generally accepted psychometric techniques and instruments. A reasonable amount of the resident's clinical work must involve the use of the more common psychological test procedures sufficient to give the resident an understanding of the clinical usefulness of these procedures, and the correlation of psychological test findings with clinical data. Under the supervision of a qualified clinical psychologist residents should have some experience in the administration, scoring, and interpretation of the psychological tests in most common use. Some of the experience residents have in administering psychological tests should be with their own patients.

Through the didactic and clinical curriculum, the program must provide all residents with sound instruction and clinical experience in neurology. The psychiatry resident must be able to obtain a thorough history regarding neurological disease, perform a competent neurological examination, make a differential neurological diagnosis, and, under supervision, plan and carry out the treatment of the common, clinically important neurological diseases. This requires a substantial and specific assignment during which each resident has clinical responsibility for the diagnosis and treatment of neurological patients. This requirement is particularly important because of the natural blend of the manifestations of psychiatric illness and neurological disease, and the frequent complications of one by the other.

The curriculum must involve a significant number of clinical conferences and didactic seminars in which psychiatric faculty members collaborate with neurologists, internists, and colleagues from other medical specialties.

The clinical training in community psychiatry should include experience in a community mental health center or some equivalent setting, and consultation to at least one community agency such as a school, court, or police department.

Training in forensic psychiatry must involve more than solely didactic instruction. It should include supervised clinical experiences such as consultative work with judges, attorneys, police, probation officers, and other professionals in the legal field, and, wherever possible, actual experience in courtroom testimony.

All programs must contain substantial didactic education and supervised clinical experience in the inpatient and outpatient treatment of children and adolescents. The resident should gain a thorough understanding of the biological, psychological, social, economic, ethnic and family factors that significantly influence physical and psychological development in infancy, childhood, and adolescence.

### III. DIRECTOR OF RESIDENCY PROGRAM AND PARTICIPATING FACULTY

Each residency program must be under the direction of a fully qualified psychiatrist whose primary responsibility on the staff is to maintain an educational program of excellence. The training director should be responsible for maintaining:

- (1) A process for selecting as residents physicians who are personally and professionally suited for training in psychiatry;
- (2) Well-planned and systematic educational activities of excellent quality;
- (3) Regular and systematic evaluation of the progress of each resident, including complete records of evaluations containing explicit statements on the resident's progress and his major strengths and weaknesses;
- (4) A program of regularly scheduled meetings with each resident, of sufficient frequency, length and depth to insure that the resident is continually aware of the quality of his progress toward attainment of professional competence;
- (5) Procedures for helping the resident obtain appropriate help for significant personal or professional problems;
- (6) Procedures for the proper and judicious resolution of problems that occur when a resident's performance does not meet required standards. These procedures should be fair to the resident, the patient under his care, the training program, and to the profession; and
- (7) A written record of the educational responsibilities of all staff and faculty members (whether full-time or part-time) who participate directly in the education of residents, including the nature, frequency, and amount of time involved in the teaching activity of each.

The residency program director must accept only those applicants whose qualifications for residency include sufficient command of grammatical English to insure accurate, unimpeded communication with patients and teachers. All residents must have continuous review and assessment of their language and other communication skills needed to treat effectively the patients for whom the resident has clinical responsibility during his residency. Appropriate records must be kept regarding the communication skill of all residents and special instruction must be offered, when indicated, in order to assure that every resident develops a high order of competency in communication skills, skills so crucial to developing professional competence in psychiatry.

The residency program should provide its residents with instruction about American culture and subcultures. Many physicians may not be sufficiently familiar with the attitudes, values and social norms prevalent among the various segments of contemporary American life. Therefore, the curriculum should contain instruction about these issues adequate to enable the resident to render competent care to those patients from various cultural backgrounds for whom he has clinical responsibility in the course of his residency.

The residency program director must regularly and continuously make a significant commitment of time to the educational program, and preferably will be a full-time staff member. In any case, the director must be at least a half-time staff member, must devote a significant number of hours weekly to the residents and their educational program, and should be a board certified psychiatrist, although under unusual circumstances exceptions may be allowed to this latter qualification.

The residency must be staffed by qualified full-time psy-

chiatrists in sufficient numbers to insure constant supervision and consistent instruction. They should be highly competent clinicians and capable, interested teachers in order to assure an educational program of excellence and breadth of view. These teachers must participate regularly and systematically in the training program, and be readily available for consultation whenever a resident is faced with a major therapeutic or diagnostic problem, a clinical emergency, or a crisis in patient care. The part-time faculty must also have specifically designated teaching responsibilities in which they engage with appropriate regularity.

There must be a sufficient variety of competent faculty members to provide the residents with instruction and supervision in all of the major types of therapy including:

- (1) Individual psychotherapy (including some experience in long-term therapy);
- (2) Family therapy;
- (3) Crisis intervention;
- (4) Group therapy;
- (5) Pharmacological therapy;
- (6) Physiological therapies; and
- (7) Selected special techniques such as behavior therapy, hypnosis, biofeedback, etc.

In addition to qualified psychiatrists in appropriate numbers, the faculty should also include representatives of all the other major mental health-related disciplines.

The director of the residency program should have an educational policy committee, composed of members of the teaching staff and including representation from the residents. This committee should participate actively in planning, developing, implementing, and evaluating all significant features of the residency program, including selection of residents, determining goals and objectives of the curriculum, and evaluating both the teaching staff and resident staff.

### IV. CLINICAL AND EDUCATIONAL FACILITIES AND RESOURCES

Training programs must have available to them an array of inpatient and outpatient facilities, clinics, agencies and other suitable placements where the residents can participate in the clinical experiences they require to develop competence.

The administrators of the hospital responsible for the program must provide ample space and equipment for educational activities. There must be adequate space and equipment specifically designated for seminars, lectures, and other teaching exercises. Both office space and teaching space for residents must be available in addition to that designated for hospital laboratories, ward care, and the treatment of patients.

All residents must have offices adequate in size and decor to allow them to interview patients in a professional manner. This office space must not be shared by so many people as to interfere with their professional educational experience.

The hospital must also provide adequate and specifically designated facilities in which residents can perform basic physical examinations and other necessary diagnostic procedures.

The program should have available such basic teaching aids as slide projectors, sound film projectors, and the capability for making and playing back video tapes.

The sponsoring institution of an approved residency in psychiatry must provide residents with ready access to a library that contains a substantial number of current basic textbooks in psychiatry, neurology and general medicine, and a sufficient number of the major journals in psychiatry, neurology and medicine, necessary for an educational program of excellence. The library must have the capability of obtaining textbooks and journals on loan from major medical libraries, and must be reasonably available to trainees on weekends and during evening hours.

*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, pediatrics, 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 hospital.

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 de-

signed 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 program in Child Psychiatry should be under the direction of a child psychiatrist in order to maintain its own identity. The current patterns of Child Psychiatry activities and situations providing training would include departments of psychiatry in medical schools, community child guidance clinics, 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 both outpatient and inpatient 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 biological 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.

Experience with severe emotional disorders in children and adolescents: 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, psychophysiological disorders, and mental retardation, so that they may appreciate the natural course of these conditions.

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 university teaching centers, community child guidance clinics, 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.

#### 22. Special Requirements for Residency Training in Radiology, Diagnostic Radiology, and Therapeutic Radiology

##### Radiology

*"Effective July 1, 1976, no applications for approval of new residency programs in general radiology will be accepted. Effective July 1, 1979, the approval of all programs in general radiology will be withdrawn. No new residents are to be appointed in approved general radiology programs to first-year positions after July 1, 1976; to second-year positions after*

July 1, 1977; and to third-year positions after July 1, 1978."

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.

#### Diagnostic Radiology With Special Competence In Nuclear Radiology

This program is designed to offer training in diagnostic radiology and its subspecialties, and also in the diagnostic procedures which comprise nuclear radiology.

**Definition:** Nuclear radiology is defined as a clinical subspecialty of radiology involving the imaging by external detection of the distribution of radionuclides in the body for the diagnosis of disease.

**Duration of the Training Period:** The training period in diagnostic radiology with special competence in nuclear radiology shall be four years of approved postgraduate training, three years of which must be spent in residency training comprising at least twenty-four months of diagnostic radiology and its subspecialties and twelve months in nuclear radiology. The training shall provide a program of graded study, experience and responsibility in all facets of roentgen diagnosis, medical nuclear and diagnostic radiologic physics, radiobiology, health physics and protection, medical nuclear instrumentation, radiopharmaceutical chemistry and instrumentation, and the clinical applications of nuclear radiology.

**Institutional Requirements:** The institution offering a residency in diagnostic radiology with special competence in nuclear radiology must also be approved to offer training in diagnostic radiology. It must further provide adequate op-



portunity for the trainee to participate in and personally perform a broad range of nuclear radiologic procedures. The institution should thus provide no less than 3,000 nuclear imaging procedures per year, including a satisfactory spread of examinations in various systems.

**Departmental Requirements:** All those requirements which pertain to residencies in diagnostic radiology shall also apply to programs in diagnostic radiology with special competence in nuclear radiology. In addition, the nuclear radiology portion of the program should be under the supervision of a full-time staff member who is recognized as a specialist in nuclear radiology, and there should be available both stationary (camera) and moving (scanner) nuclear imaging systems.

**Educational Requirements of the Residency:**

- (1) One full-time nuclear 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, in nuclear radiology, and in health physics and protection and pathology.  
Formal instruction in diagnostic radiologic and medical nuclear physics, radiobiology, and radiopharmaceutical chemistry are required.
- (3) It is important that appropriate emphasis be placed on the value of teaching rounds and conferences, which should include at least one weekly conference with each of the major specialties in the institution. In addition, there should be frequent intradepartmental teaching conferences including both diagnostic and nuclear radiologic subjects.
- (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 diagnostic or nuclear radiologic research facilities of the department.
- (5) Library Facilities—A departmental library is essential and must contain a sufficient variety of texts and journals in both the radiologic and nuclear fields to meet the needs of the various levels of resident training. There should also be easy access to a general library. Suitable areas for independent work and study should be available for the use of the residents.
- (6) Teaching-Film Museum—A film museum containing both diagnostic and nuclear radiologic subjects indexed, coded, and currently maintained with continuing follow-up should be available for resident use.

A well-balanced educational program at this level requires a diversity of clinical material, continuous clinical teaching and an active investigative and research effort both in diagnostic and in nuclear fields.

**Pediatric Radiology**

The residency in pediatric radiology should provide advanced and continuous training in the application of diagnostic radiology to the newborn, infant, and child for the purpose of producing a highly trained clinical specialist. Pediatric radiation therapy is not an essential component. A well-balanced educational program requires a diversity of clinical material, continuous clinical training, and an active investigative and research effort.

**Definition:** Pediatric radiology is understood to be a segment of diagnostic radiology encompassing the same fundamentals of radiation physics and radiation protection, and the same deductive and inductive reasoning processes, but directed at the special problems of disordered physiology, pathology, and matters of health maintenance as they occur in the growing child.

**Duration of Training Period:** The minimal training period is three years comprising twenty-four months in diagnostic

radiology, and twelve continuous months in pediatric radiology. The training in diagnostic radiology must precede the pediatric experience and include all facets of roentgen diagnosis, the clinical applications of diagnostic nuclear medicine, radiobiology, physics, and protection. It may include up to six months of pediatric radiology.

**Institutional Requirements:** The institution offering training in pediatric radiology may or may not be the same in which the resident obtains his initial diagnostic radiology training. It may be an entirely separate institution. In any case, the clinical material in pediatrics must be of such volume and composition as to provide ample clinical experience with the broad diversity of pediatrics. To qualify, the institution should have a full-time staff in general pediatrics, pediatric surgery, pediatric cardiology and pathology as a minimum. There should also be an AMA approved residency training program in pediatrics.

**Departmental Requirements: Staff:** The attending staff should comprise at least two full-time radiologists devoting themselves to pediatric radiology. The staff shall have control of adequate technical facilities devoted primarily to children's radiology. One radiologist should be designated as director of the training program in pediatric radiology. Whenever possible, more than one resident should be in training in addition to other residents who may rotate through the department for shorter time periods.

**Educational Requirements for the Residency:**

- (1) The same basic instruction is required in pediatric radiology as in diagnostic radiology. The only difference is that the program allows concentration on pediatric rather than adult medical problems. If the program integrates experience at two separate institutions, careful planning so as to include formal instruction in radiation physics, protection, radiobiology and experience in diagnostic nuclear medicine must be assured.
- (2) Increasing resident responsibility in respect to patient care should be an important feature of the training period in pediatric as well as diagnostic radiology.
- (3) It is important that appropriate emphasis be placed on the value of teaching rounds and conferences, which should include at least one weekly conference with each of the major pediatric specialties in the institution. In addition, there should be frequent intra-departmental teaching conferences.
- (4) A departmental library is essential and must contain sufficient variety of texts and journals to cover both general pediatrics and pediatric radiology.
- (5) A film museum indexed, coded, and currently maintained should be available for resident use.
- (6) Suitable areas for independent work and study should be available for the use of the residents.

**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 inpatient 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.

### 23. 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.

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 American Board of Thoracic Surgery.

*Scope of Training.*—The training must be so planned as to fulfill the following objectives:

(a) thorough understanding of the basic sciences as they apply to thoracic surgery;

(b) graded and progressive assumption of operative responsibility;

(c) assumption of relatively complete responsibility for the patient's care under proper supervision, and finally;

(d) 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.

No more than six months of intensified activity in research (animal surgery), cardiopulmonary laboratories, or on medical (non-surgical) services may be used to satisfy the requirements of two years of training.

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.

\*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.

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.

#### 24. 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 American Board of Medical Specialties (formerly the Advisory Board for Medical Specialties) have now approved 20 primary and 2 conjoint examining and certifying boards on the basis of minimal standards listed in the "Essentials for Approval of Examining Boards in Medical Specialties."

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, (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.

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 these pages of the Directory of Approved 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.

As indicated at the bottom of Table 1, several of the boards certify candidates in subspecialties and/or areas of special competence, in addition to certifying them in the primary field of a specialty.

In Table 2, on the following page, the total number of certificates issued by each of the approved examining boards in a medical specialty has been listed in bold-face type. Below that line of type, for a number of boards, are listed the subspecialties and/or areas of special competence in which the board also examines candidates.

For some boards, the listings in italics cover the fields in which the board grants primary certification, for example the various fields listed under the American Board of Pathology and the American Board of Preventive Medicine; for other boards, the listings in italics are of certification in subspecialties or areas of special competence and are in addition to the number of primary certificates listed in bold-face type. The italic listings under the American Board of Internal Medicine and the American Board of Pediatrics are of this type.

The listings of the American Board of Psychiatry and Neurology are a combination—the certificates in Psychiatry, Neurology, Child Neurology, and Psychiatry and Neurology make the total number of certificates issued by the Board; the certificates in Child Psychiatry are issued to persons already certified in Psychiatry, and in that sense represent a subcertification. In a few cases, the listings in italics indicate special certificates issued some years ago to persons whose primary certification is included in the total certificates issued by the Board.

TABLE 1.—Summary of American Specialty Board Requirements

Specialty Board	Graduates of U.S., Canadian or Puerto Rican Schools				Foreign Medical Graduates Special or Additional Requirements							All Graduates			
	License to Practice	Approved Internship or Other Prerequisite	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	Osteopaths Eligible for Certification	Accepted under Certain Conditions	Board Accepts Screening by Nat. Bd. Med. Exam., ECFMG, or Other Method	Special Certificate or Statement Granted	Standard Certificate Granted	Initial Application or Registration Fee	Total Fees	Stated Limitations (years) on Applicant's Eligibility <sup>6</sup>
<b>AMERICAN BOARD OF:</b>															
Allergy and Immunology.....													500	550	
Anesthesiology.....	x	x	3-4	2-0				x	x	x			125	325	7
Colon and Rectal Surgery.....	x		1-2		x				x	x			75	350	3
Dermatology.....	x	x	3	½	x			x	x	x			50	300	3
Family Practice.....	x			3		x							50	350	2
Internal Medicine <sup>1</sup> .....			3		x		x	x	x	x			250	250	
Neurological Surgery.....	x			2	x				x	x	x		25	300	3
Nuclear Medicine.....	x	x	2-5		x				x	x			300	300	
Obstetrics and Gynecology.....	x	x	2-5	2				x	x	x			50	350	2
Ophthalmology.....	x		3		x				x	x			200	350	2
Orthopedic Surgery.....	x	x	4	1	x	x			x	x			50	350	3
Otolaryngology.....	x		4						x	x			250	600	3
Pathology.....	x		3-4	1	x	x		x	x	x			350	350	3
Pediatrics <sup>2</sup> .....		x	2	2	x	x		x	x	x			250	250	
Physical Medicine and Rehabilitation.....		x	2	2	x			x	x	x			125	325	5
Plastic Surgery.....			3	1	x	x			x	x			75	325	3
Preventive Medicine.....			3						x	x			100	400	3
Psychiatry and Neurology <sup>3</sup> .....	x		3-5	2-1	x		x	x	x	x			135	425	
Radiology.....		x	4					x	x	x			75	325	5
Surgery <sup>4</sup> .....			4		x	x			x	x			50	450	3
Thoracic Surgery <sup>4</sup> .....			2		x				x	x			50	450	3
Urology.....	x	x	4	1½	x	x			x	x			250	500	

1. Also certifies in the subspecialties of Cardiovascular Disease, Endocrinology and Metabolism, Gastroenterology, Hematology, Infectious Disease, Nephrology, Medical Oncology, Pulmonary Disease, Rheumatology.
2. Also certifies in subspecialties or special areas of Pediatric Allergy, Pediatric Cardiology, Pediatric Hematology-Oncology, and Pediatric Nephrology.
3. Also certifies in Child Neurology and subspecialty of Child Psychiatry.
4. Certification by American Board of Surgery prerequisite.
5. Also grants Certificate of Special Competence in Pediatric Surgery.
6. Applicant is 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	Prior to 1974	Certificates Awarded During 1974	Total 12/31/74	Active Certificates as of December 31, 1974†	Year Board Was Activated
American Board of Allergy and Immunology*	662	631	1,293	1,055††	1971
American Board of Anesthesiology	6,402	518	6,920	6,220	1937
American Board of Colon and Rectal Surgery	514	20	534	417	1949
American Board of Dermatology	3,693	197	3,890	3,124	1932
American Board of Family Practice	5,809	1,264	7,073	7,018	1969
American Board of Internal Medicine	30,699	3,046	33,745	30,016	1936
Allergy & Immunology	301	—	301	—	—
Cardiovascular Disease	1,718	382	2,040	—	—
Endocrinology & Metabolism	446	—	446	—	—
Gastroenterology	1,144	—	1,144	—	—
Hematology	374	481	855	—	—
Infectious Disease	88	171	259	—	—
Medical Oncology	351	—	351	—	—
Nephrology	212	389	601	—	—
Pulmonary Disease	651	368	1,014	—	—
Rheumatology	164	240	394	—	—
American Board of Neurological Surgery	1,951	66	2,017	1,635	1940
American Board of Nuclear Medicine**	1,353	317	1,670	1,589	1972
American Board of Obstetrics-Gynecology	14,255	738	14,993	12,483	1930
Gynecology	16	—	16	—	—
Obstetrics	24	—	24	—	—
American Board of Ophthalmology	9,026	426	9,452	7,363	1916
American Board of Orthopedic Surgery	8,368	655	9,023	8,044	1934
American Board of Otolaryngology	7,941	275	8,216	5,011	1924
Endoscopy	4	—	4	—	—
American Board of Pathology	11,469	823	12,292	8,536	1936
Anatomic Pathology	4,536	111	4,647	—	—
Anatomic Pathology and Medical Microbiology	1	—	1	—	—
Anatomic Pathology and Clinical Pathology	4,260	372	4,632	—	—
Anatomic Pathology and Forensic Pathology	12	2	14	—	—
Anatomic and Neuropathology	50	4	54	—	—
Chemical Pathology	32	3	35	—	—
Medical Microbiology	35	1	36	—	—
Medical Microbiology and Medical Chemistry	1	—	1	—	—
Clinical Pathology	1,999	34	2,033	—	—
Dermatopathology	—	56	56	—	—
Forensic Pathology	256	22	278	—	—
Hematology	52	12	64	—	—
Radioisotopic Pathology	—	143	143	—	—
Clinical Pathology/Hematology	2	—	2	—	—
Neuropathology	118	14	132	—	—
Anatomical, Clinical and Forensic Pathology	3	—	3	—	—
Blood Banking	112	49	161	—	—
American Board of Pediatrics	16,700	970	17,670	14,976	1933
Pediatric Allergy	363	—	363	—	—
Pediatric Cardiology	362	—	362	—	—
American Board of Physical Medicine and Rehabilitation	1,032	66	1,098	918	1947
American Board of Plastic Surgery	1,297	144	1,441	1,283	1937
American Board of Preventive Medicine	3,275	115	3,390	2,386	—
Aerospace Medicine	678	15	693	—	—
Occupational Medicine	641	24	665	—	—
Public Health	1,722	30	1,752	—	—
General Preventive Medicine	234	46	280	—	—
American Board of Psychiatry and Neurology	12,930	721	13,651	11,615	—
Psychiatry	10,438	613	10,951	—	—
Neurology	1,433	189	1,622	—	—
Child Neurology	61	18	79	—	—
Psychiatry and Neurology	998	1	999	—	—
Child Psychiatry	760	52	812	—	—
American Board of Radiology	13,905	1,507	15,412	11,498	1934
Diagnostic Roentgenology	934	—	934	—	—
Diagnostic Radiology	1,311	896	2,207	—	—
Medical Nuclear Physics	11	2	13	—	—
Radiological Physics	135	8	143	—	—
Radiology	9,868	344	10,212	—	—
Radium Therapy	8	—	8	—	—
Roentgen Ray and Gamma Ray Physics	28	3	31	—	—
Roentgenology	1,018	—	1,018	—	—
Therapeutic Radiology	584	149	733	—	—
Therapeutic Roentgenology	6	—	6	—	—
Therapeutic Radiological Physics	2	8	10	—	—
Therapeutic & Diag. Radiological Physics	1	2	3	—	—
American Board of Surgery	21,036	806	21,842	18,493	1937
American Board of Thoracic Surgery	2,851	158	3,009	2,742	—
American Board of Urology	4,791	215	5,006	4,087	—
<b>Totals</b>	<b>179,959</b>	<b>13,678</b>	<b>193,637</b>	<b>160,509</b>	

\*A conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics. The ABA&I will give its first certifying examination in 1974.

\*\*A conjoint board of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Radiology.

NOTE: In the above table, the total number of primary certificates issued by each Board is shown in bold-face type along with the name of the Board. Under the names of certain Boards are listed in *italics* the number of certificates issued for areas of training under the jurisdiction of that Board. In some instances, the number of certificates issued indicates areas of specialization, and the numbers listed for these areas make up the total certificates issued; in other instances, the areas are those of subspecialization, and diplomates in these disciplines will have received certificates in the subspecialty area in addition to their primary certification by these Boards.

†Totals do not include physicians permanently located outside the United States and Possessions; also excludes certificates issued to physicians currently listed with APO or FPO addresses or whose addresses were unknown. Information on "Active Certificates" taken from data in AMA Center for Health Services Research and Development; totals may differ from data in Board offices because of variations in criteria for listing and in individual reporting of status.

††Certificates issued by ABA&I without examination to physicians previously certified by the Subspecialty Board of Allergy of the American Board of Internal Medicine or the Subspecialty Board of Pediatric Allergy of the American Board of Pediatrics.

Table 3 shows that, during the calendar year 1974, there were 20 approved primary boards and 2 conjoint boards. The boards issued 13,678 certificates, bringing the total number issued at December 31, 1974, to 193,637 certificates. In the subspecialties and areas of special competence, 2,307 certificates were issued.

The Directory of Medical Specialists, compiled by the American Board of Medical Specialties and published by Marquis-Who's Who, Chicago, 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. Executive Director of the American Board of Medical Specialties is Glen R. Leymaster, M.D., 1603 Orrington Avenue, Evanston, Illinois, 60201.

The American Board of Medical Specialties is actively concerned with the establishment, maintenance, and elevation of standards for the education and qualification of physicians recognized as specialists through the certification procedures of its member specialty boards. As a corollary, the American Board of Medical Specialties cooperates actively with all other groups concerned in establishing standards, policies, and procedures for assuring the maintenance of continued competence of such physicians.

The American Board and the Council on Medical Education of the American Medical Association, through the Liaison Committee for Specialty Boards, jointly issue the "Essentials for Approval of Examining Boards in Medical Specialties," which document is approved by the House of Delegates of

TABLE 3.—Annual Specialty Board of Certification, 1953-1974

Year Ending:	No. of Boards in Existence	Number of Certificates Issued	Cumulative Totals
1953 (June 30)	19	4,022	52,486
1954 (June 30)	19	4,133	56,619
1955 (June 30)	19	3,843	60,644
1956 (June 30)	19	3,083	63,727
1957 (June 30)	19	5,424	69,151
1958 (June 30)	19	3,970	73,121
1959 (June 30)	19	4,306	77,427
1960 (June 30)	19	3,985	81,408
1961 (June 30)	19	4,234	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
1969 (December)*	20	3,695*	135,212
1970 (December)	20	9,126	144,338
1971 (December)	22	9,093**	153,331**
1972 (December)	22	13,832	167,163
1973 (December)	22	12,099	179,959**
1974 (December)	22	13,678	193,637

\*Covers 6 months, June-December, 1969.

\*\*Adjusted following final report.

the American Medical Association. Copies of the "Essentials" may be obtained from the Executive Director of the American 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	Corresponding Officer	Address	Telephone No.
American Board of Allergy and Immunology (a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics)	Herbert C. Mansmann, Jr., M.D. Executive Secretary	3930 Chestnut Street Philadelphia, Pa. 19104	(215) 349-9466
American Board of Anesthesiology	E. S. Siker, M.D. Secretary-Treasurer	100 Constitution Plaza Hartford, Conn. 06103	(203) 522-9857
American Board of Colon and Rectal Surgery	Norman D. Nigro, M.D. Secretary	320 West Lafayette Detroit, Mich. 48226	(313) 961-7880
American Board of Dermatology	Clarence S. Livingood, M.D. Executive Secretary	Henry Ford Hospital Detroit, Mich. 48202	(313) 871-8739
American Board of Family Practice	Nicholas J. Pisacano, M.D. Executive Director and Secretary	University of Kentucky Medical Center Lexington, Ky. 40506	(606) 255-2237
American Board of Internal Medicine	John A. Benson, Jr., M.D. President	3930 Chestnut Street Philadelphia, Pa. 19104	(215) 386-7551
American Board of Neurological Surgery	Robert B. King, M.D., Secretary	750 E. Adams Street Syracuse, N.Y. 13210	(315) 473-4470
American Board of Nuclear Medicine (a conjoint board of the American Board of Internal Medicine, American Board of Pathology, and American Board of Radiology)	S. James Adelstein, M.D. Secretary	475 Park Avenue South New York, N.Y. 10016	(212) 889-0717
American Board of Obstetrics and Gynecology	James A. Merrill, M.D. Secretary-Treasurer	Univ. of Okla. Health Sciences Center, P.O. Box 26901 Oklahoma City, Okla. 73190	(405) 271-5000
American Board of Ophthalmology	Francis H. Adler, M.D. Secretary-Treasurer	8870 Towanda St., Philadelphia, Pa. 19118	(215) 242-1123
American Board of Orthopaedic Surgery	William A. Larmon, M.D. Executive Secretary	430 N. Michigan Blvd., Room 800 Chicago, Ill. 60611	(312) 822-9572
American Board of Otolaryngology	Walter Work, M.D. Exec. Secretary-Treas.	1301 E. Ann St., HR5032 Ann Arbor, Mich. 48104	(313) 761-7185
American Board of Pathology	A. James French, M.D. Executive Director	Office of the Board, Suite 780 5401 West Kennedy Blvd., Tampa, Fla. 33609	(813) 879-4864 (813) 879-4865
American Board of Pediatrics	F. Howell Wright, M.D. Executive Secretary	Museum of Science and Industry 57th and Lake Shore Drive, Chicago, Illinois 60637	(312) 643-6350
American Board of Physical Medicine and Rehabilitation	Earl C. Elkins, M.D. Secretary-Treasurer	Suite D, IA Kahler East Rochester, Minn. 55901	(507) 282-1776
American Board of Plastic Surgery	Charles E. Horton, M.D. Secretary-Treasurer	4647 Pershing Avenue St. Louis, Mo. 63108	(314) 361-8781
American Board of Preventive Medicine	Raymond Seltzer, M.D. Secretary-Treasurer	615 North Wolfe St. Baltimore, Md. 21205	(301) 955-3799
American Board of Psychiatry and Neurology	Lester H. Rudy, M.D. Executive Director	1603 Orrington Avenue, Suite 1320 Evanston, Illinois 60201	(312) 864-0830
American Board of Radiology	C. Allen Good, M.D. Secretary	Kahler East, Rochester, Minn. 55901	(507) 282-7838
American Board of Surgery	James W. Humphreys, Jr., M.D. Secretary-Treasurer	1617 John F. Kennedy Blvd. Philadelphia, Pa. 19103	(215) 568-5088
American Board of Thoracic Surgery	Herbert Sloan, M.D. Secretary-Treasurer	14624 E. Seven Mile Road Detroit, Michigan 48205	(313) 372-2632
American Board of Urology	William L. Valk, M.D. Secretary-Treasurer	4121 West 83rd St., Suite 124, Prairie Village, Kansas 66208	(913) 341-6321

### AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY

(A Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics)

JOHN E. SALVAGGIO, Co-Chairman, New Orleans  
SHELDON C. SIEGEL, Co-Chairman, Los Angeles  
SIDNEY FRIEDLAENDER, Secretary, Southfield, Mich.  
ROY PATTERSON, Treasurer, Chicago  
K. FRANK AUSTEN, Boston  
JOSEPH A. BELLANTI, Washington, D.C.  
BERNARD A. BERMAN, Brookline, Mass.  
C. WARREN BIERMAN, Seattle  
ELLIOT F. ELLIS, Buffalo  
DOUGLAS E. JOHNSTONE, Rochester, N.Y.  
PHILIP S. NORMAN, Baltimore  
DAVID S. PEARLMAN, Denver  
CHARLES E. REED, Madison, Wis.  
BURTON ZWEIMAN, Philadelphia  
HERBERT C. MANSMANN, JR., Executive Secretary,  
3930 Chestnut Street, Philadelphia, Pennsylvania 19104

#### ORGANIZATION

The American Board of Allergy and Immunology (ABAI) was established in 1972 as a non-profit organization. It was sponsored jointly by the American Board of Internal Medicine, the American Board of Pediatrics, the American Academy of Allergy, the American College of Allergists, the American Association of Clinical Immunology and Allergy, the American Academy of Pediatrics-Section on Allergy, and the American Medical Association-Section on Allergy. The ABAI is a conjoint Board of the American Board of Pediatrics and the American Board of Internal Medicine.

#### GENERAL EXPLANATION OF REQUIREMENTS AND EXAMINATION

The American Board of Allergy and Immunology is interested in candidates who have embarked voluntarily on a graduate program of study, with the express purpose of excelling in the practice of the specialty of allergy and immunology. In outlining its requirements, the ABAI hopes to help the candidate select superior educational programs which will develop his competency in allergy and immunology. The ABAI believes that all allergists and immunologists should have a sound fundamental knowledge of biological sciences basic to this discipline. Such knowledge is essential to the continued progress of any qualified allergist and immunologist. The ABAI anticipates that adequate knowledge in the basic sciences, as applied to this discipline, will be acquired by the candidate during a post-medical school training program. The ABAI wishes to emphasize that time and training are but a means to the end of acquiring a broad knowledge of allergy and immunology.

However, the candidate must demonstrate his competency to the ABAI in order to justify certification to practice this discipline as a specialty. The responsibility of acquiring the knowledge rests with the candidate. The responsibility of maintaining the standards of knowledge required for certification must satisfy the general and professional qualifications listed below.

#### ELIGIBILITY FOR EXAMINATION—Section 6.2

A. Except as provided in Paragraph B below, a candidate must qualify for examination by *having passed* the examination of The American Board of Internal Medicine, The American Board of Pediatrics or the Royal College of Physicians and Surgeons of Canada and by presentation of evidence acceptable to the Board of Directors, of the following graduate medical education:

1. at least two years of general training in Internal Medicine (with approval of the director of the second year of training and with twenty-four months of primary

patient responsibility) or Pediatrics, in programs approved by the Council on Medical Education of the American Medical Association or the Royal College of Physicians and Surgeons of Canada or such other programs acceptable to the Board of Directors; *and*

2. at least two years of residency, fellowship, or other acceptable training in Allergy and Immunology.

B. A candidate, in any application received by the Executive Secretary on or before July 1, 1978, may also qualify for examination by presentation of evidence, acceptable to the Board of Directors, that:

1. the candidate has had at least ten years of practice principally in Allergy and Immunology under circumstances acceptable to the Board of Directors; *or*
2. the candidate's period of Allergy and Immunology practice of the type acceptable under paragraph 1, and period of training in Allergy and Immunology acceptable to the Board of Directors aggregate at least ten years; *or*
3. the candidate's period or periods of practice or training in Allergy and Immunology of the types acceptable under Paragraphs 1 and 2, when combined with a period or periods of training in either approved Pediatrics or Internal Medicine training programs, or both, aggregate at least ten years.

*and* that the candidate's training and experience are substantially equivalent to the qualifications set forth in A or that he has achieved eminence in the field of Allergy and Immunology. *In determining whether a candidate's training and experience are substantially equivalent or whether he has achieved eminence, the Board of Directors shall consider the following criteria:*

1. the nature, quality and duration of any formal training in Allergy and Immunology, Internal Medicine or Pediatrics completed by the candidate;
2. the scope, nature and duration of the candidate's practice in the fields of Allergy and Immunology, Internal Medicine or Pediatrics;
3. the candidate's appointments to faculties of schools of medicine and positions of responsibility in hospital teaching programs;
4. the candidate's contributions to the field as evidenced by the quality of his publications;
5. the candidate's fellowships, awards, and other evidence of special recognition;
6. the candidate's competence in the area of a primary specialty;
7. the candidate's reputation in the field as evidenced by written references; and
8. such other evidence as the candidate may present in writing.

Failure to meet any one or more of the above criteria shall not disqualify a candidate if the Board of Directors, on the basis of the evidence considered in its entirety, is of the opinion that his training and experience are equivalent or that he has achieved eminence in the field of Allergy and Immunology.

#### METHODS OF EXAMINATION

1. *The Certifying Examination.* Each applicant shall be examined in such a manner and under such rules as the Board may prescribe and must achieve a grade acceptable to the Board of Directors before receiving the certification of the Board. In all such matters the decision of the Board shall be final.

The Certifying Examination will be administered approximately every other year. The times and places are determined by the Board and are announced in the Journal of the American Medical Association, The Annals of Allergy, The Journal of Allergy and Clinical Immunology, The Annals of Internal Medicine and The Journal of Pediatrics.

The candidate should be prepared for examination in the anatomy, pathology, physiology and bio-chemistry of hypersensitivity, as well as atopic disease. He should be proficient in clinical diagnosis, including laboratory procedures, and in the treatment of allergic and immunologic diseases in children and adults. In addition to a familiarity with atopic diseases such as hay fever, asthma, eczema, and urticaria, he will be expected to have a good understanding of other clinical states in which hypersensitivity or immune deficiencies play a major or contributory role, such as auto-immune diseases, trans-plantation immunity, connective tissue or rheumatic diseases, and those infective and parasitic diseases characterized by hypersensitivity reactions.

He should be familiar with the physiology of organ systems involved in allergic diseases, most particularly the lungs, especially as modified by asthma, emphysema, chronic bronchitis and other pathological states related to or confused with immunologic reactions in this organ. He should be thoroughly familiar with the benefits and dangers of drugs used in the management of allergic diseases in general, and asthma in particular.

He should be competent in recognition of many non-allergic states that resemble allergy, including such clinical entities as physical allergies, autonomic dysfunction, and psychogenic factors in allergic diseases.

Evidence of knowledge of current research in the field of hypersensitivity will be tested by questions concerning the beta-adrenergic receptors, chemical mediators, prostaglandins, cholinergic and adrenergic receptors, complement, immunoglobulins, lymphokins, etc.

A knowledge of controversial subjects such as gastrointestinal allergy, allergy to foods and allergy to bacteria will be required. Also the candidate will be expected to be familiar with the difficulties inherent in clinical investigation, as well as the reliability and limitations of data obtained by various methodologies.

2. *Program Directors' Assessment of Competency.* All candidates will be required to have written documentation from program directors of the quality of health care that they deliver. The program director will also be asked to support each candidate on the basis of his having excelled in the clinical areas of allergy and immunology.

REEXAMINATION

1. The interval between two examinations will be not less than one year.
2. The act of filing an application for re-examination is the candidate's responsibility.

APPLICATIONS

Applications are available from the Executive Office and must be completed and returned by a specific date as published in appropriate announcements.

No application will be considered until the fee and all required supporting data, including letters of recommendation, have been received by the Executive Office.

FEEES

The Board is a non-profit organization. The fees for examination and certification have been computed on a basis of maintaining an administrative office and conducting examinations. The Board reserves the right to change the fee when necessary.

The 1975 Registration and Examination fee was \$300.00. Candidates whose applications were rejected received a refund of \$250.00; the Board retained \$50.00 of the fee to cover the application evaluation costs.

The Certification fee was \$50.00, payable after successful passage of the examination.

Those physicians previously certified by the Subspecialty Board of Allergy of The American Board of Internal Medicine or the American Board of Pediatrics may obtain a diploma from the American Board of Allergy and Immunology by transmitting a fee of \$50.00 to the office of the Executive Secretary.

STATEMENTS OF ELIGIBILITY

The Board no longer issues statements of "eligibility" for its examinations. Upon request of the registered candidate it will reveal progress toward certification.

CANCELLATIONS

Candidates who are accepted for examinations but fail to appear or who cancel after assignment to an examination center is completed will forfeit their Registration and Examination fee. For each subsequent application for examination they will be required to pay an additional Registration and Examination fee.

INACTIVE CANDIDATES

Any candidate whose record reveals inactivity (i.e., failure to take an examination) for five or more years will revert to the same status as a new application and will be required to pay the Registration and Examination fee. However, total past examination experience will continue to govern the candidate's eligibility. The candidate must comply with all current regulations enforced for new candidates.

THE AMERICAN BOARD OF ANESTHESIOLOGY

- ALBERT M. BETCHER, President, New York City
- ARTHUR S. KEATS, Vice President, Houston, Texas
- DONALD W. BENSON, Chicago
- HARRY H. BIRD, Hanover, N. H.
- ORAL B. CRAWFORD, Springfield, Mo.
- ROBERT M. EPSTEIN, Charlottesville, Va.
- MARTIN HELRICH, Baltimore
- E. O. HENSCHER, Milwaukee
- RICHARD J. KITZ, Boston
- C. PHILIP LARSON, JR., Stanford, Calif.
- RICHARD A. THEYE, Rochester, Minn.
- E. S. SIKER, Secretary-Treasurer, Pittsburgh
- Office of the Board, 100 Constitution Plaza, Hartford, Connecticut 06103

Each applicant before he shall become eligible for certification as a Diplomate in Anesthesiology, must:

1. Have graduated from a medical school approved by the Council on Medical Education of the American Medical Association, or have been sanctioned by an organization acceptable to the Board (ECFMG, FLEX, National Board of Medical Examiners, or any recognized medical licensing body); and .
2. Establish in a manner satisfactory to the Board that (a) he is a physician with an M.D. or D.O. degree duly licensed by law to practice medicine, and, (b) he is of high ethical and professional standing; and
3. Submit proof to the Board that he has satisfactorily completed the Continuum of Education in Anesthesiology consisting of three years of training after receiving the M.D. or D.O. degree. Twelve months of the Continuum must be devoted to clinical training in a program other than clinical anesthesia (hereinafter referred to as Clinical Base), and 24 months must be devoted to approved residency training in clinical anesthesia (hereinafter referred to as Clinical Anesthesia). Not less than 21 of the 24 months of Clinical Anesthesia must be concerned with (a) the management of procedures for rendering a patient insensible to pain during surgical, obstetrical and certain medical procedures, and (b) the support of life functions under the stress of anesthesia and surgical manipulations.



The 24 months of Clinical Anesthesia must be spent 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., or in Canada in an institution approved by the Royal College of Physicians and Surgeons of Canada.

Candidates will be required to have a certificate on file with this Board attesting to their having demonstrated satisfactory clinical competence at the institution where they completed their 24 months of Clinical Anesthesia.

Acceptable training for the 12 months of Clinical Base shall include training in a rotating internship, internal medicine, pediatrics, surgery, or any of the surgical specialties, obstetrics and gynecology, neurology, family practice, or any combination of these, as approved for the individual candidate by the Director of his or her training program in anesthesiology.

The time during the Continuum at which the candidate receives training in either Clinical Anesthesia or Clinical Base will be decided by the Director of the training program in anesthesiology following consultation with the individual candidate; but the Board urges that at least a portion of the Clinical Base occur early in the Continuum.

Following completion of the Continuum or two years of the Continuum plus one Optional Year as described in Plan 1 below, the candidate will be eligible for the written (Part I) examination. Having passed the written examination he will become eligible for the oral (Part II) examination by fulfilling the requirements of Plan 1 or 2 outlined as follows:

#### PLAN 1

Under this plan the candidate becomes eligible for oral examination upon completion of the Continuum plus one year of training (hereinafter referred to as the Optional Year) in an area of research, in clinical anesthesia that is more advanced and specialized than the usual experience gained during the 24 months of Clinical Anesthesia, or in a basic science or a clinical discipline other than anesthesiology but not including the Clinical Base year of the Continuum.

The Optional Year (which may occur in any chronologic sequence) will be at the discretion of the Program Director and must be spent 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., or in Canada in an institution approved by the Royal College of Physicians and Surgeons of Canada.

#### PLAN 2

Under this plan the candidate becomes eligible for oral examination upon completion of the Continuum plus two years of practice acceptable to the Board following the period of training.

Up to one year of practice time credit can sometimes be granted a candidate for military service if he had six months or more of approved residency training in anesthesiology prior to entrance into the Armed Forces and was assigned as an anesthesiologist in the service; and under certain other special circumstances. The amount of this credit will depend upon both the extent of the previous residency training and the applicant's duties in the military service.

Up to one year of practice credit can sometimes be granted to physicians who have received foreign based formal training in anesthesiology and who have been in continuous full time training or practice for a minimum of five years before entering approved training in this country or Canada.

Two 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 the five years preceding 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 American Board of Medical Specialties, but not including the Clinical Base year.

- (c) a PhD in the field of science

Grants of practice time credit under the circumstances described in the three paragraphs above are at the discretion of the Board and must be sought on an individual basis from the Credentials Committee of the Board.

The Board's policy on absences from actual training is that there may be two weeks of vacation during each of the two years of Clinical Anesthesia and that there may be two weeks of sick leave during each of these years of training. Vacations and sick leaves during the Clinical Base year and the Optional Year should conform to the policy of the institutions and departments in which that portion of the training was served. Any other absences from actual training in excess of those specified will require that the applicant's total training time be lengthened to the extent of absence.

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

Method of Making Application: Application for admission to the examination may be made only after a physician has completed any two years of the Continuum of Education in Anesthesiology or one year of the Continuum plus the Optional Year described in Plan 1. Admission to the written examination will be contingent on completion at the time of that examination of the three year Continuum or any two years of the Continuum plus an Optional Year.

Application must be made to the Secretary upon a form prescribed by the Board, procured only on written request of the applicant, and must be received in the Board office by January 10th prior to the date of examination. Eligibility rulings are made by the Board on recommendation of the appropriate committees.

1. Written Examination—eligible applicants may take this examination upon completion of the Continuum or upon completion of any two years of the Continuum plus an Optional Year. Written examinations are held annually in approximately twenty 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.

In the event a candidate fails the written examination, three opportunities will be provided at yearly intervals to take the examination. This three year period begins on the date an applicant is first declared eligible for the written examination.

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 completion of the Continuum plus (1) two years of practice (or its equivalent) or plus (2) one Optional Year, 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. Oral examinations are conducted at six month intervals in the spring and fall. Examiners consist of Directors of the Board and others who assist as associate examiners. Oral examinations cover all phases of anesthesiology, including the basic sciences and clinical applications.

In the event a candidate fails an oral examination, at least twelve months must elapse before he may reappear for oral examination. An applicant is entitled to repeat the oral ex-

amination each year for a three year period, which 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 re-examination fee of \$85.00 will be charged for each repeat in either the written or oral 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.

FOREIGN CERTIFICATION

The Board considers that multiple certification is neither necessary nor desirable, and that the F.F.A.R.C.S. certificates of England, of South Africa, of Ireland, and of Australasia, and the F.R.C.P. of Canada, are comparable to the Diploma of the American Board of Anesthesiology; and that it should not be necessary for the holders of these advanced certificates to obtain the Board's Diploma.

If those holding these advanced certificates insist on obtaining the Board's Diploma in addition, the training requirement will be waived and they will be admitted directly to the written examination, providing that all of their other credentials are in order.

REAPPLICATION

A candidate who has left the Examination System by reason of either three failed written examinations or three failed oral examinations, may reapply by submitting a new application; and this applies also for those who have left the Examination System for reasons of their own.

Such application shall be subject to the fees, rules and privileges that apply at that time; and if the applicant is adjudged to meet existing requirements, he will be admitted to the Examination System. This privilege shall apply retroactively without limitation, but in all instances the candidate must pass both the written and oral examinations under the new application.

BOARD ELIGIBILITY

An individual is board eligible only after his credentials have been examined by the Board and he is notified that he has been accepted for admission to the examinations. He remains "board eligible" until he has either been certified by the Board or is notified that his application has been voided. Except in unusual circumstances it is expected that this will be accomplished within a period of 7 years. The Board decries the usage of the term either by the candidate or any organization in such a way as to imply that having received notification that he has been accepted for examination the candidate is now possessed of some special qualification which is more or less equivalent to certification.

FEE

The fee shall be \$225.00; an initial installment of \$75.00 will be paid upon filing the application (of which sum, \$60.00 will be returned if the candidate is not accepted for examination); and the remainder (\$150.00) will be paid before taking the examination.

A re-examination fee of \$85.00 will be charged for each repeat in either the written or oral 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, E. S. Siker, M.D., The American Board of Anesthesiology, 100 Constitution Plaza, Hartford, Connecticut, 06103.

AMERICAN BOARD OF COLON AND RECTAL SURGERY

- JAMES A. FERGUSON, President, Grand Rapids, Mich.
- MATTHEW A. LARKIN, Vice President, Miami, Fla.
- H. WHITNEY BOGGS, Shreveport, La.
- ALEJANDRO F. CASTRO, Washington
- DONALD M. GALLAGHER, San Francisco
- STANLEY M. GOLDBERG, Minneapolis, Minn.
- GEORGE J. HUGO, Los Angeles
- EUGENE P. SALVATI, Plainfield, N.J.
- ROBERT J. SPENCER, Rochester, Minn.
- EUGENE SULLIVAN, Portland, Oregon
- NORMAN D. NIGRO, Secretary-Treasurer, 320 West Lafayette, Detroit, Michigan 48226

GENERAL QUALIFICATIONS AND REQUIREMENTS

All candidates shall comply with the following regulations:

1. A candidate shall limit practice to colon and rectal surgery, shall appear personally before the Board and shall submit to the required examination.
2. A candidate may be required to deliver to the Board sufficient case reports to demonstrate proficiency in colon and rectal surgery.
3. A bibliography of papers and books published by the candidate shall be submitted to the Board upon its request.

PROFESSIONAL QUALIFICATIONS

1. The candidate shall be a graduate of a medical school approved by the Council on Medical Education of the American Medical Association. Foreign medical graduates should hold ECFMG Certificate.

SPECIAL PROFESSIONAL QUALIFICATIONS

1. The candidate shall have completed four years of graded general surgical training approved by the Residency Review Committee for Surgery and shall have completed one year of approved residency in colon and rectal surgery, or:
  2. The candidate shall have completed three years of an approved graded general surgical residency and two years of an approved residency in colon and rectal surgery.
  3. Credit for general surgical training in foreign institutions or hospitals approved by the American Board of Surgery will be accepted by the American Board of Colon and Rectal Surgery.
  4. Applicants who have completed four years of approved graded general surgical training, 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.
  5. Diplomates of the American Board of Surgery who limit their practice to colon and rectal surgery and have made valuable contributions to this specialty may be considered for examination if approved by a two-thirds vote of the Board.

APPLICATIONS

Each candidate for examination must submit an Application for Examination which may be obtained from the Secretary of the Board.

The applicant must request letters of endorsement from two surgeons, one of which *must* be the Director of the colon and rectal training program, or the Preceptor. The letters

should be sent directly to the Secretary of the Board. The application must be accompanied by two unmounted, recent photographs of the candidate, and the application fee. It shall be filed with the Secretary of the Board *at least* six months prior to the examinations.

#### EXAMINATIONS

Examinations are conducted at times and places determined by the Board and are announced in the *Journal of the American Medical Association and Diseases of the Colon and Rectum*.

##### Part I:

This consists of a comprehensive written examination largely in the basic sciences. The examination will be held in the fall of the year.

Candidates who have passed Part I of the American Board of Surgery are exempt from taking Part I, and are eligible to take Part III of the examinations of The American Board of Colon and Rectal Surgery.

##### Part II:

This may be required at the discretion of the Board. It is a practical examination which is held in the community in which the candidate conducts his professional activities. The candidate will be notified by the Secretary if Part II is required. The examination includes evaluation of:

1. 1 colon or rectal resection and one anorectal procedure
2. Hospital rounds
3. Hospital and office records
4. Office practice
5. Colonoscopy

##### Part III:

This consists of written and oral examination on the theory and practice of colon and rectal surgery, pathology, and roentgenologic interpretation. The examination is usually held in the fall of the year in one designated city of the United States.

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 literature on colon and rectal surgery, his knowledge of the basic sciences, and the extent of his clinical experience and other qualifications.

#### RE-EXAMINATIONS

A candidate who has failed may be re-examined after one year has elapsed.

The act of filing an application for re-examination is the candidate's responsibility.

Candidates who have failed re-examination may petition the Board for another examination after two years have elapsed. Acceptable evidence of additional preparation shall be submitted with this petition.

#### ELIGIBILITY

A candidate will not be considered board eligible until he has applied for examination and his application has been approved by the Board.

A candidate declared board eligible who does not take the examination within three years will no longer be considered eligible, unless reapproved by the Board. Consequently, the term "board eligible" would apply only to the time during which the candidate may take the examination.

#### FEEES

##### Fees:

*Application fee:* A fee of \$75.00 shall accompany the application.

*Examination fee:* A fee of \$275.00 is due and payable when the candidate is notified that he has been approved for examination.

*Re-examination fee:* A fee of \$200.00 is due and payable

when the candidate is notified that he has been approved for re-examination.

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

E. RICHARD HARRELL, JR., President, Ann Arbor, Mich.  
 ROBERT W. GOLTZ, Vice President, Minneapolis  
 HARRY L. ARNOLD, JR., Honolulu, Hawaii  
 JOHN H. EPSTEIN, San Francisco  
 JOHN R. HASERICK, Pinehurst, N.C.  
 HARRY J. HURLEY, Philadelphia  
 FREDERICK A. J. KINGERY, Portland, Oregon  
 ALFRED W. KOPF, New York City  
 J. FREDRIC MULLINS, Galveston, Texas  
 J. GRAHAM SMITH, JR., Augusta, Georgia  
 RICHARD B. STOUGHTON, La Jolla, California  
 CLAYTON E. WHEELER, JR., Chapel Hill, N.C.  
 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 Commission for Foreign Medical Graduates (E.C.F.M.G.) or the certificate of the National Board of Medical Examiners. Also, graduates of osteopathic schools who have satisfactorily completed the residency training requirements and experience qualifications as outlined below in Section B, part (1), will be accepted for examination.

(3) A license to practice in one of 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 from the Flex examination, or by a commission in the medical corps of the Armed Forces of the United States or Canada.

##### B. Residency Training Requirements and Experience Qualifications

(1) Candidates for certification by the American Board of Dermatology are required to have three years of training 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. Details in regard to the approved programs are listed in the Directory of Approved Residencies published annually by the American Medical Association.

Candidates may take up to 24 months of their 36 months of training at an institution approved for less than three years, but must spend at least twelve months of the thirty-six month training period full-time in a program approved for three years of training. Up to one month of each year during the thirty-six months may be taken as a vacation, without cumulative privileges.

(2) In addition, a fourth year, which may precede, follow, or be interspersed with the three years of residency training in dermatology, is required. The requirement for this fourth year may be fulfilled by completing the first post-graduate year of training (now referred to as a categorical, or flexible, first postgraduate year), or one year of approved residency in another specialty, or by completing some other supervised year of training approved by the training director of the der-

matology residency program and the Requirements Committee of the Board.

(3) When the fourth year is to be interspersed with or follow the dermatology residency, candidates will enter their dermatology residency directly from medical school utilizing the mechanisms then in force for the National Intern and Resident Matching Plan (NIRMP).

(4) Part-time (50% or less) preceptee training is available only as a scheduled component of the program in some three-year training centers. A preceptorship in the private office of a staff member at a three-year training center is the direct responsibility of the Director of the Training Program. The maximum period of such training is one year.

(5) On recommendation of the director of the dermatology residency program where the candidate had his training, credit for six months of the required three years of training as a resident, fellow or graduate student in a dermatology residency training program *may* be allowed for candidates who have had at least one additional year of training in a residency program approved by the American Board of Internal Medicine, the American Board of Pathology, or the American Board of Pediatrics, providing the one year of training is not used in fulfilling the requirements of a fourth year as outlined in this section (B). 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.

(6) After completion of training, at least six months of additional experience in dermatology is required. Candidates who have completed the training requirements as outlined in this section (B) by December 31st of any given year are eligible to take the examinations during the following year.

(7) All training must be completed in a manner satisfactory to the Board. Training must be completed within five years except where military service or other compelling circumstances intervene.

#### REQUIREMENTS FOR SPECIAL HOMELAND 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 examinations, upon which certification depends:

(1) Graduation from a Medical School listed in the *World Directory of Medical Schools* (World Health Organization).

(2) Possession of the standard certificate from the Educational Commission for Foreign Medical Graduates (E.C.F.M.G.).

(3) Citizenship of the country to which the candidate is returning and possession of valid license to practice medicine in that country.

(4) Satisfactory completion of residency requirements outlined in Part B, Sections (1) and (2) of "Requirements for Regular Certification".

(5) Reexamination, definition of Board-eligibility and fees are identical for regular certification and homeland certification.

#### DEFINITION OF BOARD ELIGIBILITY

A candidate is not "Board Eligible" until his or her 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 to re-establish it, it is necessary for the candidate to file another

application. Under the latter circumstances, the candidate is Board-eligible for a period of two years after the re-application is approved.

#### THE BOARD EXAMINATIONS

##### A. Preliminaries

Candidates who have completed the training requirements as outlined in paragraphs (1) and (2) of the section entitled "Residency Training Requirements and Experience Qualifications" by December 31st of any given year are eligible to take the examination the *following* year. Those candidates who are applying for the Special Homeland Certificate are not required to have six months of experience and, therefore, are eligible to take the examinations at the end of three years of residency training in dermatology.

Toward the end of completion of the training requirements, 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 February 1 of any given year in which the candidate plans to take the examination. The Application is then submitted to the Requirements Committee 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 examination. 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. This examination is designed to test the candidate's knowledge of clinical dermatology, dermatopathology, microbiology (especially mycology), internal medicine as it pertains to dermatologic problems, cutaneous oncology, dermatologic surgery, cutaneous allergy, venereology, and photobiology as well as the candidate's understanding of anatomy, physiology, biochemistry, radiation physics, radiation therapy, physical therapy, pharmacology, genetics, hematology, immunology, and electron microscopy as related to dermatology. Considerable emphasis is placed on extensive reading of the literature.

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 twice each year for those candidates who pass the written examination. These are taken at one of the major training centers and consist of a four-hour oral and practical examination for each candidate. Here the candidate appears before eight members of the Board for practical questioning concerning clinical dermatology, dermatopathology, microbiology, allergy and immunology, internal medicine and therapy, which includes dermatologic surgery and physical treatment modalities.

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 reexamination fee.

If a candidate fails to complete successfully all or part of

the examination on two occasions, Board-eligible status is lost and in order to repeat the examination, the candidate must file another application; under these circumstances, if the application to take the reexamination is approved, the applicant remains Board-eligible for a period of two years.

If a candidate who has failed one or more parts of the examination for the first time does not appear for reexamination before the expiration of three ensuing years, Board-eligible status is lost. In order to reestablish Board-eligible status, the candidate must file another application.

#### CERTIFICATION

After meeting the above requirements and passing the examinations, the candidate will be awarded a certificate which acknowledges his or her competence in the specialty of Dermatology and is then listed and referred to as a Diplomate of The American Board of Dermatology, Inc. For a listing and biographical sketch of the Diplomates see the current edition of the *Directory of Medical Specialists* published by the A. N. Marquis Company, 210 East Ohio Street, Chicago, Illinois 60611.

Each certificate is 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 any provisions of the Certificate of Incorporation or By-Laws; (b) the physician so certified shall not have been eligible to receive such certificate irrespective of whether or not the facts concerning his ineligibility were known or could have been ascertained by the Directors of the Board at the time of the issuance of the certificate; (c) the physician so certified shall have made any misstatement of fact in the application for such certificate or in any other statement or representation to the Board or its representatives; (d) the physician so certified shall have been convicted by a court of competent jurisdiction of a felony or of any misdemeanor involving in the opinion of the Board of Directors, moral turpitude in connection with his or her practice of medicine; (e) the physician so certified shall have had his or her license to practice medicine revoked by any court or other body having proper jurisdiction and authority.

#### FEES

The members of the Board serve without compensation. Fees are based on the actual expenses incurred in office administration and in conducting the examinations.

The total examination fee is \$300.00, \$50.00 of which is payable when the application is filed; the balance of \$250.00 is payable when the candidate is notified as to eligibility for examination after the Application for Certification has been approved by the Requirements Committee.

The fee for the first reexamination is \$150.00. The fee for subsequent reexaminations is \$300.00.

Failure of a candidate to appear, who has already signified intention of taking the examination, or who cancels his or her request after the final notice of where he or she is to appear for either the written or oral examination, shall forfeit the examination fee. The above policy does not pertain if the candidate becomes ill or if there are other extenuating circumstances.

#### PUBLIC RELATIONS

It is not considered good form for a Diplomate to advertise to the lay public the Board's recognition of his or her training and competence, but it is proper to include a statement or phrase such as "Diplomate of The American Board of Dermatology, Inc." on announcement cards when opening an office and on office stationery and professional cards. Diplomates may not use commercial methods and avenues of publicity or advertising. If in doubt, it would be well to consult the Board before placing one's good standing in jeopardy.

The Board is a regular member of the American Board of Medical Specialties.

The American Board of Dermatology in conjunction with the American Board of Pathology has established a mecha-

nism for special competence certification in dermatopathology. For information concerning this, please write to the Executive Secretary of the Board.

#### PUBLICATIONS OF THE BOARD

1) Booklet of Information.

2) *Guide for Residency Training Programs in Dermatology*,

The Institutions approved for Dermatology residency training are listed in the *Directory of Approved Residencies* published annually by the American Medical Association.

Please make all checks payable to The American Board of Dermatology, Inc. All correspondence should be sent to:

Clarence S. Livingood, M.D.

Executive Secretary

The American Board of Dermatology, Inc.

Henry Ford Hospital

Detroit, Michigan 48202

#### AMERICAN BOARD OF FAMILY PRACTICE

GEORGE E. BURKET, JR., President, Kansas City, Kansas  
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ROBERT C. BROWNLEE, JR., Greenville, S.C.

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JAMES L. GROBE, Phoenix, Arizona

HERBERT HOLDEN, San Leandro, California

HOWARD P. LEWIS, Portland, Oregon

JAMES G. PRICE, Brush, Colorado

ROBERT E. RAKEL, Iowa City

CHARLES C. STRONG, Vancouver, Washington

J. JEROME WILDGEN, Kalispell, Montana

NICHOLAS J. PISACANO, Executive Director & Secretary,

University of Kentucky Medical Center,

Lexington, Kentucky 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 American Board of Medical Specialties.

#### GENERAL REQUIREMENTS

Each candidate must have the following general qualifications:

(a) He must be of high moral and professional character.

(b) He must have been graduated from an approved medical school in the United States or Canada; or, if he is a graduate of a foreign medical school and licensed to practice in a state or territory of the United States subsequent to 1961, he must have received a certificate from the Educational Commission for Foreign Medical Graduates.

(c) He must hold a valid license to practice medicine and surgery in the United States or Canada.

#### REQUIREMENTS FOR CERTIFICATION

A physician otherwise qualified desiring to take the certification examination of the American Board of Family Practice may apply by one of the following mechanisms:

PLAN I Completion of a three (3) year *Family Practice* residency which is *approved* and verification of this completion by letter from the director of the program.

NOTE: This does not include "General Practice" residencies.

All applications are subject to the approval of the Board, and final decision will rest with the Board alone.

PLAN II Completion of *either A or B* in this plan.

(A) Evidence of having engaged in the practice of medicine for not less than the immediate past six (6) years with documentation of a minimum of 300 hours of con-

tinuing education which are acceptable to the Board of Directors and were accumulated during this period. Continuing education is defined as that type of education accrued *while* a physician is in the actual practice of medicine and does not include post-baccalaureate degrees or fellowships.

NOTE: All courses approved by the American Academy of Family Physicians will automatically be credited as approved by the Directors of the American Board of Family Practice.

or

(B) Current *active* membership in the American Academy of Family Physicians with *re-election* at least twice within the past six years since the original active membership date.

PLAN III Completion of *both* Part 1 and 2 of this plan, with the options noted.

Part 1 *Either* A or B must be checked in this category.

(A) Evidence of having engaged in Family Practice during the immediate past three years with documentation of a minimum of 150 hours of continuing education courses which are acceptable to the Board of Directors and which were accumulated during this period. Continuing Education is defined as that type of education accrued *while* a physician is in the actual practice of medicine and does not include post-baccalaureate degrees or fellowships.

NOTE: All courses approved by the American Academy of Family Physicians will automatically be credited as approved by the Directors of the American Board of Family Practice.

or

(B) Current *active* membership in the American Academy of Family Physicians with *re-election* for at least the immediate past three (3) year period since the original active membership date.

Part 2 *In addition* to checking *either* A or B above, you must check TWO ADDITIONAL UNITS from C, D, E, or F below.

NOTE: One experience from C, D, E, or F may *not* be applied toward credit in more than one category. For example, completion of an approved residency while in the medical service of the Armed Forces can *not* be credited toward a unit in *both* E and F.

(C) During the immediate past three years, satisfactory fulfillment of the continuing education requirement of the American Medical Association with receipt of its "Physician's Recognition Award" as evidence of this accomplishment. A photocopy of this award must accompany application.

(D) Completion of a one (1) year APPROVED\* internship (straight, rotating, or mixed).

(E) Completion of one or more years of APPROVED\* residency program in a presently recognized and established primary specialty discipline. NOTE: Physicians who have completed two or more years of residency training in approved programs in *General Practice, Internal Medicine* or *Pediatrics* may seek approval for a maximum of two units for this experience.

(F) Two or more years of medical service in the U.S. Armed Forces, Public Health Service, or National Health Service Corps. A photocopy of discharge papers must accompany application.

*Approved:* Graduate programs (internships and/or residencies) are acceptable only if approved by the Liaison Committee on Graduate Medical Education (LCGME) or if the graduate program was completed prior to functioning of the LCGME then the program must have been approved, at the

time, by the Council on Medical Education of the American Medical Association.

All applications are subject to the approval of the Board and final decision will rest with the Board alone.

BY ACTION OF THE BOARD OF DIRECTORS OF THE AMERICAN BOARD OF FAMILY PRACTICE, THE LATTER TWO CATEGORIES (PLAN II AND PLAN III) WILL BE TERMINATED BY JULY 1, 1978. SUBSEQUENT TO JULY 1, 1978 ONLY PLAN I WILL BE IN EFFECT.

#### EXAMINATION PROCEDURE

Certain facts about the examination should be known by each physician who intends to apply:

(a) Application fee is fifty dollars (\$50.00) and should be submitted with *completed* application. This is *NON-refundable*; therefore each applicant should carefully review requirements before submitting his application.

(b) Should the applicant be accepted for the examination, he will be notified by the Secretary of the Board. Upon notification, he will be asked to submit the examination fee of three hundred dollars (\$300.00) and will receive instructions as to the locations of various centers where the examination will be given.

(c) The certifying examination is a two-day written examination. Information concerning application, examination, etc., may be obtained from the Secretary of the Board. All communications relative to the Board should be addressed to:

Nicholas J. Pisacano, M.D.,  
Executive Director and Secretary  
American Board of Family Practice  
University of Kentucky Medical Center  
Lexington, Kentucky 40506

(d) Checks should be made payable to:

American Board of Family Practice, Inc.

NOTE: All fees are subject to change at the discretion of the Board of Directors.

The Board does not provide bibliography, study materials, reviews and so forth. One may contact a local Academy of Family Physicians chapter and/or other approved postgraduate programs for such materials.

#### CERTIFICATION

Each applicant shall be examined in such manner and under such rules as the Board may prescribe and must achieve a grade acceptable to the Board of Directors before receiving the certification of the Board. In all such matters the decision of the Board shall be final.

Upon successful completion of all the requirements including passing the certifying examination a physician becomes certified as a "Diplomate" of the American Board of Family Practice. An attractive certificate which is dated for a specific period of time will be issued to those successful candidates.

Issuance of a certificate or diploma by the Board shall not of itself confer or purport to confer upon the recipient any legal qualification, privilege, or license to engage in the specialty of Family Practice nor shall it purport to confer any special right to privileges on a hospital staff.

#### RECERTIFICATION

Certification will expire at the time designated on the certificate and in order to maintain Diplomate (certified) status, one must be re-certified periodically (ex: every six years) by the process delineated by the Board.

#### RE-EXAMINATION

By action of the Board of Directors of the American Board of Family Practice a candidate may take the Board examination for a maximum of three times within a seven year period. Failure to pass within this period (after three examinations) requires the candidate to take at least (1) year of an *approved Family Practice* residency before becoming eligible for examination.

## REVOCATION

Each certificate issued by the Board of Directors shall be subject to revocation in the event that:

(a) The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any provision of the Articles of Incorporation of this, the American Board of Family Practice, incorporated, or of the Bylaws of the American Board of Family Practice; or

(b) The person 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 Corporation at the time of the issuance of such certificate; or

(c) The person so certified shall have made any misstatement of fact in his application for such certificate or in any other statement or representation to the Corporation or its representatives; or

(d) The person so certified shall at any time have neglected to maintain the degree of competency in the field of Family Practice as established by the Board.

The Board of Directors of the Corporation shall have the sole power and authority to determine whether or not the evidence of information before it is sufficient to constitute grounds for revocation of any certificate issued by this Corporation. The Board of Directors may, however, at its discretion, require any person so certified to appear before the Board of Directors or a body designated by the Board of Directors, upon not less than twenty (20) days' written notice by registered mail, and to show cause, at the time and place specified in such notice, why his certificate should not be revoked. The failure of any person so notified to appear as required in such notice shall, at the discretion of the Board of Directors, constitute cause for revocation of his certificate. The Decision of the Board of Directors in all such matters shall be final.

## BOARD ELIGIBLE

The Board does not employ the term "Board Eligible" but rather that a physician is:

- a) qualified to sit for the certification examination
- b) not qualified to sit for the certification examination
- c) certified as a "Diplomate" by having successfully passed the certification examination and/or the subsequent recertification process.

## AMERICAN BOARD OF INTERNAL MEDICINE

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 Philadelphia, 19104

## GENERAL QUALIFICATIONS

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, or from an approved college of osteopathic medicine approved by the American Osteopathic Association. (Graduates of Foreign Medical Schools are referred to below.)

2. Satisfactory completion of training according to Plans 1, 2, or C.

*Important note on minimum aspects of requirements and scheduled rescinding of "short track" pathway for admission:* The Board recommends that candidates receive three years of training in the broad field of internal medicine whether they plan to practice general internal medicine or a subspecialty. In order to assure that all diplomates of the Board are competent to fulfill the responsibility of an internist for the primary care of his patients, *the Board will require three years of broad field training for all candidates who begin their first year of postgraduate (postdoctoral) training in June, 1977, and after.*

In the case of candidates initiating their postgraduate training before June 1977, the Board will continue to admit to the Certifying Examination the few candidates who are judged by their program directors to have developed sufficient competence in the broad field of internal medicine that they can appropriately undertake the examination after devoting to general internal medicine the temporarily acceptable minimum period of two of the three required years of training detailed on pages following. These candidates must obtain authorization from the director of their second year of training in internal medicine before devoting the third year of required education to a field other than general internal medicine. The Board expects that the program director, before granting the authorization, will assure himself that it is the intention of the candidate to devote *two years* to training in the medical subspecialty which he proposes to enter. The Board will request from the program director documentation of the required authorization during the process of evaluation of the candidate's application for the Certifying Examination.

The Board strongly urges program directors to phase out the granting of the "short track" approval as soon as they can assure themselves that an opportunity for another year of training in general internal medicine can be provided the candidates in question; in any case, as indicated above, there can be no "short track" for physicians beginning post-graduate training in June, 1977 and after.

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 examination of the Board. 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 examination.

3. Evidence of competence in the clinical evaluation of patients.

*Substantiation of competence in clinical skills by appropri-*

ate authority: Of outstanding importance in the practice of internal medicine is the ability of the internist to interview a patient, to perform a physical examination, and to transmit to another physician the information thus obtained. In June, 1971, the Board designated the directors of residency training programs in internal medicine as the authorities who can most appropriately provide to the Board the necessary documentation of clinical competence. It is requested that the directors establish committees to assist them in the evaluation. The Board urges that the evaluation be a continuing one, extending throughout the duration of a trainee's tenure in a hospital's program. The Board, after receipt of an application for examination, requests from the director(s) of the applicant's training programs substantiation of his competence in clinical skills. The Board reviews the director's report before accepting the candidate for examination. For further information on this procedure for evaluating clinical skills, the reader is referred to the *Annals of Internal Medicine*, 76:491-496 (March) 1972.

If it is reported to the Board by the Program Director of any of the three required years of training that the clinical skills were judged unsatisfactory, the candidate shall be excluded except in the circumstance that the Board finds his overall performance meets its standards. An excluded candidate, if he had devoted the minimum period of three years to his training in internal medicine, will be required to undertake a fourth year of training and devote special attention to the development of his clinical skills. All candidates thus excluded from examination who desire to apply for a subsequent examination by the Board must also apply for a Special Evaluation of their clinical skills conducted by a member of the Board. During the evaluation the candidate will be observed as he elicits the history of, and examines two patients; he will also be asked to provide a brief presentation of differential diagnostic possibilities, based on the information available to him. Candidates whose skills are judged satisfactory by this procedure will be admitted to the subsequent examination for which they apply.

MINIMUM REQUIREMENTS FOR CERTIFICATION IN INTERNAL MEDICINE AND ITS SUBSPECIALTY AREAS, APPLICABLE TO CANDIDATES BEGINNING TRAINING IN INTERNAL MEDICINE ON OR ABOUT JULY 1, 1975

In relation to this date on which the free-standing internship will no longer be acceptable to the Council on Medical Education of the American Medical Association, the following requirements have been evolved.

A. *Minimum Training for Certification in Internal Medicine:*

Thirty-six months of training in internal medicine under the supervision of the director of an approved residency program in internal medicine, constituted of:

A minimum of twenty-four months of general internal medicine with meaningful patient responsibility (see definition at end of Paragraph A).

No more than six months (of the 36) devoted to rotation through activities, other than in internal medicine and its subspecialties, deemed appropriate for the training of internists in comprehensive medical care. These rotations may be dispersed throughout the required thirty-six months of training in internal medicine.

(Definition of general internal medicine with meaningful patient responsibility. This term refers to:

Training on a service on which the patients are unselected as to diagnosis and on which the trainee is involved in the comprehensive care of the patients;

Training on a service on which the patients fall into one subspecialty area and on which the trainee is involved in their comprehensive care; no more than four of the required twenty-four months may be devoted to the same subspecialty area; and

Training in the emergency room, medical intensive care unit, medical outpatient clinic, and on the neurologic and

dermatologic services, during which the trainee is involved in the comprehensive care of the patient).

B. *Minimum Training for Certification in Subspecialty Areas:*

Thirty-six months of general training described in Section A are recommended as a preliminary to subspecialty training. In addition, the candidate is required to undertake two years of training in the subspecialty.

Selected candidates who began their first year of postgraduate training before June, 1977 may undertake the examination of the Board after devoting to general internal medicine the acceptable minimum period of twenty-four months of the required thirty-six months of training detailed in Section A. Such candidates should be restricted to those whose training has included twenty-four months of general internal medicine with meaningful patient responsibility. These candidates must obtain authorization from the director of their second year of training in internal medicine before devoting the third year to training in a subspecialty of internal medicine. The Board will request from the director substantiation of such authorization during the process of evaluation of the candidate's application for the examination. No candidate will be admitted to examination until he has completed a minimum of three years of postdoctoral training in internal medicine.

C. *Allocation against these requirements of training undertaken in programs other than internal medicine:*

Physicians transferring from such programs may allocate against the required thirty-six months of training only that period served under the supervision of the director of an approved program in internal medicine.

It is emphasized that these requirements in Sections A, B, and C as stated above are offered as providing the minimum postdoctoral educational background which will prepare a well-trained medical graduate for the examination of the Board. 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 their careers.

AREAS OF CERTIFICATION OFFERED

Certification as a Diplomate of the Specialty of Internal Medicine is offered to candidates who (1) have completed three years' postdoctoral education in general internal medicine, and a third year of clinical education in internal medicine, or a related area (the three years must offer a minimum of twenty-four months of meaningful patient responsibility—see Definitions); (2) have demonstrated competence in the clinical evaluation of patients; and (3) have passed the Certifying Examination in Internal Medicine. Physicians awarded this Diplomate Certificate will have demonstrated that they have prepared themselves for the practice of general internal medicine. The Certifying Examination is an objective written examination offered annually in June after completion of, or when the candidate is in the last month of, the minimum postdoctoral education specified. The Certifying Examination will be given June 15-16, 1976.

The Board also offers certification of competence in certain subspecialty areas of internal medicine.

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 meaningful patient responsibility.

This requirement relates to the policy of the Board that the training of all candidates for examination include education in the primary care of patients. Meaningful patient responsibility refers to:

Training on a service on which the patients are unselected as to diagnosis and on which the trainee is involved in the comprehensive care of the patients;

Training on a service on which the patients fall into one



subspecialty area and on which the trainee is involved in their comprehensive care; no more than four of the required twenty-four months may be devoted to the same subspecialty area; and

Training in the emergency room, medical intensive care unit, medical outpatient clinic, and on the neurologic and dermatologic services, during which the trainee is involved in the comprehensive care of the patient.

Training in internal medicine undertaken during internship is applicable, as well as appropriate residency training. At the discretion of the director of a candidate's program up to four months of the prescribed 24 month period of meaningful patient responsibility in internal medicine may be spent in other specialties related to medicine, provided that they involve meaningful patient responsibility as defined above.

In the determination of the number of months of meaningful patient responsibility accrued by a candidate, the following allocations apply when the requirements defined above are met:

During an approved straight medical internship, *12 months* During another type of internship, the exact number of months spent *in internal medicine*

During medical residency, *the exact number of months during which the trainee assumed meaningful patient responsibility*

During fellowship, *the exact number of months during which the trainee assumed meaningful patient responsibility*

The sum of the total number of months of meaningful patient responsibility *in internal medicine* accrued during the categories of training tabulated above must equal at least 20 months. The other four months may be devoted to internal medicine, or may be accrued during rotations on other services where meaningful patient responsibility is assumed, such as pediatrics, surgery, neurology, psychiatry, etc.

Under no circumstances will a physician be examined until he is in the final stages of completion of three years (Plan 1) or four years (Plan 2) of approved postdoctoral education. These periods of training are to include the 24 months of meaningful patient responsibility described 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 or a Canadian internship approved by the Royal College of Physicians and Surgeons of Canada. (The Board has no requirement for a period of training specifically termed an "internship." Thus, acceptable alternative terms for a straight medical internship might be "first year of training in internal medicine" or "first year of residency".)

3. A *straight medical internship* is one approved as such by the Residency Review Committee in Internal Medicine or an approved internship, undertaken in a hospital approved for a residency in internal medicine by that Committee, which provides at least six months of general internal medicine and either another two months of general medicine or two months of pediatrics, or two months in the emergency room, or one month of pediatrics and one month in the emergency room.

Effective July, 1975 and after, the Board will accept training, approved by the Residency Review Committee as a "categorical first year of internal medicine," as meeting its requirement for one year of education. It will similarly regard a "categorical" first year" if it is approved by the Residency Review Committee in Internal Medicine, is under the direction of a hospital's department of medicine, and offers one of the combinations of training stipulated above for an acceptable straight medical internship.

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 or a Canadian residency approved by the Royal College of Physicians and Surgeons of Canada.

REQUIREMENTS FOR CERTIFYING EXAMINATION IN  
INTERNAL MEDICINE AND RELATED CERTIFICATION  
AS DIPLOMATE IN INTERNAL MEDICINE

Plan 1

*Education:* Under no circumstances will a physician be examined until he is in the final stages of completion of three years of approved postdoctoral education. The three years of postdoctoral education, *which must also provide the required minimum training in the broad field of internal medicine* (see *Definitions*) are as follows:

Alternative 1 A:

Year 1—Approved straight medical internship; and

Year 2—One year of approved residency in general internal medicine; and

Year 3—A second year of approved residency in general internal medicine

Alternative 1 B:

Year 1—An approved internship providing *at least 8 months of internal medicine in a program approved for residency in general internal medicine*; and

Year 2—One year of approved residency in general internal medicine; and

Year 3—A second year of approved residency in general internal medicine

Alternative 1 C (Not available for candidates beginning postgraduate training June 1977 and after):

Year 1—Approved straight medical internship; and

Year 2—One year of approved residency in general internal medicine; and

Year 3—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Alternative 1 D (Not available for candidates beginning postgraduate training June 1977 and after):

Year 1—An approved internship providing *at least 8 months of internal medicine in a program approved for residency in general internal medicine*; and

Year 2—One year of approved residency in general internal medicine; and

Year 3—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Alternative 1 E:

Year 1—One year of approved residency in general internal medicine; and

Year 2—A second year of approved residency in general internal medicine; and

Year 3—A third year of approved residency in general internal medicine

Alternative 1 F (Not available for candidates beginning postgraduate training June 1977 and after):

Year 1—One year of approved residency in general internal medicine; and

Year 2—A second year of approved residency in general internal medicine; and

Year 3—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Plan 2

*Education:* Under no circumstances will a physician be examined until he is in the final stages of completion of four

years of approved postdoctoral education. The four years of postdoctoral education, *which must also provide the required minimum training in the broad field of internal medicine* (see *Definitions*) are as follows:

Alternative 2 A:

- Year 1—Any approved internship *other than* an approved straight medical internship; and
- Year 2—One year of approved residency in general internal medicine; and
- Year 3—A second year of approved residency in general internal medicine; and
- Year 4—A third year of approved residency in general internal medicine

Alternative 2 B:

- Year 1—An approved internship providing at least 8 months of internal medicine *in a program that is not approved for medical residency*; and
- Year 2—One year of approved residency in general internal medicine; and
- Year 3—A second year of approved residency in general internal medicine; and
- Year 4—A third year of approved residency in general internal medicine

Alternative 2 C (Not available for candidates beginning postgraduate training June 1977 and after):

- Year 1—Any approved internship *other than* an approved straight medical internship; and
- Year 2—One year of approved residency in general internal medicine; and
- Year 3—A second year of approved residency in general internal medicine; and
- Year 4—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Alternative 2 D (Not available for candidates beginning postgraduate training June 1977 and after):

- Year 1—An approved internship providing at least 8 months of internal medicine *in a program that is not approved for medical residency*; and
- Year 2—One year of approved residency in general internal medicine; and
- Year 3—A second year of approved residency in general internal medicine; and
- Year 4—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Plan 1 and 2

*Internship and residency:* This training must be conducted in programs approved by the Council on Medical Education of the American Medical Association or the Royal College of Physicians and Surgeons of Canada.

*Acceptable programs meeting the requirements for one year of clinical education in related areas (Year 3 of Plan 1 or Year 4 of Plan 2):* The Board will accept as fulfilling the requirement for the third year of internal medicine the following training if conducted under acceptable auspices such as approved residency programs, providing that the director of a candidate's second year of training in internal medicine authorizes the candidate to undertake examination after completing the minimum requirement of two years in general internal medicine (see *Important Note*):

A fellowship or residency in one of the subspecialty areas in which the Board or its related Conjoint Boards examine; and

Training in other fields than internal medicine, in exceptional instances, with the approval of the Board.

*Examination:* Candidates who on or before July 1 of a given

year will have completed the prescribed training are eligible to undertake the Certifying Examination given in June of that year. Completed application forms must be received in the office of the Board on or before November 1 of the year preceding the examination (see section on *Methods of Examination* for further details). Candidates will be informed of the results of the examination on or after October 15 of the year of administration.

*Certification:* After successfully undertaking the Certifying Examination, the candidate will receive a Diplomate Certificate in Internal Medicine.

CANDIDATES FOR SPECIAL CONSIDERATION

The Board has the authority to admit to the Certifying Examination candidates with unusual training.

Plan C

*Candidates may not initiate an application for an examination involving Plan C.* Specific recommendation that candidates 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. A candidate must be a *full-time member of the faculty* of a School of Medicine in the United States or Canada. The candidate should have the abilities and stature to qualify for admission to the examination even though the training program may have been unusual.

The candidate's curriculum vitae and bibliography should be transmitted with the proposal. Each proposal will be considered individually by the Executive Committee of the Board as to the acceptability of the candidate's training. Appropriate candidates will then be sent an application form. Subsequently, in accordance with the practice applying to all candidates for examination, the proposer will be transmitted a form upon which the report of the Committee on Evaluation of Clinical Competence of the proposer's hospital is to be recorded.

A candidate admitted under the foregoing provisions who is successful in the Certifying Examination in Internal Medicine may then apply for an examination in a subspecialty area if he has the appropriate additional training.

OTHER CANDIDATES

The Board recognizes that certain potential candidates have unusual educational or training experiences. It has established procedures to evaluate the eligibility for admission of such persons to the Certifying Examination. Inquiries on their behalf may be transmitted to the Board by Directors of approved training programs in Internal Medicine in the United States and Canada.

REQUIREMENTS FOR EXAMINATION IN SUBSPECIALTY AREAS AND RELATED CERTIFICATION

A second certificate is offered designating as a Diplomate in a specific subspecialty area of internal medicine a person having special competence in such an area. Candidates initiating their residency training in internal medicine on July 1, 1970 or after must have completed a minimum of four years of postdoctoral education, including two years in the subspecialty, before undertaking and passing a Subspecialty Area Examination.

*Educational and related requirements:* The minimum requirements are:

Certification as a Diplomate in Internal Medicine (or success in the Qualifying (Written) Examination of 1969 or 1970), or

Certification as a Fellow in internal medicine by the Royal College of Physicians and Surgeons of Canada, and

Two years of full-time graduate education in the subspecialty. (This education must be completed in a program approved for three years of residency in internal medicine by the Residency Review Committee in Internal Medi-

chine. A period of education in another institution may be acceptable; however, the institution must have a recognized reputation for advanced educational programs in the subspecialty and provide this in an academic atmosphere. Training in a subspecialty area undergone while the candidate holds a junior faculty appointment in a school of medicine in the United States or Canada is applicable against the two year requirements.) Certification in two subspecialty areas: Training requirements have been specified by the Board only in relation to candidates desiring certification in both hematology and medical oncology. For candidates undertaking their first year of training in hematology or medical oncology or a combination during the academic year 1974-1975 or after, three years of training in a combination of these two areas is required. Candidates initiating training earlier should direct an inquiry concerning training requirements to the Board.

**Examination:** Candidates who on or before October 1 of a given year will have completed the prescribed training are eligible to undertake an Examination in a Subspecialty Area given in October of that year. Completed application forms must be received in the office of the Board on or before March 15 of the year of the examination (see section on *Methods of Examination*, for further details). Candidates who will have completed the required two years of subspecialty training by a given October and who are also undertaking the Certifying Examination in June of the same year may apply before March 15 for the appropriate subspecialty examination; their admission to the October examination will be contingent on their passing the Certifying Examination. Candidates will be informed of the results of the examination on or after January 15 following the date of administration.

**Schedule of examinations:** When relatively small numbers of candidates are involved, the expense of preparing objective examinations increases and psychometric problems arise in evaluating a candidate's performance. Hence, examinations in any given subspecialty area will be offered on alternate years. Following the administration of the examinations in four areas on October 21, 1975, the schedule for the two subsequent years is as follows:

Cardiovascular Disease—October 18, 1977  
 Endocrinology and Metabolism—October 18, 1977  
 Gastroenterology—October 18, 1977  
 Hematology—October 19, 1976  
 Infectious Disease—October 19, 1976  
 Nephrology—October 19, 1976  
 Medical Oncology—October 18, 1977  
 Pulmonary Disease—October 19, 1976  
 Rheumatology—October 19, 1976

For further details on the examination in Cardiovascular Disease, see *Methods of Examination*.

**Certification:** A certificate attesting that the physician is a Diplomate in the appropriate subspecialty field will be issued to the physician who has passed an examination in a subspecialty area.

#### PLAN S

This mechanism for admission to examination relates to candidates who have undertaken less than the required two full years of approved formal training in a subspecialty area. If such a candidate is a *full-time faculty member* of a school of medicine in the United States or Canada, has had training in a subspecialty area which is the equivalent of two full years of approved formal training, and has been previously certified in internal medicine by the American Board of Internal Medicine or has passed the Board's Qualifying Examination of 1969 or 1970, he may be proposed under Plan S by the Chairman of the Department of Medicine of an approved medical school in the United States or Canada.

The candidate may not elect this plan independently; rather the proposal must be presented in writing to the Board

by the Departmental Chairman. This Chairman must be able to verify the clinical competence of his nominee. The proposal should include a description of the candidate's training and experience in the subspecialty area, a complete curriculum vitae, and a bibliography. Each proposal will be reviewed by the Executive Committee of the Board. Appropriate candidates will then be sent an application form.

#### CERTIFICATION IN AREAS RELATED TO INTERNAL MEDICINE OFFERED BY CONJOINT EXAMINING BOARDS

The American Board of Internal Medicine has joined with other specialty Boards in sponsoring the examining bodies listed below. Physicians certified in internal medicine who are interested in certification in the indicated areas should make inquiry to:

The American Board of Allergy and Immunology  
 (A Conjoint Board of the American Board of Internal Medicine and Pediatrics)  
 3930 Chestnut Street, Philadelphia, Pennsylvania 19104  
 The American Board of Nuclear Medicine  
 (A Conjoint Board of the American Boards of Internal Medicine, Pathology, and Radiology)  
 475 Park Avenue, New York, New York 10016

#### REGULATIONS FOR TRANSITION FROM FORMER RULES TO THOSE PRESENTED IN THIS DOCUMENT

**Certifying Examination:** 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 above in this document.

Candidates who entered their first year of residency prior to July 1, 1970 and who establish eligibility for the Certifying Examination in Internal Medicine under Plans A1, A2, A3 (all of which involve a minimum of four years of postdoctoral education), Plans B1 and C, and Plans 1 and 2, are regarded as having met the training requirements for admission to the Certifying Examination.

Candidates who have passed a written examination in general internal medicine in years preceding the Certifying Examination of June 1972 and have not subsequently passed an Oral Examination will be given special consideration. They will be admitted to the Certifying Examination and will be awarded the related Diplomate Certificate if successful.

**Examination in Subspecialty Areas:** 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 in this document, involving two years of full-time training in the subspecialty. The same two year training requirement holds for those physicians who passed the Qualifying Examinations in Internal Medicine offered in 1969 and 1970, have not passed the Oral Examination in Internal Medicine, and desire Examination in a Subspecialty Area.

Physicians who initiated residency training in Internal Medicine before July 1, 1970 and who have passed the Oral Examination, or the Certifying Examination, in Internal Medicine may apply for Examination in a Subspecialty Area. If they have undertaken less than the required two years of appropriate subspecialty training, their acceptability will be decided upon by the Executive Committee after review of their training and other credentials.

Physicians who passed the Qualifying Examination offered in 1969 and 1970, have had two years of formal training in a subspecialty area, and are successful in a subspecialty area examination (success in both the written and the oral examination in Cardiovascular Disease is required), or the examination offered by a Conjoint Board related to the American Board of Internal Medicine (Allergy and Immunology, Nuclear Medicine), will be certified as Diplomates in Internal Medicine as well as in the subspecialty area. A candidate in this category will be admitted to a subspecialty examination regardless of the number of Oral Examinations in Internal

Medicine he may have undertaken. Alternatively, the candidate may undertake and pass a Certifying Examination in order to achieve certification in general internal medicine.

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 Certifying Examination in Internal Medicine; those successful will receive the related certificate and will be eligible for an examination in a subspecialty area after completion of the stipulated training.

EDUCATION UNDERGONE WHILE FULFILLING  
REQUIREMENT FOR OBLIGATED MILITARY SERVICE

Candidates may fulfill the educational requirements of the Board for both the Certifying and the Subspecialty Area Examinations on the basis of training which is acceptable to the Board as specified above and which simultaneously fulfilled the candidates' requirement for obligated military service.

METHODS OF EXAMINATION

1. *The Certifying Examination in Internal Medicine* is an examination administered simultaneously in June in different sections of the United States, in Canada, and elsewhere outside the continental limits of the United States where sufficient eligible candidates are located. Only one Certifying Examination will be given each year. The next examination begins on the morning of Tuesday, June 15, 1976, and continues throughout the next day. The questions are framed in such manner as the Board elects and are of the objective type. They are designed to test the candidate's clinical acumen and, to an appropriate degree, his knowledge of the sciences fundamental for internal medicine.

2. *The Examinations in Subspecialty Areas* are held at such times and places in the United States and Canada as may be designated by the Board. An outline of the subjects covered in each examination is available upon request.

With the exception of the examination in cardiovascular disease, the examination procedure will be limited to an objective multiple-choice examination occupying one day. In addition to this written examination, candidates for certification by the Subspecialty Board on Cardiovascular Disease will undertake an oral examination which will be administered after successful completion of the written examination. The oral examination will test the clinical skills of candidates and will involve patients with cardiovascular disease.

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 Commission for Foreign Medical Graduates and have received a permanent certificate. A photostatic copy of the certificate must accompany the application for admission to examination. Alternatively, candidates who have completed undergraduate pre-medical work in an accredited American college or university may document to the Board that they entered graduate training in the United States via the Fifth Pathway of the American Medical Association.

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 of training in the broad field of internal medicine (see *Definitions*) at the time the candidate makes application for the Certifying Examination in Internal Medicine.

3. Graduates of foreign medical schools may be proposed under Plan C.

4. Candidates who are accepted for the Certifying Examination in Internal Medicine may take this examination in the United States or at designated examining centers in foreign countries. Substantiation of competence in clinical skills must take place in the United States or Canada.

5. All subspecialty area examinations will be given in the United States and Canada.

GRADUATES OF OSTEOPATHIC SCHOOLS OF MEDICINE

Graduates of approved osteopathic schools of medicine in the United States of America are eligible for admission to examination when they have satisfactorily completed the post-doctoral training requirements specified above under Plans I, 2, and C. Training in osteopathic hospitals is not acceptable as fulfillment of these requirements.

REEXAMINATION

1. *Certifying Examination in Internal Medicine*: Unsuccessful candidates are not restricted as to the number of opportunities for reexamination.

2. *Examinations in Subspecialty Areas*: Unsuccessful candidates are not restricted as to the number of opportunities for reexamination.

3. Candidates who have failed three examinations are no longer required to undertake an additional year of training for reinstatement to the Certifying Examination.

4. Candidates requesting reexamination whose credentials have not been reviewed during the previous three years will be required to record on the application form a hospital in which they hold a staff appointment, if any. The Board will, during the registration procedure, obtain from the Chief of Medicine of that hospital substantiation of that appointment.

5. The fees for reexamination are as follows:

Certifying Examination in Internal Medicine	\$250.00
Subspecialty Area Written Examinations	\$250.00
Cardiovascular Disease Oral Examination (additional)	\$150.00

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.

INACTIVE CANDIDATES

Any candidate whose record reveals inactivity (i.e., failure to take an examination, either Certifying or subspecialty

area), for five years or more, will revert to the same status as a new applicant, and must then comply with all current regulations in force for new candidates. (For an exception to this regulation, see "Reexamination" item 3.)

#### RECERTIFICATION

Physicians holding a certificate of the Board are periodically offered the opportunity to undertake an examination, successful performance in which will provide the physicians with a new certificate dated the year of the examination. The next Recertification Examination will be offered in 1977; the date is set tentatively in October. Diplomates of the Board who were certified in internal medicine in 1971 or before will be eligible to apply early in 1977.

#### APPLICATION AND FEES

Candidates for any examination must make their application on a prescribed form which may be obtained from the office of the Executive Director.

Candidates contemplating eligibility under Plan C must arrange a proposal to the Board from a medical school departmental chairman before submitting an application form.

**Certifying Examination in Internal Medicine:** During or after completion of, the final year of related training, candidates may apply for the examination to be given in June of the year of such completion. The next examination in general internal medicine will be held June 15-16, 1976. *The closing date for receipt in the Board office of the completed application forms for both an initial and a repeat examination is November 1, 1975.* Application forms will be available upon request on or after August 1, 1975. The attention of those whose commitments at the time of the June examinations are uncertain is invited to the section on Cancellations. The application must be accompanied by two recent signed photographs of the candidate and the registration and Certifying fee of: \$250.00

Two hundred and twenty-five dollars will be refunded if the application is disapproved; the balance defrays the cost of evaluating the application.

**Subspecialty Area Examination:** (See also the section on "Examination.") Candidates may apply for examination after passing the Certifying Examination, during, or after completion of the second year of subspecialty training. Examinations are offered on alternate years according to the schedule presented above. Application forms for a written examination to be given in October will be available on or after January 1 of the same year. *The closing date for receipt in the Board office of the completed application forms for both an initial and a repeat examination is March 15.* The application must be accompanied by two recent signed photographs of the candidate. The fees for examination are as follows:

Subspecialty Area Written Examinations . . . . . \$250.00  
Cardiovascular Disease Oral Examination  
(additional) . . . . . \$150.00

Of the Written Examination fee, two hundred and twenty-five dollars will be refunded if the application is disapproved; the balance defrays the cost of evaluating the application.

**Sequence of procedures relating to admission to examination:** Following review of an applicant's training as presented on his application form, the candidate who is making a first application is informed by letter as to whether training requirements for the examination have been met. The Board itself then solicits reports from those who trained the candidate and/or are familiar with his/her performance. In this correspondence with those who trained the candidate, the Board enquires concerning the approval of the appropriate Program Director in the case of candidates offering only two years of training in general internal medicine (see "Important Note"). If these reports are satisfactory, three weeks before

the examination the applicant is informed of admission and the place of examination identified.

**Journals publishing information on application and examination schedules:** The journals include *The Annals of Internal Medicine* (Medical News Section), *The Bulletin of the American College of Physicians* (Certifying Board Examinations Section), and *The Journal of the American Medical Association* (Examinations and Licensure Monthly Section).

#### SUMMARY OF REGISTRATION DATA

##### Certifying Examination

Registration Period:	August 1-November 1 Annually
Examination Date:	Annually in June
Fee:	\$250.00
Deadline for Cancellation:	May 1st
Refund:	\$225.00
Admission card transmittal:	Three weeks preceding examination

##### Subspecialty Examinations

Registration Period:	January 1-March 15 Annually
Examination Dates:	October, alternate years as shown below: <i>October 1976</i>
<i>October 1977</i>	Hematology
Cardiovascular	Infectious Disease
Endocrinology	Nephrology
Gastroenterology	Pulmonary Disease
Med. Oncology	Rheumatology
Fee:	\$250.00
Deadline for Cancellation:	September 1st
Refund:	\$225.00
Admission card transmittal:	Three weeks preceding examination

NOTE: Candidates who fulfill the necessary training requirements may register for both the Certifying Examination and a subspecialty examination in the same year, contingent on passing the Certifying Examination.

Please address all correspondence to:

American Board of Internal Medicine  
3930 Chestnut Street, Philadelphia, Pennsylvania 19104

#### CERTIFICATION IN SUBSPECIALTY OF CARDIOVASCULAR DISEASE

ARTHUR SELZER, Chairman, San Francisco  
ROBERT ADOLPH, Cincinnati  
JOHN DAVID BRISTOW, Portland, Oregon  
LAWRENCE S. COHEN, New Haven, Connecticut  
ERNEST CRAIGE, Chapel Hill, North Carolina  
ROBERT J. HALL, Houston, Texas  
THOMAS N. JAMES, Birmingham, Alabama  
J. O'NEAL HUMPHRIES, Baltimore, Maryland  
THOMAS KILLIP, New York City  
DEAN T. MASON, Davis, California  
ROBERT C. SCHLANT, Atlanta, Georgia  
ARNOLD M. WEISSLER, Detroit, Michigan

#### EDUCATIONAL AND RELATED REQUIREMENTS

The minimum requirements for candidates initiating residency training in Internal Medicine on July 1, 1970 or after are:

Certification as a Diplomate in Internal Medicine (or success in Qualifying Examination of 1969 and 1970), or Certification as a Fellow in Internal Medicine by the Royal College of Physicians and Surgeons of Canada,

and

Two years of full-time graduate education in the subspe-

cialty. (This education must be completed in a program approved for three years of residency in internal medicine, under a physician competent in the subspecialty field. A period of education in another institution may be acceptable; however, the institution must have a recognized reputation for advanced educational programs in the subspecialty and provide this in an academic atmosphere. Training in a subspecialty area undergone while the candidate holds a full-time junior faculty appointment in a school of medicine in the United States or Canada is applicable against the two-year requirement).

**EXAMINATION:** Candidates who have satisfied the above requirements are eligible to undertake an examination in a subspecialty area after completion of their training. An application may be submitted during, or after completion of, the second year of subspecialty training.

Examinations in subspecialty areas will be offered on alternate years (see section above on REQUIREMENTS FOR EXAMINATION IN SUBSPECIALTY AREAS). An application may be obtained by writing to the Executive Director of the American Board of Internal Medicine on or after January 1 of the year in which the examination is to be taken and must be submitted no later than March 15 of that year.

The registration fee for the written segment of the examination is \$250.00, plus an additional charge of \$150.00 for the oral examination.

FURTHER INFORMATION ON CERTIFICATION IN  
SUBSPECIALTY OF CARDIOVASCULAR DISEASE

A. PREREQUISITE:

The candidate must be certified as a Diplomate in Internal Medicine or must have passed the Qualifying Written Examinations of 1969 or 1970 before applying for examination. The candidate may apply for the examination after completing six months of his second year of training in cardiovascular disease before taking his Subspecialty Board Examinations. No additional applications are being accepted for the current oral examination.

The written component of the examination will be held October 21, 1975, at various centers in conjunction with written examinations in other subspecialty fields. In addition to this written examination, candidates for the Subspecialty Board on Cardiovascular Disease must pass an oral examination. The oral examinations will be given at smaller, regional examinations in addition to larger, national examinations.

Applicants for the examination to be offered on October 21, 1975 should request an application form in January, 1975.

B. TRAINING:

*Requisite for general internal medicine:* The candidate must be certified as a Diplomate in Internal Medicine (or have passed the Qualifying Examinations of 1969 or 1970).

In regard to the training in the broad field of internal medicine, the *Policies and Procedures* of the American Board of Internal Medicine, December, 1970, read as follows in their relationship to the requirements for the Certifying Examination in general internal medicine:

*Important note on Minimum aspects of requirements:* The Board recommends that candidates receive three years of training in the broad field of internal medicine whether they plan to practice internal medicine or a subspecialty. It is recognized that some candidates can undertake the examination with a *minimum* of two of the three years of training in general internal medicine. These exceptional candidates must obtain authorization from the director of their second year of training in internal medicine. The Board will request from the director documentation of such authorization during the process of evaluation of the candidate's application for the examination."

*Requisite cardiovascular training:* The current requirements of the American Board of Internal Medicine for subspecialty certification, adopted in 1970 are:

"Two years of full-time graduate education in the subspecialty. (This education must be completed in a program approved for three years of residency in internal medicine by the Residency Review Committee in Internal Medicine, under a physician competent in the subspecialty field. A period of education in another institution may be acceptable; however, the institution must have a recognized reputation for advanced educational programs in the subspecialty and provide this in an academic atmosphere.)"

Except in the most unusual circumstances, the candidate for certification by the Subspecialty Board on Cardiovascular Disease should have devoted the equivalent of one of the two years in training to the broad area of clinical cardiovascular disease, including experience in the intensive care of patients with acute cardiovascular disorders.

The earlier policy, involving *diplomates* initiating residency training in internal medicine before July 1, 1970, stipulated four years of training in internal medicine and cardiovascular disease, after completion of an internship. Although only one year of specific cardiovascular training was required, most candidates had completed two years of training in cardiovascular disease. It is the policy of the American Board of Internal Medicine that if candidates "have undertaken less than the required two years of appropriate subspecialty training, their acceptability will be decided upon by the Executive Committee after review of their training and other credentials." As already indicated, these requirements specified in this paragraph apply to candidates initiating residency training in internal medicine before July 1, 1970.

C. EXAMINATION:

The subspecialty examinations in Cardiovascular Disease are designed to demonstrate that the candidate possesses certain specialized knowledge and has acquired particular skills that entitle him to be known as a consultant to other internists. Candidates will be required to pass both a written and an oral examination. The written examination will test the following areas:

- (1) Normal and pathologic anatomy and physiology of the circulatory system.
- (2) Interpretation of electrocardiograms, cardiovascular roentgenograms, and special procedures and techniques used in the study of cardiovascular problems. The candidate should be able to integrate the information from these sources in such a way as to lead logically to the proper diagnosis and treatment.
- (3) Knowledge of the pharmacology, including side effects and therapeutic applications, of drugs used in the treatment of cardiovascular diseases.
- (4) Knowledge of the indications, contraindications, and complications of other forms of treatment, including surgery.
- (5) Familiarity with the several aspects of cardioversion and cardiac pacing, as well as other specialized techniques useful in non-operative therapy and/or diagnosis.
- (6) Interpretation of hemodynamic data obtained from the catheterization laboratory.
- (7) Familiarity with the medical aspects of cardiovascular surgery.
- (8) Knowledge of contemporary cardiovascular literature.
- (9) Competence in the general field of internal medicine.

The oral examination will consist of the evaluation of two patients with cardiovascular problems.

- (1) The candidate must be proficient in taking an accurate history and in performing a detailed physical examination.
- (2) The candidate must convincingly demonstrate to his Board examiners his ability to integrate and synthesize cardiovascular data and to serve as a consultant in cardiovascular disease to a well-trained internist.

D. REFERENCES:

The applicant must supply the name(s) of the director(s) of his training program, and the Chief of the Department of

Medicine and the Director of the Division of Cardiology in which the applicant holds appointments. One or more of these individuals will be requested to complete evaluation forms which will permit the reporting of the details of the candidate's training program and an evaluation of overall clinical competence.

#### E. REEXAMINATION:

(1) The interval between examinations will be not less than one year.

(2) A candidate who has failed three written or two oral examinations of the Board of Cardiovascular Disease must present satisfactory evidence of the completion of additional formal training (at least one year of full-time training) before readmission to examination.

#### CERTIFICATION IN SUBSPECIALTY OF GASTROENTEROLOGY

MALCOLM P. TYOR, Chairman, Durham, North Carolina  
 LLOYD G. BARTHOLOMEW, Rochester, Minnesota  
 HENRY W. BOYCE, JR., Washington, D.C.  
 FRANK P. BROOKS, Philadelphia  
 THOMAS C. CHALMERS, Bethesda, Maryland  
 MARTIN KALSER, Miami, Florida  
 TELFER B. REYNOLDS, Los Angeles  
 PAUL SHERLOCK, New York City  
 WADE VOLWILER, Seattle

#### EDUCATIONAL AND RELATED REQUIREMENTS

The minimum requirements for candidates initiating residency training in Internal Medicine on July 1, 1970 or after are:

Certification as a Diplomate in Internal Medicine (or success in the Qualifying Examination of 1969 and 1970), or Certification as a Fellow in Internal Medicine by the Royal College of Physicians and Surgeons of Canada.

#### AND

Two years of full-time graduate education in the subspecialty. (This education must be completed in a program approved for three years of residency in internal medicine by the Residency Review Committee in Internal Medicine, under a physician competent in the subspecialty field. A period of education in another institution may be acceptable; however, the institution must have a recognized reputation for advanced educational programs in the subspecialty and provide this in an academic atmosphere. Training in a subspecialty area undergone while the candidate holds a full-time junior faculty appointment in a school of medicine in the United States or Canada is applicable against the two-year requirement.)

**EXAMINATION:** Candidates who have satisfied the above requirements are eligible to undertake an examination in a subspecialty area after completion of their training. An application may be submitted during, or after completion of the second year of subspecialty training.

Examinations in subspecialty areas will be offered on alternate years (see section above on *Requirements for Examination in Subspecialty Areas* for schedule of examinations). An application may be obtained by writing to the Executive Director of the American Board of Internal Medicine on or after January 1 of the year in which the examination is to be taken and must be submitted no later than March 15 of that year.

The registration fee for the examination is \$250.00.

#### CERTIFICATION IN SUBSPECIALTY OF PULMONARY DISEASE

R. DREW MILLER, Chairman, Rochester, Minnesota  
 WILLIAM H. ANDERSON, Louisville, Kentucky  
 JOSEPH H. BATES, Little Rock, Arkansas

KENNETH MOSER, San Diego, California  
 JOSEPH C. ROSS, Charleston, S.C.  
 GORDON L. SNIDER, Boston  
 MARVIN A. SACKNER, Miami Beach, Florida

#### EDUCATIONAL AND RELATED REQUIREMENTS

The minimum requirements for candidates initiating residency training in Internal Medicine on July 1, 1970 or after are:

Certification as a Diplomate in Internal Medicine (or success in the Qualifying Examination of 1969 and 1970), or Certification as a Fellow in Internal Medicine by the Royal College of Physicians and Surgeons of Canada.

#### AND

Two years of full-time graduate education in the subspecialty. (This education must be completed in a program approved for three years of residency in internal medicine by the Residency Review Committee in Internal Medicine, under a physician competent in the subspecialty field. A period of education in another institution may be acceptable; however, the institution must have a recognized reputation for advanced educational programs in the subspecialty and provide this in an academic atmosphere. Training in a subspecialty area undergone while the candidate holds a full-time junior faculty appointment in a school of medicine in the United States or Canada is applicable against the two-year requirement.)

**EXAMINATION:** Candidates who have satisfied the above requirements are eligible to undertake an examination in a subspecialty area after completion of their training. An application may be submitted during, or after completion of the second year of subspecialty training.

Examinations in subspecialty areas will be offered on alternate years (see section above on *Requirements for Examination in Subspecialty Areas* for schedule of examinations). An application may be obtained by writing to the Executive Director of the American Board of Internal Medicine on or after January 1 of the year in which the examination is to be taken and must be submitted no later than March 15 of that year.

The registration fee for the examination is \$250.00.

#### AMERICAN BOARD OF NEUROLOGICAL SURGERY

SIDNEY GOLDRING, Chairman, St. Louis  
 HUGO V. RIZZOLI, Vice-Chairman, Washington  
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 DONALD F. DOHN, Cleveland  
 R. M. PEARDON DONACHY, Burlington, Vermont  
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 ERNEST W. MACK, Reno, Nevada  
 THEODORE B. RASMUSSEN, Montreal, Canada  
 JOHN SHILLITO, JR., Boston  
 EUGENE STERN, Los Angeles  
 FRANK R. WRENN, Greenville, S.C.  
 KEMP CLARK, Secretary-Treasurer, 5323 Harry Hines Boulevard, Dallas, Texas 75235

#### 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 resi-

dents 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 a regular certificate issued 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 Commission for Foreign Medical Graduates, or be licensed by examination to practice in this country.

(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 (2) years in the practice of neurological surgery. All foreign applicants, as well as applicants for the regular certificate, must have one (1) year 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.

The Foreign Certificate is being discontinued. However, those individuals who began their training in neurological surgery prior to July 1, 1972, may still obtain the Foreign Certificate.

(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 two hundred fifty dollars (\$250). It is planned to discontinue the Foreign Certificate for any individual who enters a program after July 1, 1972.

PRELIMINARY PROFESSIONAL STANDING

(I)

(1) Graduation from a medical school which is acceptable to the American Board of Neurological Surgery, Incorporated.

(II)

(1) One year of training in an approved residency or internship in surgery.

(2) One year of post M.D. training in an integrated program, 6 months of which is in general surgery and 6 months in the acquisition of basic clinical skills.

Plus

(2) Satisfactory completion of a minimum period of graduate study of not less than four (4) years following completion of the training acceptable to the American Board of Neurological Surgery. Of this training period at least thirty (30) 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 (2) years of this training in clinical neurological surgery be obtained in one (1) institution. The American Board of Neurological Surgery will not ordinarily approve training in any hospital or grad-

\*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 Examination in Subspecialty Areas and Related Certification, above).

uate school of medicine for periods of less than six (6) months. Prior to acceptance for examination, the Board requires a statement from the candidate's program director to the effect that he has met with the minimum time requirements and that his performance has been satisfactory.

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.

PRIMARY EXAMINATION

A primary examination will be given each year, usually in the Spring. Subsequent to 1973, the candidate must have received a passing score on the primary examination.

This examination may be taken at any time during the candidate's training program or any time subsequent to this. It must have been passed successfully at least six months prior to the oral examination. The candidate may take this examination as often as he desires.

After 1973 the primary examination will be required prior to taking the oral examination.

Those individuals who have applied to take the oral examination prior to December 31, 1973, may elect to take an oral examination in neuroanatomy-neurophysiology, neuropathology, neuroradiology, general surgery, neurosurgery and neurology in lieu of the primary examination.

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.

The accuracy of this list must be attested to by an official of the hospital in which the candidate practices.



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.

An individual who has failed the oral examination on two occasions is no longer required to withdraw from practice for six months but is required to pursue a further course of study and then take the Primary Examination (written). If he passes the written examination, he is then eligible to repeat the Oral Examination.

#### BOARD ELIGIBILITY

One becomes Board Eligible after his training has been approved by the American Board of Neurological Surgery. 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 reapply within three (3) years, he is no longer Board eligible.

A letter indicating Board eligibility and its duration is sent to all hospitals in which the candidate practices.

#### PAYMENT OF FEES

The fee for Certification shall be three hundred fifty dollars (\$350). 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 three hundred twenty-five dollars (\$325.) 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 two hundred fifty dollars (\$250.). 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 three hundred fifty dollars (\$350.).

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 three hundred twenty-five dollars (\$325.) to the Secretary-Treasurer at least two (2) weeks before the date of the 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 three hundred twenty-five dollars (\$325.).

#### 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., Chicago, 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 two (2) representatives of the Council on Medical Education of the American Medical Association, two (2) representatives of the American Board of Neurological Surgery, and two (2) representatives of the American College of Surgeons. Actions of this Committee are subject to review by the Liaison Committee on Graduate Medical Education. 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 Residencies, listing acceptable training programs, 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.

**AMERICAN BOARD OF NUCLEAR MEDICINE**

(A Conjoint Board of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Radiology and sponsored by the Society of Nuclear Medicine)

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Office of the Board, 475 Park Avenue South,  
New York, New York 10016

**DEFINITION OF SPECIALTY**

Nuclear medicine is defined as that specialty of the practice of medicine dealing with the diagnostic, therapeutic (exclusive of sealed radiation sources), and investigative use of radionuclides.

**ORGANIZATION**

The American Board of Nuclear Medicine, Inc., a Conjoint Board of the American Boards of Internal Medicine, Pathology and Radiology, and sponsored by the Society of Nuclear Medicine, (the ABNM) is the first Conjoint Board to be established and approved under the provisions of the "Essentials for Approval of Examining Boards and Medical Specialties." It was approved in 1971 and is incorporated in the State of Delaware. The ABNM consists of twelve members, three of whom are appointed by each of the sponsoring organizations from candidates nominated by the ABNM. Each member of the ABNM, unless appointed to fill an unexpired term, serves a term of three years and may be nominated and appointed for a second term of three years.

**PURPOSES OF THE BOARD**

The American Board of Nuclear Medicine is a nonprofit organization incorporated to recognize the competence of physicians who, because of their training and experience, desire to be certified formally as specialists in nuclear medicine. It was formed to accomplish the following purposes:

1. To elevate the standards of graduate education in nuclear medicine.
2. To determine the competence of specialists in nuclear medicine, to establish qualifications, and to arrange, control, and conduct investigations and examinations to test the qualifications.
3. To grant and issue certificates in nuclear medicine to voluntary applicants who have been found qualified by the Board.
4. To maintain a registry of holders of such certificates to serve the medical and lay public by preparing and furnishing

lists of practitioners who have been certified by the Board.

5. To encourage the study and to improve the practice of nuclear medicine.

**SIGNIFICANCE OF CERTIFICATION**

Certification in nuclear medicine by the American Board of Nuclear Medicine certifies that the diplomate is qualified to practice as a specialist in all aspects of clinical and laboratory nuclear medicine, including, but not limited to radio-bioassay, *in vitro* and *in vivo* measurements, nuclear imaging, and therapy with unsealed radionuclides.

The certificate does not confer on any person legal qualifications, privileges, or license to practice medicine or the specialty of nuclear medicine. The Board does not purport to interfere with or limit the professional activities of any licensed physician.

**REQUIREMENTS FOR CERTIFICATION IN NUCLEAR MEDICINE**

**A. General Requirements for Each Candidate**

Assurance that the applicant represents himself to be a specialist in nuclear medicine.

**B. General Professional Education**

Graduation from a medical school approved by the Council on Medical Education of the American Medical Association or from a school of Osteopathy. If the applicant is a graduate of a medical school outside the United States or Canada, he must be screened with approval by an agency designated by the Executive Committee.

**C. Preparatory Post-Doctoral Training**

Each sponsoring Board shall specify a preparatory post-doctoral training program, one of which must be successfully completed before a candidate can enter an approved residency for special training in nuclear medicine. Preparatory programs are:

1. Internal Medicine: Completion of at least two years of general training in internal medicine (with approval of the director of the second year of training and with twenty-four months of primary patient responsibility) in programs approved by the Council on Medical Education of the American Medical Association. The American Board of Internal Medicine recommends three years of training in general internal medicine. The achievement of the Diplomate Certificate or the Qualifying Certificate of the American Board of Internal Medicine is a prerequisite to certification in nuclear medicine.
2. Pathology: Completion of two years of training in an approved residency program in either anatomic or clinical pathology.
3. Radiology: Completion of two years of training in an approved training program in radiology and allied sciences.
4. Completion of a preliminary educational program in a medical specialty area other than the three designated above which is acceptable to one of the sponsoring boards and the American Board of Nuclear Medicine.

**D. Special Post-Doctoral Training**

1. After completion of the preparatory post-doctoral training programs, there shall be a two-year formal residency training program in nuclear medicine in a nuclear medicine residency training program recognized and approved by the American Board of Nuclear Medicine and the Council on Medical Education of the American Medical Association as competent to provide a satisfactory training in nuclear medicine. This period of special training shall be as the American Board of Nuclear Medicine shall determine from time to time.
2. The two-year formal residency training program in nuclear medicine must include:
  - a. A minimum of eighteen months training in clinical nuclear medicine, which will include, but not be limited to radiobioassay, *in vitro* and *in vivo* measurements, nuclear imaging, and therapy with unsealed radionuclides.
  - b. Training in allied sciences which must include: medical nuclear physics, radiation biology, radiation pro-

tection, instrumentation, radiopharmaceutical chemistry, statistics; and may also include pathology, physiology, electronics, and other basic sciences associated with nuclear medicine. The time spent in training in allied sciences may be spaced throughout the period of training in nuclear medicine in a manner that does not exceed six complete months of training or incorporated in whole or in part in the period of preliminary training.

#### E. Patient Care Responsibility

Candidates for certification in nuclear medicine will have the equivalent of at least two years training in which the primary emphasis is on the patient and his clinical problems. This minimum period may be spaced throughout the entire post-doctoral training but should be of sufficient duration for the trainee to become knowledgeable in the aspects of clinical medicine relevant to nuclear medicine, including patient care.

F. Alternative Training Requirements (To remain in effect for a period of 5 years after the Board is established, i.e., through 1976.)

1. An internship and 10 years experience in nuclear medicine.
2. An internship, one year approved residency training in internal medicine, pathology, or radiology, and five years experience in nuclear medicine.
3. Certification by an American medical specialty board with one year training in nuclear medicine or three years experience in nuclear medicine.
4. An internship plus one year of residency and two years training in nuclear medicine.

#### SCOPE OF EXAMINATION

The examination is developed in collaboration with the National Board of Medical Examiners. It consists of multiple choice questions and is given in two sessions of three and one-half hours each. The examination evaluates the applicant's knowledge and competence in the management of patients in the area of clinical nuclear medicine, including, but not limited to, radiobioassay, *in vitro* and *in vivo* measurements, nuclear imaging, and therapy with unsealed radionuclides. Also included is an evaluation of the candidate's knowledge in the related sciences of medical nuclear physics, radiation biology, radiation protection, instrumentation, radiopharmaceutical chemistry, statistics; and may also include pathology, physiology, electronics, and other basic sciences associated with nuclear medicine.

#### APPLICATIONS

Applicants who wish to be examined by the Board must complete, sign and file with the Board office an application on the official form together with the supporting data required by the application. The application must include two photographs of the applicant, signed on the side, and a check to cover the examination fee.

Before the final action on applications, officers of the Board and members of the Board are not authorized to estimate the eligibility of applicants, who are requested not to discuss or write for opinions regarding the status of their application. The Board decides on eligibility to take the examination only by approving or disapproving individual applications, and accordingly has no "Board Eligible" category.

Inquiries concerning the applicability of previous training and experience toward eligibility to take the certifying examination and remaining training and experience needs should be sent to the Board office. A copy of the Board's response to these inquiries should be forwarded with any subsequent examination applications.

#### FEES

A check for the examination fee must accompany the application. If the applicant is rejected by the Board or withdraws prior to a date established each year by the Board, a processing fee will be retained by the Board. If the applicant with-

draws after the established date, the entire fee will be retained by the Board.

#### POLICY ON RE-EXAMINATION

Applicants who fail the examination are eligible for re-examination. An examination fee must accompany each completed application for re-examination.

#### RELEASE OF INFORMATION

Upon request and with the approval of the Board Chairman, the Board releases information on diplomates to Federal and State licensing bodies and to educational and professional organizations for specific, limited, and appropriate professional use. An authorization for release of this information is a part of the examination application form. No other information is released on individual applicants, examinees, or on individuals failing an examination.

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### TYPES OF BOARD STATUS

#### 1. Active Candidate Status

- A. A candidate for certification may achieve active candidate status when upon application the Board rules that he has fulfilled the requirements to take the next regularly scheduled examination.
- B. To maintain active candidate status the candidate must

have applied and have been ruled eligible to take the next appropriate regularly scheduled examination: written or oral.

C. Active candidate status which has been interrupted may be regained only by reapplication and reaffirmation by the Board of a candidate's current eligibility to take the next appropriate examination.

2. *Diplomate Status*

A candidate becomes a Diplomate of the Board when he has fulfilled all requirements, has satisfactorily completed the written and the oral examinations and has been awarded the Board's Diploma.

THE WRITTEN EXAMINATION

All inquiries, applications and correspondence must be in English language.

The Written Examination is a three hour examination consisting of 180 questions of the objective (multiple choice type). Questions will be chosen from each of the following areas of knowledge:

- A. *Anatomy, Embryology and Genetics.* The gross, microscopic and surgical anatomy of the female reproductive system and contiguous organs and structures. Gametogenesis, fertilization, organogenesis including genetic external factors of influence. Normal human genetics and genetic aberrations.
- B. *Physiology.* The physiology of the reproductive tract at all ages including the menstrual cycle, pregnancy, the fetus and placenta, as well as related systems as e.g. cardiovascular system, renal system. Physiologic, biochemical and other tests of normal and abnormal function. Pharmacology and the use of drugs in obstetrics-gynecology.
- C. *Endocrinology, Fertility and Infertility.* Endocrinology of reproduction including the menarche, menstrual cycle, pregnancy, menopause and postmenopause. Fertility regulation. Management of Infertility.
- D. *Gynecology.* Diseases and functional disorders of the female reproductive tract (including the breast) of congenital structural infectious, metabolic and physiologic origin. Gynecologic manifestations of other adjacent or complicating systemic diseases, e.g. urinary tract, intestinal tract.
- E. *Obstetrics.* Normal and abnormal pregnancy, labor, delivery and puerperium. Normal and abnormal fetal development, disorders and diseases. Complications of abortion. Problems of the newborn at birth.
- F. *Medicine, Surgery and Psychosomatic Problems.* The interaction of medical, surgical and psychosomatic problems and diseases on reproduction and the reproductive tract, including metabolic diseases, nutritional problems, psychosexual disorders; genetic and marital counselling.
- G. *Pathology.* Recognition of pictorial representations of gross and microscopic specimens relating to diseases of reproduction, and the reproductive system and correlates such as microbiology, immunology, and clinical bio-chemistry.
- H. *Oncology.* Benign and malignant neoplasms of the female reproductive tract including the natural history of the disease, prevention, diagnosis, principles of management and followup.

The candidate will be expected to also demonstrate the skills necessary to apply basic knowledge to the management of clinical problems. These skills include:

- 1. *Obtaining Needed Information.* This involves history taking, physical examination, laboratory tests and appropriate diagnostic procedures.
- 2. *Interpretation and Use of Data Obtained.* There should be evidence of analytic skills which lead to proper diagnosis as well as the identification and disposition of other health problems.

3. *Selecting, Instituting and Implementing Care.* Management skills concerning the immediacy, extent, type and appropriateness of medical and/or surgical therapy to solve the patient's clinical problems, whether preventive, elective, urgent or emergent.

4. *Management of Complications.* Prevention as well as the recognition and proper management of medical and surgical complications associated with common obstetrical and gynecological problems.

5. *Following and Continuing Care.* Recognition and the management of postoperative and postpartum problems. Continuing health care, as well as patient education relating to health maintenance.

REQUIREMENTS  
SPECIAL NOTICE

*The candidate beginning graduate education and training in 1976 will be required to have satisfactorily completed not less than four years in approved clinical programs, with not less than 36 months of progressing responsibility for the care of obstetric and gynecologic patients, including the usual time as "chief resident" in the program. Completion of a year of "internship" plus completion of a three year residency program, or completion of a four year residency program will fulfill this requirement.*

The Board recommends that the candidate intending to practice as an obstetrician and gynecologist spend a significant proportion of one year of graduate education and training in a broadly oriented approach to patient care.

Candidates making application to write the examination must have fulfilled the following requirements:

*Graduates of United States or Canadian Schools are required*

- 1. To possess a degree of Doctor of Medicine, or an equivalent degree, and/or unrestricted license to practice medicine in one of the States or Territories of the United States or a Province of Canada, and
- 2. To have completed or be about to complete a graduate program in obstetrics-gynecology presently approved by the Residency Review Committee for Obstetrics and Gynecology or the Council of the Royal College of Physicians and Surgeons of Canada.

*Graduates of a medical school not in the United States or Canada are required*

- 1. To possess a permanent E.C.F.M.G. certificate, or unrestricted license to practice in one of the States or Territories of the United States or in a Province of Canada and
- 2. To have completed not less than four years of approved clinically oriented graduate medical education, three of which must precede a final year as chief resident in an approved program in obstetrics-gynecology as required of graduates of United States and Canadian schools. A year of internship preceding a three-year residency will fulfill this requirement.

*A graduate of a foreign medical school requesting consideration of his in-hospital experience in another country rather than the completion of an approved residency in the United States or Canada must provide evidence of:*

- 1. In-hospital experience which the Board considers comparable to that of presently approved graduate programs in the United States or Canada.
- 2. In addition:
  - a. Unrestricted license to practice medicine in one of the States or Territories of the United States or in a Province of Canada.
  - and
  - b. A professional practice with unrestricted hospital privileges to practice as an obstetrician-gynecologist, or responsibility for the care of obstetric and/or gynecologic patients in a full time post residency fellowship status for at least 12 months in one of the

States or Territories of the United States or in a Province of Canada.

A candidate who fails to pass the written examination must apply to write the next regularly scheduled examination in order to maintain "Board Eligible" status. An individual who applies but fails to write the examination becomes ineligible unless his postponement is explained to the satisfaction of the Board and his readmission to the next examination has been approved by action of the Board.

#### APPLICATION FOR EXAMINATION IN 1976

A candidate who has completed an approved residency program and a candidate scheduled to complete an approved residency program on or before August 31, 1976 may apply on or before November 30, 1975 to write the examination on June 21, 1976.

The form on which to apply to write the examination on June 21, 1976 may be obtained from the Secretary's office after August 15, 1975. Each applicant must meet the requirements effective in the year he requests admission to the examination. As a part of the application form, endorsement and verification of the resident's experience and confirmation of the scheduled date for completion of the candidate's residency are requested of the Director of the obstetric-gynecologic residency program.

The Board will make the final decision concerning the applicant's eligibility after considering all circumstances affecting his eligibility.

A candidate's application to write the examination on June 21, 1976, completed in all details, together with payment of the application fee of \$50.00, must be received in the Secretary's office post marked on or before November 30, 1975.

When the candidate is ruled eligible to write the examination he will be notified in early April (1) that the \$125 examination fee is payable and (2) the date the fee must be paid (see FEES), if the candidate is to be scheduled to write the examination in June.

When the Credentials Committee rules an applicant not eligible, a new application may be submitted at a later date, but the candidate must then have fulfilled the requirements effective in the year of the new application.

#### ADMISSION TO THE WRITTEN EXAMINATION

The candidate ruled eligible to write the examination will be sent an AUTHORIZATION for ADMISSION form which must be presented to the Proctor at the time and place of examination.

When a candidate is scheduled to complete his residency program after the date of the written examination (but before September of that year), verification of the currently satisfactory manner in which the candidate is completing his residency must be reaffirmed by the signature of the Director of the Residency program on the AUTHORIZATION for ADMISSION form, dated within the month the candidate is scheduled to write the examination.

#### RESULTS OF THE EXAMINATION

The results of the examination written in late June will usually be reported to each candidate in approximately five weeks.

When the Board has considered that circumstances justified an exception and a candidate has been ruled eligible to write the examination within six months before the scheduled completion of his residency, before the results of such early examination will be made known to the candidate, the Board Office will require a letter from the Director of the residency program attesting to the candidate's satisfactory completion of his residency program.

A passing grade on the written does not establish a candidate's eligibility to take the oral examination for certification (See Requirements to take the oral exam).

#### REQUESTS FOR RE-EXAMINATION

A candidate eligible to write the examination in 1976 who fails to do so, as well as the candidate who writes but fails to pass the examination in 1976 must write the Secretary's office on or before November 30, 1976 asking to be scheduled for the examination in 1977. All such requests must be accompanied by payment of the reapplication fee of \$50.00. It is not necessary to submit a new application in order to repeat the examination but to maintain eligibility to write the examination the candidate must have asked to write the next scheduled examination and have paid the reapplication fee (see Status).

The examination fee (see FEES) must be paid each year a candidate is to be scheduled to write the examination.

#### CONTENT OF THE ORAL EXAMINATION

The Oral Examination is designed to test the candidate's knowledge and skills in solving clinical problems in obstetrics-gynecology. Approximately half of the examination will consist of questions concerning patient management problems. The candidate's list of patients will be freely used by the examiners for this purpose but additional basic clinical problems will be included. The remainder of the examination will include recall of basic knowledge in obstetrics-gynecology and interpretation of gross and microscopic pathology, x-ray films, sonograms and related material from photographic slides. The knowledge and skills required for the Oral Examination are the same as those listed in regard to the Written Examination.

The report of the examining team will be reviewed by the Board of Directors and each candidate is passed or failed by vote of the Board.

#### REQUIREMENTS

To establish eligibility to take the Oral Examination,

1. A candidate practicing in the United States or Canada—
  - A. In a private practice setting; a candidate fulfilling the required post residency responsibilities for patient care shall:
    - (1) have passed the written examination and
    - (2) for no less than 12 months preceding the date of application, have held unrestricted licensure to practice medicine and have been in active practice in one of the States or Territories of the United States or a Province of Canada.
    - (3) throughout the 12 months preceding June 30 of the year in which the candidate is requesting examination, have been in active practice with unrestricted privileges to practice as an obstetrician-gynecologist in the hospital(s) in which he has been responsible for patient care. On the day of examination the candidate will also be expected to sign and date the following statement on the Authorization for Admission form:
 

"There have been no restrictions in my hospital privileges since the date of my application."
    - (4) submit on or before August 31, preceding his examination, a typewritten list (in duplicate) of all patients dismissed from his care in all hospitals during the 12 months preceding June 30 of the year of Scheduled Examination.
  - B. In an institutional setting; when a candidate's responsibilities for the care of obstetric and gynecologic patients have involved only—(a) supervision of the care given by others, or (b) supervised responsibilities during a post-residency Fellowship, he shall:
    - (1) have passed the Written Examination and
    - (2) for no less than 12 months preceding his application, have been serving satisfactorily in a setting acceptable to the Board which provides signifi-

cant clinical and/or educational responsibility in obstetrics-gynecology. and shall also

(3) submit (in duplicate) on or before August 31, a critical evaluation-study of 25 representative patients for whom he has assumed an appreciable degree of direct responsibility during the 12 months immediately preceding June 30 of the year of the scheduled examination.

Responsibility for patient care in an entirely ambulatory care setting may not provide adequate opportunity to fulfill the requirements to take the Oral Examination.

Unless the candidate can provide critical summaries of the problems exhibited by and the care provided obstetric and gynecologic patients observed, either (1) during a period of hospitalization or (2) by continuity of care of a not insignificant problem seen repeatedly on an ambulatory patient basis; application to take the oral examination might well be deferred until such time as the candidate does have a degree of personal responsibility for patient care that will permit submission of satisfactorily critical summaries of the care provided 25 patients within the twelve months indicated.

2. A candidate practicing in a country other than the United States or Canada shall

- A. have passed the written examination and
- B. have been engaged exclusively in professional activities relating to obstetrics-gynecology for no less than 12 months immediately preceding application to take the oral examination, in a setting acceptable to the Board, which has provided significant clinical and/or educational responsibilities, and shall

(1) have submitted on or before August 31 preceding his scheduled examination:

(a) Typewritten summaries (in duplicate providing critical evaluation studies of 25 representative patients for whom he has assumed a significant degree of responsibility during the 12 months preceding June 30 of the year of his scheduled examination.

(b) a letter verifying the candidate's responsibility for, and his involvement in, the care of obstetric and gynecologic patients from either (1) the chief of the obstetrics and gynecologic services in the hospital(s) in which the candidate has been involved in patient care, or (2) supervisor of the candidate's activities during the year in which the candidate had compiled his critical summaries of 25 representative cases.

Each candidate may be required to furnish the Board with certain proscribed information concerning his performance in practice (maternal mortality rate—perinatal mortality rate—Cesarean Section rate—etc.

DETERMINATION OF ELIGIBILITY

The board will request, by confidential inquiry, documented evidence concerning a candidate's professional reputation and in-hospital practice privileges from administrative officers of organizations and institutions to whom the candidate and his conduct of practice is known.

Time as a "resident" or "house officer" in excess of that necessary to fulfill the requirements to take the written examination and/or a teaching or research appointment which does not involve appointment to the staff of an approved hospital with unrestricted privileges to practice as an obstetrician and gynecologist, will not be acceptable evidence of a

degree of responsibility for patient care that is acceptable fulfillment of the required "responsibilities in post-residency practice."

Time in a post-residency fellowship which involves responsibility for patient care, particularly if the Fellowship has been approved by a specialty Division of the Board as part of an individual's approved program of preparation for certification of special competence, will be accepted as fulfillment of the "time in practice" required of the candidate to take the oral examination.

APPLICATION FOR EXAMINATION IN 1976

Application to take the oral examination in November, 1976 must be made on the "application for the 1976 examination" form. The application, complete in all details, with payment of the application fee of \$100.00 must be received in the Secretary's office during January or February, 1976. (See Late Application Fees.)

A candidate ruled eligible to take the oral examination in November 1976 will be so notified on or before July 15, 1976. He must then submit, *on or before August 31, 1976,*

1. (a) Duplicate, typewritten and verified lists of all patients dismissed from his care in all hospitals during the 12 months preceding June 30, 1976.

or

(b) A critical evaluation study of 25 representative patients for whose care he has assumed an appreciable degree of responsibility.

The candidate's list of patients or 25 critical summaries, will be used as a basis for questions during the oral examination and will not be returned to the candidate, (See Requirements).

2. Payment of the examination fee by personal check or money order, \$175.00 (in U.S. funds).

PATIENT LIST FOR THE ORAL EXAMINATION

Each candidate for the Oral Examination must prepare one of the following types of patient lists for review by his Examiners at the time of examination. The candidate's list of patients will be freely used as a basis for questions which will be patient-management oriented. Questions will be developed which test the ability of the candidate to:

- 1) Develop a Diagnosis. This includes the necessary clinical, laboratory and diagnostic procedures.
- 2) Select and Apply Proper Treatment under elective and emergency conditions.
- 3) Manage Complications. This includes prevention, recognition and treatment.
- 4) Plan and direct follow-up and continuing care.

PATIENT LISTS OR CRITICAL SUMMARIES

*Type 1. Lists of Hospitalized Patients.* This type of listing is required of all U.S. and Canadian candidates who are in clinical practice. The candidate's list must include all hospitalized patients discharged or transferred from the candidate's care during the twelve months preceding June 30 of the current year and must be mailed to the Board office on or before August 31 preceding the November examinations.

The patients listed must be only those for whom the candidate has had personal responsibility for professional management and care. Recording such professional responsibility implies that the candidate has personally controlled the medical and/or surgical management of each patient listed. In the case of partnership or group practice, the patients listed should be only those managed by the candidate.

*Type 2. Critical Summaries.* Candidates responsible for Patient care only in an institutional setting, and those in practice in a foreign country are required to provide 25 critical summaries, preferably hospitalized patients for whose care they have had management

responsibility. Candidates in an institutionalized setting may have responsibilities for: (a) supervision of obstetrics and gynecologic care given by others, or (b) their responsibilities may have been under supervision during a postresidency fellowship. Patients seen by a candidate only in an ambulatory care setting may provide a basis for acceptable critical summaries provided (a) the clinical problems summarized require comprehensive obstetric and gynecologic care, and (b) the candidate participated in the provision of such total and continuing care including hospitalization.

As an enclosure with the application and as a help in determining eligibility, a candidate submitting a Type 2 case list must provide the Board with a letter from the Chief of Obstetrics and Gynecology or the Director of his Fellowship Program, describing the candidate's clinical and/or education responsibilities during the period of time the candidate prepared clinical summaries.

Each candidate practicing in a country other than the United States or Canada must submit a Type 2 case list of patients for whom he has had significant clinical responsibility. These summaries should be typewritten, in the English language, and submitted in duplicate.

The summary and critique for each of the 25 patients reported should, as a rule, not exceed a single typewritten page per patient reported.

#### PROCEDURE

A candidate ruled eligible in June to take the Oral Examination the following November will be notified about July of that year. Following the notification and before August 31, the candidate must submit the required Type 1 list of patients or Type 2 critical summaries.

Candidates with Type 1 lists will prepare their lists as noted in the next section.

Candidates with Type 2 lists must submit 25 critical summaries before August 31.

A patient list or the critical summaries should be accurately typed in duplicate across unbound sheets of white paper 8½ x 11 inches in size. A separate list for obstetric and for gynecologic patients is required for each hospital. The headings must conform in all details and provide the information indicated by the format of the forms enclosed.

Standard nomenclature should be used. Abbreviations are not acceptable. Only English language will be acceptable.

A candidate should note that the duplicate lists of patients or critical summaries will not be returned to him after the examination.

**A LISTING OF PATIENTS (a) NOT PROVIDING THE INFORMATION REQUESTED AND (b) NOT RECORDED IN ACCORDANCE WITH THE FORMAT REQUESTED OR SUMMARIES WHICH DO NOT INCLUDE CRITICAL COMMENT IN REGARD TO THE MANAGEMENT INDICATED MAY PROVIDE IMPRESSIONS THAT CONTRIBUTE TO THE CANDIDATE'S FAILURE TO PASS THE ORAL EXAMINATION.**

#### 1. GYNECOLOGY—Type 1 List

A list of gynecologic patients should be grouped in accordance with treatment as follows:

- (1) major operative procedures
- (2) minor operative procedures
  - (a) hospitalized patients
  - (b) ambulatory or short-stay patients (surgi-center)

The preoperative diagnosis should appear for all major and minor surgical procedures. For non-surgical conditions the admission diagnosis should be recorded. The treatment recorded should include all surgical procedures as well as primary non-surgical therapy. Pathologic diagnosis refers to the surgical pathologic diagnosis. In cases without tissue

for histologic diagnosis the final clinical diagnosis should be listed.

#### 2. OBSTETRICS — Type 1 List

The obstetric record should list separately each patient with a complication or abnormality, as well as medical and surgical intervention during pregnancy, labor, delivery and the puerperium. In addition, a total of the number of normal, uncomplicated obstetric patients, managed by the candidate during the same 12 month period should appear at the end of the obstetric list.

Interpretation of "normal obstetric patients" for this listing implies that:

- pregnancy, labor, delivery and the puerperium were uncomplicated,
  - labor began spontaneously between the 37th and 42nd week of gestation,
  - the membranes ruptured or were ruptured after labor began,
  - presentation was vertex, anterior or transverse,
  - labor was less than 24 hours in duration,
  - delivery was spontaneous or by outlet forceps with or without episiotomy, from an anterior position,
  - the infant was not asphyxiated (Apgar 6 or more) of normal size and healthy,
  - the placental stage was normal and blood loss was not excessive.
- Deliveries not fulfilling these criteria must be listed individually.

#### 3. PREGNANCY TERMINATIONS

The total number of uncomplicated terminations of pregnancy managed by the candidate during this same 12 month period, of twelve or less weeks duration, should be reported simply as a total number.

Interruptions of pregnancy of more than twelve weeks duration should be separately listed in each instance, indicating the duration of pregnancy, the technique employed, the duration of (1) hospitalization, and/or (2) your observation of the patient.

Also list separately as individual patients, all with complications following terminations of pregnancy, either observed or reported to you following an interruption of pregnancy, regardless of the duration of the pregnancy when termination was initiated.

#### 4. COVER SHEETS

Each list of patients, (1) gynecologic, (2) obstetric, and (3) terminations of pregnancy, from each hospital should be verified as illustrated by the attached form. Note that the record librarian or other hospital official must attest that (a) the cases listed were cared for by the candidate, and (b) that all of the hospitalized patients dismissed from the candidate's care have been separately listed or reported in the totals reported for the period indicated.

#### VERIFICATION OF CLINICAL OR EDUCATIONAL RESPONSIBILITY

A candidate in a full-time institutional setting or in governmental service may be required to provide the Board with a letter from the chief of obstetrics and gynecology or other appropriate authority verifying the candidate's clinical or educational responsibilities during the year in which the candidate compiled critical summaries of 25 representative cases.

#### RULING OF INELIGIBILITY

A candidate ruled ineligible to take an oral examination, may subsequently re-apply, but must then submit a new application, pay the application fee, and meet the requirements applicable at the time he re-applies. (See Status)

#### RE-EXAMINATIONS

A candidate who fails to pass the oral examination must reapply in order to take the examination another year by submission of a new application during January and February, with payment of the reapplication fee of \$100.00.

A candidate reapplying for re-examination may again be asked to provide verification of his responsibilities for patient care and will again be notified, early in July in regard to his eligibility to take the next examination.

A candidate accepted for re-examination must again submit, on or before August 31 of the year of re-examination, either (1) duplicate, typewritten and verified lists of all patients dismissed for his care in all hospitals during the 12 months prior to June 30 of the year in which he is asking to be scheduled to again take the oral, or (2) a critical evaluation study of 25 representative patients, as required of the candidate whose responsibilities in obstetrics and gynecology primarily involved supervision in an institutional setting.

The examination fee of \$175.00 is due each time a candidate receives notice that he can be scheduled to take the oral examination. Each re-examination will be conducted by examiners who have no knowledge of the fact or circumstances of a candidate's previous failure.

POSTPONEMENT OF ORAL EXAMINATION

A candidate failing to take an oral examination for which he had been scheduled must submit a new application during January or February of the following year when his eligibility to take the next examination will be determined by the Board during the late June annual meeting, on the basis of the candidates professional activities as reported during the current year. Payment of the \$100.00 re-application fee must accompany each re-application.

If notified of his eligibility to take the next oral examination he must again submit before August 31 either (1) a listing of all patients dismissed from his care in all hospitals during the 12 months prior to June 30 of the year he is being scheduled to again take the oral examination, or (2) a critical evaluation study of 25 representative patients, as required of the candidate whose responsibilities in obstetrics and gynecology involved only supervision in an institutional setting.

Only under exceptional circumstances will lists of patients or critical evaluation studies post-marked after August 31 be considered for the oral examination the following November.

FEEES

Since the fees have been computed to cover the costs of examination and administrative expense, they will not be refunded. All fees must be paid in United States currency. *The Written Examination*

The application fee of \$50.00 must be enclosed with each application, reapplication or request to write the examination. The candidate will usually be notified early in April that his application or request has been approved, at which time the \$125.00 examination fee will be due. If payment of the examination fee has not been received in the Secretary's office postmarked on or before May 1, the candidate will not be scheduled to write the examination in June. *The Oral Examination*

The application fee of \$100.00 must be enclosed with each application to take the oral examination. A candidate notified in early July of his eligibility to take the oral examination in November is required to pay the \$175.00 examination fee before he will be scheduled to take the oral examination. If the examination fee has not been received in the Secretary's office postmarked on or before August 31, the candidate will not be scheduled to take the examination the following November.

LATE APPLICATION FEES

Consideration of late applications required additional handling, added correspondence and the travel involved in a special meeting of the Credentials Committee, all of which add up to the increased expenses accounting for additional fees for consideration of a late application or late request for re-examination.

The need for correspondence, for additional information or for verification of credentials not infrequently requires postponement of a decision regarding a candidate's eligibility. The procedure involved in scheduling candidates therefore requires adherence to the following policy:

No application received after March 15 will be considered to write the following June examination, and

No application received after 30 April will be considered to take the Oral Examination the following November.

An application, or request for re-examination received at a date later than listed for the examinations scheduled (see back cover of the Bulletin) can be given the special consideration required, provided: the late application is accompanied by—(1) a letter from the candidate requesting special consideration with (2) payment of the regular application fee of \$50.00 plus the "late application fee" of an additional \$50.00 (total \$100.00) or in the case of a late application to take the Oral Examination the total fee would be \$100 plus \$100 (\$200).

REVOCATION OF DIPLOMA OR CERTIFICATE

Each candidate when making application, signs an agreement regarding disqualification or revocation of his diploma or certificate for cause. Revocation may occur whenever:

1. The physician shall not in fact have been eligible to receive the diploma or certificate, 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 or certificate.

2. Any rule governing examination for a diploma or certificate 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 or certificate.

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 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 a local, regional or national organization of his professional peers shall be evidence of a violation of such standards of the ethical practice of medicine.

4. The physician shall fail to comply with or violate, or the issuance or receipt by him of such diploma or certificate 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 or certificate by this Board as aforesaid, the holder shall return this diploma or certificate and other evidence of qualification to the Secretary of the Board and his name shall be removed from the list of certified specialists.

THE RESIDENCY PROGRAM

1. The final year of a resident's program must include the responsibilities of a chief resident in accordance with the description of the program as approved by the Residency Review Committee for Obstetrics and Gynecology.

2. A resident who has spent four or more months in obstetrics-gynecology during a first graduate year in which experience has been gained in other clinical disciplines, can apply this time in clinical obstetrics-gynecology to the 36 months in clinical obstetrics-gynecology required of the resident obstetrician-gynecologist provided: that first graduate year's experience was gained in a hospital conducting a currently approved residency in obstetrics-gynecology. Less than 12 months in obstetrics-gynecology during the first graduate year cannot usually be used to reduce the 36 months of residency the individual will be required to serve in order to complete the usual time in the program as a chief resident. Less than 12 months on obstetrics-gynecology during



the first graduate year may, however, be used to provide time, within a 36 month residency, for appropriate electives on other clinical services.

3. When a resident's graduate education and clinical experience has been gained in more than one residency program, his application to take the written examination must be accompanied by verification of the candidate's satisfactory performance in each residency program. Less than six months service in a program is not acceptable as part of an approved clinical experience.

4. A hospital conducting residency programs of varying duration must provide progressive responsibility and opportunity to serve as a chief resident for each of the residents completing the program.

5. If an individual has completed his residency requirements and remains in the institution in an administrative, fellowship or teaching capacity within the same department, his duties must not detract from the progressive responsibilities of the other residents in that program.

6. Within a three-year program, education in the basic sciences should be so integrated with clinical experience as to emphasize the application of such related disciplines to total care of the patient. Assignment to another (either laboratory or clinical) disciplines which removes the candidate from daily contact with obstetrics-gynecology is not permitted within the required minimal experience and time with clinical responsibility.

7. 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 on the 36 months minimum of required clinical experience in obstetrics-gynecology.

8. Assignment of residents to the clinical services of institutions not approved for residency training is permitted for no more than six months when (1) the care of patients on that service is approved by the Director of the residency program, or when (2) the arrangement has been described in the hospital information form supplied by the Residency Review Committee and (3) the exchange or rotation was approved by the Committee when the program was most recently reviewed.

9. The Board will not rule on the acceptability (in lieu of a portion of the experience required in an approved residency in the United States or Canada) of such graduate education and experience as may have been gained in a country other than the United States and Canada. The Director of an approved residency may, however, be authorized to start an applicant at an advance level in his program provided:

(1) Prior to his appointment the applicant has submitted (to the Director and to the Secretary's office) documentary evidence of acceptable in-hospital (a) graduate, (b) educational, (c) clinical experience in a country other than the United States or Canada,

(2) The Director of the residency program writes the Board proposing to appoint the candidate at an advance level in his program and indicates agreement that the candidate will remain in the residency until he has completed the usual time as chief resident, and

(3) The Director receives written assurance that the Credentials Committee of the Board has approved of the manner in which the candidate is being scheduled to complete his residency in less than the time usually required to complete that program.

10. Each resident is expected to keep a record of the number and type of obstetric and gynecologic procedures performed during his residency, so that he can demonstrate the adequacy of his operative experience.

11. A resident may not be considered to be properly fulfilling his educational opportunity if he concurrently devotes any portion of his time to his own private practice. This statement is not to be construed as preventing the resident from assuming the responsible or major role in the manage-

ment of patients assigned to him in his capacity as a resident.

#### RESPONSIBILITY OF A CANDIDATE

It is the responsibility of the candidate to seek information concerning the current requirements for certification as an obstetrician and gynecologist. The Board does not assume responsibility for notifying a candidate of changing requirements or the impending loss of his eligibility to take an examination.

A physician who formally obligates himself to an approved residency program and then later breaks his agreement without justifiable cause (1) may be required to provide an explanation satisfactory to this Board, (2) before he will be considered to have satisfactorily served as a resident in an approved program.

#### OTHER CONSIDERATIONS

##### *Governmental Services:*

##### 1. *Residency Experience*

An applicant, under orders in a hospital conducted by governmental authority, may be credited with time in an approved residency experience only if that hospital is conducting a currently approved residency program in obstetrics-gynecology.

##### 2. *Time-in Practice Requirement*

A candidate for the oral examination may receive time in practice credit for a period of time in governmental service under the following conditions:

1. With verification of the duration of active duty
2. When practice has involved chiefly the care of obstetric and gynecologic patients, and
3. The Board has received favorable reports of the candidate's professional activities while in service.

If a candidate for the oral examination has fulfilled a portion of the required 18 months in obstetrics-gynecologic practice as a civilian before entering governmental service, the remainder of the time needed to fulfill his 18 months requirement may be time in governmental service provided the conditions listed above have been fulfilled.

##### *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 evidence will be required of the candidate's satisfactory practice as a specialist in both communities. Inquiry will be made by the Board in each area in which the candidate has been in practice during fulfillment of the time-in-practice requirement.

##### *Emergency Care and Limitation of Practice*

Physicians who assume responsibility for the health of male patients for operative or other care, will not be regarded as specialists in obstetrics-gynecology, except as this practice is related to governmental services, the investigation and management of an infertility problem, or care in an emergency. Candidates for certification may, when necessary, participate in general emergency care.

What constitutes a satisfactory limitation of practice to the specialty necessarily depends upon the qualifications and experience of the individual, the availability and capabilities of other physicians in the community, and to some extent, what is customary in local practices. As a rule, the privileges granted physicians in the practice of obstetrics-gynecology in any hospital are the prerogative of that hospital, not of this board.

#### PRIMARY CARE PHYSICIANS

This Board expects the obstetrician-gynecologist to be providing "primary care" for the patient he cares for, particularly when seen on an ambulatory basis. In this relationship, primary care is characterized by the physician's maintenance of health records; primary care frequently involves "first contact" care and is always personal care. The obstetrician-gynecologist assumes responsibility for followup care and recognizes continuing responsibility for the patient's welfare, both in sickness and in health. Since primary care

is primarily a characteristic of practice and a function rather than a specialty within medical practice, programs of graduate medical education preparing the physician to practice as an obstetrician and gynecologist are expected to emphasize the comprehensive and continuing care of the patient which characterizes the practice of obstetrics and gynecology.

**AMERICAN BOARD OF OPHTHALMOLOGY**

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**REQUIREMENTS**

All applicants must comply with current rules and 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 or from a school of osteopathy 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 Commission 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 in 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 1978 no applicant will be accepted for examination unless he has successfully completed a thirty-six months residency in ophthalmology approved by the Residency Review Committee for Ophthalmology or by the Royal College of Physicians and Surgeons of Canada.

**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 systemic 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 Continuing Education 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 only way of obtaining adequate clinical skill.

**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 August 1st in order for the applicant to be considered for the written qualifying test to be conducted during the following calendar year. All supporting information including letters of endorsement must also be received by August 1. (No extension to this deadline will be made.)*

Applications shall be accompanied by a check payable to the Board for \$200. 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.

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

Although no definite number of surgical cases are required, applicants should 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:

Review of application and fee, \$200, payable with application

Oral examination, \$150, payable on successful completion of the written qualifying test

To repeat the written qualifying test, \$150

To repeat the entire oral examination, \$150

To repeat a single subject of the oral examination, \$50

To repeat two or three subjects of the oral examination, \$75

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.

#### CANCELLATIONS

A fee of \$50.00 will be charged any candidate who either cancels or fails to keep appointment, regardless of reason, for either the written or oral examination after assignments have been made.

#### 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.*

*An application can only remain active for 2 years from date of receipt. If the applicant does not complete his application in this period for review by the Committee on Admissions the application will no longer be valid and the registration fee will be returned.*

#### 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." Some of the questions will be based on recent literature.

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 \$150.00 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 re-examination and will be permitted to repeat the examination if he presents evidence of acceptable additional training and pays the reexamination fee of \$150.00. 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 and again pass the Written Qualifying Test. *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.*

A candidate must understand and agree that in the consideration of his application his ethical and professional standing will be reviewed and assessed by the Board; that the Board may make inquiry of the persons named in his application and of such other persons as the Board deems appropriate with respect to his ethical and professional standing; that if information is received which could adversely affect his application, he will be so advised and given an opportunity to rebut such allegations, but will not be advised as to the identity of the individuals who have furnished adverse information concerning him; and that all statements and other information furnished to the Board in connection with such inquiry shall be confidential, and not subject to examination by him or by anyone acting on his behalf.

#### 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 visual physiology
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.

4. **REFRACTION AND VISUAL PHYSIOLOGY.** Candidates are expected to demonstrate familiarity with the following:

- (a) The underlying optional 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;
- (e) The essentials of visual physiology including visual acuity, light and dark adaptation, accommodation, color vision, electroretinography, electrooculography, and visually evoked potentials.

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 including the pathogenesis, course, and treatment of various surgical disorders of the eye. They should understand the use of radiant energy in the management of ocular disease. They are expected to be familiar with the management of trauma to the orbit and its soft tissues. They should be able to indicate the methods of diagnoses, the differential diagnoses, and the management of various ocular disorders. They should be familiar with the indications, the prognosis, the complications and their management, and the long-term results of various surgical procedures.

RE-EXAMINATION

*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 \$150.00. 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 \$150.00. 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. 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 and again pass the Written Qualifying Test before being admitted again to the oral examinations.*

*An applicant who fails one or more topics in the oral examination, but not the entire examination, must apply within two years 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 \$50.00 to repeat the examination in one subject or \$75.00 in two or three subjects. If an applicant does not repeat the one or more topics 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 and again pass the Written Qualifying Test before being admitted again to the oral examinations.*

*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 DIPLOMATES (not members) of the Board.

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 MEDICAL SPECIALTIES

The American Board of Medical Specialties, previously called the Advisory Board for Medical Specialties, was established in 1933 to serve in an advisory capacity to the American Specialty Boards and to cooperate with organizations that seek its advice concerning the certification of medical specialists. The official recognition of a specialty board by the American Board of Medical Specialties is indicated by the listing of diplomates in the *DIRECTORY OF MEDICAL SPECIALISTS*. The American Board of Ophthalmology contributes \$26.35 per Diplomate certified, to the American Board of Medical Specialties, as do all other medical specialty boards, in support of the activities of ABMS.

#### AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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#### MINIMUM EDUCATIONAL REQUIREMENTS FOR BOARD CERTIFICATION

The American Board of Orthopaedic Surgery evaluates all candidates for their proficiency in orthopaedic surgery. The minimum educational requirements of the Board should not be interpreted as restricting programs to the minimum standards. Directors of programs may retain residents in the educational program as long as necessary beyond the minimum time of four years in order that the resident 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 minimum educational requirements, which are as follows:

Satisfactory completion of four years of post-doctoral education is required of candidates. Post-doctoral education is defined as education obtained following the granting of the doctoral degree.

- a. During the four years some approved programs may elect to schedule two or more subject areas concurrently. It is necessary that clearly defined education and training in orthopaedic skills be emphasized in the categories of Adult Orthopaedics, Surgery of the Spine, including removal of protruded intervertebral discs, Children's Orthopaedics, Fractures and Trauma, Surgery of the Hand, the Foot, Rehabilitation, and Basic Science. It is emphasized that where time requirements are indicated in each subject area, these must be considered as *minimal*; additional experience is very desirable.

- b. One year of graduate education credit may be obtained from the following categories:

- (1) Internship, or its equivalent.
- (2) Residency in General Surgery.
- (3) Residency in Orthopaedic Surgery in any of the subject areas described in c. below.
- (4) Residency in related medical and surgical areas.
- (5) Research or study in laboratory or clinical research. This requires review of the documentation of the research problem by the Committee on Eligibility.
- (6) 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 education when obtained on approved programs. One month of credit may be granted for two months of education, 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 may be obtained from the Office of the Surgeon General, Washington, D. C.

- c. It is mandatory that the required four years of graduate education include a minimum of:

Adult Orthopaedics	12 months
Children's Orthopaedics	6 months
Fractures/trauma	9 months

Concurrent or integrated programs may allocate time by proportion of experience.

It is necessary that the Children's educational experience be served in an institution approved for this category. The above mandatory requirements include education in the care of the various anatomical areas of the human body, specifically including the foot, the hand, the spine, the neck, the major joint areas, and involving the contents of the spine, and extremities. The various effects of trauma and athletic injuries are included.

The age groups, from infancy through old age, are expected to be included, as well as the rehabilitation of patients and all phases of diagnosis and treatment and musculoskeletal radiology and laboratory requirements including emergency and chronic care. In addition, education is expected in areas relating to neurology, rheumatology, basic science, orthotics, prosthetics and physical medicine.

The remaining educational experience may consist of additional education in any of the above areas. No period longer than six months can be served in an unapproved institution.

*Basic Science:* 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 resident to apply these basic sciences to all phases of orthopaedic surgery.

The educational experience obtained in the United States must be in programs approved by the Residency Review Committee for Orthopaedic Surgery. (See list of approved services in the Directory of Approved Residencies issued by the American Medical Association).

The educational experience obtained in Canada must be taken in services approved by the Royal College of Physicians and Surgeons of Canada for education in Orthopaedic Surgery. The Board also accepts educational experience obtained in programs approved by the appropriate organization in

countries with which the Board has entered into reciprocity agreements.\*

REQUIREMENTS FOR EXAMINATION

In order to be declared eligible for the examination a candidate must meet the following requirements:

1. Satisfactory completion of the minimal educational requirements as listed in preceding Section.

2. A full and unrestricted 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 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. A candidate is required to be actively engaged in professional activities restricted to orthopaedic surgery for twelve months in one locality prior to the examination. He must thereby demonstrate his professional proficiency and his adherence to acceptable ethical and professional standards. 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. Representatives of the Board may visit a community in order to evaluate the work of a candidate.

4. If a candidate is declared ineligible by the Committee on Eligibility he will be informed of the basis of such action and may be afforded a hearing by the Appeals Committee of the American Board of Orthopaedic Surgery, if he so desires.

5. 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.

6. 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.

7. 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.

8. A candidate originating in a country with which the American Board of Orthopaedic Surgery has a reciprocal educational credit agreement and which requires other qualifying examinations shall be considered only after consultation between the American Board of Orthopaedic Surgery and the appropriate orthopaedic organization in the country in which he has had his orthopaedic surgery education.\*

*The date, place and deadline for submission of applications and fees for the examination are announced in the Journal of the American Medical Association, in the Journal of Bone and Joint Surgery, and in the Bulletin of the American Academy of Orthopaedic Surgeons.*

PROCEDURE FOR APPLICATION

1. A completed application for examination must be received in the office of the American Board of Orthopaedic Surgery before April first of the year of the examination. *The application must be accompanied by a non-refundable fee*

*of \$50.00 and must be sent by registered or certified mail.*

2. Once an application is accepted it shall remain in force for three years unless a new application is requested by the Board. A new application must be completed if the candidate does not successfully pass the examination within a three-year period. *The application and the non-refundable fee of \$50.00 must be sent by registered or certified mail.*

\*United Kingdom                      Australia  
South Africa                              New Zealand

3. The decision of the Committee on Eligibility is mailed to the applicant no later than 60 days prior to the examination date.

4. The candidate must submit a fee of \$300.000 on or before the date specified in the letter of notifying him of eligibility for the examination. The fee shall be forfeited if he fails to appear for the examination or if he cancels after being scheduled. *This fee must be sent by registered or certified mail.*

PERIOD OF BOARD ELIGIBILITY

Once a candidate applies for eligibility he will be declared eligible or non-eligible for the next examination. If declared eligible, a candidate is considered board eligible only for the period of time (usually not longer than three months) until the next examination is administered. Those candidates who elect not to take the examination, and those who might not successfully pass may apply for the next scheduled examination. Eligibility for that examination will not be considered until the Committee on Eligibility again meets, usually in May. Eligibility does *not* carry over automatically from year to year.

SCOPE OF THE EXAMINATION

The examination shall be comprehensive in all aspects of orthopaedic surgery as defined in the introduction.

CERTIFICATION BY THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY

1. The American Board of Orthopaedic Surgery awards a Certificate to a candidate who confines his professional activity to orthopaedic surgery, who is acceptable on the basis of his demonstrated proficiency in orthopaedic surgery and adherence to ethical and professional standards, and who successfully passes the certifying examination. This portion of the Board's responsibility is discharged by issuance of a Certificate to an individual found qualified as of the date of certification.

2. A Certificate may be revoked because of (1) intentional and substantive misrepresentation to the Board respecting the candidate's education and other requirements for eligibility, or (2) because of suspension or termination of the right to practice medicine in any State, Province or Country by reason of a violation of a medical practice act or other statute or governmental regulation.

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.

UNSUCCESSFUL CANDIDATES

Unsuccessful candidates may be permitted to repeat the examination on the following basis:

1. The Committee on Eligibility will consider candidates for reexamination upon receipt of a \$50.00 fee to reactivate the application. This fee must be received in the Board office before April first of the year of 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 \$300.00. *All applications and fees must be sent by registered or certified mail.*

2. Each candidate's application must again be approved by the Committee on Eligibility and a new application may be requested. (See IV. Procedure for Application.)

#### FOREIGN PRACTITIONERS

The following regulations apply to physicians who intend to practice in a country other than the United States or Canada.

1. A candidate who has completed the required education and is returning immediately to a foreign country to practice may, at the discretion of the American Board of Orthopaedic Surgery, be accepted for the next scheduled 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 that pertaining to practice. Candidates who do not meet the licensure requirements must hold a certificate of the Educational Council for Foreign Medical Graduates.

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. 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 he will surrender his Certificate and agree to have his name removed from the list of Diplomates until he has met the practice requirement of the American Board of Orthopaedic Surgery. A contract incorporating these points is available from the Board office.

5. 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.

6. Examinations are the same as those given to candidates from the United States and Canada.

#### MILITARY SERVICE

Medical officers who have elected service in the military forces as their life career may 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.

#### APPROVED ORTHOPAEDIC SURGERY RESIDENCIES

1. Education in orthopaedic surgery in the United States must be obtained in institutions accredited for graduate education in orthopaedic surgery by the Liaison Committee on Graduate Medical Education upon recommendations of the Residency Review Committee. The Committee consists of representatives of the American Board of Orthopaedic Surgery, the Council on Medical Education of the American Medical Association and the American Academy of Orthopaedic Surgeons. A list of approved institutions is published annually in the Directory of Approved Residencies issued by the American Medical Association and is obtainable from the organization at 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 state of the resident's education period if the institution becomes approved during the time the candidate is under contract at such institution.)

3. A candidate engaged in residency education in an institution which becomes disapproved in whole or in part will

receive 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. With the exception of Children's Orthopaedics, which must be taken in an institution specifically approved for such training, any program has the option of using facilities of institutions not individually approved for residency education in orthopaedic surgery, provided:

- a. that the period of residency education in an unapproved facility is for a period no longer than six months.
- b. that in the category of education for which this type of education is presented for credit, at least half of the minimum required time is spent in an approved institution.

6. Candidates in residency education may not engage in private practice without the approval of the program Director.

*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 more than six months of approved education may be listed in the Directory of Approved Residencies.

#### AMERICAN BOARD OF OTOLARYNGOLOGY

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#### GENERAL REQUIREMENTS

The following qualifications are minimal 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 appropriate Canadian medical authority or a graduate of a School of Osteopathy approved by the American Osteopathic Association. The candidate possessing the degree of Doctor of Osteopathy is eligible provided he/she meets all other requirements of the American Board of Otolaryngology.

3. Is not required to serve an internship.
4. Must have satisfactorily completed four years of resident education in a manner acceptable to the head of that residency program.

5. Must have a minimum of a four-year resident education program which must include at least one year of surgical experience in a program approved by either the Residency Review Committee for Surgery or the Residency Review Committee for Otolaryngology, and three years in Otolaryngology in a program approved by the Residency Review Committee for Otolaryngology. The year or years of surgical training should be taken before the residency in Otolaryngology. However, it may be taken between the first and second year or second and third years of the residency in Otolaryngology, *but not following completion of the residency*. Training must be served in educational centers listed by the American Medical Association or the appropriate Canadian medical authority.

\*Approved by either the Residency Review Committee in Surgery or the Residency Review Committee for Otolaryngology.

6. Who has received some or all premedical and/or medical training in a country other than the United States or Canada and an additional approved residency in otolaryngology in the United States or Canada, including the year of surgery, is eligible for examination provided he meets all other requirements of the Board.

7. Who has received medical and/or residency training other than in the United States or Canada will be considered on an individual basis.

8. Trained by the preceptor method is not acceptable.

9. Who does not meet these stated requirements will not be accepted for Board examination unless special circumstances indicate review by the Board.

10. No credit is allowed for resident education received in governmental service unless it is in an approved resident education program.

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, internship, 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 an evaluation form filled out and signed by 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-inch by 3-1/2-inch unmounted, dated photographs taken within six months of the date of application, signed by the applicant on the front; (b) a list of operations assisted in and performed by the resident during the period of education in otolaryngology; (c) official verification

of the above medical and resident education; (d) the application fee.

5. The completed application with an up-to-date or completed surgical list shall be mailed to the Secretary-Treasurer as soon as possible and before May 1st of each year. This allows review of the application by the Credentials Committee and the usual assignment of the applicant for the next examination in the fall of the year. This program is geared to do away with long waiting periods before a candidate appears for examination. Your cooperation will expedite your examination date materially. You will be notified by the Secretary-Treasurer when and where to appear for examination if approved by the Credentials Committee.

6. An applicant having received notification of acceptance for examination from the Secretary-Treasurer of the Board shall be designated as "Board Eligible." This "Board Eligible" status remains active for three years from the date of mailing. 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 education.

7. The Board reserves the right to reject any application.

FEE FOR EXAMINATION

Effective January 1, 1975, the fee for the examination is \$500.00. Of this sum, \$250.00 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 \$250.00 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 \$250.00 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 specialty of otolaryngology. The examination format now consists of oral and written examinations.

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 item 1 above.

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 nasal septum surgery.
- (c) Maxillofacial plastic and reconstructive surgery of the head and neck.



- (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. Diagnosis and diagnostic methods including related laboratory procedures.
6. Diagnostic and therapeutic radiology, including the interpretation of roentgenograms of the nose; accessory sinuses, salivary glands, temporal bone, skull, neck larynx, lungs and esophagus.
7. Awareness of the current literature, especially pertaining to the areas mentioned in item 1 above.
8. Awareness 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 (48) months from the date of notification of first failure. A request for re-examination must be approved by the Board. An additional fee of \$500.00, 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 (9) months prior to the time for the 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 \$500.00; \$250.00, 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 (\$250.00) is due upon notification of acceptance for the examination 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 education 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 examination. The fee for this certificate is twenty dollars (\$20.00).

#### 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 con-

victed 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.

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 OFFICE OF THE AMERICAN BOARD OF PATHOLOGY, (Mrs.)  
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#### GENERAL REQUIREMENTS

1. The candidate must hold a currently valid license to practice medicine, or osteopathy.
2. 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 in other countries acceptable to the Board.

2. For those who have attended medical schools other than in the United States and Canada, and who have not graduated from a medical school in the United States or Canada, certification by the Educational Commission for Foreign Medical Graduates or successful completion of the "fifth pathway" as described and approved by the Council on Medical Education of the American Medical Association.

#### SPECIAL TRAINING AND EXPERIENCE

In view of the diversity of activities in pathology, ranging from teaching and research to practice of a limited pathology subspecialty, The American Board of Pathology recognizes and encourages several training pathways to eligibility for examination and certification. *Candidates are encouraged to acquire in depth competence in anatomic or clinical pathology as an alternative to acquiring general competence in the combined areas of anatomic and clinical pathology.*

1. The Board will admit candidates to examination who are otherwise eligible and who have had one of the following types of training and experience:

- A. After four years of combined training in institutions approved by the Council on Medical Education of the American Medical Association as follows:
  - (1) Two years in anatomic pathology and two years in clinical pathology;
  - (2) Two years in anatomic pathology and two years in forensic pathology;
  - (3) Two years in anatomic pathology and two years in neuropathology;
  - (4) Two years in anatomic pathology and two years in

a related clinical pathology discipline (i.e., chemical pathology, medical microbiology, hematology, blood banking);

- (5) Two years in clinical pathology and two years in a related clinical pathology discipline (i.e., chemical pathology, medical microbiology, hematology, blood banking).

B. Anatomic pathology only:

- (1) Three years of anatomic pathology, and
- (2) an additional year which may be spent in further training, research, or practice of anatomic pathology. The additional year may also be graduate medical education in medicine, surgery, pediatrics, or family practice.

C. Clinical pathology only:

- (1) Three years of clinical pathology, and
- (2) an additional year which may be spent in further training, research, or practice of clinical pathology. The additional year may also be graduate medical education in medicine, surgery, pediatrics, or family practice.

2. The American Board of Pathology sometimes grants credit for time spent in pathology other than in a residency training program as follows:

- A. Appropriate training in pathology during medical school as a part of an organized specialty oriented curriculum.
- B. Training during medical school in a department of pathology of an approved school of medicine or in a hospital officially affiliated with an approved medical school. The maximum credit which may be granted is 12 months.
- C. 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.
- D. 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 American Board of Pathology early in the training period.

Research with a direct application to the practice of anatomic and/or 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.*

The Board also allows one-third of training time to be spent in a related clinical activity or research, or a combination of the two.

The Board will allow full credit for the first year of graduate medical education (internship) approved as a categorical program in pathology. The Board will also accept for credit that portion of an approved flexible first year program which is spent in pathology.

QUALIFICATION BY MEANS OF EXPERIENCE

The requirements for those accepted by means of experience are:

- A. The practice of pathology under circumstances acceptable to the Board for a period of not less than eight years. At the election of the candidate, a period not to exceed one year of straight pathology internship may receive credit for two of the eight years. For the

candidate wishing to qualify under the experience rule and who has had acceptable approved training, double time credit will be allowed for such training. Thus, if a candidate had two years of acceptable supervised training, only four years of practice would be required.

- B. If a candidate has become certified in anatomic pathology, the rule for qualification in clinical pathology by experience is:

Four years of full-time experience in the practice of clinical pathology under circumstances acceptable to the Board. Such experience must be after the date of certification in anatomic pathology.

The same requirements would apply for qualification for examination in anatomic pathology by means of experience after certification in clinical pathology.

QUALIFICATION IN AREAS OF SPECIAL COMPETENCE

A. *Chemical Pathology, Medical Microbiology, Hematology*

Applicants who hold a certificate in anatomic and clinical pathology, or clinical pathology only—one year of additional 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 two additional years of full-time experience or its equivalent under circumstances satisfactory to The American Board of Pathology.

Applicants not holding a certificate from The American Board of Pathology but holding a certificate from another primary Board:

Two years of training or acceptable experience in chemical pathology, hematology, or medical microbiology. Appropriate training or experience in another medical specialty may be substituted for one of the two years. The American Board of Pathology, at its discretion, may admit candidates to examination, if the following conditions have been met as of 1 July 1972: That the candidate has been practicing chemical pathology, hematology, or medical microbiology for five years in a senior position in an institution acceptable to The American Board of Pathology.

B. *Blood Banking*

Applicants who hold a certificate in anatomic and clinical pathology, or clinical pathology only—one year of additional supervised training in the special field of blood banking in an institution approved by the Council on Medical Education of the American Medical Association or by the Board, or two additional years of full-time experience, or its equivalent, under circumstances satisfactory to The American Board of Pathology.

Applicants not holding a certificate from The American Board of Pathology in clinical pathology but holding some other certificate from this or another primary Board—two years of training or acceptable experience in blood banking. Appropriate training or experience in another medical specialty may be substituted for one of the two years.

Prior to 1 January 1977, the American Board of Pathology, at its discretion, may admit candidates to the examination if the following conditions have been met as of 1 July 1972:

That the candidate has been practicing blood banking for five years in a senior position in an institution acceptable to The American Board of Pathology.

C. *Radioisotopic Pathology.*

Certification in the special field of radioisotopic pathology will be a function of The American Board of Pathology: such certification will be done in cooperation with the Conjoint American Board of Nuclear Medicine with respect to qualifications of candidates,

standards of the examination, and the form of the certificate.

The American Board of Pathology will admit candidates to examination in radioisotopic pathology who are otherwise qualified and who have had one of the following types of training:

Applicants already holding a basic certificate from The American Board of Pathology—one additional year of training in radioisotopic pathology in a program approved by the Council on Medical Education of the American Medical Association.

Applicants for certification in clinical pathology and radioisotopic pathology—24 months of clinical pathology, 12 months of radioisotopic pathology, 12 months training, research, or practice related to pathology. Applicants for certification in anatomic and clinical pathology, and radioisotopic pathology—24 months of anatomic pathology, 24 months of clinical pathology, 12 months of radioisotopic pathology.

Prior to 1 January 1978. The American Board of Pathology, at its discretion, may admit candidates to the examination if the following conditions have been met:

That the candidate holds a basic certificate of The American Board of Pathology and has been practicing radioisotopic pathology for two years in a position acceptable to The American Board of Pathology.

#### D. Neuropathology

For those applicants holding a certificate in anatomic and clinical pathology, or 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.

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.

The Board also admits to examination in neuropathology only those candidates who have had one year of approved training in anatomic pathology, two years of approved training in neuropathology, with adequate experience in diagnostic neuropathology, and a fourth year which may be spent in an approved residency or research related to neurological science, approved training in neuropathology or practice in neuropathology.

In any of the above plans of training, the Board will allow two years of full-time experience or its equivalent in neuropathology, under circumstances satisfactory to the Board, to be considered the equivalent of one year of supervised training.

#### E. Forensic Pathology

For those applicants holding a certificate in anatomic and clinical pathology, or anatomic pathology only, or, in special instances, 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 admits to examination in anatomic and forensic pathology candidates with approved training consisting of two years in anatomic pathology and two years in forensic pathology.

In addition, candidates holding a certificate in anatomic and clinical pathology, anatomic pathology only, or in special instances, clinical pathology only, may qualify by means of two years of full-time experience or its equivalent in forensic pathology in a situation

comparable to that of an institution approved for training in forensic pathology.

#### F. Dermatopathology

Certification in dermatopathology will be the joint function of the American Board of Dermatology and The American Board of Pathology. Such certification will relate to qualifications of candidates, standards of examination, and the form of the certificate.

The American Board of Pathology and the American Board Dermatology will admit candidates to examination in dermatopathology who are otherwise qualified and who have had one of the following types of training:

- (1) For applicants holding a certificate from either the American Board of Dermatology or The American Board of Pathology (anatomic pathology, or anatomic and clinical pathology)—one additional year of training in a program approved by the Subcommittee for Dermatopathology.
- (2) Applicants for anatomic pathology and dermatopathology—24 months of approved training in anatomic pathology, 12 months of approved training in dermatopathology, 12 months of clinical experience, training, research, or practice related to pathology.

#### Special Qualifications

Applicants already holding a basic certificate from the American Board of Dermatology or The American Board of Pathology (anatomic pathology, or anatomic and clinical pathology) and two years of practice in dermatopathology in a position acceptable to the American Board of Dermatology and The American Board of Pathology. This requirement must have been met by 31 December 1976 and will be effective until 31 December 1978.

*Qualification for special competence for those not holding a certificate in pathology.*

- (1) Three years of training in an area of special competence in institutions approved for such training by the Council on Medical Education of the American Medical Association, or by the Board, and
- (2) an additional year which may be spent in supervised training, research, or practice in the area of special competence in circumstances satisfactory to The American Board of Pathology.

Candidates may, at their own election, substitute not to exceed twelve months of a straight pathology internship, or a fellowship or instructorship in any of the pre-clinical departments of a medical school for one of the three years of supervised training.

#### CREDIT FOR MILITARY SERVICE

Training or experience, or both, of reserve officers in the military service 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 Office of The American Board of Pathology.

#### CREDIT FOR FOREIGN TRAINING

Credit for foreign training is evaluated on an individual basis. For this type of evaluation, write to the Office of The American Board of Pathology.

#### QUALIFICATION FOR EXAMINATION

Effective 1 January 1976 The American Board of Pathology will permit a candidate who has qualified on the basis of approved training and/or experience to sit for examination

during a three-year period. When this period expires, an additional three-year period of qualification will be permitted upon documented evidence that the candidate has obtained an additional year of training in an approved program or two years of experience under supervision acceptable to the Board.

**APPLICATION BLANK AND FEE**

Application must be made on the special form that may be obtained from the Office of The American Board of Pathology, 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 three hundred and fifty dollars (\$350). 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 three hundred and fifty dollars (\$350) before a second examination will be given.

The application fee has been determined after careful consideration and is based on actual estimates of the expense of an examination and administration. None of the Board Trustees 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 fee is not returnable. Candidates who fail to appear for examination and have not notified the Office of The American Board of Pathology at least one month prior to the date of the examination will be subjected to an additional fee of \$50 when registering for a future examination.

**EXAMINATIONS**

Examinations will be held at the discretion of the Board. The examinations are 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, anatomic pathology only, clinical pathology only, an area of special competence.

Examinations in an area of special competence are given once a year in conjunction with the spring examination.

**ISSUANCE OF CERTIFICATE**

A candidate who is qualified 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 a certificate only after both parts (anatomic and clinical pathology) of the examination have been passed. Similarly, candidates qualified for examination in anatomic or clinical pathology, and a related area of special competence, and claiming qualification on the basis of two years training in each area, will receive a certificate only after both parts 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 examinations within the three-year time limit of qualification.

A candidate who has fulfilled the requirements for anatomic pathology only, or clinical pathology only (i.e., three years approved training plus an additional year of further training, research, or independent practice) will receive a certificate after passing the examination in anatomic pathology or clinical pathology.

**AMERICAN BOARD OF PEDIATRICS**

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**REQUIREMENTS FOR ADMISSION TO EXAMINATION GRADUATES OF MEDICAL SCHOOLS IN THE UNITED STATES**

All applicants for examination for certification must meet the general requirements enumerated in paragraphs I-IV below.\* Paragraphs V-XII describe in more details what varieties of training are acceptable and how special situations are handled.

I. Applicants must be graduates of an approved medical school. Graduates from osteopathic medical schools are accepted if they satisfy the other requirements.

II. Applicants must have three years of hospital-based pediatric training in programs approved by the appropriate agencies of the American Medical Association for internship or residency training. During this period of training the applicant is expected to progress in the degrees to which he assumes responsibility for the care of his patients. Applicants who receive their medical degrees after July 1, 1975, will be required to have three years of hospital-based pediatric training in American programs approved for this purpose, or in Canadian programs approved by the Royal College of Physicians and Surgeons of Canada. Applicants with medical degrees prior to this date may substitute PL-O programs as described in V. below for one of these years.

III. In addition to the three years of hospital-based training, applicants must spend two additional years utilizing this training in practice or in other training related to pediatrics. Thus, final certification may not be completed until a minimum period of five years after graduation from medical school.

IV. The Board will request letters of recommendation from the directors of hospital-based programs to verify satisfactory completion of the training and to evaluate the acceptability of the candidate as a practitioner of pediatrics. Candidates who have had all their training under a single program director should request at least one other letter of recommendation from a diplomate of the American Board of Pediatrics.

V. INTERNSHIP, RESIDENCY AND FELLOWSHIP TRAINING: The Board and the Residency Review Committee for Pediatrics now recognize five levels of pediatric training (PL-0 through PL-4). Levels PL-1 and PL-2 constitute the essential two core years of training. They must be supplemented either by a PL-0 program taken before, or a PL-3 or PL-4 program taken afterward. The Pediatric Levels (PL) are defined as follows:

PL-0 Approved internships or residencies in fields other than pediatrics, i.e., rotating internship, family practice, internal medicine, general surgery, psychiatry, etc. Credit at this level may also be given for pediatric experience in countries other than the United States or Canada.

PL-1 The first post-graduate year in general pediatric training in an approved program. It may occur immediately after graduation from medical school or follow training at the PL-0 level.

PL-2 Similar to and following PL-1 but with increased

\*To avoid misunderstanding, the Board urges candidates 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 doubtful appointments.

responsibility for patient care and for the supervision of junior staff and medical students.

PL-3 A single year of advanced training and clinical responsibility in general in-patient or out-patient residency, a chief residency or experience in one or more specialty areas closely integrated with a program approved for the two core years (PL-1 and PL-2).

PL-4 A program (frequently a fellowship in a sub-specialty) in which the proportion of time in non-clinical or laboratory activities is so large that two years must be spent to gain the equivalent of a year of clinical training. The applicant will receive credit both for the third year of clinical training and for a year of practice. Included automatically within this category are: 1) all approved programs in pediatric allergy and pediatric cardiology, pediatric hematology-oncology, neonatology, and pediatric nephrology; 2) programs in pediatric neurology accepted by the American Board of Psychiatry and Neurology for certification with special competence in Child Neurology; and 3) an agreement with the American Board of Internal Medicine for joint certification by both boards.

The Residency Review Committee for Pediatrics will survey PL-3 and PL-4 programs for *categoric* approval as substitutes for the required third year of clinical training. Such programs must be integrated with an approved core (PL-1 and PL-2) program, and must have the explicit approval and endorsement of the director of the core program. Application for such approval should be made through the director of the *core* program to the Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

Applicants seeking approval for individualized programs of specialized training which are not encompassed by recognized PL-3 or PL-4 programs must ask their program directors to submit details to the American Board of Pediatrics for evaluation by its Credentials Committee. A description of the program proposed and brief curricula vitae of the supervisors of the program and of the applicant should be included. When individualized approval is given, it will not imply automatic approval of future applicants until the program receives categoric approval from the Residency Review Committee for Pediatrics.

Since ultimate certification in a pediatric sub-specialty area is contingent upon passage of the examination of the American Board of Pediatrics, program directors arranging sub-specialty fellowships have a heavy responsibility in making sure that candidates admitted have a thorough grounding in general pediatrics as an entering qualification.

#### *Summary of Training Requirements*

The following patterns of training in approved programs are automatically accepted by the Board for admission to its examinations:

PL-0 + PL-1 + PL-2 + 2 years of practice or further experience. (Not applicable to holders of M.D. degrees awarded after July 1, 1975.)

PL-1 + PL-1 + PL-2 + 2 years of practice or further experience.

PL-1 + PL-2 + PL-2 + 2 years of practice or further experience.

PL-1 + PL-2 + PL-3 + 2 years of practice or further experience.

PL-1 + PL-2 + PL-4 + 1 year of practice or further experience.

PL-2 + PL-2 + PL-3 + 2 years of practice or further experience.

PL-2 + PL-2 + PL-4 + 1 year of practice or further experience.

The last two combinations may apply when a program director elects to award advanced status to an individual

with extensive experience in pediatrics in a foreign country.

**VI. 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 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 post-graduate 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.

**VII. PRACTICE REQUIREMENTS:** Graduate school courses, research residencies and teaching fellowships are 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 are acceptable as credit toward the practice requirements. As part of the second year residency program no more than two months of preceptorship will be approved and then only with the understanding that it is properly supervised and not used as a locum tenens.

**VIII. CREDIT FOR MILITARY SERVICE:** Credit for one year of the practice requirement is allowed for medical military service or its equivalent regardless of assignment. Credit in excess of one year may be granted depending upon the amount of prior approved residency training. Military assignments will not be accepted in lieu of PL-1, 2, 3, or 4 programs unless served in a military hospital which has received specific approval from the Residency Review Committee for Pediatrics.

**IX. 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.

**X. 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.

**XI. 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.

**XII. GRADUATES OF FOREIGN MEDICAL SCHOOLS:**  
*Citizens of the United States:* Candidates who are graduates of medical schools other than those in the United States or 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 Commission for Foreign Medical Graduates or a standard permanent license to practice medicine in one of the states, districts, or territories of the United States.
2. 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 and who have fulfilled the training requirements in the United States or Canada, may apply for examination by the American Board of Pediatrics. Applicants with foreign degrees equivalent to the M.D. which were awarded prior to July 1, 1975, may be given credit for hospital-based training in another country provided it is of at least a year's duration and equivalent to pediatric residency training in the U.S. Such applicants will be expected to serve their two basic years of pediatric hospital-based training (PL-1 and PL-2) in approved residencies either in the United States or Canada. Substitution of PL-3 and PL-4 programs for either of the basic years is not acceptable.

All such candidates must hold the standard certificate of the Educational Commission for Foreign Medical Graduates before being admitted to the Board examinations.

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 completion of their second year of pediatric training. Applicants who receive their medical degrees after July 1, 1975, will not be admitted until they have had at least 32 months of PL-1, PL-2 and additional approved training. In cases where this regulation would impose a hardship, the Board will consider appeals. Applications must be received prior to January 15th of the year in which a candidate wishes to take the written examination. Results in each of five areas of examination will be reported to candidates and to the directors of their training programs as soon as possible after grading has been completed. It is hoped that by taking the examination earlier in his 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 is given in 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 examination.

Candidates are separately graded in the sub-divisions of pediatric knowledge enumerated below, including diagnosis and treatment. Both total score and performance within the five major categories are considered in determining success or failure on the examination. Since areas I and III are uniquely pediatric, satisfactory performance will be considered mandatory.

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 newborn; 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 Disease

Bacterial, viral, fungal and protozoal disease; infectious and inflammatory disease of uncertain origin; "auto-immune" disease; 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; oncology.

CLOSING DATE FOR RECEIPT OF APPLICATIONS FOR THE WRITTEN EXAMINATION IS THE PRECEDING JANUARY 15TH. EARLY APPLICATION IS DESIRABLE SINCE SUBSEQUENT ASSIGNMENT TO SITES FOR THE ORAL EXAMINATION DEPENDS IN PART UPON THE DATE OF FIRST APPLICATION.

PART II—ORAL

Oral examinations are held four or more times each year at centers offering suitable facilities. As far as possible, candidates are given a choice of locations, taking into account the date the application is filed, the date of eligibility, and proximity to the examination site.

American candidates must wait until six months prior to the conclusion of their full five years of training and/or practice. Foreign candidates who must return 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 five-year period of training and experience 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, which should be fully described in the initial letter of inquiry.

LETTERS OF RECOMMENDATION

The Board requires at least two letters of recommendation. Candidates will be asked to furnish the names and addresses of all program directors under whom they took PL-1 and PL-2 training. If all such training has been under a single director, the name of an additional diplomate of the American Board of Pediatrics who is familiar with the candidate's work should be furnished.

FEES

The fee for examination is \$300 payable at the time of application. This fee includes a registration charge of \$50 which is not returnable. It entitles the candidate to one written examination and one oral examination if successful on the written examination.

Re-examination fees of \$100 are charged for each oral examination beyond the first one, and \$150 for each oral examination beyond the third one.

Fees are subject to change without notice and are non-refundable except in unusual circumstances.

Candidates who accept an appointment for oral examination and fail to appear will forfeit the fee for that examination and will be required to pay a re-scheduling fee.

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 or two years later with an additional charge of \$100. After a third failure, the situation

will be reviewed by the Board to decide subsequent procedure.

Applicants who fail in oral examination become eligible for a second examination after one year and must appear for re-examination within three years or they will be transferred to inactive status (see below). 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.

#### POSTPONEMENT OF EXAMINATIONS

**Part I (Written Examination)**—After acceptance of his application a candidate is expected to take the *next* written examination offered. Such examinations are given annually, at a time and place to be announced by notice mailed to eligible candidates. If 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.

Candidates who fail Part I must appear for re-examination within three years unless such time is extended after written request to the Board and for such time as the Board, in its sole discretion, deems advisable. Candidates who do not appear within such specified time will be placed upon inactive status as described below.

**Part II (Oral Examination)**—After successful completion of Part I the candidate is expected to appear for Part II of the examination within three years of completion of all requirements unless granted an extension after written request to the Board. After the lapse of three years he will be placed upon inactive status as described below.

**Inactive Status**—In case of failure to appear for re-examination within the periods specified above, a candidate will be placed upon inactive status for an additional two years, during which time he will no longer receive notification of the dates and places of examinations. At any time during his inactive status a candidate may request to be restored to active status upon written request to the Board and the payment of an activation fee of \$75.00 in addition to the re-examination fee. If he fails to take advantage of this provision, he will be dropped from the rolls at the conclusion of his period of inactive status and if he wishes re-instatement, he will have to file a new application and pay the full fee.

All re-instated candidates must present themselves for examination within a period determined by the Board. Failure to appear for examination within such a period, unless excused by the Board, will result in loss of eligibility. In order to be reinstated again, a candidate must submit a new application and a new fee.

#### 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.

#### STATEMENTS OF ELIGIBILITY

The Board no longer issues statements of "eligibility" for its examinations. Upon request of the registered candidate it will reveal progress toward certification.

#### CERTIFICATION IN THE SUBSPECIALTY OF PEDIATRIC CARDIOLOGY

##### *Sub-Board of Pediatric Cardiology*

MADISON S. SPACH, Chairman, Durham, North Carolina

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The American Board of Pediatrics has established a procedure for certification in Cardiology as a Subspecialty of Pediatrics.

#### ELIGIBILITY CRITERIA

1. Certification by the American Board of Pediatrics.
2. Completion of two years of full-time training in an approved program in Pediatric Cardiology.

Candidates may embark on their training in Pediatric Cardiology after two years of training (PL-1, PL-2) in an approved pediatric program. The first year of the pediatric cardiology fellowship/residency may be concurrent with the required third year of training in Pediatrics provided that the subspecialty training continues for two or more years and that at least half of the experience involves clinical work with children.

3. Special cases not meeting in full the requirements of (1) and (2) above may be considered for examination only by unanimous agreement of the Sub-board of Pediatric Cardiology and the American Board of Pediatrics.
4. Letter(s) of Recommendation.

A letter of recommendation from the program director under whom the applicant received his training in Pediatric Cardiology must be solicited by the applicant. This letter should not accompany the application but should be sent directly to the Subspecialty Office of the American Board of Pediatrics. If an applicant received training in more than one program, a letter must be solicited from each program director under whom he trained during the period necessary to complete the required two years of full-time training.

Each Pediatric Cardiology application is individually considered and must be acceptable to the Sub-Board of Pediatric Cardiology.

#### TRAINING PROGRAMS

There are approximately 60 approved training programs in Pediatric Cardiology. Candidates should consult the Directory of Approved Residencies, published by the American Medical Association each fall, for listing of hospitals approved for residency training in Pediatric Cardiology.

#### EXAMINATIONS

Pediatric Cardiology examinations consist of a written examination and an oral examination. These examinations are to be given every two years.

Candidates must take both the written and oral examinations and achieve a satisfactory grade on both before being certified.

The purpose of these examinations is to determine the candidate's competency to practice Pediatric Cardiology. Emphasis is therefore placed on practical aspects. But since good practice is founded on scientific knowledge, the candidate must be prepared to demonstrate that he can use basic data.

The Subspecialty Office will send appropriate information to journals and to Pediatric Cardiology program directors 6 months or more prior to a scheduled examination. All applicants already in the Active File of the Sub-Board will be notified of coming examinations. All applicants who are about to be placed in the Inactive File will be notified of when this change in status is about to occur.

#### FAILURES IN EXAMINATIONS

Candidates who fail the examination are eligible to be readmitted for examination at the next examination period. After a second failure, examination will again be permitted at the subsequent examination period. After a third failure, candidates must present a plan of preparation for further re-examination acceptable to the Credentials Committee of the Sub-Board of Pediatric Cardiology. They must also make new application for the examination.

#### FEES

The application fee for certification in Pediatric Cardiology is \$300.00 (registration fee—\$50.00; examination fee—\$250.00). The full fee must be remitted with the initial application.

If the applicant is not accepted for examination, the exami-

nation fee (\$250) will be returned to him. The registration fee (\$50) will be retained to meet the cost of processing the application.

The fee for re-examination is \$250.00. (Candidates are permitted to take three (3) examinations without having to resubmit the registration fee of \$50.)

Fees are subject to change at any time. Checks (U.S. funds only) should be made payable to the American Board of Pediatrics.

RE-APPLICATION AND RE-EXAMINATION FEES

a. Candidates must reapply and pay registration and examination fee if they have not been examined during the past 3 examination periods.

b. Candidates must reapply and pay registration and examination fee if they have failed 3 examinations.

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 of the Sub-Board of Pediatric Cardiology.

APPLICATIONS

Applications are available from the Subspecialty Office of the American Board of Pediatrics, Children's Hospital of Philadelphia, 34th Street and Civic Center Boulevard, Philadelphia, Pennsylvania 19104. Telephone: 215-349-8500.

CERTIFICATION IN THE SUBSPECIALTY OF PEDIATRIC HEMATOLOGY-ONCOLOGY

*Sub-Board of Pediatric Hematology-Oncology:*

IRVING SCHULMAN, Chairman, Stanford, California

AUDREY K. BROWN, Brooklyn

LOUIS K. DIAMOND, San Francisco

M. EUGENE LAHEY, Salt Lake City

ALVIN M. MAUER, Memphis

J. LAWRENCE NAIMAN, Philadelphia

WILLIAM C. THURMAN, Oklahoma City

JAMES A. WOLFF, New York City

The American Board of Pediatrics has established a procedure for certification in Hematology-Oncology as a subspecialty of Pediatrics.

ELIGIBILITY CRITERIA

1. Certification by the American Board of Pediatrics.

2. Specialty Training or Experience.

Candidates may embark on their training in Pediatric Hematology-Oncology after two years of training (PL-1, PL-2) in an approved pediatric program. The first year of the pediatric hematology-oncology fellowship/residency may be concurrent with the required third year of training in Pediatrics provided that the subspecialty training continues for two or more years and that at least half of the experience involves clinical work with children.

*Until July 1978 one of the following requirements must be met:*

A. Two years of full-time graduate training in Pediatric Hematology-Oncology.

B. Five years in the clinical practice of Pediatric Hematology-Oncology.

*After July 1978 two years of full-time graduate training in an approved Pediatric Hematology-Oncology program will be required.*

3. *Until July 1978 Letters of Recommendation will be required from at least one of those listed below:*

a. If eligibility is claimed on the basis of full-time training in Pediatric Hematology-Oncology (A above),

(1) From the Pediatric Hematology-Oncology program director where training occurred.

or (2) From the Pediatric department chairman where training occurred.

b. If eligibility is claimed on the basis of practice of Hema-

tology-Oncology (B above),

(1) From the Pediatric Hematology-Oncology program director in the hospital where the candidate is seeing patients.

or (2) From the Pediatric department chairman in the hospital where the candidate is seeing patients.

or (3) From the Chief of Pediatrics in the hospital where the candidate is now in the practice of Pediatric Hematology-Oncology.

*After July 1978 Letters of Recommendation will be required from the Pediatric Hematology-Oncology director of the program where training occurred.*

These letters must be solicited by the applicant. They should not accompany the application but should be sent by the writer directly to the Subspecialty Office of the American Board of Pediatrics.

Each application is individually considered and must be acceptable to the Sub-Board of Pediatric Hematology-Oncology.

TRAINING PROGRAMS

At present there are no officially approved programs in Pediatric Hematology-Oncology.

EXAMINATIONS

An examination in Pediatric Hematology-Oncology is offered by the American Board of Pediatrics every two years. The examination is a one-day written examination. The purpose of this examination is to determine the candidate's competency to practice Pediatric Hematology-Oncology. Emphasis is therefore placed on practical aspects. But since good practice is founded on knowledge and sound use of basic sciences, the candidate must be prepared to demonstrate an adequate grasp of relevant basic information in genetics, embryology, anatomy, physiology, pharmacology, and the like.

FAILURE IN EXAMINATIONS

Candidates who fail the examination are eligible to be readmitted for examination at the next examination period. After a second failure, examination will again be permitted at the subsequent examination period. After a third failure, candidates must present a plan of preparation for further re-examination acceptable to the Credentials Committee of the Sub-Board of Pediatric Hematology-Oncology. Acceptance for a fourth examination can only occur after completion of the proposed program of study.

FEES

The application fee for certification in Pediatric Hematology-Oncology is \$300.00 (registration fee—\$50.00; examination fee—\$250.00). The full fee must be remitted with the initial application.

If the applicant is not accepted for examination, the examination fee (\$250) will be returned. The registration fee (\$50) will be retained to meet the cost of processing the application.

The fee for re-examination is \$250.00. (Candidates are permitted to take 3 examinations without having to resubmit registration fee of \$50.)

Fees are subject to change at any time. Check (U.S. funds only) should be made payable to the American Board of Pediatrics.

CERTIFICATION BY THE BOARD

A certificate for special competency in Pediatric Hematology-Oncology is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examination of the Sub-Board of Pediatric Hematology-Oncology.

APPLICATIONS

Applications are available from the Subspecialty Office of



the American Board of Pediatrics, Children's Hospital of Philadelphia, 34th Street and Civic Center Boulevard, Philadelphia, Pennsylvania 19104; telephone: 215-349-8500.

CERTIFICATION THE SUBSPECIALTY OF  
PEDIATRIC NEPHROLOGY

*Sub-Board of Pediatric Nephrology*

WALLACE W. McCRORY, Chairman, New York City  
C. W. DAESCHNER, Galveston, Texas  
KEITH N. DRUMMON, Montreal  
CHESTER M. EDELMAN, JR., Bronx  
MALCOLM A. HOLLIDAY, San Francisco  
ALFRED F. MICHAEL, JR., Minneapolis  
LUTHER B. TRAVIS, Galveston, Texas

The American Board of Pediatrics has established a procedure for certification in Nephrology as an area of special competency in Pediatrics.

ELIGIBILITY CRITERIA

1. Certification by the American Board of Pediatrics.
2. Specialty Training or Experience.

Candidates may embark on their training in Pediatric Nephrology after two years of training (PL-1, PL-2) in an approved pediatric program. The first year of the pediatric nephrology fellowship/residency may be concurrent with the required third year of training in Pediatrics provided that the subspecialty training continues for two or more years and that at least half of the experience involves clinical work with children.

*Until July 1978 one of the following requirements must be met:*

- A. Two years of full-time graduate training in Pediatric Nephrology.
- B. Five years in the clinical practice of Pediatric Nephrology.

*After July 1978 two years of full-time graduate training in an approved Pediatric Nephrology program will be required.*

*3. Until July 1978 Letters of Recommendation will be required from at least one of those listed below:*

- a. If eligibility is claimed on the basis of full-time training in Pediatric Nephrology (A above),
  - (1) From the Pediatric Nephrology program director where training occurred.
  - or (2) From the Pediatric department chairman where training occurred.
- b. If eligibility is claimed on the basis of practice of Nephrology (B above),
  - (1) From the Pediatric Nephrology program director in the hospital where the candidate is seeing patients.
  - or (2) From the Pediatric department chairman in the hospital where the candidate is seeing patients.
  - or (3) From the Chief of Pediatrics in the hospital where the candidate is now in the practice of Pediatric Nephrology.

After July 1978 Letters of Recommendation will be required from the Pediatric Nephrology director of the program where training occurred.

These letters must be solicited by the applicant. They should not accompany the application but should be sent by the writer directly to the Subspecialty Office of the American Board of Pediatrics.

Each application is individually considered and must be acceptable to the Special Competency Committee in Pediatric Nephrology.

TRAINING PROGRAMS

At present there are no officially approved programs in Pediatric Nephrology.

EXAMINATIONS

An examination in Pediatric Nephrology is offered by the American Board of Pediatrics every two years. The examination is a one-day written examination. The purpose of this examination is to determine the candidate's competency to practice Pediatric Nephrology. Emphasis is therefore placed on practical aspects. But since good practice is founded on knowledge and sound use of basic sciences, the candidate must be prepared to demonstrate an adequate grasp of relevant basic information in genetics, embryology, anatomy, physiology, pharmacology, and the like.

FAILURE IN EXAMINATIONS

Candidates who fail the examination are eligible to be readmitted for examination at the next examination period. After a second failure, examination will again be permitted at the subsequent examination period. After a third failure, candidates must present a plan of preparation for further re-examination acceptable to the Credentials Committee of the Sub-Board of Pediatric Nephrology. Acceptance for a fourth examination can only occur after completion of the proposed program of study.

FEES

The application fee for certification in Pediatric Nephrology is \$300.00 (registration fee—\$50.00; examination fee—\$250.00). The full fee must be remitted with the initial application.

If the applicant is not accepted for examination, the examination fee (\$250) will be returned. The registration fee (\$50) will be retained to meet the cost of processing the application.

The fee for re-examination is \$250.00. (Candidates are permitted to take 3 examinations without having to resubmit registration fee of \$50.)

Fees are subject to change at any time. Check (U.S. funds only) should be made payable to the American Board of Pediatrics.

CERTIFICATION BY THE BOARD

A certificate for special competency in Pediatric Nephrology is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examination of the Sub-Board of Pediatric Nephrology.

APPLICATIONS

Applications are available from the Subspecialty Office of the American Board of Pediatrics, Children's Hospital of Philadelphia, 34th Street and Civic Center Boulevard, Philadelphia, Pennsylvania 19104. Telephone: 215-349-8500.

CERTIFICATION IN THE SUBSPECIALTY OF  
NEONATAL-PERINATAL MEDICINE

The American Board of Pediatrics has established a procedure for certification in Neonatal-Perinatal Medicine as a subspecialty of Pediatrics.

*Sub-Board of Neonatal-Perinatal Medicine*

STANLEY M. GRAVEN, Chairman, Madison, Wisconsin  
RICHARD E. BEHRMAN, New York City  
L. STANLEY JAMES, New York City  
THOMAS K. OLIVER, JR., Pittsburgh  
MILDRED T. STAHLMAN, Nashville, Tennessee  
PHILIP SUNSHINE, Stanford, California  
WILLIAM H. TOOLEY, San Francisco

ELIGIBILITY CRITERIA

1. Certification by the American Board of Pediatrics.
2. Specialty Training Experience.

Candidates may embark on their training in Neonatal-Perinatal Medicine after two years of training (PL-1, PL-2) in an approved pediatric program. The first year of the neonatal-perinatal fellowship/residency may be concurrent with

the required third year of training in pediatrics provided that the subspecialty training continues for two or more years and that at least half of the experience involves clinical work with children.

*Until July 1979 one of the following requirements must be met:*

Plan 1: Completed 24 months of graduate training in Neonatal-Perinatal Medicine program. (All candidates will have a credentials review.)

*Or:*

Plan 2: 5 years involved in clinical practice in Neonatal-Perinatal Medicine including Neonatal Intensive Care. (All candidates will have a credentials review to review the composition and quality of the 5-year experience.)

*After July 1979:* Completed 24 months of graduate training in an approved Neonatal-Perinatal Medicine program. (All candidates will have a credentials review.)

3. *Until July 1979 Letters of Recommendation will be required as follows:*

Plan 1:

(1) Neonatal-Perinatal Medicine program director where trained, if training was taken in a formal training program.

and (2) Department Chairman where trained in Neonatal-Perinatal Medicine.

and (3) Chief of Pediatrics at the hospital where now in practice of Neonatal-Perinatal Medicine.

Plan 2:

(1) Department Chairman where experience in Neonatal-Perinatal Medicine occurred.

and (2) Chief of Pediatrics at the hospital where now in practice of Neonatal-Perinatal Medicine.

*After July 1979:* (1) Neonatal-Perinatal Medicine Program Director

*and either*

(2) a. Department Chairman where trained in Neonatal-Perinatal Medicine

or b. Chief of Pediatrics at the hospital where now in practice of Neonatal-Perinatal Medicine.

These letters must be solicited by the applicant. They should not accompany the application but should be sent by the writer directly to the Subspecialty Office of the American Board of Pediatrics.

Each application is individually considered and must be acceptable to the Sub-Board of Neonatal-Perinatal Medicine.

TRAINING PROGRAMS

At present there are no officially approved programs in Neonatal-Perinatal Medicine.

EXAMINATIONS

An examination in Neonatal-Perinatal Medicine will be offered by the American Board of Pediatrics every two years beginning in the fall of 1975. The examination is a one-day written examination. The purpose of this examination is to determine the candidate's competency to practice Neonatal-Perinatal Medicine. Emphasis is therefore placed on practical aspects. Since good practice is founded on knowledge and sound use of basic sciences, the candidate must be prepared to demonstrate an adequate grasp of relevant basic information in genetics, embryology, anatomy, physiology, pharmacology, and the like.

FAILURE IN EXAMINATIONS

Candidates who fail the examination are eligible to be readmitted for examination at the next examination period. After a second failure, examination will again be permitted at the

subsequent examination period. After a third failure, candidates must present a plan of preparation for further re-examination acceptable to the Credentials Committee of the Sub-Board of Neonatal-Perinatal Medicine. Acceptance for a fourth examination can only occur after completion of the proposed program of study.

FEEES

The application fee for certification in Neonatal-Perinatal Medicine is \$300 (registration fee—\$50; examination fee—\$250). The full fee must be remitted with the initial application.

If the applicant is not accepted for examination, the examination fee (\$250) will be returned. The registration fee (\$50) will be retained to meet the cost of processing the application.

The fee for re-examination is \$250. (Candidates are permitted to take 3 examinations without having to resubmit registration fee of \$50.)

Fees are subject to change at any time. Check (U.S. funds only) should be made payable to the American Board of Pediatrics.

CERTIFICATION BY THE BOARD

A certificate for special competency in Neonatal-Perinatal Medicine is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examination of the Sub-Board of Neonatal-Perinatal Medicine.

APPLICATIONS

Applications are available from the Subspecialty Office of the American Board of Pediatrics, Children's Hospital of Philadelphia, 34th Street and Civic Center Boulevard, Philadelphia, Pennsylvania 19104. Telephone: 215-349-8500.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

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GORDON M. MARTIN, Assistant Secretary-Treasurer, Rochester, Minnesota

REQUIREMENTS FOR CERTIFICATION

A.

Graduates of Educational Institutions in the United States:

1. Graduation from a 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 education equivalent to such an approved school.

2. Satisfactory completion of the requirements of the Board for graduate education and experience in physical medicine and rehabilitation as set forth below.

3. Satisfactory compliance with rules and regulations of the Board pertaining to the completion and filing of the application for examination and the payment of required fees.

B.

Graduates of Educational Institutions not in the United States:

1. Graduation from a school which, in the opinion of the Board, offers medical education equivalent to a medical school approved by the Council on Medical Education of the American Medical Association.

2. Successful completion of the examination of the Educational Commission for Foreign Medical Graduates or equivalent examination unless the candidate holds a license to practice in the United States or Canada.

3. Satisfactory completion of the Board's requirements for graduate education and experience in physical medicine and rehabilitation as set forth below.

4. Satisfactory compliance with rules and regulations of the Board pertaining to the completion and filing of the application for examination and the payment of required fees.

#### GRADUATE EDUCATION AND FULL-TIME PRACTICE

Qualifications for admission to the examination for certification in physical medicine and rehabilitation requires: 1) to be eligible for Part I of the examination, a minimum of three calendar years of graduate education in a residency program approved by the Council on Medical Education of the American Medical Association which encompasses a minimum of 24 months of full-time supervised clinical training in physical medicine and rehabilitation; and 2) to be eligible for Part II of the examination, a minimum of two years of full-time clinical practice in the specialty of physical medicine and rehabilitation.

Essentially all of said training and experience must be undertaken in the United States or Canada. However, candidates who have received graduate medical education in a foreign country may, at the discretion of the Board, be given credit for such training.

At the discretion of the Board, two years of full-time practice in physical medicine and rehabilitation may be accepted as a substitute for not more than one year of graduate education in an approved residency program. It is possible that six years of full-time practice, at the Board's discretion, could be substituted for the requirement of three years of said graduate education.

Credit for one year of said graduate education, at the discretion of the Board, may be given to a candidate who has a minimum of four years of general practice.

In selected instances, eight years of full-time practice in the specialty of physical medicine and rehabilitation may qualify a candidate for eligibility for Part I and Part II of the examination.

Any candidate who has had at least one year's training in an approved residency in a specialty other than physical medicine and rehabilitation may meet the requirements of the Board for Part I of the examination by completing two additional years graduate education in an approved program of physical medicine and rehabilitation, 21 months of which must be spent in full-time supervised clinical training in physical medicine and rehabilitation.

Practice in military service, performed after the required graduate education has been completed, is considered the same as any other practice experience, provided that the practice has been exclusively in the specialty of physical medicine and rehabilitation.

#### INTEGRATED GRADUATE PROGRAM

An integrated graduate program is that program in which a candidate begins three years of graduate education in physical medicine and rehabilitation immediately upon graduation from a school acceptable to the Board. The candidate must during the first year of the integrated program: 1) receive a minimum of six month's training which in the judgment of the Board is equivalent to that provided by internship, 2) receive training in acute medical and surgical conditions which fulfill requirements of the Board, and 3) receive Board approval of the proposed graduate training. Whether such training meets the requirements of the Board depends upon the candidate's electives taken in medical school and upon discretion and judgment of the director of the residency program in physical medicine and rehabilitation.

The procedure required to receive Board approval of this proposed graduate training is as follows:

1. The program director of the residency program in physical medicine and rehabilitation shall complete a form which lists the proposed candidate's electives taken in his senior year in medical school and which outlines the proposed program for the first 12 months of the candidate's residency training.

2. The program director shall send the said form to the secretary of the Board for the Board's approval.

3. The secretary of the Board shall notify the program director by letter that the Board has approved or disapproved the candidate's proposed integrated residency program.

Any candidate who transfers from residency training in other recognized specialties must complete the above listed requirements during his first year of graduate training in physical medicine and rehabilitation, unless for such candidate it can be verified that this requirement was met during his training experience in another specialty; in all such cases the program director shall proceed by the same procedures herein before enumerated to assure that such candidate has complied with this requirement.

#### APPLICATION

The application form which must be submitted by a candidate applying for the examination leading to certification is obtained by writing to the secretary of the Board. The completed application shall contain a record of the candidate's undergraduate and graduate training, or the program director's statement that the candidate has completed the integrated graduate program approved by the Board, graduate study, hospital staff appointments, teaching positions, length of time practice has been limited to physical medicine and rehabilitation, medical papers published, and any other information he deems relevant to the determination of his eligibility for admission to examination. In addition, there must be submitted with the application the names of three psychiatrists or other physicians to whom the Board shall write for professional and character references. At the option of the applicant, he may include the names of any additional physicians. The Secretary of the Board will submit to the physicians so named a form requesting them to rate the professional ability of the applicant. No applicant will be declared eligible for examination until the physicians from whom references are requested have replied. If a candidate's references are unfavorable, the candidate will be notified of this fact and consideration of eligibility for the examination may be suspended until the Board obtains satisfactory references; however, any applicant, having had his consideration of eligibility so suspended, may petition for a hearing before the Board, and the Board shall notify the suspended candidate immediately of the time and place of said hearing.

All information submitted to the Board by the physician from whom a reference has been requested shall remain confidential and shall not be disclosed to the candidate without the permission of the said physician. Strict confidentiality of references submitted is required to assure that the Board receives complete and accurate evaluations of all candidates.

If a candidate plans to take Part I only, he must submit fees of two hundred fifty dollars (\$250), fifty dollars (\$50) of which is an evaluation fee and not refundable nor reassessed. The fees must accompany the application. If the candidate is applying for Part II, he must write a letter of application and send an examination fee of two hundred dollars (\$200). If the candidate is applying for Part I and II, initially, the same year, he must send with the application, fees of four hundred fifty dollars (\$450). Fifty dollars (\$50), as heretofore mentioned, is an evaluation fee and not refundable. Fees for re-examination are one hundred seventy-five dollars (\$175) for Part I or II, or if both Part I and II are taken the same year, the fees are three hundred fifty dollars (\$350).

The candidate must have completed his graduate education

or clinical practice requirement on or before August 31 following the scheduled examination date for which he has applied in order to have his application considered for that year's examination. Except as hereinafter provided, fees paid hereunder are not refunded. Only in the event that a candidate withdraws his application prior to Board action thereon, or that a candidate is declared not eligible for the examination, will the Board refund the candidate's fees.

If a candidate is declared eligible for the examination, the fees paid are not refundable.

The Board is a non-profit organization and the fees of the 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 fees when necessary.

DESIGNATION OF ELIGIBILITY

Board eligible is a term used by the Board to define the status of candidates who have been accepted by the Board as *currently* eligible for examination for the *particular year in which a candidate has applied*; eligibility designation does not continue beyond the examination date for which a candidate has applied regardless of results.

The procedures required of candidates to be designated Board eligible are as follows:

A.

CANDIDATES WHO HAVE NOT PREVIOUSLY APPLIED FOR EXAMINATION OR WHO HAVE PREVIOUSLY APPLIED BUT HAVE FORFEITED THEIR APPLICATION FEES PURSUANT TO RULES SET OUT IN THE SECTION ON APPLICATION.

1. Timely filing of educational credentials and application for certification with the Secretary of the Board by the applicant.
2. Payment of fees for the examination by the applicant.
3. Transmission of a letter of confirmation of eligibility from the Secretary of the Board to the candidate, verifying that the applicant has fulfilled all requirements and is Board eligible.

B.

CANDIDATES WHO ARE RE-APPLYING FOR PART ONE, HAVING FAILED PART ONE; OR WHO ARE APPLYING FOR PART II, HAVING SUCCESSFULLY COMPLETED PART ONE, OR WHO ARE RE-APPLYING FOR PART TWO HAVING FAILED PART TWO BUT WHO HAVE SUCCESSFULLY PASSED PART ONE.

1. Filing a letter of application for the examination by the applicant, or an application as requested.
2. Payment of the examination fee by the applicant.
3. Transmission of a letter of confirmation of eligibility from the Secretary of the Board to the candidate, verifying that the applicant has fulfilled requirements and is Board eligible.

Following the establishment of Board eligibility, the candidate will be notified of the time and place for the examination.

A candidate may take Part I and Part II of the examination in the same year, but if he fails Part I, his status with reference to Part II will not be considered because Part I must be passed in order to become eligible for Part II of the examination.

A candidate who fails Part I or Part II or both Parts of the examination may re-apply for eligibility for re-examination.

FAILURE TO APPEAR

Failure to take the examination once eligibility is established for either Part I or Part II shall result in forfeiture of the fees deposited without exception.

EXAMINATIONS

As part of the requirements for certification by the American Board of Physical Medicine and Rehabilitation, candidates must demonstrate satisfactory performance in an examination

conducted by the Board covering the field of physical medicine and rehabilitation.

The examination for certification is given in two parts. Part I is written, Part II is oral.

Part I (written) may be taken after the satisfactory completion of the specialized training required by the Board outlined above.

Part II (oral) may be taken only after passing Part I and after two years of full-time practice in physical medicine and rehabilitation, following residency training.

Both the written and oral examination will cover certain aspects of the basic sciences as well as clinical physical medicine and rehabilitation. Those basic sciences will include:

1. *Anatomy*, including kinesiology and functional anatomy.
2. *Physics*, related to the field.
3. *Physiology*, including physiology of movement and physiologic effect of the various physical agents used in physical medicine and rehabilitation.
4. *Pathology*
5. *Other fundamental sciences*: The applicant may be examined concerning his knowledge of other subjects 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 including those of children. These include various rheumatic diseases; neuromuscular diseases; cerebral and spinal cord injuries and diseases (e.g. cerebral vascular accidents, postoperative sequelae of surgery of the brain and spinal cord, cerebral palsy and paraplegia) and musculoskeletal diseases, including the large group of traumatic and orthopedic conditions.
2. The clinical use of such physical agents as heat, water, electricity, ultraviolet radiation, massage, exercise, and rehabilitation techniques.
3. Diagnostic procedures including electromyography and electrodiagnosis.
4. A knowledge of the roles of allied personnel within or associated with the field of physical medicine and rehabilitation, such as the physical therapist, occupational therapist, clinical psychologist, medical social worker, and vocational counselors; and the ability to coordinate the services of such personnel.
5. An understanding of the basic principles of physical medicine and rehabilitation, and the ability to prescribe and supervise specific treatment to be executed by allied health personnel.

METHOD OF EXAMINATION

Part I and Part II of the Board examination are given once each year, usually in June, at such time and place as the Board shall designate. Part I is a written examination. This examination is divided into morning and afternoon periods of approximately three hours each. The questions are designed to test the candidates' knowledge of basic sciences and clinical management as related to physical medicine and rehabilitation, and will be in the form of objective testing.

Part II is an oral examination. The oral examinations are given by the members of the Board with the assistance of selected guest examiners.

Candidates will be expected to present in a concise, orderly fashion evidence of their proficiency in the management of various clinical conditions which come within the field of physical medicine and rehabilitation. During the oral examination, questions will be asked about diagnostic procedures, therapeutic procedures and patient management. The candidate should be prepared to demonstrate his ability to interpret roentgenologic, electrodiagnostic and other material related to patient management. The candidate should demonstrate familiarity with the literature of basic and clin-

ical research. Conciseness and clarity of statement is desirable. Evidence of the maturity of the candidate in a clinical procedure and of factual knowledge will be sought.

#### CERTIFICATE

Upon approval of the candidate's application and successful completion of the examinations, the Board will grant a certificate to the effect that the candidate has met the qualifications required by the Board for the specialty of Physical Medicine and Rehabilitation. The recipient of a certificate shall be known as a certificant or a diplomate of the American Board of Physical Medicine and Rehabilitation.

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 physical medicine and rehabilitation. The Board does not limit or interfere with the professional activity of any duly licensed physician who is not certified by this Board. Privileges granted physicians in the practice of physical medicine and rehabilitation in any hospital or clinic are the prerogatives of that hospital or clinic, not of this Board.

The chief aim of the Board is to standardize qualifications 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; and thereby provide assurance to the public and the medical profession that certificants possess particular competence in physical medicine and rehabilitation.

The names of consenting diplomates of the Board appear in the Directory of Medical Specialists published by Marquis-Who's Who, Inc. of Chicago, Illinois, for the American Board of Medical Specialties.

#### AMERICAN BOARD OF PLASTIC SURGERY

ERLE E. PEACOCK, JR., Chairman, Tucson, Ariz.  
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 MRS. ESTELLE M. VAPPAS, Corresponding Secretary, 4647  
 Pershing Avenue, St. Louis, Missouri 63108

#### GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession satisfactory to the Board. Practices contrary to ethical public relations will be subject to close scrutiny and may result in grounds for rejection of the application.

2. This Board will accept only those persons who have fulfilled the requirements set forth in this brochure as applicants for examination.

3. This Board will accept only those persons whose practice is limited to the field of plastic surgery as applicants for examination.

#### PROFESSIONAL REQUIREMENTS FOR QUALIFICATION

The Board considers the requirements outlined below to be minimal in attaining its purpose, and encourages candi-

dates to take advantage of broadening experience in other fields.

Since these requirements may be changed from time to time by Board action, the candidates must fulfill those requirements which are in force at the time of their examination and/or certification.

1. Graduation from an accredited medical school in the United States or Canada recognized by the Council on Medical Education of the American Medical Association or graduation from a foreign medical school acceptable by the Board. The Board 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. The certificate of the ECFMG will not be required for those graduates of foreign medical schools who are licensed by examination to practice medicine in any state of the U.S. or Canada.

2. Three years of training in general surgery as a resident or an assistant resident in a hospital approved by the Conference Committee on Graduate Training in General Surgery. Of the required three years of approved training in surgery, a minimum of twenty-four months must be spent in clinical surgery, and may include the usual rotation of one or more of the following: orthopedic surgery, urological surgery, neurological surgery, thoracic surgery, gynecological surgery, and other divisions of surgery as well as general surgery. The Board may give credit up to one year toward this three-year requirement to those who have had approved training in disciplines other than general surgery, or in non-clinical fields of particular value to the discipline of plastic surgery. Each case is to be evaluated by the Board on its own merits. The training of those candidates who have been certified by one of the following boards will fulfill the prerequisite of three years of general surgery training: American Board of Colon and Rectal Surgery, American Board of Neurological Surgery, American Board of Obstetrics and Gynecology, American Board of Orthopaedic Surgery, American Board of Otolaryngology, American Board of Surgery, American Board of Thoracic Surgery, and American Board of Urology.

3. Training in general plastic surgery for an additional period of not less than two years in a residency approved by the Residency Review Committee for Plastic Surgery is required. To be accredited, training in plastic surgery must be obtained in the United States or Canada. AN APPLICATION FOR EXAMINATION AND CERTIFICATION MUST BE ACCOMPANIED BY A LETTER OF RECOMMENDATION FROM THE CHIEF OF SERVICE OF THE PROGRAM ON WHICH THE TRAINING WAS RECEIVED.

4. During these years of training, a candidate must hold positions of increasing responsibility for the care of patients. Major operative experience and senior responsibility are an essential part of surgical education and training. An important 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 the patient. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility.

5. Training in plastic surgery should cover a wide field of plastic surgery. It should include experience in both the functional and esthetic management of congenital and acquired defects of the face, neck, body and extremities. Sufficient material of a diversified nature should be available to prepare the trainee to pass the examination of the Board after the prescribed period of training. If the available material on one service is inadequate, the Chief of that Service may correct the deficiency by establishing an affiliation with one or more surgeons on another service within that hospital, or by regular rotation of his residents on another approved affiliated service in order that a broad experience is obtained. The

trainee should be provided an opportunity to operate independently on suitable cases under more remote supervision.

This period of specialized training should emphasize the relationship of basic science—*anatomy, pathology, physiology, biochemistry, microbiology*—to surgical principles fundamental to all branches of surgery, and especially to plastic surgery. In addition, the training programs must provide in depth exposure to the following subjects: the care of emergencies, shock, wound healing, blood replacement, fluid and electrolyte balance, narcotics and hypnotics, anesthetics, chemotherapy, etc.

The Board reserves the privilege of:

- (1) requesting lists of operations performed solely by the candidate for one or more years;
- (2) of requesting special and extra examinations, written or oral and practical; and
- (3) of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

The primary interest of the Board is to encourage well-rounded training in plastic surgery with the ultimate goal of producing a plastic surgeon capable of managing the wide variety of problems which may come under his care. The standards set up by the Board both for preliminary surgery, and for specialized plastic surgery training are established in an effort to further this aim. The quality of training received will be reflected in the candidate's ability to achieve good results in his practice. The examinations of the Board are an attempt to evaluate the general knowledge and ability of the candidate in his chosen specialty of plastic surgery.

TRAINING FACILITIES

THE AMERICAN BOARD OF PLASTIC SURGERY DOES NOT ASSUME THE RESPONSIBILITY FOR INDEPENDENT INSPECTION AND APPROVAL OF RESIDENCIES. The Residency Review Committee inspects and makes recommendations for or against approval of a residency training program in plastic surgery only after the Director of the Residency has filed an application for approval with the Secretary of the Residency Review Committee for Plastic Surgery (Tripartite Committee), 535 North Dearborn Street, Chicago, Illinois 60610. The Residency Review Committee makes its inspection at the same time as the A.M.A. inspection, if at all possible, and reports its findings to the Secretary of the Tripartite Committee. The Chief of Service, the hospital administration, and the Board are notified by the Secretary of the joint action which has been taken. All correspondence concerning the application for approval is handled through the Secretary of the Tripartite Residency Review Committee. The Committee consists of 3 representatives from the Council on Medical Education of the A.M.A., 3 from the American College of Surgeons, and 3 from the American Board of Plastic Surgery.

ONLY TRAINING IN PLASTIC SURGERY RECEIVED IN THOSE RESIDENCIES APPROVED BY THE RESIDENCY REVIEW COMMITTEE FOR PLASTIC SURGERY IS ACCEPTABLE TO THE BOARD. Two years of training in plastic surgery in programs approved as two-year programs is acceptable as the minimum requirements in plastic surgery. In programs approved by the Tripartite Committee as three-year residencies, THE CANDIDATE MUST COMPLETE THE ENTIRE THREE YEARS WITH AT LEAST ONE YEAR OF SENIOR RESPONSIBILITY IN ORDER TO RECEIVE FULL CREDIT.

Candidates completing plastic surgery training in Canadian programs approved by the Royal College of Surgeons (Canada) will be eligible to take the American Board of Plastic Surgery examinations providing the general surgical requirements of the Board have been fully satisfied.

Neither the Board nor its individual members can be responsible for the placement of applicants for training. The Board does NOT maintain a list of available openings in

training programs. Prospective candidates should write to the directors of those programs in which they are interested to obtain such information. For a list of approved residencies in plastic surgery, consult the Directory of Approved Residencies published annually (October or November) by the Council on Medical Education of the American Medical Association. The Directory is available from the A.M.A. upon request.

BOARD ELIGIBILITY

A candidate whose application to take the certifying examination has been approved is considered to be Board eligible. Any Board eligible candidate must take the certifying examination within five years from the time of his approved application. If the qualifying examination is not taken within this five-year period, the candidate will no longer be considered Board eligible and a new application for examination and certification will be necessary.

EXAMINATION

After evaluation of the candidate's training, and upon approval by the Board of his application for examination and certification, the candidate will be notified of his eligibility to take Part I of the qualifying examinations. Application for Part I examination must be received in the office of the Board no later than August 1st for the candidate to be eligible to take the Part I examination offered in September.

PART I

Part I of the American Board of Plastic Surgery certifying examinations will be given regionally each year in September. Each candidate will be notified regarding the time and location of this examination.

Part I of the American Board of Plastic Surgery examination will consist of three examinations: 1) A three-hour multiple choice written examination covering basic science and general clinical plastic surgery. 2) A one-hour multiple choice written examination covering pertinent gross and functional anatomy. 3) A one-hour written pathology examination covering pertinent gross and microscopic pathology. Upon successful completion of Part I of the qualifying examination the candidate will be notified of his eligibility to take the oral examinations which will be given yearly in the spring immediately preceding or following the meeting of the American Association of Plastic Surgeons, or at any other time if so decided by Board action.

RE-EXAMINATIONS

In case of failure, the candidate will be required to repeat the Part I examination. The candidate must give the Board office notice requesting re-examination and pay a fee of \$100.00 for the written re-examination.

Candidates who have failed the examination may be admitted to another examination at the next regular examination period, but not later than three years afterward.

A candidate who fails one re-examination will be admitted for further examination after an interval of 2 years. If the candidate continues to be unsuccessful, he can be admitted for further examination every two year period thereafter. The Board may, however, for reasons it deems sufficient, deny a candidate the privilege of further re-examination.

PART II

Upon successful completion of Part I of the certifying examination the candidate will be notified of his eligibility to apply for the oral examination given each year in the spring.

CASE SUMMARIES

All cases must be assembled following the completion of the residency training program, and must be performed by the candidate as an independent operator. Each candidate will

bring to the examination the following materials on each of his eight submitted cases.

1. Pre- and post-operative photographs.
2. Official copies of all operative notes on the eight (8) submitted cases.
3. Pertinent x-rays and drawings.
4. A one-page case summary.

The diversified nature of the case material submitted is evidence of the candidate's training in the representative areas of general plastic surgery, and should be drawn from the following categories:

1. Cleft lip and/or cleft palate.
2. Traumatic defects requiring reconstructive surgery:
  - (a) Maxillofacial region.
  - (b) Body and extremities.
3. Acute burns.
4. Facial bone fractures (excepting nasal fractures).
5. Aesthetic operations.
6. Malignancies or conditions prone to malignancy:
  - (a) The head and neck region.
  - (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.
9. Complications: i.e., iatrogenic or unexpected.

To be accepted, case summaries must be assembled according to the following instructions. The instructions should be studied closely. The summaries should be brief and include:

1. A separate listing of cases by categories, including identifying hospital case number.
2. A separate signed form, stating "I hereby certify that the planning and essential surgical procedures described herein were performed by me as an independent operator." Only one statement is necessary for the entire group.
3. Each summary is to be typed on a single letter-size paper with the candidate's name, the number of the case, the hospital case number, followed by the summary.

The Board may, at its discretion, request certification of case reports by the hospital where the operations were performed.

#### ORAL EXAMINATIONS

Oral examinations will consist of two, three-quarter hour oral examinations covering: 1) Case summaries; 2) The Theory and Practice of Plastic and Reconstructive Surgery.

#### GRADES

All candidates will be evaluated by each member of his examining teams and any having difficulty will be discussed in detail by the entire Board. The final decision regarding pass or fail will be rendered at the meeting of the Board following completion of the oral examinations.

Candidates who have failed the oral examination may be admitted to another examination at the next regular examination period but not later than three years afterward. The candidate must give the Board notice requesting re-examination, and pay a fee of \$100.00 for the oral re-examination. Any candidate who fails one re-examination will be admitted for further examination after an interval of 2 years. If the candidate continues to be unsuccessful, he can be admitted for further examination every two year period thereafter. The Board may, however, for reasons it deems sufficient deny the candidate the privilege of further re-examination.

#### CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examinations of the Board, a certificate attesting his qualifications in plastic surgery will be issued by

the Board, which has been signed by its officers with the seal of the Board affixed thereto. It shall be the prerogative of the Board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the Board regarding the certification of any candidate shall be final.

#### FEES

The fee for application and examination is \$325.00. Of this sum, \$125.00 must accompany the application and the remaining \$200.00 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 may be necessary to request a voluntary annual contribution from diplomates after the first year of certification to help defray expenses.

#### AMERICAN BOARD OF PREVENTIVE MEDICINE

EARL T. CARTER, Chairman, Rochester, Minnesota  
 FRANKLYN B. AMOS, Vice Chairman for Public Health, Albany, New York  
 FRANK L. BABBOTT, JR., Vice Chairman for General Preventive Medicine, Burlington, Vermont  
 HAROLD J. MAGNUSON, Vice Chairman for Occupational Medicine, Ann Arbor, Michigan  
 HOWARD R. UNGER, Vice Chairman for Aerospace Medicine, USAFE APO, New York  
 CLARENCE L. BRUMBACK, West Palm Beach, Florida  
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 D. JOHN LAUER, New York City  
 ERNEST MASTROMATTEO, Toronto, Ontario  
 PAUL Q. PETERSON, Chicago  
 CLIFFORD P. PHOEBUS, Pensacola, Florida  
 EDYTH H. SCHOENRICH, Baltimore, Maryland  
 WARREN WINKELSTEIN, JR., Berkeley, California  
 RAYMOND SELTNER, Secretary-Treasurer, 615 North Wolfe Street, Baltimore, Maryland 21205

#### ELIGIBILITY REQUIREMENTS FOR EXAMINATION

Each applicant for a Certificate in Public Health, Aerospace 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 period of at least one year of postgraduate clinical training developed as part of a residency program in preventive medicine or in a program approved by one or more Residency Review Committees and comprising experience relevant to preventive medicine; or has had service or training deemed by the Board to be equivalent to such training; and
4. Authority to practice medicine in a State, Territory, Commonwealth or possession of the United States or in a Province of Canada, unless the applicant is employed in a position in which such authority is not required.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. Successful completion 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; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. Residency of not less than one year's 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.
3. A period 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.

SPECIAL REQUIREMENTS IN AEROSPACE MEDICINE

1. Successful completion 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; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. Residency of not less than one year, 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.
3. A period of not less than one year, 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.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE

1. Successful completion of at least one academic year of graduate study in preventive and occupational medicine in a school of medicine, a university graduate school, a school of public health, or a combination of these schools, all of which must be acceptable for such graduate training by the joint Residency Review Committee for Preventive Medicine of the Council on Medical Education of the American Medical Association and the American Board of Preventive Medicine; or training or study deemed by the Board to be substantially equivalent to such graduate study.
2. Residency 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 of not less than one year, 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.

SPECIAL REQUIREMENTS IN GENERAL PREVENTIVE MEDICINE

1. Successful completion 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, or in Canada, an equivalent academic program approved by the Board; and
2. Residency of not less than one year 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.
3. A period 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.

APPLICATIONS FOR EXAMINATION AND RE-EXAMINATION

Each application for examination must be made on the prescribed form (which may be obtained from the Secretary of the American Board of Preventive Medicine). 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.

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, 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 field (e.g. Public Health), may apply for certification in another field (e.g. Occupational Medicine); however, the applicant must meet in full the special requirements for each of the fields 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 field.

FEES

Application fee .....	\$75
Must be submitted with application; is not refundable.	
Examination fee .....	\$250



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 .....	\$125
Examination fees for additional field .....	
Specialties: Each field .....	\$125

EXAMINATIONS

Examinations will be held from time to time and in various places depending upon need as indicated by applications received. Examinations in some instances will be held in connection with the annual meetings of the nominating organizations and also may be held at other times and at other places so located geographically as to minimize travel for the applicants.

The examination consists of two parts:

Part I is a comprehensive written examination designed to test the knowledge of the applicant in the basic principles of preventive medicine. Part II is a comprehensive written examination emphasizing the applicant's knowledge in the special field in which he requests certification.

Candidates for certification in a second or third field will be required to pass only that portion of the 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. 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 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.

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

WILLIAM M. LANDAU, President, St. Louis  
MILTON GREENBLATT, Vice-President, Sepulveda, Calif.  
ROBERT L. STUBBLEFIELD, Secretary-Treasurer, New Canaan, Connecticut  
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ROBERT JAMES JOYNT, Rochester, N.Y.  
AUDREY S. PENN, New York City  
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RICHARD M. STEINHILBER, Birmingham, Alabama

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HARVEY J. TOMPKINS, New York City  
MELVIN D. YAHR, New York City  
DEWEY K. ZIEGLER, Kansas City, Kansas  
LESTER H. RUDY, Executive Director, Office of the Board,  
1603 Orrington Avenue, Suite 490, Evanston, Ill. 60201

CERTIFICATES

The Board currently issues four types of certificates: (1) in Psychiatry; (2) in Neurology; (3) in Child Psychiatry, and (4) in Neurology with Special Competence in Child Neurology. An applicant may be certified in more than one area. He shall receive a separate certificate for each area in which he qualifies. Each certificate shall be in such form as may be specified by the Board.

REVOCATION OF CERTIFICATES

The Board shall have authority to revoke any certificate issued by it or to place a certificate holder on probation for a fixed or indefinite time if

- the certificate was issued contrary to or in violation of the By-laws or any Rule or Regulation of the Board;
- the person to whom the certificate was issued made any material misstatement or omission of fact to the Board in his application or otherwise;
- the person to whom the certificate was issued is convicted of a crime which involves moral turpitude, or
- a license to practice medicine of the person to whom the certificate was issued is forfeited, revoked or suspended.

APPLICATION

An applicant who wishes to be examined by the Board shall complete, sign and file with the Executive Secretary-Treasurer an application on the official form together with the required supporting data. Applications may be obtained from the Executive Secretary-Treasurer. An application must be received in the Executive Office of the Board no later than the October 31 preceding the date of the Part I examination for which the applicant is applying. An applicant must complete his training and experience requirements no later than June 30 of the year he is requesting admission to examination.

GENERAL REQUIREMENTS

Each candidate for examination must establish that:

- Physician (M.D.)
  - He has an unlimited license to practice medicine in a state of the United States or its possessions, or a province of Canada, if residing in Canada.
  - He has a satisfactory moral, ethical and professional standing.
  - He has satisfactorily completed the Board's specialized training and experience requirements in Psychiatry or Neurology, or both.
- Osteopathic Physician (D.O.)
  - He has unlimited license to practice medicine in a state of the United States or its possessions.
  - He is of satisfactory moral, ethical and professional standing.
  - He has satisfactorily completed the Board's specialized training and experience requirements in Psychiatry or Neurology, or both.

CERTIFICATE IN PSYCHIATRY AND/OR NEUROLOGY

An applicant who seeks admission to examination for certification either in Psychiatry or in Neurology, must have satisfactorily completed three full years of postgraduate, specialized training in a program approved by the Council on Medical Education of the American Medical Association or the Royal College of Physicians and Surgeons of Canada and have had two full years of satisfactory experience. Both the training and experience shall be in the specialty in which he

seeks certification and shall be undertaken in the United States or Canada.

For an applicant who began training after June 30, 1956, at least 24 months of his training must have been spent in a training program or different programs approved for at least two years of training in the specialty in which he seeks certification. For an applicant whose training began after June 30, 1964 at least two full years of his three years of training must be spent in a single program approved for two or three years of training credit. 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 Residencies published by the American Medical Association. This Directory includes the "Essentials of an Approved Internship" and the "Essentials of Approved Residencies."

Experience credit will not be given an applicant for work performed before he has had at least one full year of postgraduate training in Psychiatry or Neurology or for work performed in any other medical or surgical specialty, except, however, that two years of postgraduate training in an approved training program for a specialty other than Psychiatry or Neurology may be substituted for one year of experience in Psychiatry or Neurology. If an applicant seeks certification in both Psychiatry and Neurology, he must have satisfactorily completed four full years of postgraduate training, two years in each specialty, in approved training programs and have had one full year of satisfactory experience, all undertaken in the United States or Canada. For an applicant whose training began after June 30, 1964, two full years in each specialty must be spent in a single program approved for two or three years of training credit.

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 this certificate, a different type of preparation and certifying examination is required. The same diploma will be used, the only difference being that instead of certifying competence in "Neurology," it certifies competence in "Neurology with Special Competence in Child Neurology." The applicant must comply with the Board's requirements for certification, and examination as stated in the section on GENERAL REQUIREMENTS. Straight Pediatric internship is not an absolute requirement but is strongly urged. An applicant seeking admission to examination for certification in Neurology with Special Competence in Child Neurology must have completed the following specialized training:

1. One year of general Pediatric residency.
2. Two years of general Neurological residency.
3. One 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.

CERTIFICATE IN CHILD PSYCHIATRY

Each applicant for certification in Child Psychiatry must be certified by the Board in the specialty of General Psychiatry prior to taking the examination in Child Psychiatry and he must, at all times, continue to meet all requirements of the

Board for certification in General Psychiatry. The general policies regarding training, application and examination in Child Psychiatry are contained in the pamphlet "Information for Applicants for Certification in Child Psychiatry."

PROGRAM FOR SPECIAL TRAINING AND QUALIFICATIONS (PSTQ)

The purpose of this program is to admit to examination those few exceptionally qualified candidates whose training and experience have been unusual because of the individualized research and clinical training features of their careers. The standard of performance at examination is the same as for candidates with conventional training.

A candidate must be nominated by a director of a training program approved by the Residency Review Committee for Psychiatry and Neurology. The program director must be from the institution where the candidate had a substantial portion of his training or experience, or where he has a current professional appointment. The director must justify the unique but adequate character of the candidate's training program, and must describe in detail the candidate's clinical experience and competence, as well as his professional goals and accomplishments. The candidate must have completed at least five years of training, and evidence must be submitted showing that he has had satisfactory direct responsibility for patient care in his field of specialization. In addition to the usual application form, the candidate's curriculum vitae, bibliography, and reprints should be submitted for consideration. Each nomination for this PSTQ plan will be considered on an individual basis by the Credentials Committee and the Board of Directors.

EXAMINATIONS

General Information

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.

Each candidate must pass both Part I and Part II of the examinations given by the Board. Each examination shall cover such subjects as the Board may determine.

The Board shall conduct such examinations at such times and places as it deems appropriate. The Board reserves the right to limit the number of candidates admitted to any scheduled examination. The administration and grading of all examinations shall be in the sole discretion of the Board. After completion of such examinations, the candidate shall be notified by the Executive Secretary-Treasurer as to the results.

A candidate who is unable to attend any examination to which he has been admitted and who fails to notify the Executive Secretary-Treasurer at least three (3) months before the start of such examination shall forfeit the examination fee. All fees may be modified from time to time as necessary.

Part I Examination

A written examination in both basic Psychiatry and basic Neurology is required of candidates seeking certification in either Psychiatry, Neurology, or Neurology with Special Competence in Child Neurology. This Part I examination is given once a year, in April, 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 is made to accommodate candidates in their locale, but candidates may not select the site of examination, and no transfer to another area can be made during the three month period preceding the Part I examination.

After an applicant has been advised by the Board that he has been accepted for Part I examination, he shall, upon request, submit the required examination fee and three signed

photographs of himself, of such quality and recent date to permit ease of identification at the time of examination.

A candidate must take Part I within two years following the date he is accepted for examination. A failure to do so will require reapplication and payment of the application fee.

A candidate who passes Part I shall, upon request, submit to the Executive Secretary-Treasurer a check payable to the Board to cover the fee for Part II. Candidates who pass the Part I examination shall be required to be present as scheduled for Part II within one year following notification of successful completion of Part I.

A candidate who fails the initial Part I examination may, upon payment of Part I fee, repeat the examination the following year. Two failures will necessitate a waiting period of two years after the second failure before retaking Part I. The candidate must submit a new application and application fee together with satisfactory evidence of additional training. In order to minimize the waiting period a candidate may reapply between July 1 and October 31 of the second year.

**Part II Examination**

Part II, an oral examination, will include the examination of patients under the supervision of an examiner. The manner of examining patients, and the reasoning and deductions therefrom, will constitute an important part of the examination. Candidates who successfully complete Part I will have the following Part II examination schedule:

**FOR CERTIFICATION IN**

**PSYCHIATRY**

- 2 one-hour examinations in Clinical Psychiatry
- 1 one-hour examination in Clinical Neurology

**NEUROLOGY**

- 2 one-hour examinations in Adult Clinical Neurology
- 1 one-hour examination in Child Neurology
- 1 one-hour examination in Clinical Psychiatry

**NEUROLOGY WITH SPECIAL COMPETENCE IN CHILD NEUROLOGY**

- 1 one-hour examination in Adult Clinical Neurology
- 2 one-hour examinations in Child Neurology
- 1 one-hour examination in Clinical Psychiatry

Scheduling for Part II examination will be made in the order of receipt of original Application for Certification. Candidates who fail to take Part II within one year of the date they pass Part I will lose their eligibility. They will be regarded as new applicants should they wish to reapply.

Candidates assigned to Part II examination may not select either the site or the date for examination. It is the candidate's privilege to decline the assigned examination, but there is no guarantee that another date or location will be available within the one year limit.

The current regulations for conditioning or failing the Part II examination are as follows:

**FOR CERTIFICATION IN**

**PSYCHIATRY**

- 2 hours Clinical Psychiatry (major)
- 1 hour Clinical Neurology (minor)

Failure\* = Fails 2 hours major  
or  
Fails 1 hour major and 1 hour minor

Condition\*\* = Fails 1 hour major  
or  
Fails 1 hour minor

**NEUROLOGY**

- 2 hours Clinical Neurology (major)
- 1 hour Clinical Psychiatry (minor)
- 1 hour Child Neurology (minor)

Failure\* = Fails 2 hours major

or

Fails 1 hour major and/or 2 hours minor

Condition\*\* = Fails 1 hour major and/or 1 hour minor

or

Fails 2 hours minor

**NEUROLOGY WITH SPECIAL COMPETENCE IN CHILD NEUROLOGY**

- 2 hours Child Neurology (major)
- 1 hour Clinical Neurology (minor)
- 1 hour Clinical Psychiatry (minor)

Failure\* = Fails 2 hours major

or

Fails 1 hour major and 2 hours minor

Condition\*\* = Fails 1 hour major and/or 1 hour minor

or

Fails 2 hours minor

\*A candidate who fails his initial Part II examination must upon re-examination repeat the entire Part II examination and pass all subjects in which he is being reexamined.

\*\*A candidate who conditions his initial Part II examination must upon reexamination pass all subjects in which he is being reexamined.

A candidate who conditions in Part II is eligible upon payment of Part II fee for reexamination in the subject or subjects that he failed within a period of six (6) months. A candidate who fails to take the reexamination in such subject or subjects within the time specified, or who fails the re-examination, must submit a new application and application fee and, if accepted, repeat both Parts I and II.

A candidate who fails the initial Part II is eligible, upon payment of a reexamination fee, for reexamination within a period of six (6) months. A candidate who fails to repeat Part II within the time specified must submit a new application and application fee and repeat both Part I and Part II.

A candidate who has been certified in either Psychiatry or Neurology may apply for supplementary certification in the other specialty upon submission of a new application and application fee. If his credentials for such other certificate are acceptable to the Board, he thereupon becomes eligible to take the Part I and Part II examinations in the supplementary subject.

**FEE SCHEDULE**

Application Fee .....	\$125.00
Part I Examination .....	50.00
Part I Reexamination .....	50.00
Part II Examination .....	150.00
Part II Reexamination—Condition .....	100.00
Part II Reexamination—Failure .....	150.00

**NEW POLICIES**

Effective July 1, 1973, the Board will accept an Application for Certification immediately after the applicant completes his training program provided the following requirements are met:

1. The applicant completes his training requirement no later than June 30 preceding the date of the Part I examination to which he is seeking admission;

2. The applicant files an application on the official form after July 1 of the year he completes training and the application is received in the Executive Office no later than October 31 preceding the date of the Part I examination.

A candidate who elects this option will be required to take the next scheduled Part I following the date he is accepted for examination. Failure to do so will require reapplication and payment of the application fee. A candidate who passes Part I will be scheduled for Part II upon completion of two years of experience credit

2. The Board has recently waived the rule that two failures on the Part I examination necessitates a waiting period of two years before retaking the Part I.

Candidates who fail the initial Part I and their re-examina-

tion may now reapply for examination immediately after the second failure.

Candidates who are unsuccessful on the initial Part I examination must repeat the examination the following year. Candidates who do not wish to retake the examination within this time period, will be asked to submit a new application.

3. A candidate who fails both his initial Part II examination and his re-examination is *no longer required* to wait a period of two years after the second failure before retaking Part I. Candidates are no longer required to submit evidence of additional training when they reapply for the Part I.

**APPLICATION FOR CERTIFICATION  
IN CHILD PSYCHIATRY**

An applicant who wishes to be certified in Child Psychiatry shall complete, sign and file with the Executive Director of the Board 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 Executive Director. The application shall be accompanied by a check payable to the Board for \$150 to cover the application fee. No part of such fee is refundable. The applicant shall also submit to the Board the names of two child psychiatrists as references. No application will be considered until the fee and all required data have been received by the Executive Director. The application, supporting data and fee must be received by the Board no later than November 30 in order for the applicant to be considered for the examination to be conducted during that calendar year.

The Executive Director, upon receipt of an application, shall make inquiries from those who the candidate designates as references and from such other persons as the Executive Director may deem desirable. Determinations of applicants' eligibility will be made in accordance with the rules and regulations of the Board in effect from time to time.

**GENERAL REQUIREMENTS FOR APPLICANTS**

Each applicant for certification in Child Psychiatry must comply with the following requirements:

- (a) He must have been certified by the Board in the specialty of General Psychiatry prior to taking the examination in Child Psychiatry, and he must at all times, continue to meet all requirements of the Board for certification in General Psychiatry.
- (b) He must have satisfactorily completed the required training in Child Psychiatry as a specialty.

**TRAINING REQUIREMENTS**

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 in conjunction with the Residency Review Committee for Psychiatry and Neurology.

If during the candidate's training in basic psychiatry, he engages in a minimum of six months up to a maximum of 12 months of specialized training in Child Psychiatry, this training may be acceptable, at the discretion of the Committee, 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 be granted up to six months' credit toward Child Psychiatry training requirements if the director of the training program in Child Psychiatry recommends such credit. This recommendation should be set forth 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 Psychiatry 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 \$150.00. This fee is not refundable.

Those applicants accepted for examination will be notified and scheduled for examination. The examination fee of \$200.00 is payable when such payment is requested by the Executive Secretary of the Board.

Should the applicant be found not eligible for examination for certification in Child Psychiatry, he will be notified of his deficiencies so that these may be corrected before expiration of application. The application remains valid for three (3) years from date of submission. After this period, the applicant must submit a new application and pay a new application fee to receive further consideration.

**EXAMINATIONS**

Examinations will be held whenever there are a sufficient number of candidates. These will be oral and/or written examinations and will include examination in all areas relating to normal personality development and pathological deviations. It will cover any area of developmental disturbance, including mental retardation, etiological mechanisms and therapeutic measures and planning. Knowledge of the history and literature of Child Psychiatry will constitute a part of the examination. The utilization of psychological testing, contributions of collaborative personnel and types of social planning will constitute a part of the examination. An important part of the examination will be the candidate's ability to reason from the material presented to him and to organize a practical program of therapy and management from these data.

A candidate who fails in the initial examination may be re-examined within one year after payment of a \$200.00 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.

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. The fee for a conditioned examination is \$150.00.

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 two (2) years from the date of submission of application shall be required to submit a new application and pay a new application fee.

#### RULES AND REGULATIONS

Applicants should write to the Board Office for a copy of the current Rules and Regulations. Address:

American Board of Psychiatry and Neurology,  
1603 Orrington Avenue, Suite 1320,  
Evanston, Illinois 60201

#### 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 seven 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, or
4. A certificate to the effect that the applicant has been found qualified to practice Radiological Physics in one of the following categories: (a) Therapeutic Radiological

Physics; (b) Diagnostic Radiological Physics; (c) Medical Nuclear Physics.

#### DEFINITIONS

For the purposes of this Board, the following definitions are adopted:

1. *Radiology* is that branch of medicine which deals with the diagnostic and therapeutic application of certain forms of radiant energy such as roentgen rays, radium and 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, radium or equivalent sources and radionuclides.

4. *Radiological Physics* is that branch of medical physics which includes *therapeutic radiological physics*, *diagnostic radiological physics*, and *medical nuclear physics*.

5. *Therapeutic Radiological Physics* is that branch of *radiological physics* which deals with (1) the therapeutic applications of roentgen rays, of electron beams, of radium and other radionuclides used in a similar manner, of beta rays, of neutrons, and of radionuclides in teletherapy units and in all other therapeutic applications, and (2) the equipment associated with their production and use in these applications.

6. *Diagnostic Radiological Physics* is that branch of *radiological physics* which deals with (1) the diagnostic applications of roentgen rays, and (2) the equipment associated with their production and use.

7. *Medical Nuclear Physics* is that branch of *radiological physics* which deals with (1) the therapeutic and diagnostic applications of radionuclides (except those used in sealed sources for therapeutic purposes), and (2) the equipment associated with their production and use.

#### 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. 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.

##### B. General Professional Education:

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.

After graduation from medical school there shall be a period of special training. This period of special training shall be as the Board of Trustees by resolution or motion shall determine from time to time.

#### RADIOLOGY

1. Candidates beginning their training in Radiology after June 30, 1971 will be required to have four years of approved post-graduate training. Three of these years must be spent in a Department of Radiology approved by the Residency Review Committee for Radiology, representing The

American Board of Radiology and the Council on Medical Education of the American Medical Association. The fourth year may be spent in similar training, in an internship in a hospital approved by the Council on Medical Education (or a foreign hospital experience acceptable to the Executive Committee), or in an approved residency in another specialty, and it may precede, follow or be interspersed with the training in Radiology.

2. The three-year training period must include training in Pathology. This training can either be co-ordinated throughout the entire three years or it can be taken separately in a Department of Pathology. Maximum credit for training in Pathology, however, is three months.

3. Candidates must receive training in Nuclear Radiology. Time spent in Nuclear Radiology may be credited either to Diagnosis or Therapy in accordance with the wishes of the program director. Credit may not exceed three months, however.

4. During the three-year training period in Radiology the minimum equivalent of twelve months must be spent in Therapeutic Radiology.

DIAGNOSTIC RADIOLOGY

Candidates beginning their training in Diagnostic Radiology after June 30, 1971 will be required to have four years of approved postgraduate training. Three of these years must be spent in a Department of Radiology approved by the Residency Review Committee for Radiology, representing the American Board of Radiology and the Council on Medical Education of the American Medical Association. The fourth year may be spent in similar training, in an internship in a hospital approved by the Council on Medical Education (or a foreign hospital experience acceptable to the Executive Committee), or in an approved residency in another specialty, and it may precede, follow or be interspersed with the training in Diagnostic Radiology.

The three-year training period must include training in Pathology and training in the diagnostic aspects of Nuclear Radiology. Training in the latter field may not exceed twelve months. It may include a maximum of three months' training in Therapeutic Radiology.

THERAPEUTIC RADIOLOGY

Candidates beginning their training in Therapeutic Radiology after June 30, 1971 will be required to have four years of approved postgraduate training. Three of these years must be spent in a Department of Radiology approved by the Residency Review Committee for Radiology, representing The American Board of Radiology and The Council on Medical Education of the American Medical Association. The fourth year may be spent in similar training, in an internship in a hospital approved by the Council on Medical Education (or a foreign hospital experience acceptable to the Executive Committee), or in an approved residency in another specialty, and it may precede, follow or be interspersed with the training in Therapeutic Radiology.

The three-year training period must include training in Pathology and training in the therapeutic aspects of Nuclear Radiology. 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.

APPLICATION AND FEE

Application for examination must be made in duplicate on forms which may be obtained from the Secretary. (One application will suffice for both the written and the oral examinations.) These forms shall be forwarded with the required data, two unmounted photographs autographed on the front, and the application fee of \$350.00 (U.S. Cur-

rency) by the deadline established for filing. THE DEADLINE FOR FILING FOR EITHER THE WRITTEN OR THE ORAL EXAMINATIONS IN ANY GIVEN YEAR IS SEPTEMBER 30 OF THE PRECEDING YEAR. The application fee (noted above) will cover both the written and the oral examinations provided the candidate is successful in the written examination. A candidate who does not accept an appointment for examination within three years after becoming eligible, except for legitimate reason, shall be required to submit another application and an application fee. In addition, he shall be required to take and pass the written examination before again being given the opportunity of taking the oral examination. (Not applicable if candidate previously passed written examination.) Checks should be made payable to The American Board of Radiology, Inc.

WRITTEN EXAMINATION:

Written examinations are given during the latter part of June.

If by taking the written examination at the time designated by the rules will postpone the taking of the oral examination for which he is eligible, a candidate may request permission to take the written examination at an earlier period. Thus, those 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.

The written examination is of the multiple-choice type and includes the subjects of anatomy, physiology, pathology, technique, radiobiology, nuclear radiology, and physics. The examination for candidates in Radiology, Diagnostic Radiology or Therapeutic Radiology differs somewhat in content according to the field.

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.

The examination consists of film interpretation, problems regarding the clinical application of roentgen rays, radium, 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.

If a candidate, after accepting an appointment, fails to appear for examination and gives no satisfactory explanation for his absence, he shall be required to submit a new application accompanied by the application fee. In addition, he shall be required to take and pass the written examination before again being given the opportunity of taking the oral examination. (Not applicable if candidate has already taken the written examination.)

A candidate who cancels without offering an excuse acceptable to the Executive Committee shall be required to submit an additional \$25.00 before being given another opportunity for examination.

FAILURES

A candidate who fails his first examination (either in the entire field of Radiology or one of its branches) may not be admitted to a second examination until after one year. He must submit the required fee of \$200.00. A candidate who fails to accept an appointment to appear for re-examination within three years after it is offered, must submit a new application and application fee. In addition, he shall be required to take and pass the written examination before again being given the opportunity of taking the oral examination. (Not

applicable if candidate has already taken the written examination.)

After a second failure a re-examination fee must be filed.

A candidate who has had *three* consecutive failures in Radiology or in one of its branches may not appear for re-examination within *two* years after the date of the last previous examination. He shall be required to have received at least twelve months' additional formal residency training or submit evidence that he has spent twelve months or more full time in a department approved for residency training during this two-year interval. In addition, he shall be required to file a new application and re-examination fee, and take the written examination if he had not been previously required to do so.

A candidate who has had *four* consecutive failures in Radiology or in one of its branches may not appear for re-examination within *three* years after the date of the last previous examination. He shall be required to have received at least twenty-four months' additional formal residency training or submit evidence that he has spent twenty-four months or more full time in a department approved for residency training during this three-year interval. In addition, he shall be required to file a new application and re-examination fee, and take the written examination if he had not been previously required to do so.

A candidate who fails the entire field and desires to be re-examined only in a partial field must fulfill the requirements for certification in this partial field. In addition, he shall be required to take the written examination. (Not applicable if candidate previously took written examination.)

A candidate who fails in one branch of Radiology (i.e., either Diagnostic Radiology or Therapeutic Radiology) may be certified in the field in which he was successful provided he satisfies the training requirements and passes another oral examination in the field in which he wishes to be certified. In addition, he shall be required to take the written examination. (Not applicable if candidate previously took written examination.)

#### CONDITIONS

Candidates who have been conditioned once may be accepted for re-examination at any subsequent examination. A fee of \$200.00 is required.

Candidates who fail twice subsequent to an original condition are required to wait one year before being eligible to appear for the third re-examination in that subject. A re-examination fee is required.

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#### REQUIREMENTS FOR ADMISSION TO THE EXAMINATIONS FOR GENERAL CERTIFICATION IN SURGERY

##### I. GENERAL QUALIFICATIONS

Candidates must have demonstrated competence in surgery, have an ethical standing in the profession and a moral status in the community which are satisfactory to the Board, and be actively engaged in the practice of Surgery.

##### II. MINIMAL EDUCATIONAL REQUIREMENTS

###### A. Preliminary.

Graduation from an approved school of medicine granting an M.D. degree in the United States or Canada. Graduates of medical schools in other countries must have completed the requirements as promulgated in June 1971 by the Council on Medical Education of the American Medical Association in its "Policy on Eligibility of Foreign Medical Graduates for Admission to American Medical Education," namely: (1) certification by ECFMG or (2) unrestricted licensure to practice medicine issued by a state or other United States jurisdiction, or (3) if a United States citizen, passing the complete licensing examination in a state or jurisdiction which will issue full licensure upon satisfactory completion of internship or residency in that state without further examination, or (4) if premedical education was in the United States and the academic curriculum was completed in residence in a foreign medical school, completion of an "academic year of supervised clinical training" in an approved program in a medical school in the United States as a substitute for an internship required by a foreign medical school.

###### B. Graduate Education in Surgery

###### 1. General Information

The Board interprets the term "general surgery" in a comprehensive but still specific manner. Candidates for examination are expected to have a detailed knowledge of surgery of the gastrointestinal tract, of abdominal conditions, of the breast, of the head and neck, of the pe-

ripheral vascular system, of the endocrine system; and of the surgical management of trauma including musculoskeletal and head injuries. In addition they are expected to possess an adequate breadth and depth of understanding of the principles of and experience in the more common problems in cardiothoracic, gynecologic, neurologic, orthopaedic, plastic; pediatric and urologic surgery.

The integration of basic sciences, particularly pathology, with clinical training is considered to be superior to formal courses in such subjects. 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 such courses in lieu of any part of the required clinical years of surgical education.

The fundamental concept of graduate education in surgery is that there must be a properly organized and progressively graded clinical experience which provides the opportunity under guidance and supervision to grow in competence by progressive and succeeding stages of responsibility for patient care. Major operative experience and senior/chief responsibility are essential components of surgical education. The Board will not accept a candidate for examination who has not had such experience in general surgery, regardless of the number of years spent in educational programs.

The Board requires that a candidate must have completed a "bona fide" senior/chief year of residency in an approved program in general surgery in a manner satisfactory to the Board in order to be considered for admission to the examinations. The senior/chief appointment must be the final clinical year.

The graduate educational requirements set forth in this Booklet are considered to be the minimal requirements of the Board and should not be interpreted to be restrictive in nature. The Board recognizes that the time required for the total educational process should be sufficient to provide adequate clinical experience for the development of sound surgical judgment and adequate technical skill. The requirements do not preclude additional desirable educational experience and Program Directors are encouraged to retain residents in a program as long as is required to achieve the necessary degree of competence.

The Board considers a residency in surgery to be a full time endeavor.

The Board may at its discretion require that a member of the Board or a designated diplomate observe and report upon the clinical performance of a candidate before establishing his admissibility to examinations or awarding him certification.

All phases of the graduate educational process must be completed in a manner satisfactory to the Board.

## 2. Approved Programs

The Board does not review residency programs and is therefore guided by the evaluations of the Residency Review Committee for Surgery.

Those programs in Surgery in the United States reviewed by the Residency Review Committee for Surgery and approved by the Liaison Committee on Graduate Medical Education are acceptable to the Board, and in Canada, those programs approved for "full training" by the Royal College of Surgeons of Canada.

Those residency programs in the United States which bore the three-year (Type II) approval of the Conference Committee on Graduate Education in Surgery are acceptable as partial training for those candidates completing such training prior to July 1, 1972. Residents who were in junior status in such programs prior to

July 1, 1972 must complete the requirements applicable to their status.

To provide flexibility and the opportunity for experimentation in surgical education, proposed programs at variance with the requirements outlined will be considered upon request by Program Directors to the Residency Review Committee for Surgery (535 North Dearborn Street, Chicago, Illinois 60610).

Participation in graduate programs in surgery in countries other than the United States and/or Canada is normally not creditable toward the Board's minimal requirements.

Lists of approved programs may be found in the Directory of the Approved Residencies published annually by the American Medical Association; in the appropriate issues of the Bulletin of the American College of Surgeons; and in the Annals of the Royal College of Physicians and Surgeons of Canada.

## C. Specific Requirements

The specific time required to acquire the necessary knowledge, judgment and technical skill cannot be specified, but experience has demonstrated that a minimum four-year program will be adequate only in specific educational circumstances. In most instances five years of graduated training in a program acceptable to the Board following graduation from medical school will be required for candidates to reach the level of competence satisfactory to the Board.

Satisfactory completion of four years of graduated responsibility in clinical surgery, which must include at least three years of "general surgery" in an approved program post-medical school, is the minimum required of all candidates. The three years of "general surgery" must encompass surgery of the gastrointestinal tract, of abdominal conditions, of the breast, of the head and neck, of the peripheral vascular system, of the endocrine system; and of trauma, including musculoskeletal and head injuries.

The Board believes that optimal surgical education requires that the resident remain in the same program for at least the final two years of his training.

Candidates may under current policies complete Board requirements in two years:

1. GROUP I—Candidates who have satisfactorily completed an approved four or more year program of graded residency in Surgery including a bona fide Senior/Chief Residency which must be the final clinical year.
  - a. For candidates entering a program of graduate education in Surgery after June 30, 1971, a free-standing internship is not required, but the program must include a minimum of four years of *clinical* training after graduation from medical school. Three of the four years must be devoted to training in "general surgery," i.e., surgery of the gastrointestinal tract, of abdominal conditions, of the breast, of head and neck, of the peripheral vascular system, of the endocrine system; and of trauma, including musculoskeletal and head injuries. The remaining year may include training assignments in the other surgical specialties and/or in allied disciplines such as anesthesiology, surgical pathology, internal medicine or pediatrics. No more than six months on allied disciplines and/or six months on any *one* surgical specialty other than "general surgery" will be credited toward the Board's requirements.

A program of five or more years may include assignments to research, basic sciences or other electives, but there must be at least four years of clinical training of which at least three years must be in "general surgery". In a five-year program the Board will accept no more than one year of training in any *one* surgical



specialty other than "general surgery" and no more than six months of training in allied disciplines.

The final clinical year, regardless of the program duration, must be the Senior/Chief Residency year in "general surgery".

- b. For candidates who entered a program of graduate education in Surgery prior to July 1, 1971, having had a freestanding internship of at least one year's duration after graduating from medical school, the ensuing residency may include assignments to a research project, or to a basic science department such as pathology, physiology or anatomy, provided such assignment is an integral part of the approved program and the program includes a minimum of three years of clinical surgery. The final clinical year must be a Senior/Chief Residency year in "general surgery".
  - c. A candidate serving in an approved program designed for more than four years must complete the entire program unless the Program Director requests that the Board consider his credentials earlier. In any case, he must complete the minimum requirements including a final clinical year as Senior/Chief Resident in "general surgery."
  - d. A Group I candidate serving in an "Integrated Program" may be assigned for any part of his residency at the discretion of the Program Director to any hospital or institution which is fully approved as a component of that program by the Liaison Committee on Graduate Medical Education.
  - e. Rotations for not more than a total of one year during junior years may be made to hospitals approved by the Liaison Committee on Graduate Medical Education as "Affiliates" of the parent program. If the total time to be spent outside the parent hospital is to exceed one year, special consideration must be requested from the Residency Review Committee for Surgery. The Senior/Chief Residency year must be accomplished in the parent institution except where special approval has been granted for a part thereof to be spent in a specified "Affiliate".
  - f. Rotations for not more than six months' total during junior years of the program may be made to hospitals in the U.S. or Canada which are not approved as "Affiliates."
  - g. Resident rotations to hospitals outside the U.S. or Canada not to exceed a total of twelve months during junior years may be approved by the Board provided the Program Director requests such approval in advance of the assignment of each resident. Such rotations require consideration by the Credentials Committee which normally meets in January and June of each year.
2. **GROUP II**—Candidates who prior to July 1, 1972 have satisfactorily completed a residency in clinical surgery including a senior year in a program approved by the Conference Committee on Graduate Education in Surgery as Type II (three years) must then complete two additional years after the residency as prescribed below in subparagraphs (a), (b), (c) and (d). Full time assignments to research, preclinical and basic science departments were not authorized during the three years of residency and such subjects should have been integrated into the clinical program. The final residency year must have been the senior year.

During the two additional years after the residency at least one year must be clinical including patient responsibility and major operative experience performed under acceptable supervision. The required two additional years may include:

- (a) *Preceptorship*—The practice of surgery in an institutional setting, under the supervision of a Preceptor who is approved in advance by the Board. The Preceptor must agree in writing to accept the responsibility for the candidate's further training, to follow the Board's recommendations as to arrangements and to render such reports related to the preceptorship and the candidate as the Board requires. The satisfactory completion of an approved Preceptorship may be credited for one or both of the required two additional years, depending upon duration and the candidate's performance.
- (b) *Additional Residency or Fellowship*—Additional years of acceptable residency or fellowship training in either general surgery or in another recognized surgical specialty may, if satisfactorily completed, be credited for one or two of the additional required years depending upon its duration and the candidate's performance.
- (c) *Research*—Full time engagement in surgical research under a responsible investigator who is acceptable to the Board may be credited for as much as twelve months of the additional two-year requirement.
- (d) *Basic Science Courses*—A formal course in surgery and the basic sciences in an approved graduate school of medicine on a full time basis is creditable for not more than twelve months. The study of a single basic science such as pathology, physiology, or anatomy may be credited for no more than six months. Credit may not be claimed for both a graduate study and a research year.

Those who did not complete the third and senior year in an approved Type II program prior to July 1, 1972 will be required to complete two or three additional years as appropriate in a Type I program and meet all the requirements applicable to Group I candidates.

Group II Candidates who have not successfully completed the examinations of the Board by July 1, 1979 will not be admissible to the examinations after that date until their credentials have been re-established by complying with such requirements as the Board may promulgate in each case.

3. **OPERATIVE EXPERIENCE REPORT**—A candidate is required to submit a list of the operative procedures performed by him during his period of approved graduate education in Surgery. In the case of Group II candidates this applies also to the additional years required after formal residency. Failure to submit the required operative list will constitute incomplete credentials and will result in deferral of the candidate's admission to examination.

#### CREDIT FOR MILITARY SERVICE

Credit will not be granted toward the minimum requirements of the Board for service in the Armed Forces, the Public Health Service, the National Institutes of Health or other governmental agencies to persons entering such services after June 30, 1974, unless the service was as a duly appointed resident in an approved program in surgery. Credit for those who had satisfactory surgical assignments in the various governmental agencies prior to June 30, 1974 is not automatic, but not more than twelve months may be granted by the Board provided the Director of the Program in which the candidate is serving so recommends and the resident completes his training in that program. Credit granted is not transferable to another program unless the new Program Director so recommends to the Board. Special requests from Program Directors will be considered by the Credentials Committee.

CREDIT FOR FOREIGN GRADUATE EDUCATION

Acceptance for examination and certification by the American Board of Surgery is based upon satisfactory completion of the stated requirements in approved programs in the United States or Canada. Regardless of an individual's professional attainments here or abroad, no credit will be granted directly to a candidate for surgical education in a foreign country. The Board will consider granting partial credit only upon the request of the Director of an approved program who has observed the candidate as a junior resident for nine to twelve months and wishes to advance the candidate to a higher level in that program. The credit granted will not be valid until the candidate has successfully completed that program. If the candidate moves to another program the credit is not transferable and must again be requested by the new Program Director. Only under exceptional conditions will the Board consider granting more than one year of residency credit at a junior level for foreign training.

RULES GOVERNING ADMISSIBILITY TO THE EXAMINATIONS FOR GENERAL CERTIFICATION

I. GENERAL RULES

- A. A candidate is admissible to the examinations only when he has successfully fulfilled the requirements of the Board *currently in force at the time of receipt of his formal Application for Examination by the Board* and/or such other requirements as the Board may specify in special cases, all his credentials, to include the unqualified endorsement of the Program Director under whom training was completed, have been considered and deemed acceptable and his formal Application has been approved. He then becomes an "Active Candidate," admissible to the examinations, and will be so notified.
- B. A candidate must successfully complete all the examinations and become certified within five (5) examining (Academic) years after the approval of his original Application. Failure to do so renders the candidate "Not Active." Those who have lost their "Active Candidate" status by reason of the time limitation will be required to satisfactorily complete at least one year of residency in general surgery at an advanced level in an approved program before they may again be considered for admission to examination. Under exceptional circumstances, the Board, after review of credentials and other pertinent facts, may offer such candidates another opportunity to complete the examinations without having met the additional residency requirements if the Board deems it warranted. If the offered opportunity is not taken or the candidate is unsuccessful, he must meet the additional residency requirements.
- C. A candidate who has not successfully completed all the examinations of the Board within ten examining years from the approval of his original Application will have his file removed from the records of the Board and disposed of. After that date if he wishes to be considered for examinations, he will be treated as a "New Applicant".

The Board does not use or sanction the terms "Board Eligible" or "Board Qualified." The standing of an individual with the Board varies according to the current status of his credentials.

II. RE-EXAMINATION RULES

- A. PART I—A candidate may be examined in Part I for a second, third, and fourth time at intervals of no less than one year. If he has been unsuccessful in Part I on four occasions he loses his status as an "Active Candidate" and is required to complete satisfactorily at least one year of residency in general surgery at an advanced level in a program approved for four or more years of residency before he will be considered for re-

admission to examination. A candidate who is accepted for a fifth examination and is unsuccessful will be treated as a "New Applicant" and required to complete at least three years, including a Senior/Chief Residency year, in an approved program in general surgery.

- B. PART II—A candidate may be examined for the second time in Part II after an interval of at least one year. He may be examined for a third time after an additional interval of two years provided he presents evidence satisfactory to the Board that he has attempted to prepare himself adequately. A candidate failing Part II on three occasions must subsequently complete satisfactorily at least one year of residency in general surgery at an advanced level in a program approved for four or more years of residency before he will again be considered for readmission to examination. A candidate who is accepted for a fourth examination in Part II and is again unsuccessful will be required to complete satisfactorily at least three years, including a Senior/Chief Residency year, in an approved program in general surgery and will be treated as a "New Applicant." He will be required to submit to a new *Application for Examination* and must successfully complete the Part I examination before he can be admitted to Part II.
- C. A candidate who in previous years passed a portion of the Part II examination when it was divided into Clinical Surgery and Basic Sciences or Anatomy and/or Pathology and who now applies for re-examination must complete the entire Part II because basic sciences have been integrated into the examination and are not offered separately.
- D. The Board, on the basis of its judgment, may deny a candidate the privilege of further re-examination whenever the facts in the case are deemed by the Board to so warrant.

THE EXAMINATIONS OFFERED BY THE BOARD

The Board offers examinations for *General Certification in Surgery*, for *Certification of Special Competence in Pediatric Surgery*, and in *In-Training Examination*. The Certifying examinations are offered to individuals, but the In-Training Examination is offered to Program Directors for their use as an educational tool, for the assessment of program content and assessment of the individual resident's grasp of surgical fundamentals.

The Board notifies each candidate for General and Special Certification of his performance on examinations. Beginning with candidates whose formal Applications are approved in 1975, the Board may report their performance on any or all of the Board's examinations to the Director of the Program in which the candidate completed his final year of residency. All reports pertaining to the In-Training Examination are provided to the Program Director.

All examinations are composed annually by members of the American Board of Surgery with the technical assistance of the National Board of Medical Examiners.

I. EXAMINATIONS FOR GENERAL CERTIFICATION IN SURGERY

The examination required for *General Certification in Surgery* consists of a Part I (written) and a Part II (oral). In both, a knowledge of the practical application of the sciences fundamental to surgery is required.

A. PART I

This examination is written and is offered once a year, usually late November or early December. It is given simultaneously in a number of locations in the United States and Canada and by special arrangement at certain locations abroad.

Candidates whose applications have been approved and who are "Active Candidates" are sent annually a list

of examination centers from which to choose. Shortly before the date of examination they are sent a *Letter of Admission* to the Examination and detailed information including samples of the types of questions to be expected.

The examination itself consists of questions of the objective multiple-choice type designed to cover general surgical principles and the sciences basic to surgery. In addition, there are programmed-type questions designed to measure the ability to manage patients by offering the opportunity to order and interpret various diagnostic studies and procedures, to prescribe appropriate therapy or operative intervention, and to make other pertinent decisions related to the care of surgical patients.

Successful completion of Part I is a requirement for admission to Part II.

#### B. PART II

Examinations are held periodically, usually six or more times each examining year, i.e., academic year, in major cities within the United States. Part II is not held outside the continental United States.

The examinations are conducted by members of the American Board of Surgery and certain selected diplomates acting as guest associate examiners.

The examination consists of oral interviews in clinical surgery and a session directed toward testing interpretive skills by the presentation of a number of cases using projected transparencies.

The clinical surgery sessions will include diagnosis and management of patients with surgical problems, including the application of anatomy, pathology, physiology, biochemistry and bacteriology to the problems being discussed. Interpretation of Roentgenograms and other visual aids may be employed during the examination.

The examination usually occupies one full day for the candidate. He is notified in advance of the date, time and location at which he is to appear for the examination.

#### II. EXAMINATIONS FOR SPECIAL CERTIFICATION

The Board offers examinations for *Certification of Special Competence in Pediatric Surgery*. Please see the section on "Special Certification in Pediatric Surgery" on a subsequent page.

#### III. IN-TRAINING EXAMINATION

The Board offers annually to Program Directors of approved programs, a written *In-Training Examination* which is designed to test the general level of knowledge which has been attained by residents regarding the fundamentals and the basic sciences related to Surgery. The test is aimed at the level of the second-year resident, but at the Program Director's discretion, may be administered to any one. It is also designed to meet the first milestone which is required by the newly approved, but not yet published "Essentials" for residencies in general surgery.

The Board will normally contact the Directors of all approved programs in Surgery on or about April 1st each year with information regarding the examination and to determine the number of test booklets desired.

The Examination will be administered by each participating Program Director late in August or early in September each year and reports should be in their hands in late October.

Program Directors should take note of the fact that the Board does not contact each institution in which residents are located, but depends upon the Director of the Program to order an adequate number of test booklets for residents in his total program which includes not only his own institution but also all those indented under his program designation in the Directory of Approved Residencies.

It is important to note that the In-Training Examination is *not* offered to individuals, but to Program Directors only.

The In-Training Examination is *not* required as part of the

Board's certification process.

#### APPLICATION FOR EXAMINATION FOR GENERAL CERTIFICATION IN SURGERY

A prospective candidate for examination by the Board should carefully read the requirements set forth in its Booklet. If he needs advice about his plans for graduate education in surgery, or believes that he has met or is within six months of meeting the requirements, he should write the Board and request an *Evaluation Form*. This form should be completed precisely and returned to the Board. The candidate will then be advised as to whether or not it appears that he has met or will meet the requirements, or what will be necessary. Candidates are advised not to submit documents, testimonials, letters of recommendation, case reports or other information unless requested by the Board.

Candidates must, in any case, communicate with the Board at least four months before completion of their educational requirements and in no instance later than June 1st if they wish to receive the formal *Application for Examination* and be considered for the Part I examination to be given in that year. The *Application for Examination* form will not be sent to candidates until they are within several months of completing the educational requirements and appear to have met all other requirements.

The *Application for Examination* form must be completed and returned to the Board *no later than August 1st* or the candidate will not be considered for the Part I examination to be given in that year.

Candidates who complete the educational requirements after September 30th will *not* be considered for admission to Part I in that year, but must wait until the following year.

The acceptability of a candidate does not depend solely upon the completion of an approved program of education, but also upon information available to the Board regarding his professional maturity, surgical judgment, technical competence and ethical standing.

A candidate who has submitted an *Application for Examination* form will be notified as to his admissibility to examination.

#### FEES (GENERAL CERTIFICATION)

The schedule of fees is as follows:

Registration—payable with

*Application Form*.....U.S. \$ 75.00

Part I—payable upon assignment to center..U.S. \$125.00

Part II—payable upon assignment to  
center .....U.S. \$125.00

Fees for re-examination are the same for each Part as shown above.

Each fee for examination or re-examination includes a U.S. \$25.00 processing charge which is not refunded if the candidate withdraws after he has been assigned to an examination center.

A candidate who does not inform the Board of his intent to withdraw more than 3 business days prior to the examination to which he is assigned or who fails to attend the examination may be required to forfeit the entire fee for that examination.

Fees are subject to change as directed by the Board.

The Board is a non-profit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the education of surgeons. The members of the Board, except the Secretary-Treasurer, serve without remuneration.

#### PART I—SPECIAL THORACIC SURGERY CANDIDATES

The American Board of Thoracic Surgery has requested that specifically identified Candidates for Certification in Thoracic Surgery whose training is received in approved "Special Training Programs in Thoracic Surgery" be admitted to the Part I examination given by the American Board of Surgery. It has been agreed that such candidates

are strictly Thoracic Surgery Candidates only, and that the American Board of Surgery is making its Part I examination available to the American Board of Thoracic Surgery as a cooperative service. Successful completion of the examination on the part of these Special Thoracic Surgery Candidates does not entitle them to credit from the American Board of Surgery for the examination or to admission to the American Board of Surgery Part II examination if they later meet all other requirements for admission to the examination of the American Board of Surgery.

All inquiries and correspondence relating to admission to the examination of Candidates for Certification in Thoracic Surgery from "Special Training Programs in Thoracic Surgery" are to be addressed directly to the American Board of Thoracic Surgery, 14624 East Seven Mile Road, Detroit, Michigan 48205.

SPECIAL CERTIFICATION IN PEDIATRIC SURGERY

The American Board of Surgery with the approval of the American Board of Medical Specialties offers *Certification of Special Competence in Pediatric Surgery*. By definition, the Special Certification is to be offered to those whose training and activities encompass the scope of "general" pediatric surgery as defined in the first paragraph under *General Information*. It has been agreed with other recognized specialty Boards that this Special Certification will not be offered to those who, for practical purposes, limit their activities to the spheres of interest of other Boards, such as Orthopaedic, Urologic, Plastic and Cardiothoracic Surgery.

I. APPROVED PROGRAMS

Due to the fact that the "Essentials" for Residency Training in Pediatric Surgery have not yet been approved and published, it is not possible for the Residency Review Committee for Surgery to evaluate programs. Therefore candidates' training and other credentials will be evaluated by the Board on an individual basis without reference to the location of graduate education in Pediatric Surgery until such time as programs can be reviewed and approved.

II. SPECIAL REQUIREMENTS

- A. A candidate must have demonstrated competence in pediatric surgery, have an ethical standing in the profession and a moral status in the community which are satisfactory to the Board.
- B. A candidate must be a Diplomate of the American Board of Surgery and hold an unrestricted license to practice in the United States or Canada.
- C. A candidate must have satisfactorily completed a program of graduate education in pediatric surgery of not less than two years' duration. A Senior/Chief Residency year is required.
- D. A candidate must receive the unqualified endorsement of the Director of the Program(s) in which he received his pediatric surgical education.
- E. A candidate must be actively engaged in the practice of "general" pediatric surgery as defined for General Certification.
- F. A candidate must submit an authenticated list of his operative experience as primary surgeon and assistant for review by the Board. While no limits have been fixed, a candidate's operative experience over a given period of time must be adjudged adequate by the Board.
- G. Special consideration may be given to applicants who may not have fulfilled all of the requirements above, but who over a period of five or more years, have demonstrated their dedication to pediatric surgery, who have made well-known significant contributions to the specialty and who are judged by their peers to be worthy of special recognition and admission to examination.

III. EXAMINATION FOR SPECIAL CERTIFICATION IN PEDIATRIC SURGERY

The Examinations are developed by the Committee for Pediatric Surgery of the American Board of Surgery. At this time, only one examination is offered each year, usually in the Spring. Appropriate announcements are made in various journals. The examination is written, is administered at a single center for all candidates and usually occupies approximately one day.

IV. APPLICATION FOR EXAMINATION

Candidates desiring admission to examination should communicate with the Board immediately following completion of their pediatric surgery residency, requesting pertinent information and a *Preliminary Evaluation Form*. Those who appear to have met all the educational requirements will then be sent an *Application for Examination* form. The *Application* must be fully and precisely completed and returned to the Board office *no later than December 1st* in order to be considered for examination the following Spring. The *Pediatric Surgery Operative Experience Report* must also be in the Board's hands by December 1st.

No candidate will be admitted to the examination until he has met the specified requirements, his credentials have been reviewed and his *Application* has been approved by the Board.

V. RULES GOVERNING ADMISSIBILITY TO EXAMINATION

- A. GENERAL RULES are detailed under "RULES GOVERNING ADMISSIBILITY TO THE EXAMINATION FOR GENERAL CERTIFICATION."
- B. RE-EXAMINATION RULES—A candidate may be examined for a second or third time at intervals of no less than one year. If he has been unsuccessful on three occasions, he loses his status as an "Active Candidate" and is required to complete satisfactorily at least one year of residency in an approved program in pediatric surgery before he will be considered for readmission to examination. A candidate who is then accepted for a fourth examination and is unsuccessful will be treated as a "New Applicant" and subsequently required to complete two additional years, including a senior year, in an approved program in pediatric surgery.

The Board, on the basis of its judgment, may deny a candidate the privilege of further re-examination whenever the facts in the case are deemed by the Board to so warrant.

VI. FEES (PEDIATRIC SURGERY)

- U.S. \$75.00 Registration—payable with *Application* form.
- U.S. \$225.00 Examination—payable upon assignment.
- U.S. \$125.00 Re-examination—payable upon assignment.

Each fee for examination or re-examination includes a U.S. \$25.00 processing charge which is not refunded if the candidate withdraws after he has been assigned to an examination center. A candidate who does not inform the Board of his intent to withdraw more than 3 business days prior to the examination to which he is assigned or who fails to attend the examination may be required to forfeit the entire fee for that examination.

CERTIFICATION

I. GENERAL CERTIFICATION

A candidate who has met all the requirements and has successfully completed the examinations of the American Board of Surgery will be issued a Certificate by the Board, signed by its Officers, attesting to his qualifications in *Surgery*.

II. SPECIAL CERTIFICATION IN PEDIATRIC SURGERY

A candidate who has met all the requirements and has successfully completed the examination in Pediatric Surgery will be issued a certificate by the American Board of Surgery,

signed by its officers, attesting to his qualifications of *Special Competence in Pediatric Surgery*.

### III. RECERTIFICATION

#### A. GENERAL CERTIFICATES IN SURGERY

All those whose General Certification in Surgery is received after December 31, 1975, will be issued Certificates which will bear a limiting date of ten years, after which they are no longer valid. Those desiring to renew their Certification upon expiration of their certified status must fulfill the requirements for recertification specified by the Board at that time.

For those who were Certified prior to December 31, 1975, the Board will offer the opportunity to become Recertified beginning in 1980, if they so desire. Certificates issued before December 31, 1975, do not have a time-limited validity.

#### B. SPECIAL CERTIFICATION IN PEDIATRIC SURGERY

All certificates of Special Competence in Pediatric Surgery will bear dates limiting their validity to ten years and will expire unless the Diplomate fulfills the requirements for Recertification specified by the Board at that time.

#### REVOCATION OF CERTIFICATE

Any Certificate issued by the Board shall be subject to revocation at any time in case the Board shall determine, in its sole judgment, that a candidate who has received a Certificate was in some respect not properly qualified to receive it.

### AMERICAN BOARD OF THORACIC SURGERY

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 MISS LOUISE SPER, Executive Assistant, 14624 East Seven Mile Road, Detroit, Michigan 48205

#### REQUIREMENTS FOR CERTIFICATION

1. Certification by the American Board of Surgery.
2. Adequate training in thoracic and cardiovascular surgery (as defined below).
3. Satisfactory performance on the American Board of Thoracic Surgery examination.

#### DEFINITION OF ADEQUATE TRAINING

Every candidate for certification must have satisfactorily completed 12 months of senior responsibility in thoracic and cardiovascular surgery, which preferably should be continuous. The Director of the Thoracic Training Program is required to sign a statement to that effect as a part of the application form of the American Board of Thoracic Surgery.

Candidates who have satisfactorily completed two years of training in a program approved by the Residency Review Committee for Thoracic Surgery are eligible for examination, subject to the following conditions:

1. The applications of candidates from programs approved by the Residency Review Committee who started their training on or after January 1, 1972, and whose independent operative experience falls below the thirtieth percentile of the entire group of candidates from such programs will be referred to the Credentials Committee for review.

2. The applications of candidates from programs approved by the Residency Review Committee who started their training on or after January 1, 1974, and whose independent operative experience is concentrated in one area, or is inadequate in an area, will also be referred to the Credentials Committee of the Board for review.

The Credentials Committee has been authorized by the Board to reject candidates from approved programs if their training is considered to be inadequate. The candidate, the program director, and the Residency Review Committee for Thoracic Surgery will be notified if such actions are taken by the Credentials Committee.

As a guideline for the independent operative experience the Credentials Committee considers adequate, the following paragraph is offered. It is quoted from the "Guide for Residency Programs in Thoracic Surgery" published by the Residency Review Committee for Thoracic Surgery as an aid to directors of thoracic surgery training programs. It is emphasized that the actual number of operations should not be taken too literally, but merely used as a guide in acquiring what is considered acceptable training.

"An overall major operative experience of at least 100 cases is considered to be desirable. Among these one hundred cases a certain minimal distribution in key areas is necessary to insure a reasonably balanced experience. At least 15-20 of the cases should involve the lungs and pleura. Thirty to forty cases should involve the heart, primarily utilizing cardiopulmonary bypass, and surgery of the great vessels. Five to 10 major operations on the esophagus and diaphragm are recommended. In addition to major operative experience, the trainees should have implanted approximately 10 cardiac pacemakers and performed at least 15 endoscopic procedures."

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, a candidate 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.

Candidates presently training 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 American Board of Thoracic Surgery. Requests for such evaluation should be directed to the Secretary, Herbert Sloan, M.D., 14624 East Seven Mile Road, Detroit, Michigan, 48205.

Candidates for certification who begin their training in thoracic and cardiovascular surgery after June 30, 1976, will be accepted for examination only if they have completed two years of training in a program approved by the Residency Review Committee for Thoracic Surgery.

The Board does not accept training by preceptorship.

#### CREDIT FOR FOREIGN GRADUATE TRAINING

After individual evaluation, the Credentials Committee of the Board may grant credit for training in thoracic surgery outside of the United States. In no case will the requirement of certification by the American Board of Surgery be waived.

#### 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 office of the secretary of the Board, outlining briefly their training and experience in thoracic surgery.

An application blank will be sent to those candidates who have completed residency training programs which have been approved by the Residency Review Committee for Thoracic Surgery. Candidates who have completed their training in other than approved programs will be sent an Evaluation

Form, which, when completed and returned, will be considered by the Credentials Committee of the Board. If the candidate's training is acceptable, an application blank will be sent.

The candidate must be recommended for examination by the individual primarily responsible for the training.

Candidates are notified of their eligibility for examination when their applications have been approved. Candidates who do not exercise the examination privilege within three years of the date of notification will be required to file a new application, have their eligibility for examination reviewed by the Credentials Committee, and pay a new examination fee.

Candidates who apply for examination more than five years after the satisfactory completion of their residency must have an additional year of training in an approved program before they will be eligible to apply for examination. This ruling applies to candidates finishing their training in thoracic and cardiovascular surgery after January 1, 1975.

EXAMINATIONS

It is the policy of the American Board of Thoracic Surgery to examine candidates only upon completion of their thoracic surgery residency.

The examination consists of an objective multiple choice written examination designed primarily to assess cognitive skills, and an oral and interpretive skills examination designed to assess clinical competence. 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.

Only one examination will be given each year. Information regarding the date and place of examinations is 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

Candidates who fail the examination are eligible to repeat the examination the following year.

Candidates for certification who fail the examination three times must provide evidence that they have satisfactorily completed an additional year of training in an approved program before they will be considered for examination a fourth time.

Candidates who are eligible for re-examination and who do not exercise the re-examination privilege within three years of the date they failed will be required to file a new application blank, have their eligibility for examination reviewed by the Credentials Committee, and pay a new examination fee.

FEEs

Registration fee .....\$ 50.

This fee must be submitted with the application.

It is not refundable.

Examination Fee .....\$400

This fee is due and payable when the candidate is notified that he has been approved for examination.

Re-examination fee .....\$400.

This fee is due and payable when the candidate is notified that he has been approved for re-examination.

The Board is a non-profit corporation, and the fees from candidates are used solely for defraying actual expenses incurred in office administration and the conduct of examinations. The members of the Board serve without compensation.

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

ROBERT LICH, JR., President, Louisville, Ky.

CLARENCE V. HODGES, Vice-President, Portland, Oregon

RUSSELL SCOTT, JR., Chairman, Examination Committee, Aspen, Colorado

ORMOND S. CULP, Rochester, Minnesota

WILLARD E. GOODWIN, Los Angeles

W. DABNEY JARMAN, Washington, D.C.

LOWELL R. KING, Chicago

J. TATE MASON, Seattle

JAMES H. McDONALD, Phoenix, Arizona

RALPH A. STRAFFON, Cleveland

WILLIAM L. VALK, Secretary-Treasurer, Office of the Board, 4121 West 83rd Street, Suite 124, Prairie Village, Kansas 66208.

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 \$250.00 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.

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 training as follows:

1. Two years of post-M.D. training on an approved service, which must furnish adequate education in surgery.
2. An approved graduated three-year residency in Urology, leading to competence in all its phases; the last year as senior resident.
3. Any formally integrated urologic service may permit variation in the two-year preliminary training provided it is completed prior to the senior year. It may include varying periods in basic science related to Urology, research related to Urology, General Surgery, Internal Medicine, Pediatrics, or Clinical Urology, at the discretion of the director of the program. This is designed to permit the director to flexibly arrange and round out his program which must include, as stated above, three years of Clinical Urology.

E. Applicant must have an additional period of not less than 18 months in the practice of Urology in the city of his office or place of practice before taking Part II of the Board examination. A maximum of one-year credit toward the practice requirement will be allowed for time spent in post-residency military medical service. The Board, however, may make exception in the case of a career officer in regular military service.

F. The applicant must assure the Board that he is engaged in the full-time practice of Urology.

G. A new application will be required if an applicant fails to take an examination within five years from the time his original application is received.

## FEE

The examination fee is \$500.00. Two hundred fifty dollars should accompany the application; the remainder will be payable when the candidate is notified that he may take Part II of the examination. In the case of senior residents, one hundred fifty dollars should accompany the application, with the remainder payable when the candidate is notified he may take Part II of the examination. No fees are returnable.

Applications for certification shall be examined by the Credentials Committee and reviewed by the Board. When additional data are required to complete the application, these will be requested by the Secretary.

If a candidate fails, he will be permitted a second examination after one year or within three years, but he must give sixty days' notice of his intention to appear for re-examination.

A candidate who has failed twice in any part of the examinations may be required to have additional training in accordance with recommendations from the full Board before he may be permitted further examination. A candidate who has been conditioned in one or more parts of the examination will be charged a fee of \$50.00 for each re-examination.

Any candidate who has failed any portion of the examination three times will not be permitted to take the examination again, subject to the Board's discretion in special cases after documentation of additional education.

## REQUIREMENTS FOR CERTIFICATION

The requirements for certification include:

## A. EVIDENCE OF HOSPITAL PRACTICE

1. The candidate must bring to the Board, at the time of reporting for oral examination, a list of all major and minor hospital cases, during the eighteen months immediately preceding January 1 just prior to taking the oral examination. These lists must be prepared in accordance with the form provided by the American Board of Urology and must be verified by the hospital administrators of all hospitals where procedures were performed.
2. Photostatic copies of one or more of the full hospital records of any of the above may likely be requested. The candidate is expected to furnish this within one month of the request.

## B. EXAMINATIONS

## 1. Part I—Written

This examination will be given in May of each year, simultaneously at various locations convenient for applicants.

Anyone who has completed his residency or senior residents in training whose applications have been approved may take this part of the examination.

The written examination is designed to demonstrate the candidate's knowledge of the entire field of urology and allied subjects.

## 2. Part II

This examination will be given each year in February and all who have passed Part I, have a minimum of eighteen months in practice and who have been approved as candidates will be eligible to take Part II. It will consist of Pathology, Radiology and Oral examinations. The oral examination will consist of a discussion of urological problems. Subjects forming the basis of this examination include all phases of urography and clinical urology (men, women and children) 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 before taking Part II of the examination but shall not be a prerequisite to taking Part I.

## 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\*

## Graduate Training Requirements of Licensing Boards

While 17 state licensing boards do not require graduate training as a prerequisite for licensure for graduates of U.S. medical schools, all but a few boards have this requirement for graduates of foreign medical schools. Indiana permits foreign medical graduates to take the state board examination (FLEX) and, if they pass, they must serve a 2-year preceptorship with an Indiana practitioner after which they are awarded a permanent license. The West Virginia board recently eliminated graduate training in the U.S. as a requirement for foreign medical graduates, subject to the discretion of the board in individual cases. Some states will accept graduate training in Canada as fulfilling this requirement for licensure of foreign graduates, and others will credit graduate training in any English-speaking country toward this requirement.

For U.S. and Canadian graduates, the laws of the Virgin Islands specify a year of rotating internship, whereas all other state boards permit candidates to substitute a straight internship or the first year of a residency. Similar substitution is permitted by most boards for graduates of foreign medical schools, but 12 states and dependencies—Colorado, Delaware, Georgia, Hawaii, Idaho, Puerto Rico, Virgin Islands, Wyoming, New Hampshire, Oregon, Rhode Island, and West Virginia—insist the foreign graduates have a rotating internship as a prerequisite.

Thirteen states that require a year of graduate training for licensure permit applicants to take the board examination immediately upon graduation from medical school. While the license is not issued until these physicians complete their year of graduate training, 5 boards date the license to the time the examination was taken and passed; the remaining 8 boards date the license at the time of issuance.

The California board permits graduates of foreign medical schools to take their licensure examination (FLEX). If they pass, they must serve one year of graduate training (in a California hospital), after which they take an oral clinical examination for final licensure.

With the acceptance of a passing grade in FLEX as equivalent to a pass-

ing grade on ECFMG (a 1972 decision of the ECFMG Board), this procedure is acceptable to the Council on Medical Education. A foreign-trained physician who passes FLEX may obtain an ECFMG certificate which qualifies him for an AMA-approved internship or residency.

## Licensure or Registration Requirements for Interns and Residents

In general, physicians serving as

first-year graduate trainees are not required to be licensed in the same state as the hospital in which they are serving. Puerto Rico, however, does require such a license. Hawaii, Indiana, Missouri, Rhode Island, South Carolina, Texas, Vermont, and Wisconsin require all physicians in graduate training to obtain a temporary permit from the licensing board. Other boards have a requirement of registration with the licensing board for interns or a stipula-

Basic Requirements for Initial Medical Licensure for Graduates of US Medical Schools

	Written Exam	Basic Science Board	Endorsement of National Boards	Citizenship <sup>2</sup>	Graduate Training <sup>4</sup>
Alabama	X	..	X	..	X
Alaska	X	..	X	I	X
Arizona	X	..	X	..	X
Arkansas	X	X <sup>6</sup>	NO	D	X <sup>7</sup>
California	X	..	X	..	X
Canal Zone	X	..	X	..	X
Colorado	X	X <sup>9</sup>	X	I	X
Connecticut	X	..	X	D	X
Delaware	X	..	X	D	X
District of Columbia	X	..	X	..	X
Florida	X	..	X	D	X
Georgia	X	..	X	..	X <sub>r</sub>
Guam	X	..	X	..	X
Hawaii	X	..	X	D	X
Idaho	X	..	X	D	X
Illinois	X	..	X	..	X <sup>3</sup>
Indiana	X	..	X	..	X
Iowa	X	..	X	..	X
Kansas	X	..	X	..	X
Kentucky	X	..	X	..	X
Louisiana	X	..	NO	D	..
Maine	X	..	X	..	X
Maryland	X	..	X	D	..
Massachusetts	X	..	X	..	..
Michigan	X	..	X	..	X
Minnesota	X	..	X	D	X <sup>7</sup>
Mississippi	X	..	X	D	..
Missouri	X	..	X	..	..
Montana	X	..	X	X <sup>3</sup>	X
Nebraska	X	..	X	..	..
Nevada	X	..	X	D	X
New Hampshire	X	..	X	D	X <sup>7</sup>
New Jersey	X	..	X	..	X <sup>3</sup>
New Mexico	X	..	X	D	..
New York	X	..	X	D	..
North Carolina	X	..	X	I	..
North Dakota	X	..	X	..	X
Ohio	X	..	X	I	..
Oklahoma	X	..	X	..	X <sup>6</sup>
Oregon	X	..	X	..	X
Pennsylvania	X	..	X	..	X
Puerto Rico	X	..	X	I	X
Rhode Island	X	..	X	D	X
South Carolina	X	..	X	I	X
South Dakota	X	X <sup>9</sup>	X	D	X
Tennessee	X	X	X	..	..
Texas	X	X	NO	..	..
Utah	X	..	X	D	X
Vermont	X	..	X	D	X
Virgin Islands	X	..	NO	..	X <sub>r</sub>
Virginia	X	..	X	..	..
Washington	X	..	X	..	X
West Virginia	X	..	X	..	..
Wisconsin	X	X	X	I	X
Wyoming	X	..	X	D	..

X—Implies yes, or required.

<sup>2</sup>D Indicates a declaration of intention to become a citizen of United States. No entry (..) indicates no requirement. I—Indicates immigrant visa (blue card).

<sup>3</sup>Declaration of citizenship adequate for citizens of Canada.

<sup>4</sup>All states indicated by X only require one year of straight or rotating internship; those indicated by X<sub>r</sub> require rotating internship. No entry (..) indicates no requirement.

<sup>5</sup>Straight internship accepted if applicant furnishes proof he has finished residency training in approved hospital training program or has been accepted for such training

<sup>6</sup>Straight internship accepted except in pathology and psychiatry.

<sup>7</sup>At the discretion of the board.

<sup>8</sup>Part I of National Board or FLEX acceptable. Also a license in another state by examination, if licensed 3 or more years.

<sup>9</sup>Part I of National Board acceptable.

\*Adapted, with permission, from "Physician Distribution and Medical Licensure in the U.S." Center for Health Services Research and Development, AMA.



Status of Requirements for Medical Licensure for Physicians  
Trained in Foreign Countries Other Than Canada

State	Permits Partial Retake of FLEX	ECFMG Certificate	Permits Candidate to Take FLEX with- out U.S. Training	Internship or Residency	Examination Fees \$
Alabama		X		X	150
Alaska	X	X		X	150
Arizona				X	100
Arkansas	X	X		X	125
California	X		X	X	70
Canal Zone		X		X	50
Colorado		X		X	75
Connecticut	X		X	X	150
Delaware	X	X		X	120
District of Columbia		X		X	100
Florida		X		X	50
Georgia	X	X	X	X	150
Guam		X		X	50
Hawaii		X		X	125
Idaho		X		X	150
Illinois				X	75
Indiana	X		X	X	85
Iowa		X	X	X	100
Kansas		X		X	100
Kentucky	X	X	X	X	125
Louisiana	X	X	X	X	100
Maine	X	X		X	125
Maryland		X		X	100
Massachusetts		X	X	X	125
Michigan	X	X		X	105
Minnesota	X	X	X	X	125
Mississippi		X			105
Missouri		X		X	50
Montana	X	X	X	X	80
Nebraska	X	X			100
Nevada	X		X	X	200
New Hampshire	X	X		X	150
New Jersey	X			X	100
New Mexico		X	X		100
New York	X	X	X	X	140
North Carolina		X	X		100
North Dakota	X	X	X	X	100
Ohio	X	X	X	X	125
Oklahoma	X	X	X	X	100
Oregon	X	X	X	X	100
Pennsylvania	X	X		X	100
Puerto Rico	X		X	X	30
Rhode Island	X	X		X	150
South Carolina	X	X		X	175
South Dakota	X	X	X	X	100
Tennessee	X	X		X	125
Texas	X	X	X		125
Utah		X		X	150
Vermont		X		X	105
Virgin Islands		X		X	105
Virginia	X	X		X	150
Washington	X	X	X	X	100
West Virginia		X	X		100
Wisconsin		X	X	X	100
Wyoming	X	X	X	X	100

X—implies yes.

..—implies no or none required.

**ARIZONA.** Two years of approved internship or residency in US hospitals required.

**CALIFORNIA.** Noncitizens—1-year internship in an approved hospital in California after passing written examination, or specialty board certification based entirely on US or Canadian training. With Declaration of Intention—five years engaged in the practice of medicine in US hospitals approved for postgraduate training or board certification as above. US citizens—1 year of internship in an approved hospital in the US. Written (FLEX) and oral and clinical examination required of all FMSGs. US citizens with diplomas from Mexican medical schools must complete an approved "special supervised clinical internship" program and pass written examination.

**COLORADO.** Credentials may be submitted in original form and accompanied by translation. Three years of graduate training.

**DISTRICT OF COLUMBIA.** Considered on individual basis.

**FLORIDA.** Three years of AMA approved training or 5 years practice in another state or country. ECFMG certificate waived if physician has US specialty board certificate and has 4 years of meritorious practice in another state in 5 years preceding application or prior to his establishment of residence in Florida.

**GUAM.** Legal residence for 1 year required.

**IDAHO.** Considered on an individual basis.

**ILLINOIS.** Considers application on an individual basis for graduates of schools not on approved list.

**INDIANA.** Two years postgraduate training in approved hospital in US required.

**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 2 years of training as a resident physician which training has been approved by or is acceptable to the medical examiners, and (c) recommendations of the ECFMG.

**KANSAS.** Medical School transcripts 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.

**LOUISIANA.** Must have had 3 years graduate training, in US or Canadian hospitals.

**MAINE.** Fifth Pathway students considered on same basis as FMGs with ECFMG certificate.

**MISSISSIPPI.** Endorsement of FLEX examination.

**MONTANA.** Considered on an individual basis.

**NEW HAMPSHIRE.** Proof of a commitment to practice in the state of New Hampshire.

**NEW JERSEY.** Candidates required to have not less than 2 years training in a hospital approved by the board. Add \$150 for issuance of license.

**NEW MEXICO.** A graduate of a foreign medical school may be granted a license by endorsement at the discretion of the New Mexico Board of Medical Examiners in the same manner if the applicant had graduated from a medical college located in the United States or its possessions.

**NEVADA.** Three years postgraduate work satisfactory to the board.

**NEW YORK.** ECFMG or equivalent plus 1 or 2 years approved hospital training required, with rare exceptions in special cases.

**NORTH CAROLINA.** Same as US graduates, plus ECFMG Certification.

**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.** Two years of graduate training in an approved hospital in US or Canada are required.

**TENNESSEE.** Each applicant considered on an individual basis following one year of training; must have resided in US for 2 years and must appear before board.

**TEXAS.** All foreign-trained physicians must appear for personal interview and present original documents. Applicants with questionable credentials must appear before entire board. Specialty board certificate may be substituted for ECFMG certificate.

**VIRGIN ISLANDS.** Residence of 6 months required.

**VIRGINIA.** One year of accredited hospital training in approved hospital in the US or Canada.

**WEST VIRGINIA.** Original medical school diploma and official translation. Original ECFMG certificate.

**WYOMING.** Oral examination required. Considered on individual basis.

tion that the physician must be eligible for licensure. In all, 20 states require some form of licensure for interns.

In 37 states, physicians serving as residents in hospitals in those states are required to be licensed or registered. Six boards (Minnesota, Mississippi, Nebraska, South Dakota, Vermont, and Wisconsin) state that a hospital resident must hold a regular license. Other boards do not require licensure but stipulate 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, the 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 a requirement.

#### Licensure Policies of U.S. Medical Examining Boards for Canadian Graduates

Most licensing boards report that they will accept graduates of approved medical schools in Canada for licensure by examination on the same basis as graduates of approved medical schools of the United States. The accompanying table records the registration policies for citizens of Canada. Twenty-six states indicate that they will endorse a Canadian license and grant their license without examination. Modifications are made, in some instances, in the citizenship requirement for candidates from Canada. The table indicates for each state whether U.S. citizenship is required, whether the candidate must declare his intention of becoming a citizen of the U.S., or whether there is no citizenship requirement.

A Canadian Internship is accepted by 49 boards as equivalent to an appointment served in a hospital in the United States (even though Canadian graduate education programs are not included in the AMA's mechanism for program approval).

#### Boards of Examiners in the Basic Sciences

Six states have basic science requirements as a prerequisite for licensure. In recent years, Alaska, Arizona, District of Columbia, Florida, Iowa, Michigan, Minnesota, New Mexico, Oklahoma, Oregon, and Rhode Island have repealed their basic science laws, and the 6 remaining (Connecticut, Delaware, South Dakota, Tennessee, Texas,

and Wisconsin) still list their basic science requirements for all medical school graduates.

The law in most of these states applies to any person practicing the healing arts or any branch thereof, whereas the law in a few states indicates that it specifically applies to those persons planning to engage in the practice of medicine, osteopathy, and chiropractic; still others include the practice of naturopathy, chiropody, and dentistry.

A basic science law provides for the establishment of a board of medical examiners and requires that each person to whom the law applies appear before the board of examiners in the basic sciences and demonstrate his knowledge of the basic sciences.

For graduates of U.S. and Canadian schools, all but a few of basic science boards will endorse Part 1 of the National Boards or the FLEX examination as suitable qualification for meeting basic science requirements.

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 or Reciprocity or Endorsement	Canadian Internship Accepted as Equivalent to Internship Served in a Hospital in US	Citizenship
Alabama	X	X	X	..
Alaska	X	X	X	I
Arizona	X	X	X	..
Arkansas	X	..	X	D
California	X	..	X	..
Colorado	X	..	X	I
Connecticut	X	X	X	D
Delaware	X	X	X	D
District of Columbia	X	..	X	..
Florida	X	..	X	D
Georgia	X	..	X	..
Guam	X	X	..	..
Hawaii	X	..	X	D
Idaho	X	..	X	D
Illinois	X	..	X	..
Indiana	X	X	X	D
Iowa	X	X	X	..
Kansas	X	X	X	..
Kentucky	X	X	X	..
Louisiana	X	..	X	D
Maine	X	X	X	..
Maryland	X	..	X	D
Massachusetts	X	X	X	..
Michigan	X	..	X	..
Minnesota	X	..	X	..
Mississippi	X	X	X	..
Missouri	X	..	..	..
Montana	X	X	X	D
Nebraska	X	..	X	..
Nevada	X	X	X	D
New Hampshire	X	X	X	..
New Jersey	X	..	X	..
New Mexico	X	X	..	D
New York	X	2	X	D
North Carolina	X	..	X	I
North Dakota	X	X	X	..
Ohio	X	..	X	I
Oklahoma	X	..	X	D
Oregon	X	X	X	..
Pennsylvania	X	..	X	..
Puerto Rico	X	..	..	I
Rhode Island	X	4	X	D
South Carolina	X	..	X	I
South Dakota	X	X	X	D
Tennessee	X	..	..	5
Texas	X	3	..	..
Utah	X	X	X	D
Vermont	X	X	X	..
Virgin Islands	X	..	..	..
Virginia	X	X	X	..
Washington	X	..	X	..
West Virginia	X	..	X	..
Wisconsin	X	..	X	I
Wyoming	X	..	X	D

X—Implies yes. D—Declaration of intention to become a citizen of the United States.

I—Immigrant visa (blue card).

2—Partial—since 1956, must pass Basic Science Group in New York State Examination. Recognized specialty board certificate may be accepted in lieu of required subjects.

3—Must be endorsed by provincial licensing board.

4—By vote of Board.

5—Must have resided in US for two years before filing for examination.

**Temporary and Educational Permits, Limited and Temporary Licenses,  
or Other Certificates Issued by State Licensing Boards**

<b>Alabama</b>	Limited license for teaching staff of an approved University. For work in state penal and mental institutions only.
<b>Alaska</b>	Temporary permits issued for specified period or until next examination while processing permanent licensure. Locum tenens for 120 days to a licensed MD.
<b>Arizona</b>	Arizona offers Limited Licensure for five years in geographic areas of need and for such services will accept a FLEX weighted average of 70% or more, will forgive ECFMG, will forgive 2nd year of graduate education. To obtain regular licensure, a FLEX weighted average of 75% or more.
<b>Arkansas</b>	Temporary permits issued for limited time in cases of emergency and to prevent hardship. Valid until next board meeting.
<b>Connecticut</b>	Educational permits granted to graduates of foreign medical schools to serve in approved hospital training programs, MD does not have an immigrant visa. He must have standard ECFMG certification.
<b>Delaware</b>	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 4 months provided physician is licensed in another state.
<b>Florida</b>	One year non-renewable certificate for full-time medical school faculty member limited to teaching hospital. Temporary license for M.D.'s licensed in another state for 10 years or more for practice in area of critical need with a population less than 7500.
<b>Georgia</b>	Temporary permit until board meets. Institutional permit, good only in state institution, renewable each year.
<b>Hawaii</b>	For interns and residents. Also, for physicians to work for state or county agency or conditions of shortage or emergency or under supervision of licensed MD.
<b>Idaho</b>	Temporary license until next board meeting.
<b>Illinois</b>	Temporary certificate issued for residency training. Issued for a period of 1 year, may be extended. Permits issued for service in state hospitals to physicians eligible for licensure. Also temporary license for eligible candidates.
<b>Indiana</b>	Temporary license pending next examination for graduates of approved medical schools. Temporary Education Permit issued for 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.
<b>Iowa</b>	Resident physician license for training in approved hospital under supervision of licensed physician. Temporary license for 1 year issued at discretion of board. May be renewed for 2 additional years.
<b>Kansas</b>	Temporary permit until next board meeting. Fellowships to work in state insitutions. Resident certificates for residents.
<b>Louisiana</b>	Temporary permit for qualified candidates between regular semi-annual meetings of the board. Foreign graduates granted temporary permits for approved residency training, employment in state institutions, and for teaching/research assignments.
<b>Maine</b>	Temporary camp license for season. Hospital resident license for 1 year in specific hospital.
<b>Massachusetts</b>	Limited registration covering appointment as intern, resident, or fellow in specific hospital, as an assistant in medicine while a student in medical school, as faculty member licensed in another state, or board certified specialist.
<b>Michigan</b>	Temporary annual license for postgraduate training renewal each year, not to exceed 5 years.
<b>Minnesota</b>	A certificate of Graduate Training for qualified foreign graduates. Temporary license valid until next board meeting.
<b>Mississippi</b>	Temporary license for practice until next board meeting pending permanent license by examination or reciprocity.
<b>Missouri</b>	Temporary license issued to interns, residents, fellows only.
<b>Montana</b>	Temporary license is granted to physicians to practice in specified location in the interim between license meetings or pending citizenship. Must appear at next board meeting to have temporary license renewed.
<b>Nebraska</b>	Temporary educational permits for residents and medical school faculties.
<b>Nevada</b>	Temporary permit for 1 year for residency training provided candidate is eligible for permanent licensure. Locum tenens license six months to qualified candidates. Special License to physicians of adjoining and other states for specific purposes.
<b>New Hampshire</b>	Temporary license not to exceed 5 years issued to FMG's who meet all qualifications except full citizenship.
<b>New Jersey</b>	Temporary license for 4 months to physicians eligible for full licensure when requested by licensed physician who will be out of state. Permit to work in county or state hospital.
<b>New Mexico</b>	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.
<b>New York</b>	Temporary certificate for 2 years of residency training required for graduates of US and Canadian schools, except in public hospitals. ECFMG required of all foreign graduates.
<b>North Carolina</b>	Limited license issued for duration of residency to physicians not eligible for licensure by endorsement. Limited permits for employment in State Mental Hospitals.
<b>North Dakota</b>	Temporary permit for US and Canadian graduates between board meetings, and for locum tenens. Limited license for physicians employed in state hospitals.
<b>Ohio</b>	Temporary permits for approved internship and residency training. Limited permits for employment in state hospitals.
<b>Oklahoma</b>	Temporary license for 1 year for residency training in approved hospital, may be renewed for duration of training.
<b>Oregon</b>	Limited license, good only in state institutions, may be extended; limited license, public health, residency training or fellowship may be renewed annually.
<b>Pennsylvania</b>	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.
<b>Rhode Island</b>	Temporary permit for 1 year for interns, residents, and house officers in hospitals.
<b>South Carolina</b>	Limited certificate for intern and residency training on a yearly basis. Temporary licenses are issued to eligible endorsement applicants beginning practice prior to board meeting. Limited certificate for foreign graduates and others having at least one year graduate training.
<b>South Dakota</b>	Temporary permit to graduates of unapproved medical schools for practice in state institutions provided applicant passes special examination. Sixty-day locum tenens permit.
<b>Texas</b>	Temporary license issued to next board meeting date, after completed application for permanent license has been filed-processed, and found in order, institutional permits issued to interns and residents. Foreign graduates must be ECFMG certified or have certificate from a specialty board.
<b>Utah</b>	Temporary license for 6 months, issued: (1) due to local or national emergency; (2) lack of adequate medical care in a community, and (3) when circumstances surrounding an application indicates that an applicant should first be observed in the regular and continuing clinical practice of medicine before a regular license is issued.
<b>Vermont</b>	Limited license to interns, residents, fellows, or house officers working under supervision of licensed physician.
<b>Virginia</b>	Temporary permit may be issued until next board meeting for reciprocity applicants.
<b>Virgin Islands</b>	Temporary certificate issued to military service personnel on duty, and to municipal personnel until next board meeting.
<b>Washington</b>	Conditional certificate or license for employment by the Department of Institutions if licensed in another state, for graduates of approved schools.
<b>West Virginia</b>	Temporary license issued until next board meeting to reciprocity applicants. Also issued to US graduates and holders of ECFMG certificate serving as interns and residents.
<b>Wisconsin</b>	Temporary educational certificates issued to graduates of foreign medical schools for residency training. May be renewed annually for not more than 5 years. Temporary licenses to practice medicine and surgery until next board meeting at which qualified physicians are eligible for license by reciprocity. Temporary license to foreign graduate physicians after passing FLEX for 2-year periods, renewable twice and after 6 years if applicant has remained in Wisconsin practicing medicine, permanent license will be issued. Resident license for graduates of approved medical schools for residency training. May be renewed for not more than 5 years. Camp physician's license issued to physicians who wish to do locum tenens or work in a camp up to 90 days.
<b>Wyoming</b>	Temporary permit until next board meeting upon submission of complete credentials. Citizenship requirement may be waived and temporary license granted on an annual basis at the decision of the board provided the applicant successfully completes ECFMG examination or board's written examination; citizenship must be obtained within 8 years.

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